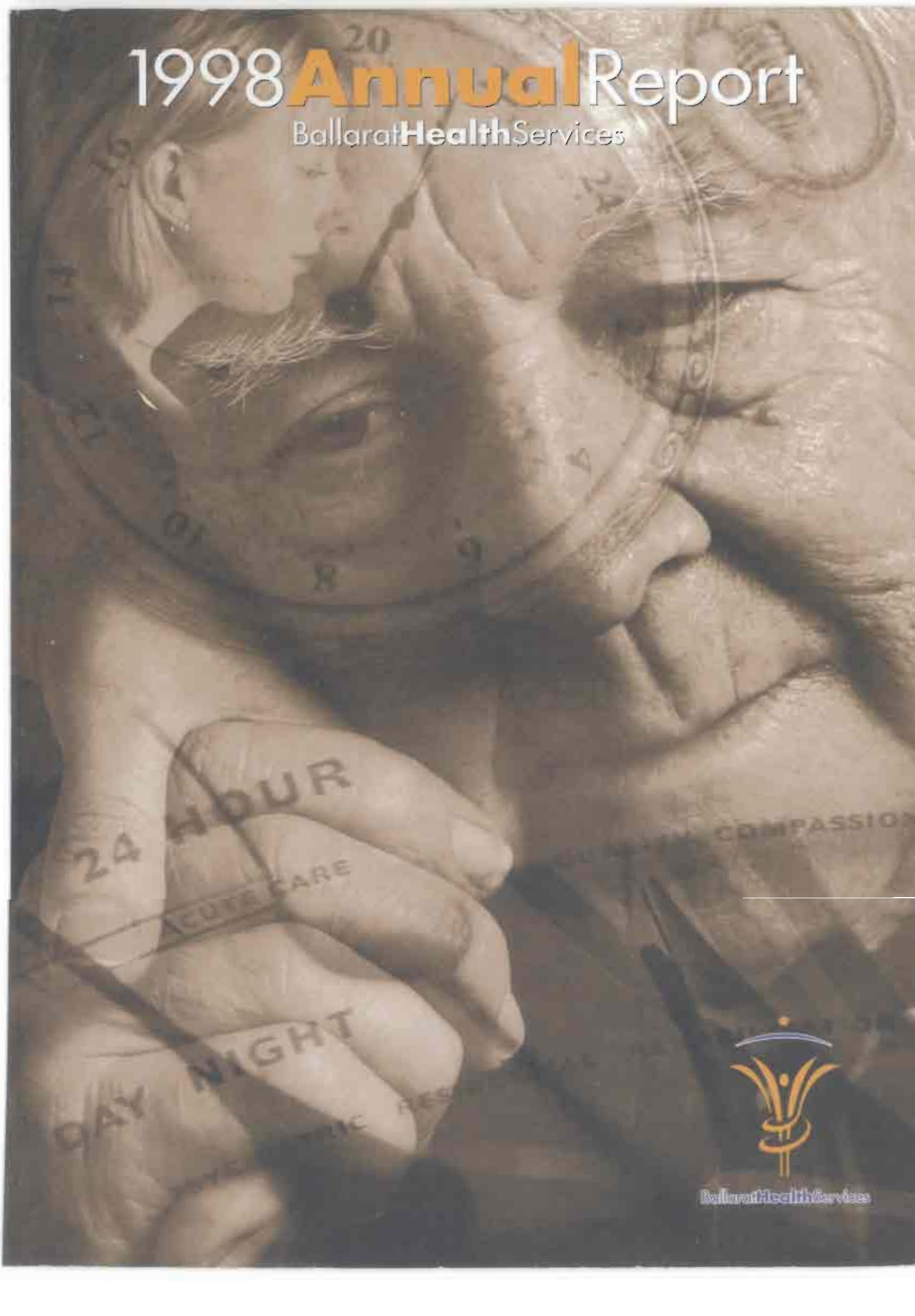


1998²⁰ Annual Report

Ballarat Health Services



Ballarat Health Services

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Ageing is a normal part of life and should not preclude people from achieving their goals. At 91 years of age Miss Marjorie Stewart, resident of Eureka Village Hostel, had always wanted to see the view from the top of Mt Buninyong fire tower, in the company of the hostel co-ordinator she achieved her wish.

Highlights **And** Events

An Overview of Events that had a significant impact on Ballarat Health Services during the year

each event will be expanded within the body of the report and the corresponding page number follows each heading

Aged Care Funding (Page 12)

A number of changes to up-front entry fees to nursing homes confused both residents and administrators but have since been settled.

Breastfeeding Support Unit (Page 18)

The Base Hospital is only one of a few hospitals in Australia to pursue a mother/baby friendly hospital initiative being developed by the World Health Organisation and UNICEF.



Capital Developments (Page 11)

Major redevelopment has continued on the Ascot Street site with the demolition of the south and east wings of the four storey main building. Concern over the demolition of the Chapel has been addressed with provision for the construction of a room specifically used for prayer, reflection and peace. Master Plan approved for the redevelopment of the Base Hospital. Substantial appropriations allocated in the State budget.

CASA (Page 16)

The Centre Against Sexual Assault was fully integrated into Ballarat Health Services and has become a department in the Division of Allied Health.

Conference (Page 22)

The Emergency Department co-ordinated its 2nd rural emergency nurses conference: "Big Cases in Small Places".

ECT Training Program (Page 22)

The only program of its kind in Australia, specifically designed for nurses, has been a resounding success.

Environmental Issues (Page 33)

EcoRecycle Victoria has selected Ballarat Health Services as an excellent example of a hospital recycling wisely and has used it for a case study in a forthcoming publication Waste Wise for Business. Ballarat Health Services recycles half its total waste, making it one of the most efficient recycling organisations in Victoria.

Facilities (Page 36)

The Premier of Victoria, the Hon Jeff Kennett MLA officially opened the Community and Inpatient Psychiatric facility on 29 July 1997. Talbot Place nursing home was officially opened by the Minister for Health, the Hon Rob Knowles MLC on Sunday 29 March 1998. The Geoffrey Cutter Centre was completed on schedule. Residents moved to their new homes with minimum disruption thanks to committed staff and volunteers who assisted with the moves.

Financial outcomes (Page 12)

Ballarat Health Services recorded a surplus, after Capital Income and Abnormal items of \$2.1 Million.

Funding (Page 11 & 34)

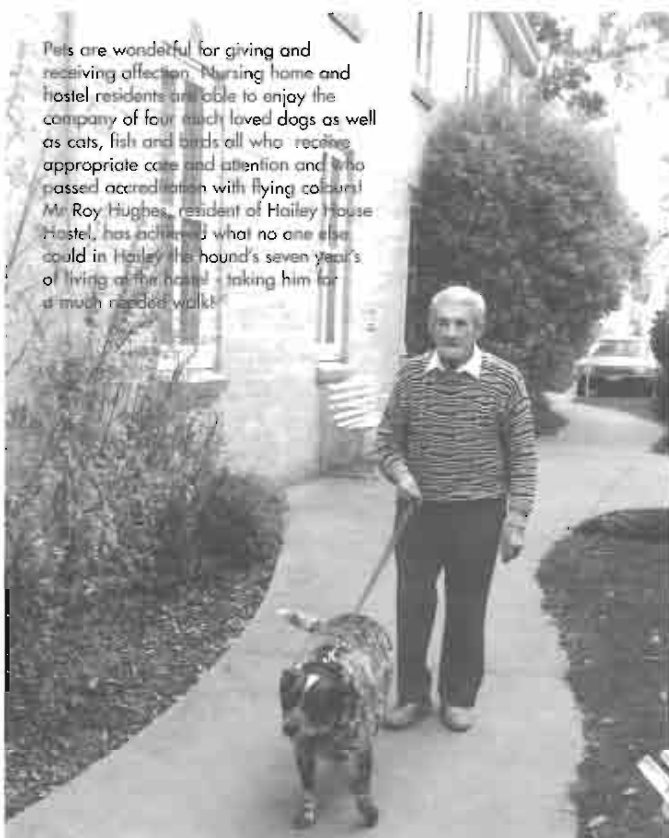
Ballarat Health Services was promised \$29 Million from the State Government in the May budget. \$20.5 million is to go towards improving facilities at the Base Hospital and \$8.5 million will be used for specialist geriatric services at the Queen Elizabeth Centre. SafetyLink received \$250,000 from the Minister for Health for the expansion of the government's funded client base into rural Victoria.

Joint Negotiations (Page 11)

Joint negotiations with St John of God Health Care. Discussions have commenced between the two Boards of Management on joint negotiations to link some services, the first of which would be the amalgamation of Emergency, Intensive Care and the establishment of Radiotherapy services.

Patient Satisfaction Survey (Page 9)

Excellent results achieved in a statewide survey conducted by the Department of Human Services with 97% of patients satisfied with Ballarat Health Services - Base Hospital. The Queen Elizabeth Centre is also one of the best nursing homes in the state according to a report "Keeping the Quality: A statement on Standards of Care and Quality of Life". A carer consumer satisfaction survey for Grampians Psychiatric Services indicated pleasing results for the service.



Psychiatric Services (Page 14)

Quality bonus awarded. Grampians Regions benchmark for Cornerstone Project. Signing of the protocols by agencies caring for people with mental illness. Teleconferencing introduced in 1995 throughout the Region has now been used for international links. This is the first time that a local area mental health service has established international teleconferencing links.

Regional Role (Page 38)

Ballarat Health Services has been assigned an important regional role in developing a Regional IT Strategy, including Year 2000 Project and the Grampians Region Healthscape Project. Dr Ian Graham appointed as Consultant Medical Director to West Wimmera Health Service, Nhill and Ararat.

Restructure (Page 10)

Following the resignation of the Executive Director Acute Nursing and the Director General Services, an organisational restructure occurred resulting in further integration of the acute and extended care services.

Throughputs (Page 10)

Major increases in throughputs have been experienced in acute care. Admissions have been reduced in aged care because of the redevelopment program. Another record number of babies born this year.

University and International Links (Page 12)

Melbourne University has recognised Grampians Psychiatric Services as a clinical Academic Unit. Exchange program developed with Royal Brompton Hospital, London.

Volunteers (Page 37)

A record number of volunteer hours recorded. From 5,437 in 1996 to over 12,500 hours in 1998. Volunteers are an important and integral component of the health care teams in extended care.

Waiting Lists (Page 10)

Ballarat Health Services was penalised for size of waiting lists for elective surgery, despite record number of patients and operations undertaken. Endeavours to have WIES allocation increased did not receive a favourable response from the Department of Human Services.



Despite record numbers of patients and operations undertaken, Ballarat Health Services is being punished for the size of its waiting lists. Dr Graham Haughton, Chairman and Clinical Director Division of Surgery believes that the Government must increase the WJES allocation for the hospital to run effectively.

BallaratHealthServices

The Annual Report

This is the second Annual Report of Ballarat Health Services. Whilst it is a legal document its aim is to inform the community, recipients of care and their families, and supporters about Ballarat Health Services in an open and honest style that is easily understood. It will report on the range of services, performance, accountability, financial position and future directions. The Audited Financial Statements are in accordance with the requirements under the Financial Management Act 1994.

As a public document the Board of Management is able to express through the report its appreciation of the community and staff who support them in the exacting duty of managing this complex entity in accordance with The Health Services Act 1988.

The Annual Report is prepared for the Parliament of Victoria as representative of the public. Ballarat Health Services is accountable, through its Board of Management, to the Minister for Health the Hon. Rob Knowles MLC, Member for Ballarat Province.

The report will be presented for adoption at Ballarat Health Services Annual General Meeting to be held on Thursday 29 October, 1998, at 8pm in Lederman Hall, Ascot Street South, Ballarat.

The cover and report



The cover represents the 24 hour care that Ballarat Health Services provides with compassion to people of all ages. The images within the report reflect any given moment within 24 hours where staff are carrying out their duty of care with enthusiasm and integrity. The report portrays Ballarat Health Services as an harmonious organisation, innovative in its care for the community.



The Minister for Health and Minister for Aged Care, the Hon Rob Knowles MLC is a great advocate of accessible and equitable health care for everyone. He enjoys the opportunity of meeting Ballarat Health Services' community. Mrs Marjorie McBeath presented him with a basket of goods from the township of Talbot when he officially opened Talbot Place nursing home.

Ballarat Health Services

Ballarat Health Services was established on 1 January 1997 to unite and enhance three respected public health services: the Base Hospital, Queen Elizabeth Centre and Grampians Psychiatric Services. In 18 months of operation Ballarat Health Services has confirmed that the amalgamation is working and that never before has the Grampians Region community enjoyed such comprehensive health care and that Ballarat Health Services is well on its way to achieving its vision of becoming the best regional health service in Australia.

TheMission

**To deliver
fully integrated
regional health
services which
maximise care,
compassion,
individual
choice and
quality
outcomes.**

Vision

To be the best regional health service in Australia

Objectives

To optimise quality of care and compassion

- To implement continuum of care
- Minimise service delays
- Optimise development of clinical services

To provide regional leadership and integration

- Create a shared vision among stakeholders
- Facilitate community involvement
- Optimise internal and external communication
- Explore and engender co-operation with other organisations
- Influence higher level policy formation as it affects Ballarat Health Services

To develop leading edge information management

- Establish benchmarks
- Develop measurement systems
- Implement an IT system
- Provide meaningful information

To provide a masterplan for the region's future

- Create new business opportunities
- Restructure capital financing approach
- Development of a facilities masterplan

To be cost effective

- Optimise productivity
- Implement cost/benefit analysis in relation to the merger
- Optimise program cost-effectiveness
- Decisions based on cost-effectiveness

To optimise human resources effectiveness

- Implement a continuous improvement/quality culture
- Emphasise managerial as well as technical education
- Implement a workforce planning program
- Optimise staff motivation, trust and integrity

Profile and History

Ballarat has a population of 79,630 and is Australia's 20th largest city. The population increased at a rate of 0.7 percent in 1997 and it is anticipated that it will increase by 0.8 percent in 1998, 0.9 percent in 1999 and 1 percent by the year 2000. From these figures it is predicted that there will be a 27% increase in the demand for acute services by the year 2006.

However Ballarat Health Services is the principal referral hospital for the Grampians Region, which extends from Bacchus Marsh to the South Australian border, an area of 48,000 square kilometres. 200,800 people, or 4.4% of the population of Victoria, live in the Grampians Region.

Cancer, cardio-vascular disease, diabetes and asthma are the major health problems in the region. This was established in a report "Community Health and Primary Health Services Needs Analysis": Health Solutions PL prepared for the Ballarat and District Division of General Practice and Ballarat Community Health Centre. More than one quarter of all births in Victoria are to women living in country areas and Ballarat has the most births in the Grampians Region with the Base Hospital recording a record number of births for the month of June 1998.

Ballarat is 100 kilometres north west of Melbourne. There are so many advantages to living in Ballarat; not only the most comprehensive health service outside the metropolitan region, but also first class educational, sporting and recreational facilities. Ballarat is famed for its heritage housing, beautiful botanic gardens and is the home of Sovereign Hill Historical Park and the Begonia Festival. Ballarat nestles in the foothills of the Great Dividing Range and is in easy reach of some of the best wineries in Victoria, the Great Ocean Road and, of course, Melbourne. People choosing to live in Ballarat are delighted at the quality of lifestyle and the affordability of housing.

Ballarat Health Services was established on 1st January 1997. While Ballarat Health Services is only in its infancy, the three organisations which merged to form the best available integrated health care in rural Victoria have reputations and traditions spanning many years.

The Base Hospital, Queen Elizabeth Centre and Grampians Psychiatric Services which merged to form Ballarat Health Services have been serving the community since the commencement of Australia's goldrush period. Their evolution is closely linked to the Eureka Rebellion of 1854. Care was provided to sick and injured miners at The Base Hospital from September 1856, and to destitute miners and their families at the Ballarat

Benevolent Society, the precursor to the Queen Elizabeth Centre, from 1857. The Ballarat Asylum's beginnings in 1877 were less auspicious, with Lakeside Hospital's forerunner housing patients from Kew Asylum in Melbourne who were poor and increasing in number. Dr Springthorpe's evidence in the 1884 Royal Commission said that Ballarat was suffering the after-effects of gold fever which was, he believed, a major precursor to insanity.

These three organisations' history have been woven into the fabric of Ballarat, a city whose community has always been concerned for those less well off in either health or wealth.

This community based spirit of caring for others continues at Ballarat Health Services, with a new generation of supporters looking to the future to ensure that Ballarat Health Services will provide exemplary care well into the 21st century.

Profile of Ballarat Health Services during the year

Acute Care Services

Beds	246
Babies born	1014
Emergency Department cases	29,559
Medical and Surgical outpatients	30,713
Theatre	7,997
Same day cases	9,253
Total Separations	21,709
Total Beddays	67,949

Aged Care Services

Extended and Residential beds	565
Total sub-acute separations	1,067
Total sub-acute bed days	18,209
Community based Services	
Community packages	288
Day Centre attendances	12,650
ACAS	2,419
Linkages Client support hours	57,234

Psychiatric Services

Psychiatric beds	58
Psychiatric community care beds	20
Total inpatient care bed days	27,063
Average length of stay (days)	
Adult Acute	23.15
Aged Acute	40.01

Detailed statistical information can be found on pages 39 to 41 of the report

Performance Indicators

Leadership and Management

Objective

Maximise the use of resources to provide services for which there is a community need.

Performance

Record level of acute and community based psychiatric services provided. Available extended care facilities being used to capacity. Increased emphasis on home based care. Acute services plan reviewed. Established framework of a cross-regional system for information technology.

Future Direction

Continual review of resource utilisation and assessment of community need. System to better assess outcomes to be introduced. Action to be taken to provide service shortfalls identified in services plan. Services plans for acute, psychiatric and extended care sectors to be consolidated. Implementation of a higher level clinical information system.

To pursue joint arrangements with other providers to introduce new services and improve existing services.

Opportunities explored with St John of God Health Care for joint development of emergency, critical care, radiotherapy and other services. Establishment of a regional palliative care service. Expansion of Linkages and other community based programs by using the services of others.

Complete assessment of feasibility of joint development with St John of God Health Care. Seek additional opportunities with other providers.

To provide necessary services within the level of resources available.

Operated within budget. However waiting lists have increased despite achieving record levels of workload.

Explore strategies to better utilise resources available and increase resources available.

To provide a regional leadership.

Lead hospital in the Grampians IT Alliance, Grampians Healthcare Project, Regional Palliative Care Service and numerous other services.

Continue to offer to support and assist other providers in the region.

To maintain an effective accident and education program.

Reduced claims and hours lost through effective return to work programs.

Continue to reduce compensation claims through good work practices and education.

To complete development of a MasterPlan for Ballarat Health Services to upgrade facilities to current community standards and ensure that all buildings comply with regulations.

Development of the Queen Elizabeth Centre site is on schedule and the Base Hospital is nearing completion.

Regular review of MasterPlan in accordance with changes in services plan. Completion of buildings according to MasterPlan.

Human Resources

Objective

To develop, improve and maintain high quality human resources, initiatives and practices according to best practice.

Performance

Staff satisfaction levels (as determined by survey) maintained during a period of change and uncertainty. Minimal recruiting difficulties experienced.

Future Direction

Continual assessment and review of all work practices in conjunction with Executive Staff Council and Department Heads.

To create a working environment that reflects the organisational goals.

Review of Mission, Vision, strategies and organisation structure completed. Budget structure for 1998/99 aligned with organisation structure. Communication systems emphasised.

Acknowledge staff excellence and initiative through the introduction of a Staff Recognition project and continuation of information sharing in expanded open forums.

To achieve a harmonious environment free of major industrial issues.

Industrial bans limited to statewide issues.

Open and honest communication with staff and unions.

Improving Quality

Objective

To appoint Quality Co-ordinator.

Performance

Co-ordinator appointed and committee established to co-ordinate application of the EQulP process, and meet Commonwealth Residential Aged Care Standards and the National Mental Health Standards.

Future Direction

To become the national benchmark for quality.

Performance Indicators

Continuum of Care

Objective

Optimise development of clinical services.

Performance

Trial development and application of clinical pathways based on best practice and maximising personal choice.

Future Direction

Extension of use of clinical pathways into all areas.

Develop Peri-operative service.

Trial has demonstrated potential to reduce cancellations, improve flow and better organise pre-operative care for elective surgery.

Introduction of full system including redesign and expansion of facilities.

Information Management

Objective

To ensure that all computer dependent systems are Year 2000 Compliant.

Performance

Plan developed and implemented. Regional co-ordinator appointed. Preliminary cost of estimated \$2.4 million. Situation analysis 75% complete.

Future Direction

Six phase project to be completed by October 1999.

To provide region-wide management and clinician training in information, information technology and telecommunications.

Regional training program established and funding obtained.

Grampians Healthcare Project to run over a period of 3 years and to include the provision of training to Boards of Management, senior and middle managers and clinicians throughout the region.

To identify a suitable clinical information system for implementation in 1998/99.

Criteria established. Alternative suitable systems identified.

Complete evaluation, seek funding and implement region-wide.

Safe Practice and the Environment

Objective

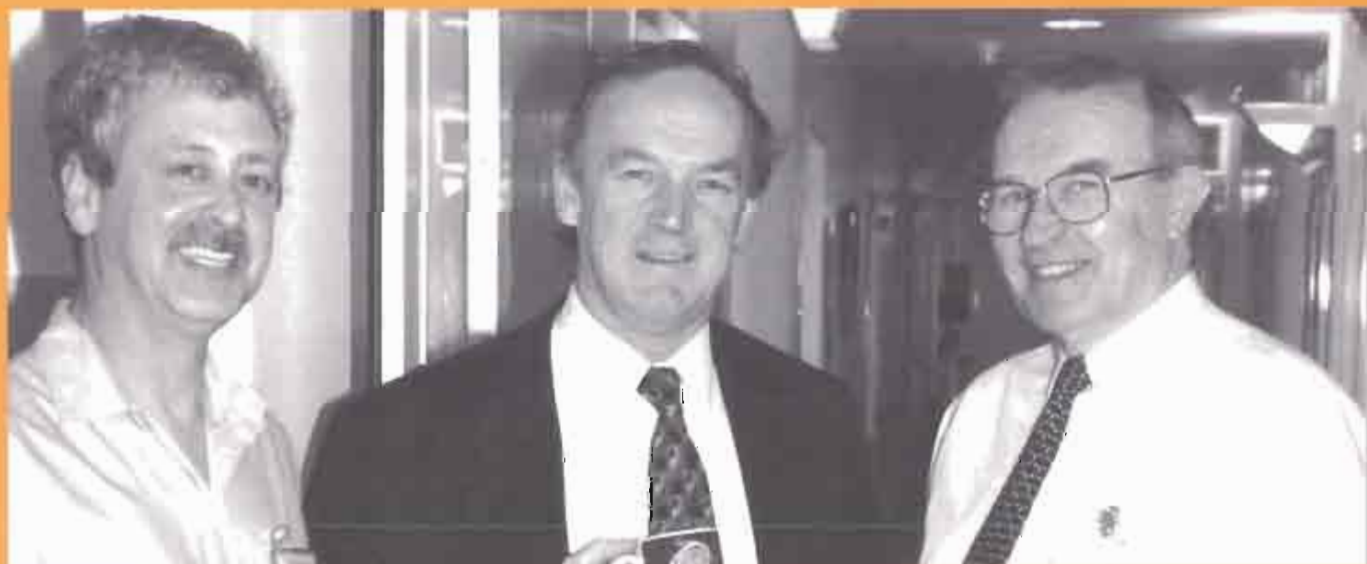
To reduce the amount of landfill wastage.

Performance

Ballarat Health Services recycled almost half its total waste - 531,000 kilograms.

Future Direction

To assess the success of trialing a worm factory at Talbot Place nursing home to consider placing at all facilities.



If technology is the brain of an organisation then people are its heart. Allen Hughes, Chief Executive Officer and Bill Cunningham, Executive Director Human Resources know the real importance of listening to all employees and share a moment with Roy Eldridge from Environmental Services.

Report of Operations

President and Chief Executive's Report

Core Activity

The Board of Management and the Executive Staff Council have the power invested in them to manage effectively the day to day running of Ballarat Health Services, to create an environment that promotes exemplary care and to achieve the highest personal and professional standards.

At any time within a 24 hour period in an organisation the size of Ballarat Health Services, its community is experiencing a whole range of emotions. From the joy of birth to the pain and grief of death and separation, through to the pleasure of achievement, and the frustration of failure.

The Board of Management is mindful of the responsibility it has to this community: the patients, residents and clients as well as supporters and staff and continues to support and encourage those people who rely on it for exemplary health care and employment. The Board of Management has had an active year and has ensured that Ballarat Health Services is well positioned to deliver the best health care not only in a regional context but also on a nationwide basis.

The Amalgamation - 18 months further on

Effective leadership is one that listens, observes and responds to changing dynamics. Still in its infancy, Ballarat Health Services has undergone significant restructuring during its first 18 months. This has enabled members of the Executive Staff Council to create energetic working environments where staff are encouraged to excel and explore exciting new directions in health care and administration.

With three health facilities coming together under the one umbrella of Ballarat Health Services there has had to be both organisational and cultural changes. It would be naive to believe that there has been total acceptance of the merger. However, in the main there has been a positive synergy towards the amalgamation. Where concerns have been identified strategies have been put in place to assist staff who have experienced difficulties embracing the merger.

Satisfaction Survey

In its first full year of operation, it was particularly pleasing for Ballarat Health Services to receive the successful outcome of a Patient Satisfaction Survey undertaken by the Department of Human Services. 97% of patients were very or fairly satisfied with the service and 93% considered the care received at the Base Hospital as excellent or very good.

Both these results were higher than average for B category hospitals, which placed the Base Hospital as the third best in the state for its category. 97% of patients indicated that they would recommend the hospital to family and friends. In areas of relative strengths the Base Hospital performed particularly well in overall satisfaction, admissions not being cancelled or rescheduled, cleanliness of rooms, restful atmosphere, discharge planning. There were four areas of concern regarding same day procedures which were patients having a specific doctor in charge, waiting period for admission, surgeon speaking to patients prior to operation and receiving an adequate explanation of procedure from the doctor. These areas of concern have now all be addressed.



Maria Stickland, Executive Director, Nursing and Extended Care with Board Member Sr Therese Fowley know that Ben Wurfel a patient on Twin North will be well cared for by Registered Nurses such as Rosaline Pryor as he recovers from a motorbike accident.

The Queen Elizabeth Centre also was named as one of the best extended care facilities in the state according to a Commonwealth Government report "Keeping the Quality: a statement on Standards of Care and Quality of Life". Of the 31 standards assessed 23 were met. The centre met all the criteria on social independence, freedom of choice, homelike environment and variety of experience. The report indicated that action was required on six of the standards: regarding health-care safety and dignity/privacy, and urgent action required on two safety issues. A comprehensive plan of action was formed as an outcome of the monitoring visits and the move to new facilities has ensured that all safety concerns will be addressed.

As part of the quality bonus activities carried out by Grampians Psychiatric Services a carer consumer satisfaction survey was conducted by independent consultants. The clients and carers were selected at random and the overall result was relatively pleasing for service. The completed report has not been received yet.

The Board has acknowledged that these excellent outcomes are a direct result of the dedication of all staff to quality care for patients and residents.

Throughputs

The Board of Management has had a frustrating year; despite achieving contracted throughput targets the waiting lists have continued to increase and Ballarat Health Services has been financially penalised. Changes to Private Health Insurance have had a major impact on patient numbers as well as the substantial increase in the number of transfers of patients from regional hospitals to Ballarat Health Services. Many people are opting out of private health insurance and there has been an increase in demand for services within the acute sector. Both the Chief Executive Officer and the Executive Director of Clinical Services have been exploring strategies to cope with this issue.



Dr John Richmond Chairman and Clinical Director of General Medicine and Dr Ian Graham, Executive Director Clinical Services know that technology plays an extremely important role in all aspects of managing health.

Grampians Psychiatric Services

Mental Health Services in the Grampians region were the first in the state to sign protocols, as part of the Cornerstone Project, which have been developed for agencies assisting psychiatric patients. The tools and processes used to ensure that agencies respond in a seamless way to the needs of psychiatric patients were developed by staff at Grampians Psychiatric Services and will be used as a model across Victoria. The signing was witnessed by the Minister for Health.



The agencies involved in the project were Ballarat Health Services Grampians Psychiatric Services, Approach, a division of Ballarat Community Health Centre, Ballarat Psychiatric Fellowship, Centacare, GROW, Central Highlands Personnel.

Resignations and Appointments

During the year there were a number of significant resignations and appointments. After serving on the Boards of Management of both the Base Hospital and the inaugural Ballarat Health Services for four years Denis Manton resigned as he was moving to Queensland. On behalf of the members we acknowledge his expertise and input during the merger process. We are pleased to welcome Sr Therese Power, Director of Catholic Education in the Ballarat Diocese to the vacant position. Her wealth of experience in education, social welfare and industrial relations will make her an invaluable member of the Board of Management.

Lorraine Broad had an association with the Base Hospital for over 22 years when she left as Executive Director Acute Nursing in December 1997 to take up the position of Director of Nursing and Community Services with Boirnsdale Regional Health Services. Her contribution, experience and understanding of the complex issues involved in the management of a busy acute hospital will be well utilised in her new role. Ken Disting Director General Services who had been in Ballarat only a few years, resigned to take up a position in Albury/Wodonga. With these two resignations there was an opportunity for the Board of Management to review the structure and those operating within its parameters. In appointing Maria Stickland to the position of Executive Director Nursing and Extended Care the Board of Management has acknowledged her extensive understanding of both the acute and extended care sectors having worked at the Base Hospital as Deputy DON and the Queen Elizabeth Centre as DON before her appointment as Executive Director Extended Care for Ballarat Health Services. The other directorates of Finance, Businesses and Development and Human Resources have expanded their areas of responsibility in the restructure.

Ian Channing was the Base Hospital's longest serving staff member when he retired after 31 years as the Chief Radiographer. Enormous technological changes have taken place in that period of time, with computers having a major impact on the service. Ian has left to take up the challenge of returning to University to study another of his passions - fine arts.

Regional role

That Ballarat Health Services is already taking an important regional role says much for the leadership and direction of key staff within the organisation. Ian Graham has been appointed Consultant Medical Director to West Wimmera Health Service and Brian Hasset is a member of Western Region Forum, a focus group established by the State Government looking at health, education and economic development across the state. Ballarat Health Services is also the lead hospital in the development of a regional IT strategy which will open up access to information to and from health agencies and the Department of Human Services. Allan Hughes chairs the Regional IT Committee.



As President of the Board Dr Brian Hassett balances busy work commitments of his own practice with those of Ballarat Health Services. On a word round he discusses the daily schedule with word clerk Heather Skelton.

Joint negotiations

The pursuance of joint negotiations with St John of God Health Care has been one of the most exciting and significant developments not only for such a new organisation as Ballarat Health Services but for the region in particular. The Board of Management is committed to the health of the community and believes that through a joint venture real benefits will be available to the community. The first areas to be considered for amalgamation are Emergency, Intensive Care and the establishment of Radiotherapy Services. The consolidation of resources will enable the better use of available funds. There are tremendous demands for health services in general and the latest in medical technology will only be feasible if provided in a larger hospital setting. We are delighted to have the support of not only St John of God Health Care Ballarat but also the Minister for Health in this venture. We would like to pay a special tribute to Sr Pauline O'Connor, Chief Executive Officer of St John of God Health Care for her vision and commitment to the process. The Board will also be working closely with the City of Ballarat to follow through with community consultations, feasibility and environmental impact studies.

Financial position

There have been a number of factors outside the influence of Ballarat Health Services which have had an impact on its financial operations. Unfunded nursing award pay claims, the overall differential between costs and revenues within the aged care sector, WIES penalties and the weaker Australian dollar have all contributed to a reduced overall surplus. We will not jeopardise the quality of care but with judicious and realistic financial management, we are confident that within given budgets we can continue to deliver the quality of care for which we are known.

Capital Developments

There have been a number of significant new facilities opened during the year. It was an honour to welcome The Premier of Victoria to Ballarat in July 1997 to officiate at the opening of the new inpatient and community unit for Grampians Psychiatric Services. Over 2,500 people, representing many community and service groups as well as consumers visited the complex prior to its opening. The Premier's address acknowledged the importance of mainstreaming psychiatric services with acute and extended care.



Board Member Jim Gray has enjoyed a long association with the Queen Elizabeth Centre and now Ballarat Health Services. With Michael Scarlett, Executive Director Business and Development he observes the development work in progress.

The fine weather in Ballarat accelerated the building program for two extended care facilities with Talbot Place and the Geoffrey Cutter Centre nursing homes opening ahead of schedule. Residents were transferred to their new homes with minimum disruption thanks to the commitment of staff and volunteers. The Minister for Health officially opened Talbot Place in March and praised the design of the 30 bed facility, with its easy wheelchair access, innovative bathroom and clever use of light and space.

The demolition of the four storey main Queen Elizabeth Centre commenced in June. The building has no architectural or historical merit; its removal will make way for an excellent physiotherapy centre, including a much needed hydrotherapy pool.

The generosity of the State Government in committing \$29 million to Ballarat Health Services for capital redevelopment has been warmly received by the Board of Management. The first stage in the redevelopment of the Base Hospital can now proceed as can the completion of the rehabilitation unit and palliative care at the Queen Elizabeth Centre site. The MasterPlan for the Base Hospital has been developed in collaboration with the architects, planners and, of course, those people whose years of experience are invaluable - namely the staff.

The supporters

Without the support of the community whom it serves, management of Ballarat Health Services would not only be more arduous but also less rewarding for the Board of Management and Executive Staff Council. We are confident that we do listen and that we are proactive in our response to comments and concerns. There are many people in the community who give of their time and energy to volunteer on auxiliaries to provide fundraising opportunities and to assist in resident socialisation programs. It should also be noted that as it has been a particularly busy year many staff have made a commitment of many additional hours for the service. This is a reflection of the calibre of staff employed at Ballarat Health Services and we publicly acknowledge their contribution.

Extended Care

Confusion still continues over the Commonwealth Government's policy for nursing home fees. It has been a particularly unsettling time for residents; staff are to be commended for their sensitive handling during this period. In fact, from its initial policy which was to be introduced in October 1997 to the implementation in March of this year the Government changed tack. Rather than introducing ingoing fees for nursing home, an accommodation charge was added as a daily amount on top of the care charge. Many nursing home residents have not been affected as they are on full pensions and have assets less than \$23,000.

Future directions

We feel very optimistic about the direction in which Ballarat Health Services is approaching the new millennium. There have been exciting developments in psychiatry with the establishment of the Ballarat Health Services' first Academic Chair (in Psychiatry) and the appointment of an Associate Professor of Psychiatry of Melbourne University.

The very real possibility of Ballarat becoming a centre of excellence in the treatment of cancer draws closer with the anticipated siting of a linear accelerator in the joint radiotherapy unit of Ballarat Health Services and St John of God Health Care. The negotiations between these two health services are the most significant to take place in the history of health care in Ballarat.

Implementation of the MasterPlan will be well under way by the middle of the year. However even with the Government's generous allocation there will be financial shortfalls to cover services not funded by the Government. Capital development is such a vital element in the overall MasterPlan. The Board of Management considers that the building and maintaining of partnerships with stakeholders is very important to the evolution of Ballarat Health Services.

As an accreditation process EQulP is an excellent tool for monitoring and assessing all aspects of patient / resident / client care. It promotes team work with an interdisciplinary focus. The Board has embraced the principals of EQulP and has appointed Doreen Bauer as Quality Co-ordinator. The Board of Management is committed to the accreditation process and will support and encourage all staff to work towards this common goal.

This is an exciting time in the development of health care for rural Australians. The Board of Management is proud to have stewardship for this innovative organisation which encourages and delivers excellent health care to our community.

Brian Hassett
President

Allan Hughes
Chief Executive Officer

Treasurer's Report

Ballarat Health Services recorded an operating deficit of \$2.2 million (1996-97, \$1.3 million) inclusive of depreciation for the year. Capital income and abnormal items amounting to \$4.3 million resulted in an overall surplus for Ballarat Health Services of \$2.1 million, (1996-97, \$8.2 million).

The operating result reflects the continuing pressure within the health sector. Unfunded nursing award pay claims totalling more than \$600,000 has contributed to this result. The overall differential between costs and revenues within the public aged care sector has been much publicised, and unfortunately it appears that the funding shortfall will continue into the foreseeable future. The Board of Ballarat Health Services has underwritten the deficit within this sector in 1997/98, but cannot afford to compromise quality care elsewhere. Urgent and decisive action is required by Government to support this growing problem. Within the acute sector, Ballarat Health Services has treated a record number of patients, but has done this at a cost. The costs of pharmaceuticals and medical and surgical supplies have increased by more than 8%. This is due to in part to the weaker Australian dollar, but the majority of the expenditure increase is attributable to ever advancing technologies. The overall result for patients on the waiting list has been disappointing, with numbers on the list increasing during the year. This is primarily due to the increasing number of patients transferring from the private health system to the public system. To place this within some context however, Ballarat Health Services has treated 613 more acute patients compared with the previous year.

The capital developments at both Ascot Street and Drummond Street have resulted in \$7.9 million of capital income for the year. As this income does not form part of Ballarat Health Services operating income, with benefits to be reflected against the operations over the life of the capital developments, these amounts have been recorded as Abnormal Income for the year. Building write-offs and

revaluation's amounted to \$3.6 million for the year. As indicated in the previous report, Ballarat Health Services has undergone substantial master planning to assist the organisation in identifying its capital infrastructure needs to deliver progressive and responsive health services into the 21st century. The announcement of funding for this masterplan has clarified the expected useful lives of certain buildings, some of which have no value due to their impending demolition or refurbishment.

The current assets of Ballarat Health Services as at 30 June 1998 totalled \$19.8 million whilst current liabilities were \$22.9 million. Ballarat Health Services still faces a short fall of current assets to current liabilities, which is substantially due to a legacy of unfunded long service leave applicable to all hospitals in the public sector. The methodology adopted to calculate the accumulated long service leave liability of Ballarat Health Services has contributed more than \$2.3 million during 1997-98 an increase of \$1.2 million on the previous year. While this expenditure is unavoidable, the recording of this item as expenditure is for the purpose of creating a provision to meet the future needs of employees. As this calculation creates a provision that takes in excess of 10 years to realise, the exactness of the on-going level of contribution reflects an actuarial assessment of the liability. More than \$18.5 million or 50% of the total liabilities relate to accumulated employee entitlements. Whilst the debt is inescapable and surpluses are required to diminish the same, it does provide a context for the poor current assets to current liabilities balance.

The generous support of the various groups associated with Ballarat Health Services has continued to be invaluable. During the year, more than \$346 thousand was donated enabling the purchase of much needed equipment and services. The efforts of the many volunteers are to be commended.

To support the growing needs of the residential care community Ballarat Health Services committed more than \$3.1 million of reserves to rebuild the Eureka Village hostel. While this represents a substantial investment, further capital funding is required to ensure that the building stock of Ballarat Health Services is maintained and enhanced to afford the community facilities to treat their needs into the 21st century.

Ballarat Health Services has a comprehensive strategic plan to meet its information technology needs for the coming years. Implementation of the plan commenced during the year with the introduction of a new financial and supply management system. As with any new technology there has been a substantial amount of work undertaken to effect the transition required. I would like to warmly thank all staff involved in that process for the many hours contributed. Funding for the next stage of the information technology

strategy has been received, and work is underway to implement the patient management system. Once completed, Ballarat Health Services will have a first class information technology platform to launch into the next millennium. On this note however, the threat of the Year 2000 information technology problem looms large on the horizon. Ballarat Health Services is committing a substantial amount of resources to firstly identify areas at risk and secondly to find solutions. This work should ensure that Ballarat Health Services is compliant to Year 2000 technologies.

Finally I draw your attention to the audit opinion issued by the Auditor General. The Auditor General has qualified the financial statements of Ballarat Health Services due to the treatment of certain income totalling \$4.3 million. The treatment of this income as a liability until such stage as it is earned does in my opinion represent a true interpretation to the readers of financial statements of the nature of those incomes. Of this amount, more than \$3.5 million relates to income of a capital nature, for which the capital works underpinned by this income have not commenced. To recognise income when such works have not commenced materially distorts the financial result of Ballarat Health Services. The position taken by the Board of Ballarat Health Services on this issue has been a correct decision, and is made so as to truly reflect the operations of the organisation for the year ended 30 June 1998.

Mark Schultz
Treasurer



Dale Fraser, Executive Director Finance with Treasurer Mark Schultz and Board Member Bruce Clark understand that to run efficiently and effectively Ballarat Health Services must work within a sound budget.

HealthCareServices

Clinical Services

Core Activity

To provide the most appropriate clinical care available to patients, residents and clients in a learning environment.

Continuum Of Care

The activities of the Clinical Services Directorate have continued to reflect the principles and standards of Evaluation and Quality Improvement Program of the Australian Council on Healthcare Standards. This program replaces the old hospital accreditation process and defines six primary standards for healthcare facilities: the continuum of care; leadership and management; information management; human resources management; safe practice and the environment; and performance improvement.

Clinical Divisions

The new organisation structure recognised four major clinical divisions: the Division of Medicine (including General Medicine, Oncology, Rehabilitation Medicine and Aged care); Division of Surgery (including General Surgery, Vascular Surgery, Orthopaedics, Urology, ENT Surgery, Plastic and Faciomaxillary Surgery); Division of Women and Children's Health (including Obstetrics, Gynaecology and Paediatrics); and Division of Psychiatry (Acute, Geriatric and Community Psychiatry). Throughout the past year the major clinical divisions provided a diversity of inpatient, outpatient and community services.

Initiatives in Medicine for the year included the enhancement of Endoscopy services by the purchase of a new video gastroscopy and colonoscopy system made possible by a special equipment grant from the Department of Human Services; the further development of Adult Oncology services with day chemotherapy now provided from improved facilities that are located in Ward Y1; considerable effort devoted to the recruitment of a fourth general medical registrar or advanced trainee in medicine and an oncology registrar; the continuation or commencement of a number of important clinical trials in Ballarat during the year which include cardiac (GUSTO, SYMPHONY, PACT), gastroenterology (HERO, MURO), geriatric (Donepezil HCI) and oncology (ANZ Breast Cancer Trials) studies.

In Surgery a number of issues have had an impact on services: it is disappointing, having managed to stabilise the growth of the surgical waiting lists last year, that waiting lists in all areas are now rapidly growing despite increased theatre throughput. This is due in part to increasing referrals coming to Ballarat from further and further afield. Falling levels of health insurance have also markedly increased the public waiting lists. The management of surgical patients, particularly those requiring complex pre-operative work-up or investigations, has been streamlined by the development of a Peri-operative Service.

Surgical quality improvement activities have included the continued Carotid Endarterectomy Audit, theatre utilisation reviews and participation in the hospital-wide wound infection survey. This latter activity has involved targeted audits of particular surgical procedures to ensure that infection and complication rates are minimised.

Women's and Children's Health

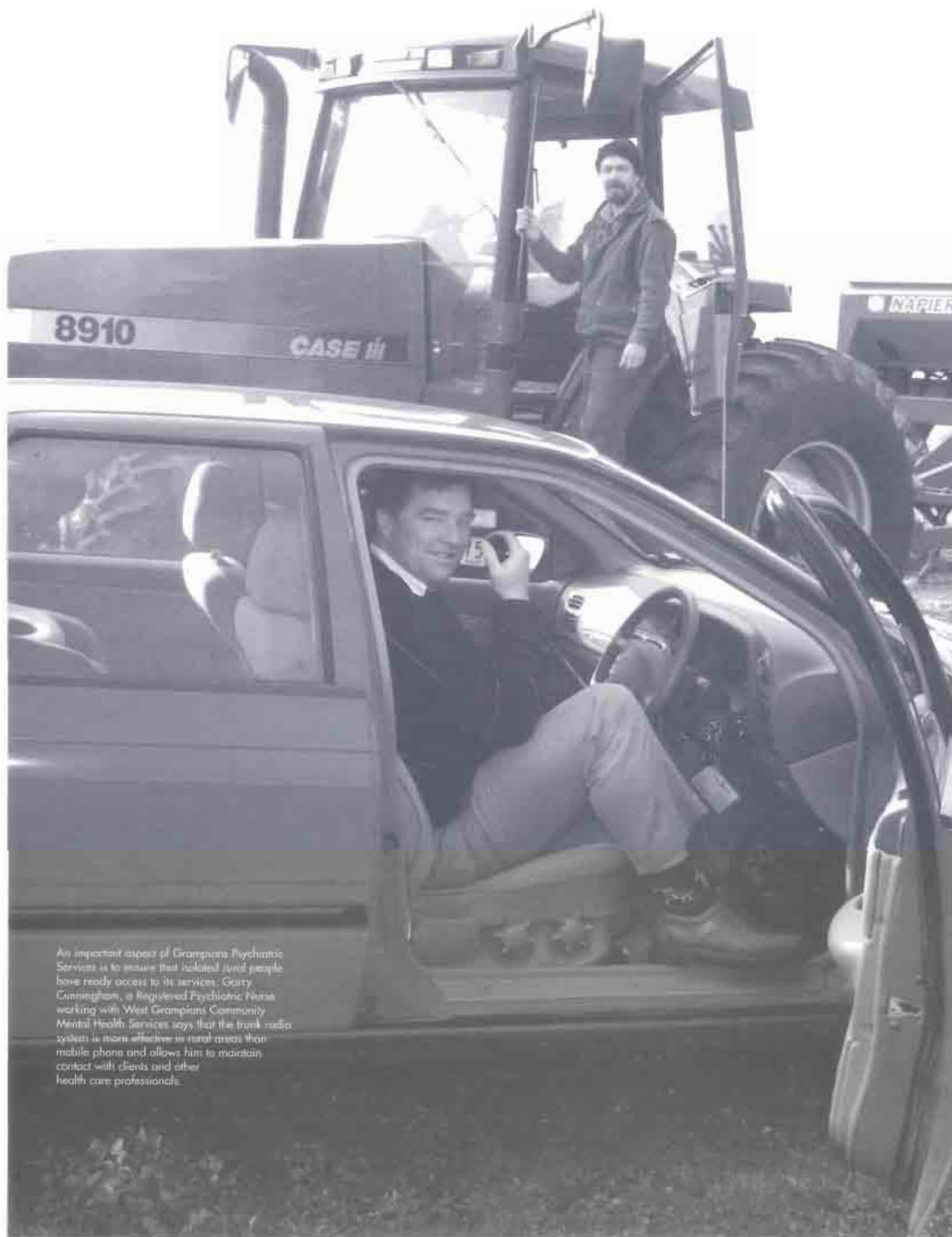
During the year Antenatal clinic bookings continued to rise and numbers of births gradually increased. The development of paediatric oncology services has meant that a number of young cancer patients have now been able to receive their entire treatment in Ballarat. This means that travelling and the disruption of family life is dramatically reduced.

Psychiatric Services

Grampians Psychiatric Services has undertaken a comprehensive self-assessment of the service against both the EQiLP and National Mental Health Standards criteria. Other initiatives successfully undertaken include the recently completed two year GP Shared Care Project which provided an excellent framework for the continued development of the relationship between Ballarat Health Services and general practitioners dealing with the seriously mental ill. Community education and development initiatives have included a range of Mental Health Week activities which attracted an Australian Hospital Association award in the West Grampians sector. Teleconferencing which is being used successfully throughout the region supports the day to day clinical practice. It has also allowed staff of Grampians Psychiatric Services to liaise with other psychiatric centres of excellence throughout the world. Dual diagnosis (Serious Mental Illness/Alcohol and Drug) initiatives have been developed throughout the region and have brought staff from various sectors together to provide optimum care for this client group. Women's Sensitive Practice, Non English Speaking Background and Family Sensitive initiatives have been particularly successful in the Grampians Region. The new inpatient and community team facilities at the Base Hospital have replaced antiquated accommodation at Lakeside Hospital. Sovereign House, Eastern View CCU and the Steele Haughton Unit continue to provide specialised services to their respective clients.

Supporting divisions and services

The other departments and services within the Clinical Services Directorate support the major clinical divisions. Anaesthetics, Intensive Care and Emergency Medicine have been grouped under the umbrella of a Critical Care Division which provides services across all the major clinical divisions. All critical care services have remained very busy. Epidural infusions are increasingly being used to provide effective and precisely controlled post-operative analgesia.



An important aspect of Grampians Psychiatric Services is to ensure that isolated rural people have ready access to its services. Garry Cunningham, a Registered Psychiatric Nurse working with West Grampians Community Mental Health Services says that the trunk radio system is more effective in rural areas than mobile phone and allows him to maintain contact with clients and other health care professionals.

Twenty new epidural infusion pumps have been purchased to ensure the safety and reliability of epidural therapy throughout the hospital. The Grampians Region Consultative Committee on Emergency and Critical Care Services has continued to provide an important forum for the discussion and co-ordination of trauma and emergency medical services in the region. The Emergency department, working in co-operation with the Department of Emergency Medicine at St John of God Health Care has provided an important emergency retrieval service which stabilises critically ill patients from throughout the region before transporting them to Ballarat. The Intensive Care Unit has continued to develop its state of the art clinical information system which supports day to day nursing management in the unit as well as utilisation review and quality improvement activities. The participation of the Coronary Care Unit in the GUSTO and SYMPHONY Research Studies has seen the department remain at the forefront of the latest management of heart attacks including the use of thrombolytic (clot dissolving) treatments and the assessment of the benefits of important new preventative measures.

General Practice

During the past year there has been a further strengthening of the relationship between the Ballarat and District Division of General Practice and hospital staff working within the Clinical Services Directorate. The development of this relationship supports the continuum of care as patients and clients move from their usual domestic and community environment and healthcare services into the acute hospital, extended care or psychiatric services and back into the community. It also promotes co-operation between clinicians in all sectors through programs such as shared care obstetrics and psychiatry.

Initiatives for the year include the joint appointment of a general practice/hospital liaison officer by the B&DDGP and Ballarat Health Services which has enhanced the relationship between the primary care sector and the medical, surgical, women and children's psychiatric divisions of the hospital; the establishment of A Care Pathways Reference group to examine the feasibility of using a standard approach to the documentation and co-ordination of patient care across all sectors of healthcare; representation by Ballarat Health Services on the Ballarat and District Health Agencies Group which brings together senior representatives from hospitals, community agencies, local government and the B&DDGP to look at the development and integration of services across the region; the refinement and further development of the Emergency Department facsimile notification system.

Allied Health Services

The Allied Health Services include Physiotherapy, Occupational Therapy, Speech Pathology, Social Work, Psychology, Vocational and Recreation Therapy, Prosthetics & Orthotics, Podiatry, Nutrition & Dietetics. Clinical Managers have been appointed in most of these areas and have worked hard to develop their services so that they embrace all the clinical functions of Ballarat Health Services and support the entire continuum of care. Initiatives for the year include commencement of the home enteral nutrition program in

Dietetics which attracts on-going funding for food supplements for domiciliary clients; the development and further integration of Occupational Therapy and Physiotherapy services; the launch of a new community foot health program in Podiatry; the trial, by Prosthetics and Orthotics working with the acute hospital vascular surgery team, of the use of removable rigid dressing for amputees resulting in shorter lengths of stay; the establishment, by Psychology, of an 'anxiety clinic' to streamline management of these clients; the development of a measurement tool for social work input across multiple sites; a targeted parent training program by Speech Pathology to facilitate community involvement with speech disorders; the development by The Centre Against Sexual Assault of a structure for the 24 hour emergency assault service.

Clinical Resources

A number of important services and staff groups are brought together under the heading of Clinical Resources. These include Pharmacy, the Drug and Alcohol Services, Hospital Medical Officer, Medical Administration, Clinical Measurement (ECG/EEG), Booking Office, Medical Imaging (provided by the Radiology Business Unit and Radsonic) and Laboratory Services (provided by Dorevitch Pathology).

The new Base Hospital Pharmacy is now fully operational; careful attention to the design of the facility has ensured that all pharmacy functions can be undertaken efficiently and in accordance with best pharmaceutical practice. The Radiology Department has been involved with a number of new initiatives including the development and implementation of the Western Region Telemedicine Project.

Management and Leadership

The support, encouragement and advice received from the Divisional Chairmen, Medical Department Heads, Directors and Managers have been invaluable to the overall management of an effective Clinical Services Directorate.

Information Management

Healthcare is a complex industry that depends heavily on the exchange and processing of very large amounts of data, information and knowledge. Clinical information management functions have been grouped together within the Clinical Services Directorate and include Health Information Management (formerly Medical Record Administration), Casemix Analysis, Library and Clinical Information Systems.

Health Information Management

The Health Information Managers continue to grapple with the issue of clinical record integration across multiple sites. Just as the models of care have varied throughout Ballarat Health Services, so too have the clinical record and form structures. A Forms Design Working Party has been reviewing the design of individual forms and seeking to standardise and rationalise the form sets of each site. At the same time the Health Information Management

Advisory Committee has been looking at the integration of files and patient record numbers, the overall structure of the record and the order of filing of forms. The creation of a new clinical record will be fundamental to the integration of services and supporting the continuum of care throughout Ballarat Health Services.

Libraries

The library facilities continue to be very heavily utilised by staff, students and researchers. The Base Hospital and the Queen Elizabeth Centre libraries have been integrated for management purposes but will continue to operate across the two sites in order to provide ready access to reference material and information resources for health professionals, other staff and students as close as possible to their usual workplace. The integrated library computer network is now up and running with a number of departments being able to access Medline and the library catalogue on-line.

Clinical Information Systems

The well planned and carefully implemented introduction of innovative information technology offers enormous opportunities for improving the quality and continuity of patient care. Ballarat Health Services and eleven other hospitals and health services in the Grampians Region of Western Victoria have jointly developed a strategic plan for information technology development which aligns with the Department of Human Services' Information, Information Technology and Telecommunications Strategy. A common hospital management and patient administration computer system is being implemented in each of these hospitals. The development of advanced clinical information systems will soon follow. Ballarat and the Grampians Region and the health services that operate within them are ideally placed to implement and critically evaluate new technology and to undertake 'proof of concept' studies on behalf of the Victoria healthcare system. The implementation of this strategy will see Ballarat Health Services in the forefront of health information technology and providing direct and substantial benefits to both its patients and staff.

Casemix Analysis

The implementation of new clinical information systems will also support the reporting and analysis of casemix information and other clinical utilisation data such as that required by the Emergency Services Enhancement Program, the Elective Surgery Information System and the Victorian Ambulatory Casemix System as well as a range of clinical costing and other management review activities.

Human Resource Management

The greatest human resources challenge for the Clinical Services Directorate continues to be the recruitment of junior medical staff. Difficulties with intern recruitment at the beginning of 1998 meant that Ballarat Health Services had to approach full fee paying overseas graduates of the University of Melbourne to fill the hospital's establishment. This has involved complex negotiations

regarding immigration and visa status but has ensured that the hospital is fully staffed by an excellent group of junior doctors. Problems were also experienced at the second year Hospital Medical Officer level and in the recruitment of Medical Registrars. There are many more posts than there are available registrars in Victoria at present and it is difficult to convince city based registrars to move to regional areas despite the excellent clinical experience that can be provided by institutions such as the Base Hospital. The improvement of Hospital Medical Officer facilities and the recruitment of new staff from interstate and overseas are among the initiatives that have been put in place to manage this difficult situation.

Undergraduate medical and allied health training remains a very high priority for the Clinical Services Directorate. Fourth and final year medical students from the Royal Melbourne Hospital Clinical School of the University of Melbourne undertake placements in Ballarat and give consistently good reports about the quality of the teaching and experience that they receive. Monash and LaTrobe Universities also send medical and allied health students to Ballarat.

The senior medical staff continue to provide dedicated service to the hospital and its patients. During the year Dr A Ambikapathy left Ballarat Health Services to take up the newly created position of Director of Medical Services at St John of God Health Care, Ballarat. Dr Ambikapathy's many years of service in general medicine and gastroenterology have been greatly appreciated by both patients and fellow staff members.

Safe Practice and Environment

Minor works grants totalling \$368,504 from the Department of Human Services have enabled Ballarat Health Services to replace a number of critical items of equipment that have become outdated or are required in greater numbers than at present. Important purchases have included a new operating table, a video camera system for use in the Operating Suite, a patient lifting machine, ward computer terminals and a central digital dictation system.

Performance Improvement

Clinical quality improvement activities have been maintained throughout the organisation since both the Base Hospital and the Queen Elizabeth Centre achieved full accreditation for a period of three years by the Australian Council on Healthcare Standards during 1996. Ballarat Health Services will now undertake EQulP with its strong emphasis on self assessment and continuous improvement in all areas of activity. Staff are reviewing the new generic set of healthcare standards that have been developed with EQulP and will progressively implement these standards and the principles of EQulP in each area of activity.

Nursing and Extended Care

Core Activity

To work, in collaboration with other health professionals and carers, to achieve optimal outcomes for patients, residents, clients and their families.

Continuum of Care

The Evaluation and Quality Improvement Program (EQulP) adopted by the Australian Council on Healthcare Standards as its approach to accreditation, provides a framework for further definition of the goals of the Nursing and Extended Care Services.

Acute Nursing

The amalgamation of acute nursing and extended care services into one directorate during the past year is serving to enhance communication and the care interface between the acute, sub acute, community and residential services of Ballarat Health Services.

The need of the community for health services is increasing and changing. It is therefore essential that all resources be used efficiently and creatively in order to meet these needs in the best possible way.

Particular attention has been focussed on reducing the time patients need to spend in hospital. The introduction of a Peri-operative program and the expansion of existing Pre-Admission Clinics have resulted in an increase in the number of patients who can be admitted on the day of their elective surgery. The Midwifery Unit minimises antenatal admissions by means of its Maternal Assessment Unit which caters for day stay mothers. The Hospital in the Home Program (HITH) has meant that more patients are receiving acute care in the familiar environment of their own homes.

Supporting Services

The Critical Care Services experienced very high demand during the year creating increased throughput in all areas. In particular there is an increasing demand for intensive care and high dependency services. Although Ballarat Health Services has experienced difficulty recruiting qualified critical care nurses, students undertaking post-graduate studies will boost the staff skill-base in the future.

The continued decrease in the average length of stay in the acute wards has resulted in increased throughput of patients and increased workloads for nursing and other health professional staff. The flexibility and commitment of nursing staff has ensured the ongoing delivery of quality care within a very high pressure environment.

The appointments of a nursing Pain Management Co-ordinator and other part time nurse specialists have increased the potential for patient and staff education and support.

Clinical Pathways

Further development of clinical pathways in an enthusiastic multi-disciplinary environment is occurring, especially pathways that encompass care from pre-admission to discharge, including discharge from rehabilitation. This process has encouraged the development or refinement of risk assessment at the time of admission, leading to improvements in the identification of patients who may require transfer to rehabilitation or additional assistance to facilitate a timely discharge.

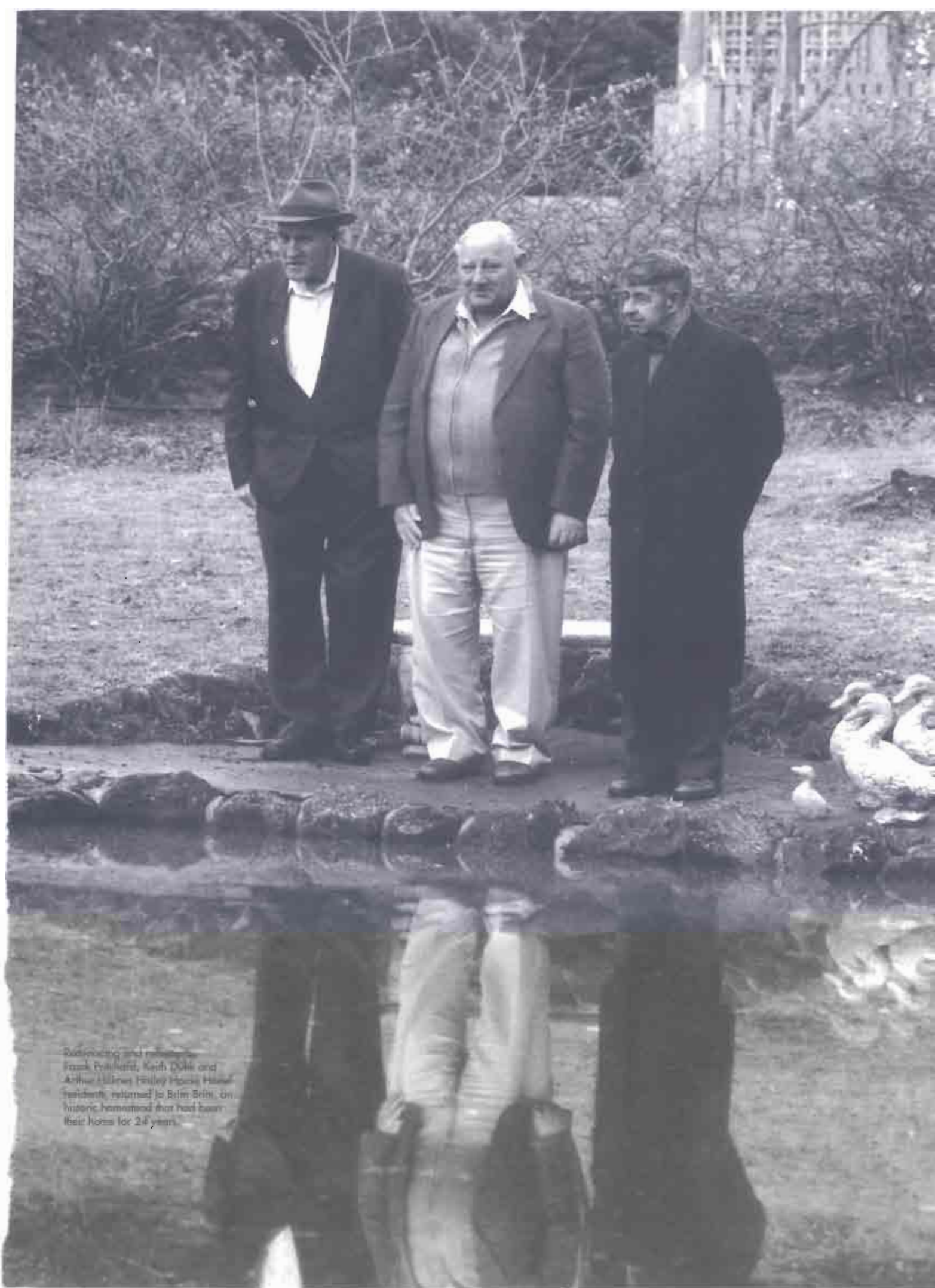
A number of programs are now available for those patients in need of assistance to complete their recovery at home. The Post Acute Care (PAC) program provides individually tailored packages of short-term services for those patients who are unable to manage alone. Domiciliary Care (DomCare) is available for those mothers needing additional post-natal assistance at home. At the beginning of 1998 a Lactation Consultancy Service was commenced to provide further support for mothers experiencing feeding problems with their babies. Even though there has been an increase in the demand for oncology services, still it has been possible to provide a large proportion of service on an outpatient basis, thereby enabling patients to be in their own familiar surroundings as much as possible.

Palliative Care

In its second year of operation the inpatient unit, Gandarra, continues to respond to an increasing demand for service. The unit has close links with community based palliative care, sharing some staff and resources and thereby facilitating continuity of care and easy transition from hospital to home. Patients and families have expressed satisfaction and gratitude for the homelike environment in which palliative care is being delivered.

Rehabilitation Services

Rehabilitation Services have continued to participate in the Continuum of Care Pilot Project being conducted by the Department of Human Services, facilitating the development of the Rehabilitation in the Home Program by allowing the conversion of resources from inpatient care, currently for patients who live in Ballarat. The development of clinical pathways is enhancing the early identification of patients likely to require rehabilitation, the lower limb amputation



Business and military
Frank Pencilist, Keith Dill and
Arthur Holmes Hiley Hock Hock
Pencilist, returned to Berlin, on
historic homestead that had been
their home for 24 years.

pathway proving particularly successful. Because of the availability of other post-acute care programs, an increasing number of patients are able to be discharged from acute care, undertaking their rehabilitation as day patients in the Community Rehabilitation Program. Geriatric Evaluation and Management was an initial participant in the Continuum of Care project but existing, highly developed practices and community services meant that Ballarat Health Services was already providing the type of care the project was designed to facilitate. These sub-acute services have responded to the growing demand for specialist services by establishing or expanding a number of clinics designed to identify problems and provide care planning advice. These include the Memory, Continence, Gait and Balance, Lymphoedema, and Acquired Brain Injury Clinics.

Aged and Community Care Services

The need for community services continues to grow, especially as more frail elderly and disabled people require assistance to maintain quality lifestyles at home. Comprehensive assessment is required for older people with complex health needs, in order to ensure maintenance of optimal well being. The Aged Care Assessment Service (ACAS) continues to provide support for this process to health professionals throughout the region. Assessments are carried out in the person's home, other health facilities or the person may be brought into the Geriatric Assessment Unit for an extensive review. ACAS works in close co-operation with the community and residential support services to facilitate appropriate management. There has been an increase in the number of places available in the Linkages Program and Carers' Choice. The concurrent expansion of the region covered by these programs, as well as the inclusion of younger disabled people, has required considerable creativity to ensure resources are used in the most effective way. Additional places in the In-Home Accommodation Support program have assisted a number of people with significant disabilities to remain at home.

Considerable time and effort is expended by day centre managers and staff of these community programs in the development and maintenance of effective working relationships with the large number of external agencies also providing community services. The Community Service Providers Network and the Grampians Region Acquired Brain Injury Service Providers Network, both sponsored by Ballarat Health Services, have continued to play essential role in the effective provision of community services.

Residential Services

The past year has witnessed further change in the residential services. Several facilities were surveyed by Outcome Standards monitors, and although some remedial

action was recommended on the units in the old buildings of Ascot Street, the overall results were very pleasing and reflect the quality of care which is being delivered. Three major moves were undertaken during the year. In January 1998 the nursing home unit on the old Second Floor (Ascot Street), moved to Talbot Place which is a new 30 bed facility facing Dana Street. In March 1998 the Geoffrey Cutter Unit moved out to a new 60 bed facility, adjacent to Eureka Village hostel in Ballarat East. In the same month the remaining residents on the First Floor Unit moved into a 30 bed unit on the second floor of the Janet Biddlecombe wing, thereby moving the last residents out of the main building facing Ascot Street. The transitions were achieved as a result of much enthusiasm and efforts by many staff and volunteers and the positive outcomes for both residents and their families have been much appreciated.

Leadership and Human Resource Management

The increasing demand for services within an environment of budgetary restraints has had an impact on daily management in both acute and extended care as managers address the challenge of maintaining quality with limited resources. The unpredictability of the service demand, particularly in the acute setting, has resulted in increased creativity in the management of staff resources and a commendable flexibility on the part of the nursing staff in all areas.

Information Management

Through the generosity of the Mary Helen Auxiliary, fax machines have been purchased for all acute wards. These will be used to facilitate the prompt transfer of information to general practitioners in regard to patients' discharge summaries, thereby facilitating continuity of care.

Safe Practice and the Environment

Ballarat Health Services is mindful of the need to ensure that safe work practices are carried out. No where is this more important than in nursing. It is pleasing to note that there has been a reduction of 21% in the number of hours lost through workplace injuries. With the assistance of the Return to Work Co-ordinator, staff have returned to light duties as soon as is practicable. This assists greatly with the overall rehabilitation of nurses. It is the goal of Ballarat Health Services to provide a safe environment for patients, residents and staff. With the imminent demolition of the buildings on both the Ascot Street and Base Hospital sites and the construction of new facilities, Ballarat Health Services will be providing a safer environment for everyone who comes within its confines.

QualityImprovement

Core Activity

Quality is everyone's business and throughout the organisation the pursuit of excellence is achieved through leadership and example, education and learning, care and compassion. Quality, experienced and perceived by all stakeholders, means an optimal level of achievement in meeting customer requirements.

The mission and vision statements are public declarations of the commitment Ballarat Health Services has to the pursuit of quality. The accomplishment of quality will be demonstrated through the measurement of performance against agreed standards or objective targets that allow valid comparisons with benchmarks as well as through processes that encourage customers to provide honest feedback.

Ballarat Health Services has begun to develop a revised approach to quality management, integrating the plans from the three previously independent organisations. The new corporate strategy depends on quality improvement being viewed as a basic element of service delivery and thus, everyone's responsibility.

The Quality Committee, a sub-committee of the Board of Management, has a membership which includes all executive directors and representatives of the various staff groups. This committee is responsible for ensuring compliance with the standards of the Australian Council on Healthcare Standards. It also ensures that particular services meet those standards specifically required through other regulatory bodies. The Quality Committee was

granted statutory immunity under the Health Services Act 1988, Section 139 (1).

In January 1998 the Board of Management appointed Doreen Bauer to the position of Quality Co-ordinator, responsible for the provision of support to managers and staff as they implement the Quality Plan.

The maintenance of Australian Council on Healthcare Standards accreditation is a primary objective, the EQulP processes being implemented in preparation for a survey in 1999. The Board of Management has determined, however, that Residential Services will continue to work towards achieving accreditation through the Commonwealth Residential Aged Care Standards and will seek formal accreditation at a similar time. Grampians Psychiatric Services, on the other hand, will use EQulP processes as well as the National Mental Health Standards.

Activities supported by the Quality Committee during 1997/98 included:

- continued refinement of the organisational structure to reflect more clearly the working relationships and accountability of staff groups in Ballarat Health Services;
- commencement of EQulP education and training;
- preparation for nursing home and hostel assessments by CRCS monitoring personnel; initial self-assessments using the EQulP standards undertaken by a number of programs, their experience being used to enhance planning for expanding the process to include all programs and services;
- revision of the Ballarat Health Services Delegations of Authority;
- development of a Ballarat Health Services Quality Activity Register;
- integration and further development of work in relation to care pathways undertaken by the previously independent organisations to ensure the pathway covers the entire episode of care.

Many, if not most, quality improvement projects undertaken by staff in Ballarat Health Services have not usually been identified as such because of the emphasis traditionally placed on quality assurance activities, especially those using processes such as audits or surveys. Further, it has not been generally acknowledged that quality improvement should be demonstrated through outcome measurement, process reporting not being sufficient.

A great deal of activity was undertaken during the year, much of it in relation to the development of the new enterprise, and this will be reported on throughout the Annual Report.



Board Member Sarah Lia and Maria Santilli a member of the Quality Committee look over the work undertaken by CCU with Chris Tauschke Associate Nurse Manager.

Education

Core activity

Through the provision of graduate, post graduate programs, seminars and short courses, support and encourage the development of a highly skilled workforce which remains enthusiastic to excel in all aspects of service delivery.

In an environment that is going through rapid changes it is important that staff avail themselves of the opportunity to expand their knowledge and expertise, in both technical and management areas.

Staff from the Education Resource Centre have been conducting both accredited and non accredited courses. There has been an emphasis on providing education and training to health professionals from throughout the region, delivered at their place of work as well as Ballarat Health Services.

An ECT training program for nurses has been developed by Ja McFarlane, a Registered Nurse Division 1 who works as a clinical nurse specialist in ECT in geriatric psychiatry. The hands on training program is the first of its kind in Australia and has generated interest from interstate where, it is anticipated, programs will be delivered on site at various locations.

The Emergency Department conducted its second rural emergency nurses conference "Big cases in small places". It provided an opportunity for nurses to share experiences which for many are similar: trauma requires the same level of care and commitment, however, resources in rural areas are limited.

For the second year a student from Ballarat Health Services has been awarded the Best Graduating Student for Certificate IV in Health (Nursing). Janine Cooke, who now works at the Daylesford Hospital, received this commendation.

In order to enable Registered Nurses Division 2 to continue to update their technical skills, two Post-basic Modules in Community and Psychiatric nursing have been conducted for nurses throughout the region.

The Certificate in Rehabilitation for Registered Nurses Divisions 1 and 2 has continued to attract students from all over Australia. They attend the Queen Elizabeth Centre for two one-week study blocks and complete the rest of the course through distance mode delivery.

Conscious of the need to provide opportunities for nurses in the region to update their skills, the Education Resource Centre has developed other courses; one of the most successful is the Advanced Life Support which in future will be conducted at regional locations. As well as conducting post graduate, graduate courses and short courses, training needs are continually being assessed. In-service sessions are during the day and the evening to meet the availability of staff working various shifts.

Education, both formal and informal, will always have a strong role to play within the continuum of care at Ballarat Health Services. As well as accredited nursing courses non-technical training programs for managers in information, information technology and telecommunications will be developed and middle management training programs that reflect the modus operandi of Ballarat Health Services. Staff will continue to develop programs to meet the changing clinical skills required by those providing care.

Numbers of students attending courses delivered by Ballarat Health Services

Advanced Certificate in Nursing	40
Post basic Modules	36
Regional Geriatric Nursing Course	12
Certificate in Rehabilitation	100
Certificate 2 Residential Care	75
Graduate Diploma in Perioperative Nursing	4
Graduate Certificate in Critical Care - ICU and Emergency	6
Graduate Nurse Program	20

A large number of students have attended short courses.

Research

The following projects were approved by the Ethics Committee during 1997/98. Every project undertaken must be reviewed and approved by Ballarat Health Services' Ethics Committee which is constituted under the guidelines of the National Health and Medical Research Council. Principal researcher only noted.

What do psychiatric patients think of medical students:
J Little B Sc(Hons), MB, ChB, Dip Obs, FRANZCP, MRACMA

Understanding borderline personality disorder. Do staff value influence?: J Little B Sc(Hons), MB, ChB, Dip Obs, FRANZCP, MRACMA

What factors contribute to the decision making processes of nurse clinicians regarding pain management in high dependency and critically ill patients?: L Taylor RN, CCRN, BNsg

The effectiveness of team based rehabilitation in assisting clients to achieve their own rehabilitation goals:
M MacPhail Dip OT, Grad Dip (HE)

The effect of a home based rehabilitation program on the occupational performance of persons aged 60 years and over: A Peart BAppSc(OT)

A comparison of the efficacy and tolerability of quadruple and triple therapies containing Pantoprazole versus triple therapy containing Bismuth Subcitrate in outpatients with H. Pylori positive, endoscopy negative dyspepsia. A randomised, multicentre study in Australia: G Phelps MB, BS, FRACP

Balance in patients presenting to Ballarat Health Services Queen Elizabeth Centre with a fractured neck of femur: M Hughes B Physio

Prospective evaluation of duplex ultrasound and digital subtraction angiography for the assessment of carotid artery stenosis: Vascular Surgery Unit/Surgical Registrars, G Haughton MB, BS(Syn), FRCS(Edin), FRACS

Symphony Trial - Sibralfibrin versus Aspirin to yield maximum protection from ischaemic heart events post acute coronary syndromes: J Stickland MB, BS, FRACP, FRACRM

Efficacy of three doses of tianeptine in the treatment of major depressive disorder. A double-blind study: tianeptine (3 doses: 12, 37.5 and 75mg/day) in 600 patients treated for 6 weeks (CL2-1574-22): S Varma MB, BS, MD(Psych), PhD(Psych)

The efficacy of caudally injected local anaesthetic versus normal saline in the treatment of low back pain and in particular symptoms of sciatica: A Umranikar MB,BS

Proposal for professional nursing skills/educational needs survey of registered nurses in the grampians region: C Witney RN, MHA, Grad Dip(Admin), Dip Teach(Nsg), Cert Sch Nsg, MRQNA

Australian New Zealand breast cancer trials group protocol 13-93 adjuvant therapy for premenopausal patients with node positive breast cancer who are not suitable for endocrine therapy alone: G Kannourakis MB, BS, B(Med)Sc, PhD, FRACP

Australian New Zealand breast cancer trials group protocol 14 adjuvant therapy for post and perimenopausal patients with node positive breast cancer who are not suitable for endocrine therapy alone: G Kannourakis MB, BS, B(Med)Sc, PhD, FRACP

Australian New Zealand breast cancer trials group protocol 15-95 randomised trial of 3 cycles of high-dose epirubicin + cyclophosphamide versus 4 cycles of epirubicin + cyclophosphamide and 3 cycles of cyclophosphamide + methotrexate + fluorouracil and adjuvant treatment for high risk operable stage II and stage III breast cancer in premenopausal and young postmenopausal patients: G Kannourakis MB, BS, B(Med)Sc, PhD, FRACP

Southern and Western oncology group (VSWOG) protocol 9201 integrated anthracycline chemo-radiotherapy in locally advanced (T3, T4, inflammatory and recurrent carcinoma of the breast): G Kannourakis MB, BS, B(Med)Sc, PhD, FRACP

Delineation of breast feeding rates in the population of patients attending Ballarat Health Services obstetrics unit and the reasons for choice of feeding method: S Knights MB, BS, DRACOG, FRACGP

An explorations of nurses' lived-experiences and understandings of the concept of 'healing': C Manterfield RN, BSc

The HERO-2 (Hirulog early reperfusion/occlusion) study. An open prospectively randomized comparison of Hirulog versus Herapin in patients receiving aspirin and thrombolysis (Streptokinase) for the treatment of acute myocardial infarction: J Stickland MB, BS, FRACP, FRACRM

PACT (Pravastatin Acute Coronary Treatment Program) Study: J Richmond MB, BS(Med), FRACP

Experience of mental health cases managers study: J Little B Sc(Hons), MB, ChB, Dip Obs, FRANZCP, MRACMA

Removable rigid dressings for transtibial amputees: P Murray Dip App Sci (P&Q)

Frequent nebulised ipratropium bromide in moderate and severe adult asthma: G Campain MB, BS

Randomised controlled trial of laparoscopic versus open colorectal surgery: B Stewart MB, BS, FRACS

A 24-week multicentre randomised double-blind placebo control evaluation of the efficacy and safety and Donepezil Hydrochloride (E2020) in patients with dementia associated with cerebrovascular disease: M Yates MB, BS, FRACP

Proposal for critical care pathway for gastrostomy feeding at Ballarat Health Services: M Atkinson BAppSc(Nut), Grad Dip Diet, MDAA, AFD

Ambulatory blood pressure monitoring project: P Hemmings MB, ChB, MRCP, (UK), FAMA

40 Research projects were approved by the Ethics Committee, of these, 13 were approved for research conducted by tertiary institutions in Victoria and South Australia.

Publications

Little J 1998 A model for the development of a specialised ECT service in a rural setting. *Australasian Psychiatry*, Vol 6, No 2

Little J 1998 Ballarat Public and Private Psychiatrists Group: a collaborative approach. Accepted for *Australian and New Zealand Journal of Psychiatry*

Lorensini S 1997 The health, psychological and social consequences of caring for a person with dementia. *Australian Journal on Ageing* Vol 16 No 4

Murphy Y 1998 Queen Elizabeth Centre - welfare facilities in Australia. Universal Design: Corporate Design Institute, Tokyo, Japan, April

Peach H 1998 Death certification by doctors in non-metropolitan Victoria. *Australian Family Physician* Vol 27 No 3

Peach H 1997 Human Health Impacts from Air Quality in Australia. State of the Environment Technical Paper Series (The Atmosphere). Department of the Environment, Canberra

Peach H 1997 *Helicobacter pylori* infection in an Australian regional city: prevalence and risk factors. *MJA*; 167:310-313

Peach H 1998 Comparison of unsafe drinking between a rural and metropolitan area. *Drug and Alcohol Review*; 17:1

Peach H 1998 *Helicobacter pylori* infection: an added stressor on iron status of women in the community. *MJA*; 169: 188-190

Peach H (in press) Socioeconomic determinants of cardiovascular disease risk in a rural area. *Australian Journal of Rural Health*

Peach H (in press) *Helicobacter pylori* infection is not a correlate of plasma fibrinogen in the Australian population. *Clinical and Laboratory haematology*

Peach H (in press) Australians travelling abroad without health and safety information: how many and who are they? *Asia Pacific Journal of Tourism Research*

Peach H (in press) Hospital separation rates from osteoporotic and non-osteoporotic fractures in metropolitan and rural Australia. *INJURY*

Peach H (in press) A pilot study of the relationship between physical activity during and after work. *Journal of Occupational Health and Safety*

Peach H 1998 Age-standardised mortality and proportional mortality analyses of Aboriginal and non-Aboriginal deaths in metropolitan, rural and remote areas. *Australian Journal of Rural Health* 6, 36-41

Rajagopalan M 1997 An intractable error in medline. *The Medical Journal of Australia* 167, 111-112

Rajagopalan M 1997 Rooming in: the Vellore experience. *Australian and New Zealand Journal of Psychiatry*, 31 775-776

Rajagopalan 1997 Defining treatment resistance in the Irritable Bowel Syndrome. *Gut* 41, 723

Rajagopalan M 1997 Blood donor behaviour and attitudes among medical and nursing students. *CMCA Journal* (in press)

Sivamalai S 1998 Nurse practitioners' perception of the essential skills and knowledge required to provide care for elderly clients in the community. *Singapore Nursing Journal* April - June

Varma S 1997 Psychiatric morbidity in the first degree relatives of schizophrenic patients. *American J Neuropsychiatric Genetics*. 31;1:7-11

Varma S 1997 Experiences in religious psychotherapy. *Australian and New Zealand Journal of Psychiatry*. Vol 31, 1, 85-87

Varma S 1997 Genetic of schizophrenia and affective disorder - an overlap. *International Journal of Psychiatry* 1, Feb; 1-7

Varma S 1997 Religion and psychiatry. *Australian & New Zealand Journal of Psychiatry*. Vol 31, 4; 604-606

Varma S 1997 A psychosocial study of females dependent on drugs at a rehabilitation centre. *The Malaysian Journal of Medical Sciences*. Vol 4 No 2

Varma S 1997 Crisis assessment and treatment service. *International Journal of Psychiatry* Nov 1-4

Varma S 1997 "Deja connu depression" *Australian & New Zealand Journal of Psychiatry* Vol 3, No 6, 911-912

Varma S 1997 De-medicalisation of Community Assessment Teams - the Ballarat experience. *Journal of Australian Medical Association* (Vic Br) Nov

Varma S 1997 A case of an overdose of Venlafaxine - a new antidepressant. *The Medical Journal of Australia*. Vol 167, 1;54

Varma S 1997 Ultra short term cognitive behaviour psychotherapy for panic attacks. *Malaysian Journal of Psychiatry*. 5;1,34-40

Watson F 1997 editor Ballarat Health Services Annual Report

Watson F 1998 editor Health Rapport Vol 1 No 3,4 Vol 2 No 1

Corporate Governance

Ballarat Health Services

Board of Management as at 30 June 1998

President: Dr Brian Hassett
Senior Vice-President: Mr Bill Crawford
Junior Vice-President: Associate Professor Cecil Deans

Treasurer: Mr Mark Schultz

Board members: Mr Bruce Clork
Mr Jim Gay
Ms Sarah Lia
Sr Therese Power
(appointed March 1998)

Chief Executive Officer: Mr Allan Hughes

Bankers: The Commonwealth
Bank of Australia

Salicitors: Cuthberts, Barristers
and Salicitors

The Governing Body

Ballarat Health Services was incorporated under The Health Services Act 1988 Part 3 on 17 December 1996 by The Governor in Council, acting on the recommendation of the Minister for Health made after receiving advice from the Secretary to the Department of Human Services under Section 64A of the Health Services Act 1988, and acting under Section 65 of the Act. The incorporation came into effect on 1 January 1997.

Ballarat Health Services is accountable, through its Board of Management, to Minister for Health who is currently the Hon. Rob Knowles MLC, Member for Ballarat Province.

Ballarat Health Services is now in its second year of operation. Comparative financial results will be given for two financial years. Statistical information with regard to throughputs will be for a two year period.

In accordance with The Health Services Act 1988, Division 4 Section 33, the Board of Management has affirmed that the Executive Staff Council and staff will carry out the policies and procedures of Ballarat Health Services.

The eight men and women who represent the community on the Board of Management are recommended to the Minister and appointed by the Governor in Council. The term of office for a member of the Board of Management is usually three years.

Members of the Board of Management and members of the Executive Staff Council are required to lodge declarations of pecuniary interest to the President. On 15 August 1997 the Minister for Health approved the following remuneration to the Board of Management: \$15,000 per annum to the President of the Board of Management \$9,000 per annum to members of the Board of Management

President

Brian Hassett MB, BS, FRACGP, Medical Practitioner
Term of Appointment 01.01.97 - 31.10.98 Age: 53
*Ethics (quarterly)***, *Medical Appointments (half yearly)***
*University Liaison (as required)***
Personal Vision: Total commitment to the concept of working with other agencies to deliver the best health service for the community.

Senior Vice President

Bill Crawford PhC, MPS, Pharmacist, retired
Term of Appointment 01.01.97 - 31.10.99 Age: 65
Bill represents Ballarat Health Services on Division 2 Council of the Victorian Healthcare Association.
*Public and Community Relations (bi-monthly)***
Finance/Audit (monthly)***
Medical Appointments
University Liaison
Projects Steering/Project Control Group (monthly)***
Personal Vision: To ensure that Ballarat Health Services is the best regional health service in Australia.

Junior Vice President

Cecil Deans MNS(LaTrobe), BA(BUC), DipN(Ed)(Ulster), RN, RPN, HV(UK) Principal University Lecturer Age: 51
Term of Appointment 01.01.97 - 31.10.98
*Patient Core (monthly)***
Ethics
Public and Community Relations
Personal Vision: For the service to maintain its reputation as a centre of excellence in the delivery of a broad range of health services which meet the needs of the community.

Treasurer

Mark Schultz MBus (Mgt), Grad Dip Bus Admin, BBus Financial Consultant, Business Consultant
Term of Appointment 01.11.98 - 31.10.01 Age: 42
*Finance/Audit
*Business Units (monthly)***
Personal Vision: To ensure that Ballarat Health Services provides the best possible health system to the local community and that the values and input of all stakeholders are recognised.

Members

Bruce Clark AIM, Business Consultant

Term of Appointment 01.11.98 - 31.10.01 Age: 61

Finance/Audit

Business Units

University Liaison

Personal Vision: That the amalgamation, with co-operation from other health agencies, will continue to provide a fantastic opportunity to deliver the very best health service in Australia.

Jim Gay, Managing Director - Building Supplies Company

Term of Appointment 01.01.97 - 31.10.98 Age: 64

*Quality (monthly)***

*Project Steering Committee/Project Control Group

Personal Vision: To see successful Accreditation achieved in 1999 and the development of both sites completed by the end of 2001.

Sarah Lia BA, LLB, solicitor, Family Law practice

Term of Appointment 01.01.97 - 31.10.99 Age: 37

Patient Care

Quality Credentials Appeal Tribunal (as required)***

Personal Vision: The achievement of an integrated health service which is patient-centred, efficient and effective.

Therese Power, RSM, TPTC, Dip App Chem, B Sc, MEA,

Director of Catholic Education

(Appointed March 1998) Age: 60

Patient Care

Business Units

Ethics

Personal Vision: To maintain high standards of nursing care to achieve a service that meets the needs of acutely and chronically ill people, elderly people and people with disabilities which is delivered by competent and generous staff.

*denotes chairman of committee

*** denotes numbers of meetings held each year

It should be noted that the composition of membership of committees changed in March following a review of the first twelve months of operation and that the Psychiatric Services Committee merged with the Patient Care Committee at the beginning of 1998.

The matrix below is at 30.06.98.

Monthly Board and Advisory Meetings, membership and attendance

	Hassett	Crawford	Deans	Schultz	Clark	Gay	Lia	Power
Monthly Board Meeting (11)	11	10	9	10	7	10	9	3 appointed March 98
Finance/Audit (11)	10	3		11	10			
Patient Care (11)	10		9				10	1
Quality (3)						3	3	
Business Units (8)				8	7			3
Ethics (4)	2	2						
Medical Appointments (2)	2	2						
University Liaison (as required) (1)	1	1			1			
Community Relations (6)		6						
Credentials Appeal Tribunal (as required) (nil)								
Project Steering/Project Control (11)		4				10		

Medical Staff Association

Wayne Spring MB, BS, FRCE, FRACP

Chairman

Age: 48

The Medical Staff Association conveys the views of visiting medical specialists and other medical practitioners to the Board. It also relays concerns about patients whom the members of the Association manage at Ballarat Health Services.

Executive Staff Council

Allan Hughes BSc (Medical), MBA (NSW), FCHSE, FAHM, CHE

Chief Executive Officer

Age: 51

Prior appointment Chief Executive, The Canberra Hospital, 1995

The Chief Executive Officer manages Ballarat Health Services in accordance with the Health Services Agreement established between the Minister for Health and Aged Care and Ballarat Health Services. The Board of Management delegates responsibility to the Chief Executive Officer to manage Ballarat Health Services both effectively and efficiently. Allan Hughes is supported by the five Executive Directors on the Executive Staff Council. The Chief Executive Officer, with the commitment of the Executive Staff Council and teams of dedicated staff to embrace change, has implemented a structure that is both working effectively and producing positive results in regard to patient, resident and client satisfaction.

Ian Graham FRACMA, AFCHSE, MHP (NSW), MB, BS (Med)

Executive Director - Clinical Services appointed February 1997

Age: 41

Prior appointment Director of Medical Services, Base Hospital, 1996

The significant positioning of Ballarat Health Services within the local and wider community so soon after its inception is due, in part, to the Executive Director, Clinical Services, Ian Graham who has responsibility for Medical, Surgical, Critical Care, Psychiatry, Pharmacy, Diagnostic Services, Women's and Children's, is taking information technology to the forefront of regional health services. He has been appointed as Consultant Medical Director to West Wimmera Health Service, Nhill and Ararat.

Maria Stickland RN, RM, B Admin, MHANSW, MCNA, AFCHSE

Executive Director - Nursing and Extended Care appointed February 1997

Age: 52

Prior appointment Director of Nursing and Residential Services, The Queen Elizabeth Centre, Ballarat, 1991

Maria Stickland's portfolio has been further extended to include all aspects of acute nursing services, of which she has extensive knowledge having worked in both the acute and extended care sectors. She has operational responsibility for Geriatric Assessment, Rehabilitation, Palliative Care, Inpatient Psychiatric Services and Community Support programs, as well as the acute nursing services. Whilst the Executive Director Nursing and Extended Care retains professional responsibility for nursing and standards of care in hostels and nursing

homes, the Executive Director of Businesses and Development has operational responsibility for these areas. Mrs Stickland sees the management of budgets a major priority. However, she is also keen to promote a supportive management environment and facilitate peer support and further integration of nursing and related services, in order to provide the best in continuity of care for patients, residents and clients.

Dale Fraser B Bus, CPA, AFCHSE, CHE, AHSMA

Executive Director, Finance appointed August 1997

Age: 29

Prior appointment Manager Aged Care, Community Mental Health Grampians Region, 1996

In an era of government fiscal restraint and fierce competition for the diminishing health dollar, the primary aim of Dale Fraser's department is to provide an integrated financial service which provides accurate and timely budget reports, consolidate change brought about by updated information technology and to develop value added financial services for Ballarat Health Services. Materials Management and the print shop, come under the jurisdiction of the Finance Department. Dale Fraser has extensive knowledge of both the Aged Care and Mental Health sector as well as an intimate knowledge of the Victoria budgetary system from having worked in the Department of the Auditor General, Finance and Department of Human Services.

Michael Scarlett, BBA, AFCHSE, CHE, AFAM, APT

Executive Director - Businesses and Development

appointed February 1997

Age: 48

Prior appointment Chief Executive, The Queen Elizabeth Centre, Ballarat, 1990

As a result of the restructure that took place in February the Executive Director - Businesses and Development has extended his responsibilities to include the management of the financial resourcing of nursing homes and hostels and the expanded engineering department. Michael Scarlett is also responsible for planning of capital resources and facilities development, has direct accountability for the education resource centre and the on-going successful operation of the five business units. Michael Scarlett ensures that these disparate areas continue to provide a financial return to Ballarat Health Services.

Bill Cunningham, OMHR, MRS (Vic)

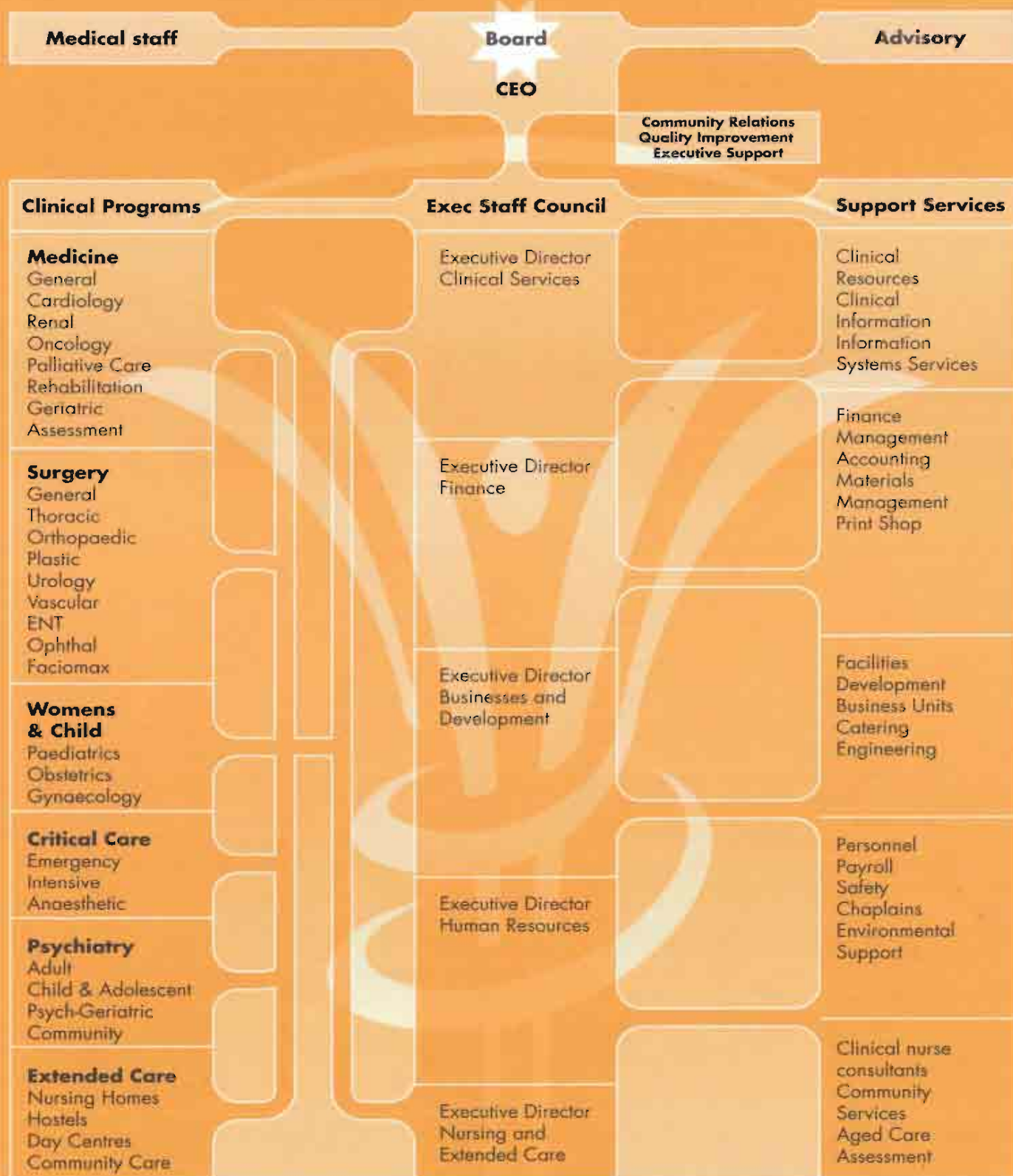
Executive Director - Human Resources

Age: 62

Prior appointment Director Human Resources, Ballarat Base Hospital 1995

Two years into its evolution Ballarat Health Services is experiencing a degree of industrial harmony that is a credit to the consultative process that has been established within Ballarat Health Services. Effective Human Resources' policies, systems and practices are key issues to a stable and productive workforce. As with other Executive Directors Bill Cunningham's responsibilities have increased to include not only all aspects of human resources but also chaplains, support and environmental services.

Organisational Structure



All Clinical Programs have a direct impact on Health Care and Support Services with the exception of Women's and Children which does not impact on Extended Care.

SeniorStaffList

Ballarat Health Services
Senior Staff as at 30.06.98

Executive Services

Chief Executive Officer
Allan Hughes BSc(Monash),
MHA (NSW), FCHSE, FAIM, CHE

Quality Co-ordinator
Doreen Bauer Dip PT,
Grad Dip Ed(Admin),
M Admin, AAIM

Manager Community Relations
Fiona Watson

Media Consultant
John Mullen

Clinical Services

Executive Director
Ian Graham, MB, BS, MHP
(NSW), (Melb) FRACMA, AFCHSE

Director, Clinical Resources
Bernie Fensling MB, BS, B Sc

Division Of Medicine

Chairman and Clinical
Director of General Medicine
John Richmond MB, BS(Melb), FRACP

Clinical Director of Rehabilitation
John Hurley MB, BS, LRCP, MRCS,
D Obst, RCOG, MRCP(UK), FRCP(Edin)

Clinical Director of Aged Care
Michael Giles MBBS, MRCP(UK)
Geriatrician Mark Yates MB, BS, FRACP

Physicians

John van den Broek MB, BS, FRACP
Wayne Spring MB, BS, FRCP, FRACP
John Stickland MB, BS, FRACP, FRACRM
Grant Phelps MB, BS, FRACP

Associate Physician

Jan Watson MB, BCL, MRCP, PhD
James Hurley MB, BS, PhD, FRACP
Helmet Chaudhry MB, BS, FRACP

Director of Coronary Care

John Stickland MB, BS, FRACP, FRACRM

Thoracic Physician

Wayne Spring MB, BS, FRCP, FRACP

Oncology

Rodney Band MB, BS, FRACP
George Konourakis
MB, BS, B(Med)Sc, PhD, FRACP

Palliative Care

David Brumley MB, BS, M Sc, FRACGP

Consultant Neuro Physician

John King MD, FRACP

Division Of Surgery

Chairman and Clinical Director
Graham Houghton MB, BS(Syd),
FRCS(Edin), FRACS

Surgeons

Peter Denton MB, BS, FRACAS
David Deutscher B Sc, MB, BS, FRACS
John Corbett MB, BS, FRACS, FRCS
Stephen Tobin MB, BS, FRACS, Cert Intercallegiate
Board

Associate Surgeon

Bruce Stewart MB, BS, FRACS
Andrew Lowe MB, BS(Melb), FRACS

Vascular Surgeons

Graeme Houghton MB, BS(Syd),
FRCS(Edin), FRACS
Robert Ventura MB, BS, FRCS, FRACS
Michael Condous MB, BS, FRACS

Urologists

Donald Moss MB, BS, FRACS, FACS
David Cook MB, BS, FRACS(Urol)
Richard McMullin MB, BS, FRACS

Orthopaedic Surgeons

Paul Kierce MB, BS, FRACS
John Nelson MB, BS, FRACS
John Patrikios MB, BS, FRACS
Andrew Byrne MB, BS, FRACS

Oto-Rhino Laryngologists

Paul Donoghue MB, BS, FRCS(Otol)
Niall McConchie MB, BS, FRACS

Ophthalmologists

Michael Toohey MB, BS, FRACO
David McKnight MB, BS, FRACO, FRACS

Facio Maxillary

Graeme Fowler MDSc(Melb), LDS(Vic)

Plastic Surgeon

Robert Sheen MB, BS, FRCS, FRACS

Neurosurgeon

David Wallace MB, BS, FRCS, FRACS

Women And Children's Division

Chairman and Clinical Director
Ian Mayes MB, BS, MROCG,
FRCS(Edin), FRACOG

Obstetricians and Gynaecologists

Ian Mayes MB, BS, MROCG, FRCS(Edin), FRACOG
Marilyn Fooks MB, BS, FRACOG
Judith Fleming MB, BS, FRACOG
Russell Dalton MB, BS, FRACOG
Paul Davey MB, BS, FRACOG
John Griffiths MB, BS, FRACOG, FRACOG

Paediatricians

Robert Richardson MB, BS, FRACP
Maurice Easton MB, BS, FRACP
Harry Zehnirith MB, BS, FRACP

Neurologist

Ian Hopkins MB, BS, FRACP (Paediatrics)

Division Of Psychiatry

Clinical Director
John Little B Sc(Hons), MB, ChB, Dip Obs,
FRANZCP, MRACMA

Consultant Psychiatrists

David Ollerenshaw MB, BS, FRCPsych,
DPM, FRANZCP
Olakayode Ogunremi MB, BS, DPM,
FMCPsych, FWACP, MD, FRANZCP
Mani Rajagopalan MB, BS, DPM, MD, DNB
Shashjit Varma MB, BS, MD(Psych), PhD(Psych)
Rosemary Droper MB, BS, MRCPsych
Dominic Green MB, BS, Dip
Psychotherapy, FRANZCP

Visiting Psychiatrist

Vin Thacore MB, BS, DPM, MRC(Psych),
MANZCP
David Hines

Service Managers

Area Mental Health Manager
Bill Peppinkhouse RPN, RN, B App Sc (Nsg
Admin), Grad Dip Mgt, FRCNA

Bed Based Services Co-ordinator
Peter Armstrong RPN, RN B Nsg,
Grad Dip Psych Nsg

Community Mental Health Service
Co-ordinator (Central Highlands)
Liz Powell RPN, Grad Dip Psych Nsg

Community Mental Health Services
Co-ordinator (West Grampians)
Stephen Mills RN, RPN, Grad Dip Admin (Health)

Clinical Nurse Consultant
Janice Rouhan RPN

Health Promotions Officer
Anne Watson RN, RPN

Unit Manager Eastern View Community Care
Michelle Wolsh RPN (Acting)
Unit Manager, Adult Acute

and Secure Unit
Jackie Worner RPN, RN, Dip App Sc
(Ad Psy Nsg) B Nsg

Unit Manager, Steele Houghton
Acute and Extended Care
Lois Prodder RPN

Division Of Critical Care

Chairman of Critical Care and Director of Anaesthesia and Intensive Care
John Oswald MB, BS, FFARACS, FANZCA

Director of Intensive Care

Tony Sutherland MB, BS(Melb), FFARACS, FANZCA (Endorsed in Intensive Care)

Anaesthetists

Graeme Clarke MB, BS, FFARACS, FANZCA
Peep Toom MB, BS, FFARACS, FANZCA
Ross Phillips MB, BS, FFARACS, FANZCA
Michael Whitehead MB, BS, FFARACS, FARCA
(Endorsed in Intensive FANZCA Care), Dip RACOG
Robert Ray MB, BS, FFARACS, FANZCA
Bruce Christie MB, BS, FANZCA
Greg Henderson MB, BS, FANZCA
Greg Hughes MB, BS, FARACS, FANZCA
Rob Gazzard MB, BS, FANZCA, FFICANCA,
B Sc, Dip RACOG
Mark Tuck MB, BS, BMedSc(Hons)
Neil Sharney MB, BS, FRCA
Richard Allen MB, BS, FANZCA

Emergency department

Director of Emergency and
Director of Medical Training
Stephen Walker MB, BS, FACEM

Emergency Physicians

Gary Campain MB, BS
Peter Wirth MB, BS, FACEM

Department Of Radiology

Director of Radiology
Robert House MB, BS, FRACR, DDU

Radiologists

Ross Wilkie MB, BS, FRACR,
FRCR(Eng), DMRD
Jim Mullany MB, BS, FRACR
Alastair Firkin MB, BS, FRACR
Ross Breadmore MB, BS, M Med, FRACR

Chief Radiographer

Richard van Dreven MIR, Dip App Sc
(Med Radiation), Grad Dip Admin

Dorevitch Pathology

Pathologist, Anthony Roberts
MB, BS, FRCPA, FRC(Path), MIAC
Pathologist, Sharon Wallace
MB, BS, B Med Sc, FRCPA
Laboratory Manager,
Michael Phyland BAppSc

Allied Health Services

Director of Allied Health
Wendy Hubbard BAppSc(PT),
MAppSc(HM), MAPA, AAIM

Clinical Managers

Dietetics, Meredith Atkinson
BAppSc(Nut), Grad Dip Diet, MDAA, APD

Occupational Therapy,
Michelle Pearson BAppSc(OT), Grad Dip
Health Services Mgt, MAAOT
Podiatry, Margaret Dawson BAppSc(Pod),
Grad Dip (Pod), MAPodA
Prosthetics & Orthotics, Rowan English
DAppSc(P&O), MAOPA, MISPO
Social Work, Michael Gathercole BBSc, BSW,
MBA, Grad Dip AppSci (Psych)
Psychology, Robert Mass BA(Psych), RPN, Grad
Dip Behav Man, MAPsS
Speech Pathology, Acushla Thompson
BAppSc(SP), MSPA
Physiotherapy, Peter Roche BAppSc(PT), Grad
Dip PT (Research), MAPA, MANZSB

Clinical Resources

Pharmacy

Director, Geoff McCurdy, B Pharm, FSHP
Graeme Gilbert MPS, PHC

Drug and Alcohol

David Anderson MB, BS(Qld)

Director of Family Medicine

Neil Phillips MB, BS, FRACGP

Clinical Information Services

Health Information Services

Manager, Janine Carter BAppSc
(MRA), Grad Dip Admin

Manager, Libraries

Norma Warwick AALIA

Chief Information Officer

Paul Mannix B Sc(Computer)

Clinical Information Analyst

Terry Lia Dip Teach(Prim), RN, BSc(AdNsg),
Grad Dip Bus Mgt, MBM, AHSFMA, AImm,
ACHSE

University Of Melbourne

Department of Community Medicine
Hedley Peach B Sc, MB, BCh(Wales),
PhD(Lond), MFCM(UK), FAFPHM

Academic Associates

Ed Davis MB, BS(WA), M Admin(Monash), AFCHSE
Alan Bath PSM

Clinical Supervisor Medical
Wayne Spring MB, BS, MRCP(Lond), FRACP
Clinical Supervisor Surgery
Peter Denton MB, BS, FRACS
Rural Program Co-ordinator
Ed Davis MB, BS(WA), M Admin(Monash),
AFCHSE

Nursing And Extended Care

Executive Director
Maria Stickland RN, RM, B Admin,
MHA(NSW), MCNA, ACHSE,

Acute Nursing

Project/Quality Improvement
Senior Nurse Manager
Cynthia Winey RN, MHA(UNSW), Grad
Dip(Admin), Dip Teach(Nsg), Cert Sch Nsg,
MRCNA

Night Duty Co-ordinators
Marlene Monck RN, Cert C Care, Grad Dip Bus Mgt
Enid Daniel RN, RM

Weekend co-ordinator
Liona Besenghi RN, RM, B Nsg,
Grad Dip Admin (Health)

After hours supervisor
Val Livitsanis RN, Grad Dip Health Science (Ed)

Relieving supervisors
Cheryl Allen RN, RM
Rita Coad RN, RM
Anne Ditchfield RN, RM, B Nsg
Continuous Care Co-ordinator
Patricia Twaits RN, RM Stomal Cert, Dip Hos
Nurse Unit Mgt, Grad Dip Admin (Health),
MRCNA
Post Acute Care
Peter Green RN, Cert Emerg Nsg & Crit Care

Clinical Nurse Consultancy Unit

Continence Nurse Consultant,
Marilyn Hargrave RN, Dip Nsg(Can), BN
Infection Control Consultant,
Ross Peck RN, SIC
Stomal Therapy/
Breast Cancer Support Consultant, Leeanne
White RN, RM, Stomal Th Cert, B Nsg
Diabetes Consultant, Lachlan Campbell RN,
PBGNC, B Nsg

Emergency Department

Nurse Manager
Pat Standen RN, RM, Cert Caranary Care,
Grad Dip Health Services Mgt, B Health Sci,
MRCNA, ACHSE,

Division Of Surgery

Senior Nurse Manager
Jean Dyer RN, RM, Dip Hos Nsg & Unit Mgt

Operating Suite Manager
Joy Taylor RN, Perioperative Cert

Nurse Managers
Y1, Judith Ritchie RN, RM, Cert Oncology,
Cert Comp Bus Applications
2 North, Judy Collier RN, Orth Cert,
Grad Dip Bs Mgt
3 North, Annette McFarlane RN,
Grad Dip Bus Mgt
3 South, Kay Wheeler RN, RM, Chemotherapy
Cert, Grad Dip Bus Mgt
Intensive Care Unit, Danny Rathgeber RN, Cert
Coronary Care, Intensive Care & Cardio-
Thoracic Nsg, Grad Dip Crit Care Nsg
1st Floor Henry Bolte Wing,
Margaret Pollard RN, RM, Cert Anaes &
Post Anaes Nsg, Grad Dip Ed Admin

Division Of Medicine

Senior Nurse Manager
Joan Scarff RN, Grad Dip Admin (Health)

Nurse Managers
4 South, Angie Spencer RN
4 North, Ross McPherson RN, RPN
Coronary Care Unit, Danny Rathgeber RN, Cert
Coronary Care, Intensive Care & Cardio-Thoracic
Nsg Dialysis Unit, Pam Waugh RN, RM, B Nsg
Oncology Unit, Kath Connors RN, Hosp Cert
Chemotherapy Admin
Rehabilitation/Outpatients, Kath Ragg RN, RM,
B Nsg, Grad Dip Community Health

Women And Children's Division

Senior Nurse Manager
Joan Scarff RN, Grad Dip Admin (Health)

Nurse Managers
Midwifery, Desley Beechey RN, RM B Nsg, JP
Darcors, Sue McKee RN, RM, Grad Dip
Community Health
Paediatric & Adolescent, Jean Godfrey RN, RM
RSCN(UK), Grad Dip Admin (Health)

Extended Care

Assessment, Community &
Palliative Care
Director Adri van der Knijff MBBS, DGM

Assessment Unit JB1
Mary Eeles RN, PBGNC

Aged Care Assessment Team

Clinical Co-ordinator
Alison Dalziel RN, B Nsg (Post Reg)

Dementia Care Co-ordinator

Daff Kemp RN, PBGNC B Nsg (Post Reg)

Palliative Care

Nurse Manager
Marita Adeney RN

Linkages: Central Highlands Co-ordinated Community Care

Manager
Margaret Russell Dip FT, Post Grad Dip QM in
Healthcare

Day Centre Co-ordinators

Elizabeth Brown, Dawn Bowes SEN
Ethel Lowe, Nancy Filbey SEN
Eyles House, Daff Kemp RN, PBGNC, B
Nsg(Post Reg)
Midlands, Lindsay Fowler

Manager, Rehabilitation Services

Doreen Bower Dip FT, Grad Dip Ed(Admin),
M Admin, AAJM
Rehabilitation Ward
Program Manager, Inpatient Rehabilitation
Dot Rogers RN, RPN, CRRN, B Health Sci
(Nsg), Grad Dip Admin (Health), MNS,
MRCNA, AAJM

Residential Services

Nursing home managers
Argyle Lodge, Dianne Ransom RN, PBGNC
PS Hobson, Steve Demeye RN, PBGNC, B Nsg
(Post Reg)
Tallbot Place, Marie Dell RN, PBGNC
Geoffrey Cutter Centre, Bev Scullins RN, BA
Jack Lonsdale Lodge,
Deryce McPherson RN, RM, RGNC, B Nsg (Post
Reg)
Janet Biddlecombe 2, Pat Erwin RN, RGNC, B
Nsg (Post Reg)

Hostel Co-ordinators

Eureka Village, Anne-Maree Porter
Hailey House, Wendy Sculley
James Thomas Court, Peter Irving
SEN, Cert in Mgt
WB Messer, Joan Slade
Jessie Gillett Court, Chris Lavery
Midlands & Pleasant Homes, Elaine Lazarus

Businesses & Development

Executive Director
Michael Scarlett, BHA, ACHSE, CHE,
AFAIM, AFT

Manager, Education Resource Centre
Jo Wahan BA, Dip Ed

Manager, Central Highlands
Linen Service
Garry Turnbull

Manager, Safety Link
Yvonne Clark (Acting)

Manager, BHS Catering
Richard Cody MHC

Manager, Engineering Services
Roy Isaac Dip Mech Eng
Assistant Manager

Engineering Services
Rob Nicholls B Eng (Elec)
Program Manager

GE Aged Care Solutions
Yoko Murphy RN, RPN, PBGNC, B Nsg,
Dip AppSc Community Health Nsg

Co-ordinator, Kids Community
Centre Phyllis Sculley

Finance

Executive Director
Dale Fraser, B Bus, CPA, AFCHSE,
CHE, AHSFMA

Deputy Director
Andrew Kinnerly, B Bus, CPA, AHSFMA

Manager Financial Services
Lyn McKenzie B Bus, CPA, AHSFMA

Manager, Materials
Hilton Bourke Ass Dip Eng (Production
Management), ESMA, AHSPO

Human Resources

Executive Director
Bill Cunningham CMHRI, MIRS (VIC)

Manager, Personnel Services
Rod Beaumont MNIA

Manager, Environmental Services
Don Colbert

Manager, Support Services
Mike Rathwell

Manager, Payroll Services
Chris Stewart

Manager, Safety
Kevin Stewart BAppSc (PT),
Grad Dip Erg, AAJM

Support Services

Human Resources

Core Activity

The provision of services within the Human Resources Division encompasses the major components of human resource management and corporate services.

The objective is to provide effective management and leadership in the areas of industrial relations, pay and benefits, occupational health and safety and staff recruitment and selection. In corporate support services the provision of high quality, customer focussed service is the key objective.

Staffing levels at Ballarat Health Services

	June 98	June 97
Total staff employed:	2260	2148

EFT staffing levels:

Nursing	693.51	725.62
Admin/Clerical	219.57	193.62
Allied Health	175.47	168.30
Hotel/Allied	392.08	417.27
Medical	88.48	83.64

TOTAL 1569.11 1588.45

Variances in the equivalent full time (EFT) staff categories have been influenced by a number of factors. These include the progressive downsizing over the previous twelve months in the areas of Aged and Extended Care and the subsequent closure of 46 nursing home beds.

Within the latter period of the year 33 staff left the organisation as a consequence of Voluntary/Targeted Separation Packages. There was an increase in some Linkages community based programs as a result of increased funding initiatives, necessitating an increase in allied health and clerical staff.

A further difference in some of the specific staff categories is due to the amalgamation of services and a more detailed and co-ordinated approach to the management and reconciliation of staffing profiles.

Chaplaincy

Chaplains from across the service now meet together on a regular basis and have developed common protocols and procedures to meet changing needs of the extended service. Accredited chaplains to Ballarat Health Services have regular services for residents at the off-site facilities.

Caring for residents' spiritual and temporal needs is as important as caring for their well being. The regular visiting of patients and residents by chaplains and their response in times of emergency is highly regarded.



A stay in hospital can be a time of uncertainty. As hospital chaplain, patients and staff are members of Bev Pratt's community. Ross Liddicott a patient on Four South, knows that Bev will always be available when he wants to talk.

Corporate Services

Following the restructure of the organisation the Human Resources Division was expanded to encompass environmental services, communication, security and transport. Often the first contact a visitor has with Ballarat Health Services is via the telephone, through reception, or informal contact with a member of staff from environmental services. Their role as ambassadors is vitally important - you really do only get one opportunity to make a first impression. During the past year a review of service delivery was initiated with the emphasis on quality and productivity improvement. Areas for improvement have been identified and strategies already implemented. The recent Department of Human Services' Patient Satisfaction Survey supported the excellent service being provided throughout Ballarat Health Services and included the support services team.

Occupational Health & Safety

Injury prevention and safety education have continued to be key performance objectives in the overall strategic plan. The focus has been on reducing the incidents and severity of manual handling injuries. The co-operation and commitment to the process by both staff and management has been effective with a pleasing reduction in both the numbers of claims and hours lost.

Workplace injury statistics 1997-1998

Parameters	1997-98	1996-97	Reduction (%)
Claims	27	41	-34.15%
Hours lost	12,025	15,259	-21.19%
Net Comp. Cost	\$90,490	\$90,080	0.46%

Payroll Services

The payroll department has successfully integrated and implemented a system which now serves the total merged entity of over 2,200 staff. The development of common payroll practices progressed during the year and further refinement will continue to ensure uniform practices and policy apply throughout Ballarat Health Services.

Personnel/Industrial Relations Service

The past twelve months saw the standardisation of a range of personnel policies and procedures which were adopted throughout the organisation.

It is a fact of life that there will always be staff who either feel, or indeed are, disadvantaged by the amalgamation process. The Human Resources Division continues to work through these issues, offering counselling to staff and, where practicable, internal redeployment. There has been considerable increased activity in the management of staff entitlements, external recruitment and appointments. There were no major industrial issues; this was achieved through effective conflict management, consultation and negotiation as well as open communication and amicable relationships with the various health unions that represent staff.

THE ENVIRONMENT

Core Activity

To develop and implement a sustainable waste management program through education and awareness that results in a healthier environment for everyone.

Ballarat Health Services has moved into the next phase of its waste management program. During the year EcoRecycle Victoria, the State Government's environment arm, acknowledged the work already carried out by Ballarat Health Services by using it as a case study in its forthcoming publication. Ballarat Health Services recycles almost half its total waste; that is about 531,000 kilograms of waste recycled, making Ballarat Health Services one of the most efficient recycling organisations in Victoria. Waste taken to landfill is compacted to 20% of its original capacity. 120,000 kilograms of food and waste is taken to a local worm farm each year. Talbot Place nursing home is trialing its own worm farm in an effort to reduce land fill and general waste. If successful worm factories will be established at other residential sites across Ballarat. Worms are able to eat their own weight in food every day; it is an easy, economic and environmentally sensible method of reducing waste - and it's great for the gardens!

Ballarat Health Services has systems in place across all sites, wards, offices and cafeterias to recycle bio-medical, organic and inorganic waste. Bins are colour coded and staff are enthusiastic recyclers. Ongoing recycling education for staff, patients and also visitors to Ballarat

Health Services has seen them all embrace the notion of helping the environment. The Waste Management Committee meets monthly, with a two day waste audit survey carried out each year. Suggestions on how to continually improve waste management are encouraged from staff and a Green Frog Award is presented each month to the department or ward that contributes most to waste minimisation or recycling.

FINANCE

Core Activity

The provision of timely and appropriate financial systems and reports to support and advise departments and to provide an efficient, cost effective supply and printing service.

The meeting of information technology needs of Ballarat Health Services commenced during the year with the introduction of a new financial and supply management system. As with any new technology there has been a substantial amount of work undertaken to effect the transition required. Funding for the next stage of the information technology strategy has been received and work is already underway to implement the patient management system. Once completed, Ballarat Health Services will have a first class information technology platform to launch into the next millennium.

There has been on going monitoring and evaluation of Ballarat Health Services' financial performance, the preparation of internal and external returns and advice on investment and capital acquisitions. The creation of succinct budgetary reporting frameworks clearly makes Ballarat Health Services accountable for the monies it earns.

Materials management supports the overall operation through the provision of cost efficiencies in purchasing power. It is undertaking a review to enhance purchasing policies to achieve optimal use of resources.

Future directions include the implementation of an effective executive information system, the continuation of the clinical costing project and the expansion of contracting materials services to negotiate the best price from suppliers. The redevelopment and refocussing of accounting policies and guidelines will also be undertaken.

BUSINESSES AND DEVELOPMENT

Core Activity

To support the vision of Ballarat Health Services through the implementation of capital development which is effective and construction of which is within budget; to enhance Ballarat Health Services through the commercial units' successful activities. With the organisational review in January 1998 the financial management of nursing homes, hostels and engineering services have been included in the division.

Commercial Units

Central Highlands Linen Service

Central Highlands Linen Service is a major service provider for Ballarat Health Services. It also offers a competitively priced product predominantly to other healthcare providers. To ensure that it maintains its efficiencies and effectiveness Central Highlands Linen Service this year has outlaid substantially on capital investment. It continues to deliver a positive return to the organisation and fund capital replacement with income exceeding expenditure as well as a high quality service. Central Highlands Linen Service will continue to provide a service to the health industry and is expanding into the niche market, offering fast, efficient turnaround times for small amounts of linen.

Safety Link

Safety Link has continued to grow at a rate of 22% for the year. It faces a significant challenge over the next few years to maintain its market position in a very competitive environment. However, Safety Link has the advantage of not only knowing its market very well, but delivering the service with quality, compassion and with full technical back up. Safety Link will continue to seek an increase in government funded units and to increase the numbers of private clients through effective education and promotion. A grant of \$250,000 was received from the Minister for Health for the expansion of the government's funded client base into rural Victoria.

Queen Elizabeth Aged Care Solutions

The impact of the Asian economic crisis has had a direct link to the downturn in the numbers of health professionals studying the Australian aged care system at the Queen Elizabeth Centre. However, with the focus still on Japan, there has been an increase in the number of smaller groups of students and individuals on long term stay. Even with the decline in numbers the business has still been profitable and the Pomella Taylor Scholarship of \$10,000 was awarded to 3 staff members. The continual review and expansion of QEACS' market base in Japan and the development of repeat businesses in other niche markets have to be pursued for the business to remain viable.



Central Highlands Linen Service processes 215,000 items per week, which equates to 11.1 million items annually. The service has been extended to launder smaller items, including babies clothes as worn by James Brouwers-Morrison who just can't take his eyes off Daffy Duck who visited the Paediatric Ward.

Kids Community Centre

The Kids Community Centre offers an important before and after school child care service to both staff from Ballarat Health Services and the local community. However, as a full time operation it was not fully utilised and was not sustainable. Staff resignations have enabled a review and restructure the centre and it will continue to offer a before and after school service, rather than curriculum, sick day and holiday program. To maintain a profitable return to the centre the level of activity and the numbers of clients will be monitored and fee for service programs will be pursued.

BHS Catering

During the year the service successfully integrated with the location of administration and main food production at the Queen Elizabeth Centre. With an increase in the number of external catering contracts the service is operating as a cohesive commercial unit responsible for maintaining budget outcomes without decreasing quality. Food can become a focal point if, as a patient or resident, you are spending a considerable time of day in bed; catering staff work closely with clients, chefs and dietitians to create nutritious food that is well presented and palatable. A revised method of meals delivery to residential services, from plated to pre-packed portion delivery, has improved both quality and presentation, and is prepared more economically. The service had its contract extended with both Ballarat and Melbourne City Councils for a delivered meals service.

An excellent cafeteria service is provided at the Base Hospital and the Queen Elizabeth Centre for staff and visitors.

The imminent redevelopment of the Base Hospital kitchen will provide an opportunity to explore a new system of food production which will provide a more efficient and economical food service delivery which maintains quality.

Preservation of food is of
importance for long-term
residents and short-term
visitors. Cathleen Green,
Food and Domestic Services
Assistant, takes pride in
ensuring that all meals
look appealing.



Engineering

Following the general restructure that occurred at the beginning of 1998 the engineering department was positioned within the commercial arm of the organisation to establish it on a business footing with departments charged on a fee for service basis. The department has been involved with substantial rationalisation of buildings on the Queen Elizabeth Centre site as well as residential facilities off site. The impact of daily changes to the fabric of the buildings has increased the workload on maintenance and minor works.

Residential Services

The revised funding system for nursing homes and hostels, introduced by the Commonwealth Government has disadvantaged nursing homes in general and at Ballarat Health Services nursing homes returned a deficit for the year. This was through a combination of inadequate funding as well as a wage disparity which saw public nursing homes paying 10% higher wage rates than the private sector. Ballarat Health Services had to underwrite this deficit from other services, which are of a finite nature. The hostels returned a small surplus which was achieved through the employment of a different skills mix than is required from nursing homes.

Owing to the age and state of disrepair of many of the buildings it was not surprising that certification was not granted on the Ascot Street site. Off sites facilities did pass, but in some instances, urgent redevelopment and demolition of buildings will have to take place during the next stage of the masterplan to ensure they meet the stringent certification standards. With the demolition of the Ascot Street site, the construction of new facilities on that site and in Ballarat East and the transfer of residents, certification will be assured.

Capital Development

Core Activity

To develop and implement a sustainable masterplan in collaboration with all stakeholders which is imaginative, user friendly and construction of which is within the given budget and timeframe.

Base Hospital site

It had been anticipated that progress on the redevelopment of this site would have been at a stage further than it actually is. A number of factors have had an significant impact to delaying the process, including the merger itself in 1997 and recently the discussions between Ballarat Health Services and St John of God Health Care. It is anticipated that by September 1998 negotiations between Ballarat Health Services and St John of God Health Care will be finalised and a masterplan approved. Community consultation will be an integral component of the acceptance of the feasibility study.

Queen Elizabeth Centre site

As planning for the redevelopment of the Queen Elizabeth Centre was well underway prior to the amalgamation in January 1997 its well constructed masterplan has been implemented and is on schedule, within budget. Ballarat's skyline will be changed forever with the demolition of the four storey Ascot Street building to make way for a ground floor, purpose built rehabilitation centre and inpatient ward, assessment and palliative care units.

The assessment of building assets has identified a number of ongoing maintenance and statutory requirements that need to be addressed, some as a matter of priority and others as a matter of course. A number relate to the condition of residential facilities. As redevelopment of buildings can be a costly component, the situation is being reviewed and the redevelopment of these sites is being considered as an option.

Off site facilities

In the course of the year two residential facilities were completed and nursing home residents were moved from the outdated and potentially unsafe facilities at the Ascot Street site to ground floor nursing homes. The Geoffrey Cutter Centre was built entirely from community contributions which is a wonderful legacy from the community in providing firstclass facilities for elderly people. The design for Talbot Place, a 30 bed nursing home, has made clever use of space and light and post occupancy surveys have indicated a marked improvement in the well being of residents.

COMMUNITY RELATIONS

Core Activity

To engender enthusiasm, interest and commitment to Ballarat Health Services through effective communications with the community who support, work in and use the service.

Communication

Information is a powerful tool in the management of change. Ballarat Health Services, still in its infancy, has developed a range of communication media, from the latest website technology to the more traditional promotional videos and newsletters. They are effective in making the connection between internal and external communication so that all stakeholders understand and share Ballarat Health Services' vision.

Ballarat Health Services is indeed fortunate to have the excellent support of news media outlets who have given honest and timely reports on events and the people who make up Ballarat Health Services' community. The Board of Management particularly wish to acknowledge ABC Radio,

the Ballarat Courier, The Ballarat News, Radio 3BA, 3CV and WIN TV. Through their services Ballarat Health Services has reached a much larger market immediately.

With imminent major changes taking place in the delivery of health services in Ballarat, public consultation with interested parties remains at the forefront of strategic planning. Auxiliaries and Associations are also important avenues for the dissemination of information.

Auxiliaries and Associations

Members of the eight auxiliaries and associations that support Ballarat Health Services are indeed very important people. Their reward is knowing that they do make a difference to the lives of the many people they help, whether directly or indirectly. From the Ladies Auxiliary at the Queen Elizabeth Centre who raise funds to ensure that all residents in residential care have those little extras that others might take for granted, to the Friends of the Base Hospital who run the kiosk, the VIPS with their flower shop, the Mary Helen Auxiliary which has raised many thousands of dollars to purchase much needed equipment, the Ballarat Health Services Fundraisers whose enthusiasm has put the fun back into fundraising, the Relatives and Friends whose determination to maintain standards is a credit to the collective force of grey power, The Base Hospital Foundation whose financial management has enabled the purchase of expensive equipment and Heartbeat Victoria who offer support to patients in coronary care as well as raising funds for the unit. Without their commitment Ballarat Health Services would not function as effectively.

Fundraising

There has been a marked decline in the fundraising fortunes of Ballarat Health Services this year. While low interest rates are a boon to the general population, Trust companies despair! The available resources in discretionary funds is dramatically reduced. Also the generosity of the government in funding the major capital developments seems to produce a negative perception within the community that Ballarat Health Services does not require additional funding. Nothing could be further from the truth! Even with the generous allocation from the Government there will still be a shortfall to cover services not funded, such as hostels, nursing homes and specialist equipment. Clearly, though, capital development needs a co-ordinated approach with advocates from within the management structure making a firm commitment to the process. The days of haphazard fundraising can no longer fit into the strategic plan. The Board of Management is mindful that in asking for financial support from the local community they too must be seen to be committed to Ballarat Health Services.

1998	1997
\$346,000.00	\$718,000.00

Ballarat Health Services, as a Public Benevolent Institution, attracts tax deductibility status. All donations are acknowledged personally by the Chief Executive Officer and are listed in the quarterly newsletter The Health Rapport. Administrative costs related to fundraising are met through recurrent funds.

Volunteers

It has been a fantastic year with over 12,557 volunteer hours recorded, compared to 10,139 hours in 1997 and 5,437 in 1996. This is a remarkable achievement and an indication of Ballarat Health Services' reputation within the community. Training programs for volunteers working in palliative care as well as day centres and hostels have taken place and staff are to be commended for their support in not only taking part in the training programs but also embracing the ideals of volunteering. The success of the volunteer program has enabled young people to discover whether work in a health care setting is the direction in which they want to travel and given older people an opportunity to utilise their skills learnt over a number of years. Ballarat Health Services would be the poorer organisation without the commitment of these dedicated people. Students from Loreto College and St Patricks College have continued their involvement with residential services undertaking community service throughout the year.



Volunteers and supporters are the energy of the organisation whose commitment is recognised by the Board of Management. Senior Vice President Bill Crawford and Junior Vice President Cecil Deans chat to Marlene Hardy a volunteer with the Friends of the Base Hospital, who operate the kiosk.

Year 2000 Project

As the new millennium approaches a technological nightmare is developing that was not even considered when computers were in their infancy. A design error in dates stored on microchip controlled systems means that at the year 2000 computers might assume 1900 or some other date. Worldwide there are organisations that have computers dependent on dates providing critical information. Ballarat Health Services will be no different from every other health agency with dates of birth, admissions and discharges becoming negative figures, as well as biomedical, embedded systems, electromechanical or process based systems being affected.

Ballarat Health Services is participating fully with the Department of Human Services in the Year 2000 Compliance (Y2K) Project. The Minister for Health has stressed the importance of managing the risks on all systems and has identified public hospitals as an area of particular risk. With the reporting of quality information a priority, summarising progress and identifying potential cost and funding implications, Ballarat Health Services has been assigned an important regional role with the Department of Human Services funding a Grampians Region Chief Information Officer and a Regional Co-ordinator of Y2K Compliance. While their input is pivotal to documenting and minimising risks, ultimate responsibility for the management of Y2K Compliance will rest with each health organisation within the Grampians Region.

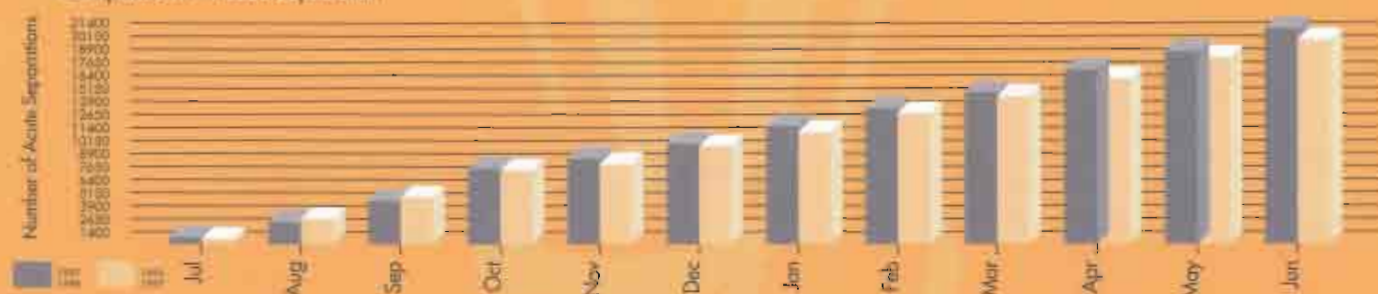
A six-phase Project Plan has been developed which will be completed by the end of October 1999. It includes an awareness campaign, both internal and external; an inventory developed by an audit of the asset registers; analysis and planning to ensure that all essential equipment, programs and systems are Y2K Compliant; the implementation of modifications to existing equipment and programs; testing and transfer to systems, equipment and programs that are Y2K Compliant; post evaluation to ensure all problems have been rectified.

Statistical Information

Acute Care Services

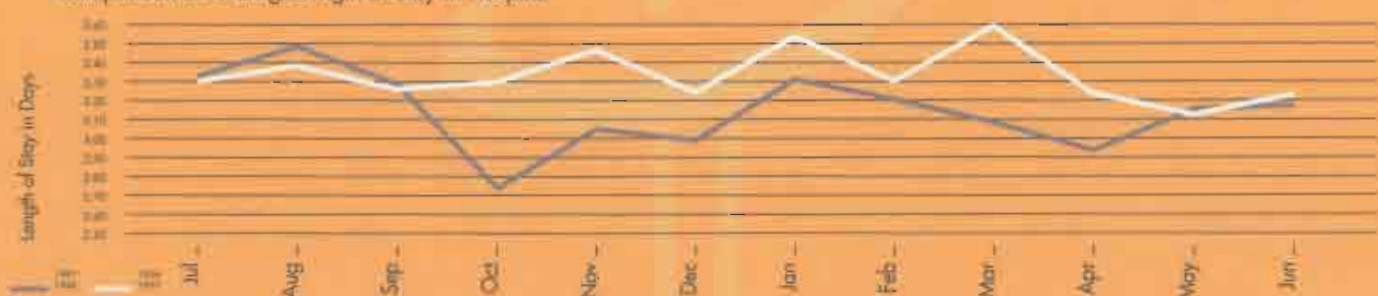
	1997/98	1996/97	Change
Separations			
Surgical Division	8472	8200	272
Medical Division	8144	8044	100
Paediatrics	1896	1837	59
Obstetrics and Gynaecology	2929	2787	142
Emergency Department	268	228	40
Total	21709	21096	613
Bed Days			
Surgical Division	27,408	29027	-1619
Medical Division	25057	25794	-737
Paediatrics	8013	7429	584
Obstetrics and Gynaecology	7202	7495	-293
Emergency Department	269	231.38	
Total	67949	69976	-2027
Weighted Inlier Equivalent Separations	17618	17756	-138
Average Length of Stay (Including same day)	3.13	3.32	-0.19
Same Day Cases			
Surgical Division	3328	3015	313
Medical Division	4684	4312	372
Paediatrics	68	72	-4
Obstetrics and Gynaecology	1150	1003	147
Emergency Department	223	174	49
Total	9253	8576	677
Theatre	3021	2920	101
Minor	4976	5249	-273
Total	7997	8169	-172
Emergency Department	29559	28008	1551
Medical And Surgical Outpatients	30713	29843	870
Number Of Births	1014	981	33

Comparison of Acute Separation



Acute Services continues to meet an ever increasing need for services. This year, more than 600 extra patient separations were recorded.

Comparison of Average Length of Stay in Hospital



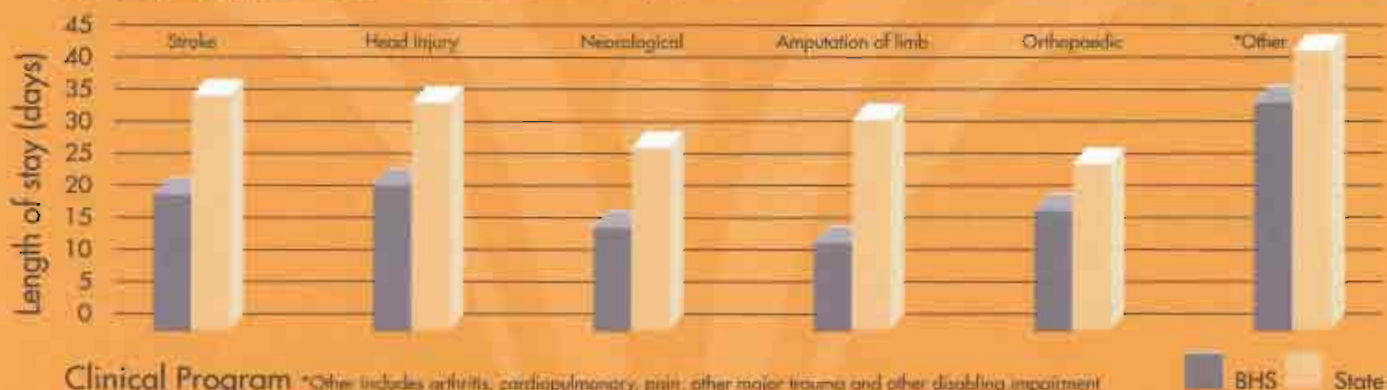
Overall average length of stay averaged at 3.13 days, an improvement of 0.19 days from the previous year. This represents a 6% increase in productivity ensuring that patient services are maximised.

Aged Care Services

	1997/98	1996/97	Change
Sub-Acute Separations			
Geriatric Eval. & Manag.	424	365	59
Rehabilitation Level 1	38	55	-17
Rehabilitation Level 2	290	297	-7
Palliative Care	160	100	60
Nursing Home Type	21	32	-11
Rehab. in the Home 1	34	115	-19
Total	1067	964	103
Sub-Acute Beddays			
Geriatric Eval. & Manag.	6769	6961	-192
Rehabilitation Level 1	664	1218	-554
Rehabilitation Level 2	5684	5940	-256
Palliative Care	1774	1173	601
Nursing Home Type	854	728	126
Rehab. in the Home	2464	2137	327
Total	18209	18157	52
Resident. - High level	107608	108954	-1346
Resident. - Low Level	96485	97414	-929
Community Based Services			
ACAS	2,419	2,383	36
Day Centre	12,650	13,633	-983
On Campus Rehab	11,441	13,628	-2187
Community Based Services	101	144	-43
Linkages Client Support Hours	57234	44576	12658

Average Length of Stay - Rehabilitation (days)

Comparison between Ballarat Health Services and the State of Victoria (not including same day episodes)

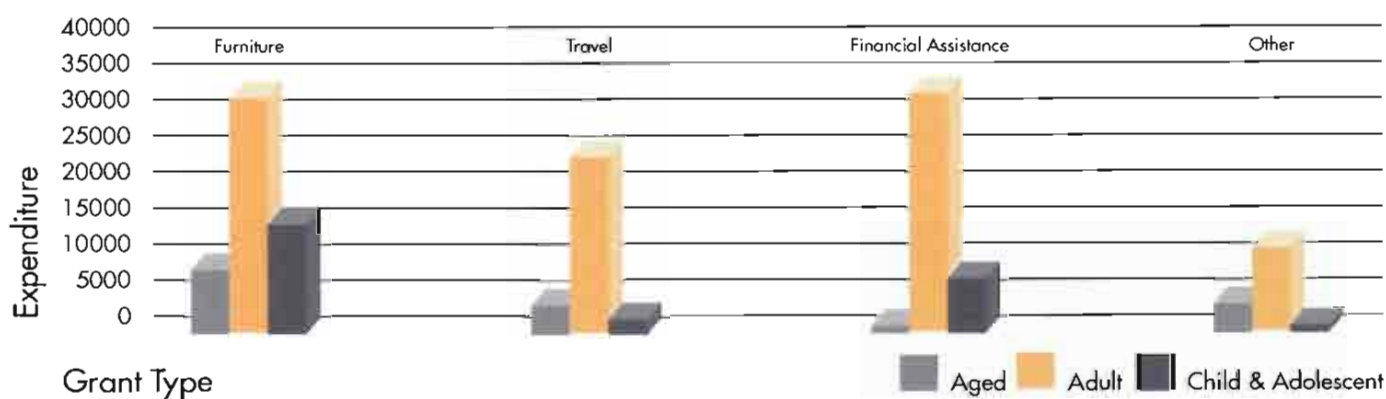


Rehabilitation services continue to provide services of high quality. Average length of stay for all categories depicted are well below state average. The early participation of rehabilitation specialists in the care cycle ensures that patients recover faster from major injury.

Psychiatric Services

	1997/98	1996/97	Change
Inpatient Care			
Beddays			
Adult Acute	7710	6662	1048
Adult Extended Care	4345	4371	-26
Community Care Unit	6577	6536	41
Aged Acute	3321	3349	-28
Aged Nursing Home	5110	5085	25
Total	27063	26003	1060
% Occupancy			
Parklands	92.2%	83.0%	9.2%
Sovereign House	99.2%	99.8%	-0.6%
Eastern View	90.1%	89.5%	0.6%
S. Houghton Acute	91.0%	91.8%	-0.8%
S. Houghton Nursing Home	70.0%	80.6%	-10.6%
Average Length of Stay (days)			
Adult Acute	23.15	21.22	1.94
Aged Acute	40.01	29.64	10.37

Community Care: Carer Crisis Support Grants



During the year more than \$142,000 was paid out to carers of Grampians Psychiatric Services' clients to ensure that the role of the carer. The support provided by carers is invaluable.

Statutory Requirements

Complaints

Ballarat Health Services handles complaints in accordance with the guidelines established by the Health Services Commissioner as detailed in the General Policy Manual. Ballarat Health Services has a formally appointed Complaints Liaison Officer who has responsibility to the Chief Executive Officer to register and formally investigate all formal complaints. All formal complaints are answered by the Chief Executive Officer and reviewed by the Patient Care Committee.

Written complaints are classed as formal complaints and all receive a written response. There were 71 formal complaints registered by Ballarat Health Services during the year. This included complaints referred from the Health Services Commissioner. During the year one complaint proceeded to a formal conciliation hearing without success and two others have been accepted for conciliation and are awaiting the commencement of the process.

Freedom Of Information

Ballarat Health Services is subject to the Freedom of Information Act (Victoria) 1982. All hospital records are accessible subject to the limitations imposed by the Act. In the year ended 30 June 1998 120 applications for access to documents under Freedom of Information were received by Ballarat Health Services.

In two cases the documents sought were classified as exempt documents under the Act. The requested information was unavailable in another two instances.

Where psychiatric records are requested, the meaning of the entries in the record is explained to the applicant by a staff member prior to release. Under the provisions of the Mental Health Act 1996, prior to release of personal psychiatric records a medical officer is required to provide advice as to whether the content of the records will have an adverse impact on the mental health of the person.

The Minister has granted the proceedings of the Quality Committee and sections of the operation of the Patient Care Committee exemption from access under Freedom of Information under Section 139 of the Health Services Act.

Government Acts

During the year the following legislative changes have occurred which have a significant impact on the operation of Ballarat Health Services.

Acts

Accident Compensation (Miscellaneous Amendment) Act 1997
Ambulance Services (Amendment) Act 1998
Drugs, Poisons and Controlled Substances (Amendment) Act 1997
Drugs, Poisons and Controlled Substances (Amendment) Act 1998
Health Acts (Statute Law Revision) Act 1998
Health Services (Amendment) Act 1997
Health Services (Amendment) Act 1998
Mental Health (Victorian Institute of Forensic Mental Health) Act 1997
Public Sector Reform (Miscellaneous Amendments) Act 1998
Tribunals and Licensing Authorities (Miscellaneous Amendments) Act 1998

Regulations

Adoption Regulations 1998
Cancer (Reporting) (Amendment) Regulations 1997
Dangerous Goods (General Amendment) Regulations 1998
Drugs, Poisons and Controlled Substances (Amendment) Regulations 1997
Freedom of Information (Exempt Offices) (Interim) Regulations 1997
Freedom of Information Regulations 1998
Health (Infectious Diseases) (Children's Services Centres) Regulations 1998
Health Services (Private Hospitals and Day Centres) (Amendments) Regulations 1998
Human Tissue (Prescribed Institutions) Regulations 1997
Infertility Treatment Regulations 1997
Occupational Health & Safety (General Amendment) Regulations 1998
Physiotherapists (Qualifications) Regulations 1998
Physiotherapists (Qualifications) (Amendment) Regulations 1997
Psychologists Registration (Amendment) Regulations 1997

Consultancies

During the year there were no consultancies over \$100,000. There were nine consultancies under \$100,000 which amounted to \$65,060.

Competitive Neutrality

Ballarat Health Services is addressing the Victorian Government's policy statement Competitive Neutrality: A Statement of Victorian Government Policy. Primary consideration is of the commercial units, namely Central Highlands Linen Service and SafetyLink. Commercial units and departments will be subjected to continuing review in accordance with the policy during 1998/99.

Statutory Information

In accordance with the Direction of the Minister for Finance part 9.1.3(iv) the following information has been prepared and is available to the relevant Minister, Member or Parliament and the public on request. It is not recorded elsewhere in the Report.

A statement that declarations of pecuniary interests have been duly completed by all relevant officers; details of publications produced by the entity and the places where the publication can be obtained; details of changes in prices, fees, charges, rates and levies charged by the entity. All such information is available from the Executive Director, Finance; details of any major external reviews carried out on the entity; details of overseas visits undertaken, including a summary of the objectives and outcomes of each visit; details of time lost through industrial accidents and disputes; the purpose of each major committee and the extent to which the purposed have been achieved.

Compliance With Building Act

The following report describes the extent to which Ballarat Health Services complies with The Building Act 1993 - Guidelines issued by the Minister for Finance for publicly owned buildings - November 1994.

Buildings Complying With Building Standards

In the past financial year the Ballarat Health Services has completed three main building projects under The Building Act 1993. These are the construction of the Talbot Place nursing home at the Ascot Street site, Geoffrey Cutter Centre at the Eureka Village site and the Acute Psychiatric Unit at the Base Hospital site. A building permit was obtained for each of these building projects, thus invoking the ten year liability cap.

Those buildings are the only major works completed during the past year.

A number of smaller building works, related to the redevelopment of the Ascot Street site were completed. A building permit was obtained for each of these minor projects, thus invoking the ten year liability cap.

Building Inspections

(a) Standards Assessment Queen Elizabeth Centre sites

As reported in the 1996/97 Annual Report the Ascot Street site has been the subject of a fire audit by a Fire Services Engineer. The scope of that audit considerably exceeds the scope of an inspection by a Building Surveyor in line with the Minister for Finance's Guidelines. The work resulting from the fire audit is now complete.

Base Hospital site

A situation similar to that at the Ascot Street site prevails at the Base Hospital site.

Any action from a previous Building Surveyor's inspection in accordance with the Minister for Finance's Guidelines has been held in abeyance while a fire audit by a separate Fire Services Engineer was undertaken.

The recommendations of that audit have been documented and a contract has been let. Work is progressing.

The end result of implementing the findings of both fire audits will be buildings in which the public safety attributes considerably exceed those which would have been acceptable under the Minister for Finance's Guidelines.

(b) Conditions Assessment

Condition assessments have been carried out for all major Ballarat Health Services buildings, using specialist contractors experienced in the maintenance of buildings.

Those reports identify the extent and costs of remedial work required to bring the buildings up to an acceptable standard over the next five years.

A program to undertake the most urgent work identified by the reports has been endorsed and work will begin in the 1998/99 financial year.

The program incorporates the notion that no remedial work will take place in any building scheduled for demolition in the Ballarat Health Services facilities redevelopment.

Buildings Which Conform With Building Standards

Based on the results of the inspections and the definition contained in the Guidelines of what constitutes a conforming building, the following buildings comply with building standards.

Midlands Hostel
Sebastopol Complex
Pleasant Homes Complex
Queen Elizabeth Village Complex
Eyres House Day centre
Eureka Village Hostel
Ascot Street site

The only site where it cannot be stated that the buildings comply with building standards is the Drummond Street site. It is important to reiterate that at the conclusion of the remedial fire works at this site, which is expected in the next few months, all buildings belonging to the Ballarat Health Services will comply with building standards.

Arrangements Regarding Registered Building Practitioners

The Board of Management of Ballarat Health Services has adopted a Building Works Policy which includes the requirement that all building professionals engaged on building projects be registered with the Building Practitioners Board or be Registered Architects.

That policy is implemented by the Project Control Committee.

New Buildings

The same policy requires that a building permit be issued at the completion of each building project. That action ensures that new buildings and work in existing buildings conform to building standards and that the ten year liability cap is invoked.

Again the policy is implemented by the Project Control Committee.

Glossary

ACAS

Aged Care Assessment Services

ACAS is the acronym for Aged Care Assessment Services, which has responsibility for undertaking initial assessment of elderly people and people with disabilities in either their own home or as an inpatient at the Queen Elizabeth Centre. The team consists of a geriatrician, community nurse and occupational therapist.

ACHS

Australian Council on Healthcare Standards: the body by which health care facilities are scrutinised and evaluated to obtain accreditation.

Casemix

The government funding system by which hospitals achieve a level of funding based on the WIES.

Clinical Pathways

The mapping out of the total care plan, from pre to post admission.

Community Based Programs

A number of programs to assist people to remain at home, or return home sooner following a length of stay in an acute setting; including hospital in the home, rehabilitation in the home, nursing home in the home.

EQUIP

Evaluation and Quality Improvement Program: the program by which health care facilities voluntarily undertake continuous improvement to gain accreditation.

DRG

Diagnostic Related Groupings

The casemix funding system is based upon throughput with each patient receiving a DRG based upon the complexity of the medical condition.

Grampians IT Alliance and Grampians Healthcare Project

Alliance of all hospitals within the Grampians Region to focus on the delivery of information, information technology and telecommunications over the next three years.

WIES

Weighted Inlier Equivalent Separation

Every patient discharged from Ballarat Health Services is allocated a Diagnostic Related Group which reflects the primary reason for the patient's episode of care. The DRG has an assigned resource weight which relates to the complexity of the patient's medical condition upon which the WIES is calculated.

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Burns Bridge Australia Pty Ltd is the Project Director for the redevelopment of Ballarat Health Services. This includes the redevelopment of the acute facilities at the Drummond Street site and the aged and extended care facilities at the Ascot Street and Eureka sites.



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Demaine Partnership is celebrating its twenty year association with the Queen Elizabeth Centre. This Successful alliance has not only assisted Demaine Partnership to become one of the premier aged care design consultants in Australia but also has ensured that people needing residential care have the best facilities in which to live. Core activities include nursing homes and hostels, rehabilitation

facilities, palliative care, assessment evaluation and management facilities, community health centres and acute healthcare buildings.

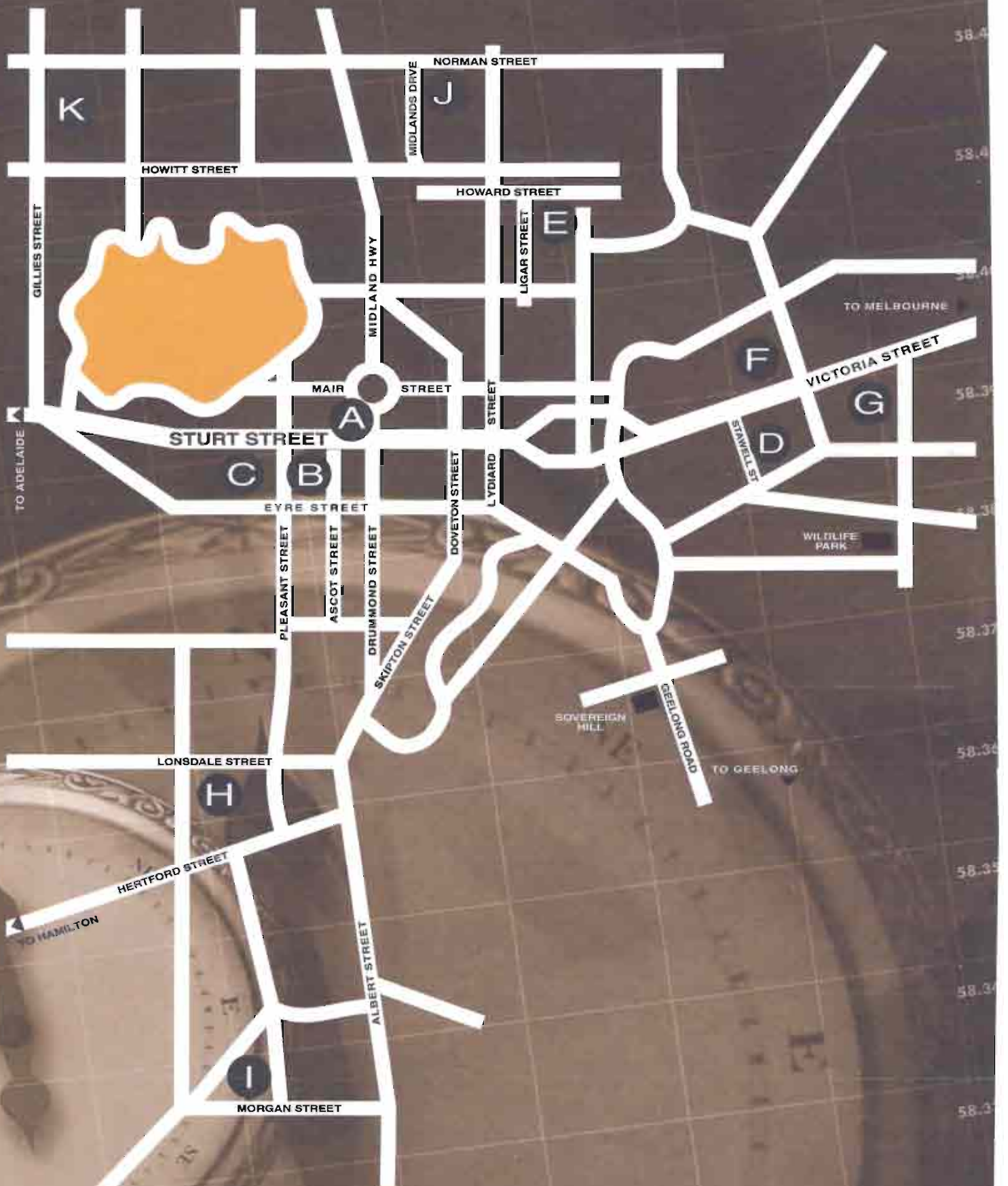
Demaine Partnership Pty Ltd
Architects, Interior Designers, Health Planners
Level 1, 99 Coventry Street Southbank, Victoria 3006 Australia
telephone: 03 9690 9366 fax: 03 9690 9703
email: demaine@melbourne.net



Zimmer is the world's leading manufacturer of orthopaedic products, and for over 60 years has developed outstanding patented technologies and products, many of which have become milestone in the history of orthopaedics.

On the local front, Zimmer has had a long standing relationship of over 10 years with Ballarat Health Services. During this time we have been the major supplier of total joint replacement (hip and knee), instruments and power equipment for theatre use. Thus providing Ballarat Health Services with the most modern and update equipment available anywhere in the world today.

BallaratHealthServices



Ballarat Health Services offers a comprehensive range of services in acute, extended and psychiatric care with both inpatient and outpatient facilities. Whilst the majority of work is undertaken in Ballarat, community programs cover the whole of western Victoria, from Bacchus Marsh to the South Australian border.