



Yulle House



**BALLARAT BASE HOSPITAL  
ANNUAL REPORT 1983-84**

**BALLARAT BASE HOSPITAL**

STURT STREET,  
BALLARAT,  
VICTORIA, 3350  
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BALLARAT BASE HOSPITAL

ANNUAL REPORT

FINANCIAL STATEMENTS

AND

STATISTICAL STATEMENTS

FOR THE YEAR ENDED

30TH JUNE, 1984

# **Ballarat Base Hospital**

## **OBJECTS**

The objects of the hospital shall be: —

- (a) To afford charitable relief, including maintenance, and the treatment or care of, or attention to, any disease or ailment or any injury consequent on any accident, medical and/or surgical attendance, medicine, nursing assistance, support or aid of any kind or in any form to such persons as are entitled thereto, under the Act, or any Regulations thereunder.
- (b) To provide facilities for the treatment Intermediate and Private patients or either of them.
- (c) To provide facilities for a training school for nurses and of giving clinical instruction to students in the Medical School of the University of Melbourne or another approved Medical School.
- (d) To provide facilities for carrying out investigations into ailments, diseases, injuries, or other matters affecting the human body.

**BALLARAT BASE HOSPITAL**  
**BOARD OF MANAGEMENT 1983/84**

*President:* DR. J. R. GRIFFITHS, F.R.C.O.G.  
*Vice-President:* MR. K. J. NEERHUT, F.R.C.S. (Edin.).  
*Vice-President:* MR. J. E. CLEMENTS.  
*Treasurer:* MR. J. H. HEINZ.  
*Members:* MR. W. L. COCHRAN.  
MR. D. A. E. FAWELL.  
MRS. P. FISKEN.  
MR. M. B. JOHN (Resigned 14.9.83).  
MRS. M. H. DUGGAN (Appointed 10.11.83).  
MR. K. F. KEMP.  
DR. W. L. SLOSS, F.R.C.O.G.  
MR. R. P. STRICKLAND.  
MR. J. B. VERNON.  
*Chief Executive Officer:* MR. E. D. MACAULAY, E.D., B.H.A. (N.S.W.),  
F.H.A., A.A.S.A., C.P.A., A.A.I.M.

**EXECUTIVE STAFF**

*Director of Nursing:* MISS M. S. OGDEN, F.C.N.A.  
*Director of Medical Services:* DR. C. B. E. DAVIS, M.B., B.S. (W.A.), M. Admin.,  
(Mon.).  
*Director of General Services:* MR. J. R. BRIDGER, A.A.S.A., C.P.A., A.H.A.  
(Prov.), A.A.I.M., R.C.A.  
*Auditors:* PROWSE, COOK & PERRIN.  
*Solicitors:* CUTHBERTS.  
*Banker:* A.N.Z. BANKING GROUP.

# Ballarat Base Hospital

## SERVICES PROVIDED:

Medical and Surgical Wards  
Intensive Care Ward  
Isolation Ward  
Day Ward  
Emergency  
Speech Pathology  
Physiotherapy  
Audiology  
Pathology  
Radiology  
Blood Bank  
Pharmacy  
E.E.G./E.C.G.  
Podiatry  
Occupational Therapy  
Outpatient Clinics —  
    Ante Natal  
    Colposcopy  
    Dermatology  
    Drug and Alcohol Services  
    Family Planning  
    Gynaecology  
    Medical  
    Orthopaedic  
    Otolaryngology  
    Ophthalmology  
    Paediatrics  
    Post Natal  
    Psychiatric  
    Surgical  
    Urology



# Report Of The Board Of Management 1983/84

Dr. J. G. Griffiths, President.

1983/84 will be marked as a year of significant change, not only for the general range of health services across the State, but more particularly for the services offered by the Ballarat Base Hospital.

Coupled with planned government change, acute hospital services have been subject to a number of severe shocks, the effects of which are only now becoming evident, and these in turn are likely to have a major influence on events for a number of years to come.

On the planning side, the State Government in September 1983 announced major plans to regionalize all health services in Victoria. Geographically the State will be divided into eight regions, 5 country and 3 metropolitan.

Part of the revised plan for the administration of health services calls for a closer definition of hospital and community based service roles, and in this context Ballarat Base is expected to adopt the role of being the major referral centre for Region 2 which covers the Central Highlands and Wimmera Regions. In the short term this may result in very little change to existing services at the Hospital. However, in future years policies of rationalization of services could well see a greater concentration of more specialized services at the Base in addition to those at present.

Follow on changes could well result in some services at the Hospital being redirected elsewhere as part of this overall rationalization program. From a general point of view, given the acceptance of the vital role that Ballarat Base Hospital is now expected to play in the new regionalization scheme, it would appear that considerable scope now exists for the development of some new services particularly in the specialist clinical areas.

One of the facts that has emerged over the last 10-15 years has been the increasing impact of a steadily ageing population. It is well established that this ageing factor has caused an increase in demand for acute hospital services, not to mention an increased requirement for domiciliary and other support services. In the acute hospital area this will require an acceptance by Governments of the need to provide more services simply to maintain the balance of services currently being provided in the community. Alternatively more services will be shed in order to cope. Another point not fully comprehended is that the increased intensity associated with the treatment of older patients in the acute setting will place further stress on an already overstrained nursing staff.

The rapidity of change was most noticeable in the area of government enquiries. During the year the Board responded to many requests for information and comment, from the growing number of ministerial committees and other bodies. Amongst these were follow on studies from the first McClelland Capital Works Report, the Ministerial Enquiry into the Costs of Transfer of Nursing into Colleges of Advanced Education, the Parliamentary Committee of Enquiry into Certificate of Need Legislation and Health Commission Enquiries related to the implementation of the 1.5% cost reduction program. The Board has made many representations as a follow up to the 1.5% cut backs which in this hospital necessitated the closure of a 28 bed ward (QG) in order that high quality care could be maintained in remaining patient care areas. The pressures this has caused on remaining services is quite significant. Currently the Board has before the Premier a submission totalling \$430,000 to re-open ward QG and restore it to normal operation and thus relieve pressures on other wards in the hospital.

## SERVICE STATISTICS

Despite uncertainty of patients regarding the costs associated with hospital inpatient and outpatient treatment, the Hospital's facilities continued to be well utilized as illustrated in the following comparative statistics.

| In-patients Treated: | 1983/84      | 1982/83      | 1981/82      | 1980/81      |
|----------------------|--------------|--------------|--------------|--------------|
| Standard             | 5,672        | 5,326        | 4,970        | 5,213        |
| Non Standard         | 5,752        | 6,076        | 5,961        | 5,629        |
|                      | <hr/> 11,424 | <hr/> 11,402 | <hr/> 10,931 | <hr/> 10,842 |

Daily Average:

|                                      |         |         |         |         |
|--------------------------------------|---------|---------|---------|---------|
| Standard                             | 92.05   | 90.06   | 90.01   | 91.05   |
| Non Standard                         | 94.08   | 100.07  | 102.00  | 99.04   |
|                                      | 187.03  | 191.03  | 192.01  | 190.09  |
| Average Stay Days:                   | 6.00    | 6.13    | 6.14    | 6.43    |
| Outpatient and Casualty Attendances: | 157,898 | 164,998 | 163,484 | 145,885 |
| Births:                              | 920     | 932     | 891     | 840     |

Note 1: Pharmacy and Dietetics Statistics not included in 1980/81.

2: Ward QG closed from 21/11/83 reducing effective bed capacity to 241.

### SERVICES TO PATIENTS

Regrettably, funding restrictions have postponed any further development of new or existing services.

For the first time, formalized waiting lists in services other than orthopaedic surgery have been established. In addition to pressures brought about by direct funding cut-backs the increased pressure caused by the introduction of Medicare has accentuated the pressures on standard care services. The growth in waiting lists is illustrated in the following table.

### OPERATING THEATRE WAITING LISTS

Standard Patients  
January — June, 1984

WAITING LISTS AS AT

| SPECIALITY          | 25/6/84    | 28/5/84    | 30/4/84    | 26/3/84    | 27/2/84    | 9/1/84     |
|---------------------|------------|------------|------------|------------|------------|------------|
| General Surgery     | 112        | 108        | 103        | 84         | 69         | 41         |
| Orthopaedic Surgery | 113        | 99         | 96         | 90         | 87         | 84         |
| ENT                 | 98         | 80         | 83         | 73         | 75         | 71         |
| Gynaecology         | 29         | 39         | 42         | 25         | 15         | —          |
| Urology             | 1          | 1          | —          | —          | —          | —          |
| <b>TOTAL</b>        | <b>353</b> | <b>327</b> | <b>324</b> | <b>272</b> | <b>246</b> | <b>196</b> |

Note 1: Ward closure re: 1.5% cost reductions occurred 21/11/83.

2: Medicare introduced 1st February, 1984.

Notwithstanding the reduction in beds, the number of patients treated remained close to that for 1982/83 with some noticeable reductions in some areas of outpatient activity. The detailed statistics show that the Base was able to minimise the effect on patient throughput despite the reduced resource availability.

Unfortunately, maintaining near usual level of services, has resulted in a significant increase in pressure on all nursing areas.



## **MEDICAL EDUCATION**

During the year the undergraduate medical program catered for 80 students from the University of Melbourne as part of the developing undergraduate medical program at this Hospital. These students were spread over 4th, 5th and 6th years with a number electing to return a second time for student nominated studies. The close liaison with the University Clinical School has been noteworthy. During the year Mr. J. Corbett relinquished his position as Clinical Supervisor and his position was taken by Dr. D. Morton (Medicine) and Mr. P. Denton (Surgery).

## **FUNDING**

The reductions in funding required the Hospital to reduce services by an estimated \$517,000. This estimate was made up of directly advised cuts totalling \$268,000 and projected over runs because of higher than inflation cost increases, particularly in the non-salaried area of \$249,000. The broad strategy adopted by the Board called for a mix of service cuts including closing Ward QG, reducing the dependency on ambulance services, reductions in outpatient pharmacy as well as cuts in a range of non patient services including administration, maintenance, domestic services and catering services.

After adjustments to the final approved budget during the year the Board was able to once again balance the budget with a slight surplus of \$7,851 out of a total approved budget of \$18.7 million.

The daily bed cost for 1983/84 rose by \$22.15 (10.7%) to \$229.85 per day whilst outpatient costs increased by \$2.52 (12.0%) to \$23.43 per visit.

Included in hospital costs for 1983/84 is an amount of \$475,798 to cover additional costs resulting from the introduction of the 38 hour week.

## **STAFFING**

From the planned to the non-planned, this year has seen significant issues arising from the industrial arenas

Chief amongst these has been the recent challenge by trained nursing staff as to the nature and type of work they perform. Since early June 1984, this industrial action has caused many internal changes to be made in order to transfer some duties from nursing staff to non-nursing staff.

As a result of negotiations at the State level, agreement has been reached to fund 4.0 additional non-nursing staff to take over some of the duties previously performed by nursing staff. Other submissions are awaiting the outcome of further negotiations.

Significantly staff in the hospital, in addition to other industrial gains, have recently won the right to have a 38 hour week. This resulted in additional costs being incurred to provide necessary replacement staff for the additional one day off per month.

Although many metropolitan hospitals were severely affected by the work bans imposed by the Royal Australian Nursing Federation, services at Ballarat were maintained almost without effect because many of the issues in the dispute, such as plating of meals, had been previously addressed. However, pressures have been building up for a number of years concerning the inadequacy of trained nursing staff in proportion to the number of patients treated. Since July 1983, the ratio of trained nursing staff to patients has reduced to a point where further service cuts may be required unless the Nursing Establishment is adjusted. Currently, the hospital has a submission before the Health Commission for an additional 32 trained nurses and 13 state enrolled nurses.

With the resolution of the R.A.N.F. dispute, the Board of Management paid a particular tribute to all the staff for their willingness to minimise the effects of the disruption by being prepared to accept a reallocation of duties where this became necessary. This fact alone enabled the hospital to avoid a dramatic aggravation of growing waiting lists. Because of this the Board is hopeful that a way can be found to reopen closed facilities and for the Government to address the real issue facing nursing, that of unacceptable work loads.

## **BUILDING DEVELOPMENT**

**Stage 3** — No further progress has been possible for the Stage 3 redevelopment. The Board has expressed its concern that if the Base is to accept its role as being the major referral centre for the new Region 2, (Central Highlands and Wimmera), then this project must be given high priority.

**Plant** — The replacement boiler and incinerator programs are now well underway following delays in obtaining approvals to proceed. It is expected that both projects will be in full operation by the end of 1984.

The replacement lift program in Yuille House is proceeding on schedule with one lift complete and the second under construction.

**Renovations** — Major alterations are planned for the Emergency Department and Ward E1 (Midwifery). The latter will be the first major refit for this ward since it was first constructed in 1935 and will see major improvements to toilet and service areas, particularly for the standard patient area. This is a particularly crowded area holding 12 patients. The renovations will provide more space per bed and more importantly a greater degree of privacy.

## BOARD OF MANAGEMENT

Under the Ministerial appointment procedures the following Board Members were reappointed for a period of 3 years: Mrs. P. I. Fiske, Dr. W. L. Sloss, Mr. W. L. Cochran.

The Board welcomed the appointment of Mrs. Margaret H. Duggan who filled the vacancy caused by the retirement of Mr. Morgan John. Mrs. Duggan has had a long association with the Hospital serving from 25th July, 1955, (28 Years) as a laboratory assistant in the Pathology Department up to her retirement from the staff on the 24th July, 1983.

The Board is represented on the Victorian Hospitals Association Division 2 Council by the Chief Executive Officer, Mr. E. D. Macaulay, who is also the hospital's nomination to the State Council of the Australian Hospitals Association. Recently Mr. Macaulay accepted appointment to the Ministerial Enquiry to review cancer services in Victoria.

During the year members of the Board were required to attend many more meetings than those officially scheduled. Many of these additional meetings were associated with representations concerning patient care services.

The Board is particularly concerned that the concept of administration of hospitals by voluntary Boards of Management appears to be under increasing threat.

The erosion of Board authority has become particularly noticeable over the last 2 — 3 years with firstly the take over of all industrial relations negotiations from the Victorian Hospitals Association by the Health Commission Industrial Service, and secondly, the increasing number of directions and demands being placed on hospitals by the central authority. The continuance of this drift is seen ultimately as being against the best long term interest of patients.

The Board is hopeful that the concept of regionalization with its announced benefits as bringing central authority decision making closer to where the patients are, will stem this erosion and improve relationships with the Government Authority.

In this context the Board welcomed Ms. Elizabeth Kelly to the Hospital following her appointment to Region 2 as its first Regional Director.

## CONCLUSION

**Appreciation.** The Board expresses its gratitude to State and Federal Parliamentarians for the assistance they have given in understanding issues faced by the Hospital and making representations on our behalf to the relative State bodies. The Board acknowledges this assistance. The Ballarat Courier, Ballarat News, 3BA and BTV 6 have all been active on the Hospital's behalf in promoting greater community awareness of services we provide. To the various groups associated with the Hospital, especially the Mary-Helen Auxiliary, Ballarat Base Hospital Trained Nurses' League, Ballarat Base Hospital Younger Set and "V.I.P.'s", we express our special thanks for not only raising funds for much needed equipment, but for the personal interest and ambassadorial work that they have displayed throughout the year.

Last, but not least, thanks to every member of the Hospital team for their devotion to their patients over the last 12 months, from the Board of Management.



Mr. E. D. Macaulay, Chief Executive Officer.



Yuille House, Ballarat Base Hospital.



Sister Patricia Twaits coping with the ever present problem of crutches



Sister Ursula Challis supervising the taking of blood in the Blood Bank

# Medical Services Report

## Director of Medical Services

The cost constraints of last year increased with budget cuts and the consequent closing of Ward QG.

A hospital's primary function is to provide inpatient services for patients and the lessening of this capacity is in some ways to see the hospital die a little. I acknowledge that there was no practical alternative open and that I was involved in the decisions made, but regret that the action was necessary.

The ward closure, plus changes due to the introduction of Medicare, have led to an unprecedented increase in the waiting lists.

### PROFESSIONAL STAFF GROUP

Threatened industrial action was fortunately averted. The interim Pennington report appears to vindicate the stand taken by the profession in regard to private practice in public hospitals.

I stated last year my belief in the high calibre of the Consultant Staff of this hospital. The events of the past year have strengthened that belief.

### RESIDENT MEDICAL OFFICERS

We have a harmonious hard-working group of Residents. The addition of the Accident & Emergency Department Registrar and the Night Resident has greatly strengthened the care offered to patients seeking acute care.

As before, The Royal Melbourne Hospital continues to send us excellent Interns and Registrars, whose presence in our hospital is welcomed.

### MEDICAL SUPPORT STAFF

The staff of the investigatory Departments and the para-medical Departments have contributed significantly to the smooth running of the hospital, despite the problems under which we labour.

### GENERAL

Dr. S. T. H. H. Pilbeam has been of great assistance and particularly in standing in for me during my absences. To him and his fellow Pathologists I extend my gratitude.

Finally I wish to particularly acknowledge my debt to Allan Bath, Miss Margaret Dawe and Mrs. Jenny Wright for their help and loyal support.

C. B. E. DAVIS.

## Professional Staff Group

The year 1983/84 has been one of the most difficult periods in the history of the Ballarat Base Hospital. The Government has deliberately reduced the budget by 1½ percent and forced the hospital to reduce services and close beds. Wards are under-staffed, out-patient services have been reduced. The hospital can no longer provide the services previously expected by the local community and waiting lists for surgery have rapidly increased. The hospital has done its best under difficult circumstances, but this is little comfort to those people on the waiting lists.

In the field of new technology, we are rapidly falling behind the levels of equipment available in the private sector.

The Professional Staff Group has continued to strive to maintain the high standards of care traditionally available at the Ballarat Base Hospital. These standards will be maintained. Our Staff have been involved in direct confrontation with the State and Federal Governments. We believe our stand has been vindicated by the report of the Pennington Inquiry. We will continue to fight any Government or body which threatens the standards of medicine in this country.

My two years as Chairman are drawing to a close. I would like to sincerely thank Oon Moss and Bob House, who have both served our Staff so capably as honorary secretaries. I would also like to thank all those who have served on the various sub-committees throughout the year. Without their honorary services, the hospital would not function efficiently.

It is with sadness that I record the resignation of Don Moss from the sessional staff of our hospital. His unique experience will be missed and not easily replaced.

This year has seen the introduction of visiting Assistant Medical Staff with categories available for both Specialist and General Practitioners. This initiative of the hospital has made possible the availability of a wide variety of expertise at no cost to the taxpayer. This is a further expression of the determination of the profession to maintain the highest possible standards of care to hospital patients.

The coming year promises to be as challenging as the last. The Ballarat community can rest assured that the Professional Staff Group will continue to fight to provide the best possible standards of diagnostic and therapeutic services.

G. W. HOUGHTON, Chairman.

## Report of Radiologist

The Radiology Department has been operating to capacity during the year. There was some decrease in work load during the months of February, March and April, probably due to Dr. Blewett's intransigence and the difference of opinion of the Australian Medical Association and the Federal Government over certain aspects of work in standard hospitals. The situation has now stabilised at the time of writing this report. There is no great evidence of a swing from private patient examinations to standard patient examinations. Private inpatient x-ray examinations did suffer a reduction in March and have not completely recovered.

Several changes were necessary during the year due to some of our Radiographers leaving, either permanently or temporarily for the purpose of overseas trips. We have been able to replace the ones leaving with a good standard of staff and the Department operates efficiently due to the supervision of Mr. Ian Channing, the Chief Radiographer

Dr. K. King left early this year to take up an appointment at Warrnambool, and services have been maintained by additional hours of work by the three Radiologists and by the employment of locum Radiologists at various times.

The amount of interventional radiology has shown a considerable increase and this type of work makes large inroads on the time of the Radiologist.

We anticipate installing a modern and sophisticated ultrasound machine in the near future. The machine that has been operating here for some time has become out-dated and the quality and standard of the photo image does not meet present standards. It is anticipated that the cost of this new equipment (\$68,000) will be met from the Radiologists Trust Fund.

I. C. GOY, Radiologist



Mr. Ian Channing, Radiographer, performing an ultrasound examination.

## Report of Pathologist

The past year has been a period of change which has had its effect on the department.

The advent of Medicare did not present a major problem as we did not have to implement bulk billing procedures. The Government has made no significant change in these procedures and in their present form they are very labour intensive for the laboratory. We were, however, required to furnish more test details on invoices, which we were able to do by reprogramming the computer.

The introduction of the 38 hour week has meant that we have two of our technologists away every Friday. This has involved considerable rescheduling of work and the performance of some batched tests to days which are less convenient for the clinicians. As our staff were previously working a 37½ hour week no extra staff were granted us to cover accrued days off. This, with increasing technologist work load is throwing an increased stress on our senior staff which has been only partially alleviated by increased automation.

Changes in the law have resulted in a marked reduction in Post Mortem examinations with the result that our figures are now below the previously accepted minimal level for hospital accreditation.

We have discontinued the Technician training course at the School of Mines, in part due to lack of suitable training vacancies in the regional hospitals and in part due to lack of finance. Departmental funds had been used to support this programme for the past three years.

Departmental running costs continue to rise, in part due to an increase in more sophisticated tests, and in part due to reagent costs. Almost all reagents and spare parts for equipment are fully imported from overseas, and the falling Australian dollar has added significantly to costs.



Mr. Ross Priddle, Pathology Technologist, observing the operation of an electrolyte/enzyme analyser.

On a happier note we were able to hold the country meeting on the Royal Australasian College of Pathologists at Ararat. The meeting was a success, scientifically, socially and financially, and we have received many letters of appreciation

S. T. H. H. PILBEAM, Pathologist.

**DOMICILE OF PERSONS ADMITTED DURING  
THE YEAR ENDED 30TH JUNE, 1984**

| 1982-83 |       | Region No. 2                            | 1983-84 |       |
|---------|-------|---|---------|-------|
| Persons | %     |   | Persons | %     |
| 5 183   | 46.3  | BALLARAT CITY                           | 4993    | 44.5  |
| 1 646   | 14.7  | BALLARAT SHIRE                          | 1 663   | 14.8  |
| 792     | 7.1   | SEBASTOPOL                              | 740     | 6.6   |
| 589     | 5.3   | BUNINYONG                               | 580     | 5.2   |
| 465     | 4.1   | CRESWICK/CLUNES/TALBOT                  | 460     | 4.1   |
| 397     | 3.5   | RIPON/GRENVILLE SHIRES                  | 439     | 3.9   |
| 297     | 2.7   | LEXTON/DAYLESFORD/GLENLYON              | 319     | 2.8   |
| 229     | 2.0   | ARARAT/AVOCA                            | 274     | 2.5   |
| 270     | 2.4   | WIMMERA                                 | 253     | 2.3   |
| 243     | 2.2   | BUNGAREE                                | 240     | 2.1   |
| 10 110  | 90.3  | <b>Total Region No. 2</b>               | 9 961   | 88.8  |
|         |       | <b>Outside Region No. 2</b>             |         |       |
| 331     | 3.0   | LODDON                                  | 466     | 4.2   |
| 180     | 1.6   | CORANGAMITE                             | 206     | 1.8   |
| 213     | 1.9   | BACCHUS MARSH/BALLAN                    | 198     | 1.8   |
| 169     | 1.5   | MELBOURNE                               | 138     | 1.2   |
| 70      | .6    | BARWON                                  | 105     | .9    |
| 65      | .6    | GIPPSLAND/MALLEE AND OTHER AREAS        | 74      | .7    |
| 58      | .5    | INTERSTATE AND OVERSEAS                 | 65      | .6    |
| 1 086   | 9.7   | <b>Total Region from outside</b>        | 1 252   | 11.2  |
| 11 196  | 100.0 | <b>TOTAL NUMBER OF PERSONS ADMITTED</b> | 11 213  | 100.0 |

BALLARAT BASE HOSPITAL

**Operating Fund**

**STATEMENT OF INCOME AND EXPENDITURE FOR THE  
YEAR ENDED 30TH JUNE, 1984**

| 1982/83    |            |   | 1983/84    |            |
|------------|------------|---|------------|------------|
| \$         | \$         |   | \$         | \$         |
| 11,400,000 |            | <b>INCOME</b>                           |            |            |
| 162,345    |            | Government Grants - Ordinary . . . . .  | 13,101,000 |            |
| 426,306    |            | Other . . . . .                         | 133,946    |            |
| 15,654     |            | Insurances . . . . .                    | 500,076    |            |
| 4,856,946  |            | HCS Computer Costs . . . . .            | 16,712     |            |
| 40,898     |            | Patient Fees . . . . .                  | 4,486,550  |            |
| 757,654    |            | Other Debtors . . . . .                 | (17,636)   |            |
| 133,039    |            | Use of Hospital Facilities . . . . .    | 858,543    |            |
| 17,832     |            | Staff Meals and Accommodation . . . . . | 140,148    |            |
|            |            | Other . . . . .                         | 61,289     |            |
|            | 17,810,674 |   |            | 19,280,628 |
|            |            | <b>EXPENDITURE</b>                      |            |            |
| 2,350,769  |            | Administration and Clerical . . . . .   | 2,383,648  |            |
| 4,002,481  |            | Hotel and Allied Services . . . . .     | 4,241,205  |            |
| 2,838,782  |            | Medical Support . . . . .               | 3,045,454  |            |
| 1,836,089  |            | Medical . . . . .                       | 1,937,843  |            |
| 6,079,031  |            | Nursing . . . . .                       |            |            |
| 585,180    |            | General Wards . . . . .                 | 6,758,057  |            |
| 304,914    |            | Operating Theatre . . . . .             | 674,203    |            |
| 87,124     |            | Casualty Department . . . . .           | 328,113    |            |
| 111,470    |            | Outpatients Department . . . . .        | 90,939     |            |
|            | 18,195,840 | Non Operating . . . . .                 | 483,712    |            |
|            |            |   |            | 19,943,174 |
|            | 385,166    | Deficit                                 |            | 662,546    |



**BALLARAT BASE HOSPITAL  
CONSOLIDATED BALANCE SHEET AS AT 30TH JUNE, 1984**

| 1983             |                   | 1984                                   |                    |
|------------------|-------------------|--|--------------------|
| \$               | \$                | \$                                     | \$                 |
|                  | <u>13,188,889</u> | <b>TOTAL FUNDS</b>                     |                    |
|                  |                   |  | <u>12,954,767</u>  |
|                  |                   | These Funds are represented by:        |                    |
|                  |                   | <b>CURRENT ASSETS</b>                  |                    |
|                  |                   | Notes                                  |                    |
| 126,136          |                   | Cash                                   | 168,517            |
| 1,064,044        |                   | 2 Patient Fees Outstanding . . . . .   | 1,138,735          |
| 81,465           |                   | Other Debtors . . . . .                | 66,704             |
| 257,635          |                   | 1(c) Stores on Hand . . . . .          | 282,942            |
| <u>907</u>       |                   | Prepayments and Accrued Income         |                    |
|                  | 1,530,187         | <u>Total Current Assets</u>            | <u>1,656,898</u>   |
|                  |                   | <b>CURRENT LIABILITIES:</b>            |                    |
| 437,662          |                   | Bank Overdraft . . . . .               | 186,373            |
| 260,357          |                   | Creditors . . . . .                    | 343,645            |
| 297,181          |                   | Accrued - Salaries and Wages . . . . . | 362,581            |
| 302,860          |                   | 1(d) Annual Leave . . . . .            | 1,022,997          |
| —                |                   | 1(g) Days Off . . . . .                | 109,757            |
| <u>697,033</u>   |                   | Provision for                          |                    |
|                  | 1,995,093         | 1(f) Long Service Leave                | 802,398            |
|                  |                   | <u>Total Current Liabilities</u>       | <u>2,827,751</u>   |
|                  | (464,906)         | <u>Excess of Current Liabilities</u>   | <u>(1,170,853)</u> |
|                  | 1,047,482         | <u>Over Current Assets</u>             | 1,160,750          |
|                  |                   | <b>INVESTMENTS</b>                     |                    |
|                  |                   | <b>FIXED ASSETS</b>                    |                    |
| 10,497,123       |                   | Land and Buildings . . . . .           | 10,509,641         |
| <u>2,109,190</u> |                   | Plant and Equipment . . . . .          | 2,455,229          |
|                  | 12,606,313        | <u>Total Fixed Assets</u>              | <u>12,964,870</u>  |
|                  | <u>13,188,889</u> | <u>Net Assets</u>                      | <u>12,954,767</u>  |



## ANALYSIS OF BALANCE SHEET AS AT 30TH JUNE, 1984

|  | Total       | Operating   | Endowment | Special<br>Purpose | Capital    |
|--|-------------|-------------|-----------|--------------------|------------|
|  | S           | S           | S         | S                  | S          |
| Accumulated Fund (Deficit)<br>as at 1.7.83 | 13,188,889  | (761,637)   | 47,647    | 1,357,163          | 12,545,716 |
| Prior Year Adjustment                      | 273,986     | 273,986     |           |                    |            |
| Prior Year Expenditure                     | (559,860)   | (559,860)   |           |                    |            |
| Net Movement                               | 51,752      | (662,546)   |           | 382,571            | 331,727    |
| Accumulated Fund Deficit<br>as at 30.6.84  | 12,954,767  | (1,710,057) | 47,647    | 1,739,734          | 12,877,443 |
| <b>Current Assets:</b>                     |             |             |           |                    |            |
| Cash                                       | 168,517     | 375         |           | 168,142            |            |
| Patient Fees Outstanding                   | 1,138,735   | 679,478     |           | 459,257            |            |
| Other Debtors                              | 66,704      | 65,371      |           | 1,333              |            |
| Stores on Hand                             | 282,942     | 282,942     |           |                    |            |
| (a) Total Current Assets                   | 1,656,898   | 1,028,166   |           | 628,732            |            |
| <b>Current Liabilities:</b>                |             |             |           |                    |            |
| Bank Overdraft                             | 186,373     | 156,373     |           |                    | 30,000     |
| Creditors                                  | 343,645     | 284,117     |           | 2,101              | 57,427     |
| Accrued - Salaries and Wages               | 362,581     | 362,581     |           |                    |            |
| Annual Leave                               | 1,022,997   | 1,022,997   |           |                    |            |
| Days Off                                   | 109,757     | 109,757     |           |                    |            |
| Provision - Long Service Leave             | 802,398     | 802,398     |           |                    |            |
| (b) Total Current Liabilities              | 2,827,751   | 2,738,223   |           | 2,101              | (87,427)   |
| <b>Net Current — Assets</b>                | 626,631     |             |           | 626,631            |            |
| <b>Liabilities</b>                         | (1,797,484) | (1,710,057) |           |                    | (87,427)   |
| <b>Investments:</b>                        | 1,160,750   |             | 47,647    | 1,113,103          |            |
| <b>Fixed Assets:</b>                       |             |             |           |                    |            |
| Land and Buildings                         | 10,509,641  |             |           |                    | 10,509,641 |
| Plant and Equipment                        | 2,455,229   |             |           |                    | 2,455,229  |
| Net Assets (Liabilities)<br>as at 30.6.84  | 12,954,767  | (1,710,057) | 47,647    | 1,739,734          | 12,877,443 |

# Operating Fund

## STATEMENT OF RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 30TH JUNE, 1984

| 1982/83           |                |                                  | 1983/84           |            |
|-------------------|----------------|----------------------------------|-------------------|------------|
| \$                | \$             |                                  | \$                | \$         |
| <b>RECEIPTS</b>   |                |                                  |                   |            |
| 4,712,525         |                | Patient Fees                     | 4,618,340         |            |
| 11,400,000        |                | Government Grants                | 13,101,000        |            |
| 41,204            |                | Other Grants                     | 43,286            |            |
| 908,520           |                | Other Receipts                   | 1,016,694         |            |
| <u>17,062,249</u> |                | Total Budgeted Receipts          | <u>18,779,320</u> |            |
| 121,141           |                | Non Budgeted Receipts            | 133,946           |            |
|                   | 17,183,390     | <b>TOTAL RECEIPTS</b>            |                   | 18,913,266 |
| <b>PAYMENTS</b>   |                |                                  |                   |            |
| 13,848,777        |                | Salaries and Wages               | 14,975,771        |            |
| 177,742           |                | Superannuation                   | 216,632           |            |
| 264,952           |                | Food Supplies                    | 265,203           |            |
| 467,638           |                | Medical and Surgical Supplies    | 524,714           |            |
| 425,850           |                | Special Services                 | 521,353           |            |
| 467,639           |                | Drug Supplies                    | 445,960           |            |
| 221,074           |                | Fuel, Light and Power            | 257,138           |            |
| 469,944           |                | Domestic Charges                 | 532,767           |            |
| 208,918           |                | Repairs & Maintenance            | 213,283           |            |
| 98,433            |                | Maintenance Contracts            | 104,477           |            |
| 344,461           |                | Administration                   | 367,809           |            |
| 141,507           |                | Ambulance Transport              | 130,334           |            |
| 195,758           |                | Other                            | 174,994           |            |
| <u>17,332,693</u> |                | Total Budgeted Payments          | <u>18,730,435</u> |            |
| 125,462           |                | Non Budgeted Payments            | 174,980           |            |
|                   | 17,458,155     | <b>TOTAL PAYMENTS</b>            |                   | 18,905,415 |
|                   |                | Excess of Receipts over Payments |                   | 7,851      |
|                   | <u>274,765</u> | Excess of Payments over Receipts |                   | <u>—</u>   |

# Operating Fund

## SOURCE AND APPLICATION OF FUNDS FOR THE YEAR ENDED 30TH JUNE, 1984

**Source of Funds:**

|   |            |             |
|---|------------|-------------|
| Prior Year Deficit Grant                  |            | 273,986     |
| Increase in Liabilities                   |            |             |
| — Trade Creditors                         | \$ 105,481 |             |
| — Accrued Expenses                        | 895,294    |             |
|   |            |             |
|   |            | 1,000,775   |
| Decrease in Assets                        |            |             |
| — Bank Cash and Investments               | 60         |             |
| — Patient Fees Outstanding                | 131,790    |             |
| — Other                                   | 17,136     |             |
|   |            |             |
|   |            | 148,986     |
| Increase in Provision not<br>needing cash |            | 105,365     |
|   |            | \$1,529,112 |

**Application of Funds:**

|                          |  |              |
|--------------------------|--|--------------|
| Net Deficit for the year |  | 662,546      |
| Prior year adjustment    |  | 559,860      |
| Decrease in Liabilities  |  |              |
| — Bank Account           |  | 281,264      |
| Increase in Assets       |  |              |
| — Stores                 |  | 25,442       |
|                          |  | \$ 1,529,112 |

# Ballarat Base Hospital

## NOTES TO AND FORMING PART OF THE ACCOUNTS FOR THE YEAR ENDED 30TH JUNE, 1984

### 1. Summary of significant accounting policies.

Set out below are the significant accounting policies adopted by the Hospital in the preparation of the accounts for the year ended 30th June, 1984.

#### (a) Accrual accounting.

The accrual method of accounting has been adopted in the preparation of these accounts for the Operating Fund. This policy is consistent with the prior year and follows a recommendation to all hospitals and similar institutions by the Health Commission of Victoria in 1982.

#### (b) Historical cost.

The accounts have been prepared in accordance with the historical convention and have not been adjusted to take account of the current cost of specific assets or their impact on the operating results.

#### (c) Stores on hand.

Stores on hand as shown in the balance sheet are recorded at cost.

#### (d) Annual Leave.

In accordance with Health Commission policy the basis of the calculation of the annual leave accrual has altered this year. The 1984 year end accrual represents the full entitlement of annual leave accrued whereas in prior years the accrual did not include:

(i) annual leave entitlements accruing between the last anniversary date of commencement of employment and 30th June, 1983, and

(ii) was not reduced to allow for those employees who have taken annual leave in excess of their entitlements at 30th June, 1983.

#### (e) Depreciation.

Section 6.3 of Part One of the Health Commission of Victoria Cost Centre Accounting and Budgeting System Procedures Manual states that depreciation should be charged on all items of plant and equipment. However, depreciation has not been charged in the accounts for the year ended 30th June, 1984. The effect of this departure from Health Commission of Victoria policy has not been calculated.

#### (f) Long Service Leave.

Long service leave has been provided for all employees with ten years continuous service. This amount has been shown as a current liability notwithstanding that some portion of it may be due and payable beyond the financial year ended 30th June, 1985.

#### (g) Days Off.

A wages award change during the year ended 30th June, 1984, has resulted in an additional accrual this year of \$ 109,757.

### 2. Patient Fees Outstanding.

The amount shown in the balance sheet as net patient fees outstanding represents:

| 1983               |                                   | 1984               |  |
|--------------------|-----------------------------------|--------------------|--|
| \$1,146,044        | Patient Fees Outstanding          | \$1,160,935        |  |
| 82,000             | less provision for doubtful debts | 22,200             |  |
| <u>\$1,064,044</u> |                                   | <u>\$1,138,735</u> |  |



## STATEMENT OF BOARD OF MANAGEMENT

The Balance Sheet, Statements of Income and Expenditure, Receipts and Payments, Explanatory Notes and Supplementary Information of the Ballarat Base Hospital to the best of our knowledge and belief have been prepared in accordance with the requirements of the Health Commission of Victoria so as to give a true and fair view of the Institution's financial affairs as at 30th June, 1984, and of the results of its financial operations for the year ended at that date.

We also certify that to the best of our knowledge and belief, all Government Grants have been used solely for the purpose of the Grant and have not been transferred to other funds or accounts for non-approved purposes, and that cash receipts have not been used to offset cash payments except where specifically authorised.

E. D. MACAULAY,  
Chief Executive Officer.

J. H. HEINZ,  
Honorary Treasurer

J. G. GRIFFITHS,  
President.

## AUDITOR'S REPORT

1. We report that we have examined the accompanying accounts of the Ballarat Base Hospital, being the statement of income and expenditure of the Operating Fund for the year ended 30th June, 1984, the consolidated balance sheet of the Hospital as at that date, and the accompanying notes to the accounts which have been prepared in accordance with the accounting instructions issued by the Health Commission of Victoria. Certain of these instructions and policies depart from the Australian Accounting Standards or in the absence of such standards, do not, in our opinion, conform with generally accepted accounting principles. Explanation of these items is set out in note 1 (d) and 1 (e).
2. The hospital has not followed the requirements of Section 6.3 of Part One of the Health Commission of Victoria Cost Centre Accounting and Budgeting System Procedures Manual as it has not charged depreciation on fixed assets in the accounts. It is impracticable for us to estimate the effect of this on the accounts.
3. Except for the matters referred to in paragraphs 1 and 2 of our report in our opinion:
  - (a) the accounts are properly drawn up in accordance with the requirements of the Health Commission of Victoria so as to give a true and fair view of the state of affairs of the Hospital at 30th June, 1984, and of its income and expenditure for the year ended on that date.
  - (b) the accounting and other records examined by us have been properly maintained in accordance with the provision of the Health Commission of Victoria's Cost Centre Accounting and Budgeting System Procedures Manual.

Ballarat,  
30th August, 1984

PROWSE, COOK & PERRIN,  
Certified Practising Accountants.  
K. J. PERRIN (Partner).

# Statistical Summary

|                                | 1984             | 1983           | 1982           | 1981            |
|--------------------------------|------------------|----------------|----------------|-----------------|
|                                | \$               | \$             | \$             | \$              |
| <b>INPATIENT:</b>              |                  |                |                |                 |
| Inpatients Treated             | 11,424           | 11,402         | 10,931         | 10,842          |
| Inpatient Days                 | 68,563           | 69,816         | 70,103         | 69,675          |
| Births                         | 920              | 921            | 891            | 840             |
| Operations — Major             | 1,352            | 1,166          | 1,100          | 1,140           |
| — Minor                        | 4,258            | 4,299          | 4,395          | 6,949           |
| Intensive Care Patients        | 635              | 669            | 518            | 592             |
| Pathology Examinations         | 19,852           | 24,629         | 26,319         | 25,450          |
| Radiology Examinations         | 9,394            | 8,244          | 8,563          | 6,112           |
| Number of Patients per day     | 187.33           | 191.28         | 192.06         | 190.89          |
| Stay in Hospital (Days)        | 6.00             | 6.13           | 6.41           | 6.43            |
| <b>OUTPATIENT ATTENDANCES:</b> |                  |                |                |                 |
| Outpatients (Clinical)         | 19,061           | 18,465         | 19,936         | 19,802          |
| Casualty                       | 32,814           | 35,268         | 36,090         | 41,658          |
| Audiology                      | 1,324            | 877            | 1,435          | 1,339           |
| Speech Pathology               | 3,167            | 3,288          | 3,117          | 3,608           |
| Physiotherapy                  | 6,313            | 5,907          | 7,584          | 8,917           |
| Dental                         | 10,880           | 10,047         | 9,774          | 9,947           |
| Occupational Therapy           | 667              | 377            | 571            | 323             |
| Welfare                        | 2,218            | 2,182          | 2,236          | 2,182           |
| Pathology                      | 46,886           | 53,929         | 47,583         | 41,196          |
| Radiology                      | 21,786           | 17,187         | 16,309         | 16,913          |
| Dietetics                      | 1,633            | 2,059          | 2,829          | ) Not available |
| Pharmacy                       | 11,149           | 15,412         | 16,020         |                 |
| <b>TOTAL ATTENDANCES</b>       | <b>\$157,898</b> | <b>164,998</b> | <b>163,484</b> | <b>145,885</b>  |



Outpatients Department and Administration Block, Ballarat Base Hospital.

# Nursing Services Report

## Director of Nursing Services

This past year has been a turbulent one within the health field and all events have affected the nursing division. I wish to make mention of only three.

(a) The 38 Hour Week was fully implemented by the end of 1983, but this meant many changes to the usual rostering patterns.

(b) The 1.5% reduction in finance caused a change in services provided. I particularly wish to thank those nursing staff who so readily gave of their time to attend meetings and prepare documentation relating to changes in service, particularly those staff who by taking leave without pay, and/or, long service leave at short notice, assisted personally in achieving a better financial result.

The closure of Ward QG has meant greater pressure on other wards and particularly on Ward Q1. My thanks to the staff who have coped with this difficulty.

(c) The Ban on Non-Nursing Duties by the Nursing Federation has meant further changes in rostering and work patterns, but due to the co-operation of all staff, services have been maintained.

I wish to thank Mr. Barker and Mr. Sargeant and the Domestic and Catering Staff for their continued co-operation with Senior Nursing Staff to ensure that all services reach the patients.

## SCHOOL OF NURSING

Mrs. M. Stevens, Principal Nurse Educator, spent four months preparing a curriculum for a basic nursing course within a tertiary institution. This programme is currently being assessed and we are hopeful that a change to a tertiary course will be made in the 1985-87 triennium.

Mrs. Stevens is the recipient of a Kellogg Foundation and later this year will spend some time in the U.S.A.

Miss R. Whitehead was the recipient of the Carnation Scholarship in order to complete her degree. Miss Whitehead has replaced Mr. K. Handley as Deputy Principal Nurse Educator. Mr. K. Handley has moved to Barnsdale.

Miss G. Farrow and Miss M. Brown have rejoined the School Staff and Mr. A. Barrett has transferred to the School from the wards.

In the Midwifery School the usual high standard has been achieved. Mrs. C. Veal is responsible for the teaching. This year has seen our first male student, a long serving staff member, Mr. S. Williamson, commencing the course in May, 1984.

The 40th Annual Graduation will be held on August 3, 1984. Miss June Cochrane, Executive Director, College of Nursing, Australia, will be Guest Speaker.

A list of graduates and prize winners follows this report. I congratulate all graduates and the nurse educators and clinical staff who have provided the teaching and supervision.



Sister Valda Jervies attending a baby in an incubator.

## GENERAL

Mrs. A. Sherritt, Charge Sister, C.S.S.D. and Mrs. J. Ryan, Charge Sister, YG, left us during the year. My good wishes go with them both.

Congratulations are extended to Miss J. Barton on the successful completion of a B. App. Science (Advanced Nursing), to Mrs. A. Rowe on success in the Sterilization and Infection Control course, and to Mr. D. McKenzie on his success in the Operating Theatre Attendants Course.

Special thanks to Mrs. E. Robinson and the Senior Nursing Staff for their support, in particular for their dedication and assistance during my recent sick leave.

On behalf of the Nursing Staff I wish to thank Dr. J. Griffiths and the Board of Management, Mr. E. D. Macaulay, Mr. J. R. Bridger, Dr. C. B. E. Davis and General, Medical and Para Medical Staff for their continued support. I hope we will all continue to work together to maintain our objective of high quality care in all areas of the Hospital.

M. S. OGDEN.



A very welcome visitor to the Children's Ward.

## 1984 NURSING GRADUATES

### 81A

LILLIAN ATTWOOD  
TAMARA CLENNETT  
KARYN COXALL  
LEONIE FEERY  
PATRICIA FINNEGAN  
SARAH FITZPATRICK  
LOUISE GARNER  
KAREN HUGHES  
JENNIFER JANETZKI  
SUSANNE KETCHEN  
PAMELA LE POIDEVIN  
MARY-ANNE MAGEE  
GAYLENE MITCHELL  
SANDRA ORR

SUSAN POYNTON  
SUSAN SHAW  
BELINDA STEVENS  
VICKI THOMAS  
ELIZABETH VAN DER MOLEN  
GLENDA WOODS

### 81B

JENNIFER AUWEMA  
CHRISTINA BRUSH  
DAVID CARTER  
MALCOLM DWYER  
KAREN EAST  
JANET FAGG

DERITH HARRIS  
JANET HERBERT  
RONALD KING  
JENNINE KUEHNE  
BRONWYN McMAHON  
CATHERINE MONKIVITCH  
AMY SIMMONS  
JAN STEVENS  
CATHERINE SWEETNAM  
NEIL TOLLIDAY  
STEVEN TOWNSEND  
SANDRA WILSON  
SHELLEY WINTERS

## FOURTH YEAR GRADUATES

KAREN COAD  
BARBARA SOMMERVILLE  
JOANNE BAULCH  
LYNNE HITCHENER  
JACQUELINE VAGG  
CORALYN McKAY

SHARON HUTCHINSON  
JENNIFER BEGGS  
KERRIE WALSH  
MARGARET O'BRIEN  
JULIE MEADOWS  
SHIRLEY TAYLOR

VINCENT WHITE  
DENISE SHANNON  
DEBRA DEMEYE  
JOANNE ROBOTHAM  
SONJA GUNTHER  
HELEN JAMIESON



## MIDWIVES

ROSALIE BLAIN  
HEATHER LEWIS  
DONNA TILLER  
WENDY BOLGER  
ALTHEA VAGG

HEATHER GRIEVE  
SHELLEY MARTIN  
SUSAN WOODS  
EVELYN DWYER  
JAN WALSH

THERESE HART  
DIANNE NIKOLOVSKI  
LIANA BESENGHI  
ELEANOR McCARTHY



Midwifery Nurse Educator, Miss R. Whitehead (seated centre), with 1984 Midwifery Graduates, Sisters H. Lewis, H. Grieve, T. Hart, S. Woods (standing) S. Martin, D. Nikolovski, D. Tiller and R. Blain (seated).

## GRADUATION PRIZE WINNERS

*Mary Helen P.T.S. Prize:*  
Miss ANNETTE BROWN.

*Phase II Surgical Prize:*  
Miss JEAN MUTTON.

*Phase II Medical Prize:*  
Mrs. HELEN REILLY.

*Surgical Nursing Senior Prize:*  
Miss KAREN COXALL and  
Mr. MALCOLM DWYER.

*Medical Nursing Senior Prize:*  
Mr. MALCOLM DWYER

*Dr. W. Sloss Prize for Highest Aggregate  
Throughout Training:*  
Mrs. AMY SIMMONS.

*Jessie M. Langham Prize for Best Practical Nurse:*  
Mrs. CHRISTINA BRUSH

*City of Ballarat Prize for Best Second Year Nurse:*  
Mr. PETER STRANGER.

*Prize for Best Practical Paediatric Nurse:*  
Mrs. LEONIE FEERY.

*Dr. Claude Salter Prize for Best Practical Theatre  
Nurse:*  
Mrs. GLENDA WOODS.

*Matron's Prize for Efficiency and Reliability:*  
Mrs. JENNIFER AUWEMA.

*Mr. W. R. Griffith's Prize for General Proficiency  
in Midwifery:*  
Miss LIANA BESENGHI and  
Mrs. JAN WALSH.

*Sister Margaret McGrath Prize for Paediatric  
Nursing:*  
Mrs. DONNA TILLER.

*The Sister Silvey Memorial Prize for Proficiency  
Fourth Year:*  
Miss MARGARET O'BRIEN.

# General Services Report

## Director of General Services

1983/84 saw severe financial constraints imposed on the Hospital by the State Government. The intended budget allocation was reduced by 1.5% which meant that \$268,000 had to be saved from the anticipated expenditure. It is pleasing to advise that this was achieved albeit with difficulty. The Statement of Income and Expenditure outlines the year's result with the achievement of a small cash surplus. The introduction of Medicare in February 1984 has led to a reduction in Patient Fees raised. This reduction will be funded by the Government. For the first time expenditure, on an accrual basis, exceeded \$ 19 M.

The financial constraints placed pressure on this Department necessitating the curtailment of work which would normally be undertaken by our tradesmen. However, we have been able to continue a high standard of maintenance work during this period and remain within our operating budget.

Conversely there was a considerable allocation of funds via Minor and Capital Works Grants which allowed us to undertake substantial projects under contract this year including:

Replacement of the two lifts in Yuille House \$220,000  
Improved fire detection equipment in Edward

|  |           |
|--|-----------|
| Wilson and Queen Victoria buildings      | \$87,000  |
| New gas fired incinerator                | \$99,000  |
| Air conditioning to north end of Ward YG | \$25,000  |
| Admissions Waiting Room                  | \$ 14,000 |
| New Pan Sanitizers in E1 and Q1          | \$7,500   |



Mr. Leigh Grigg, Chief Engineer, with Fitter, Mr. Ray Sargeant.

Specifications have been drawn up and Tenders let for the removal of the remaining briquette boiler, and the supply and installation of a second new gas boiler. This work will be undertaken during 1984/85.

The cost of energy sources increased sharply again, (i.e. electricity 16.6%, gas 21.1%). However, due to the increasing effect of our energy management techniques, we actually used less energy units this year, resulting in a net cost increase in our energy bill of 15.6%.

Introduction of the 38 hour week in July last year was the main reason for an increase in the staff establishment of 31 to its present level of 732. Staff employed comprised 672 full-time and 154 part-time employees.

Amongst the staff who resigned during the year were the following long serving members:

Mrs. B. Brisbane, Domestic Services (25 years), Mr. L. J. Wren, Catering Department (24 years), Miss A. Stafford, Secretary to Chief Executive Officer (23 years), Mr. H. Casey, Maintenance (20 years), Mrs. L. Tebernieks, Switchboard (19 years), Mr. G. Filbey, Security (18 years), Mr. J. Goodwin, Catering (15 years), Mrs. K. Davis, Catering (11 years), Mrs. K. Pettit, Assistant Domestic Services Supervisor (10 years).

The year saw a continuation of this Hospital's participation in the Work Experience Programme, which involved some 73 students.

In conclusion, I record my sincere thanks to my Departmental Heads, my Secretary, the Senior Executive Staff and the Board of Management for their assistance and co-operation throughout the year.

J. R. BRIDGER.



Mr. Ron Tonks, Supply Officer.

# Medical Services

## HONORARY CONSULTING MEDICAL STAFF AS AT 30TH JUNE, 1984

|  |   |
|--|---|
| <i>Dentists:</i>                         | F. J. MORGAN, B.D.Sc., L.D.S.<br>P. R. RICHARDS, B.D.Sc., L.D.S.  |
| <i>Geriatrician:</i>                     | D. B. SKEWES, M.B., B.S., F.R.C.S. (Edin.), F.R.A.C.S.  |
| <i>Limb Fitting Specialist:</i>          | J. T. G. RENNEY, M.B., B.S., F.R.C.S., F.R.A.C.S.   |
| <i>Obstetricians and Gynaecologists:</i> | W. R. GRIFFITHS, M.B., B.S. (Melb.), F.R.C.S. (Edin.),<br>F.R.A.C.S., F.R.C.O.G., F.R.A.C.O.G.<br>H. M. MOORHOUSE, M.B., B.S., M.R.C.O.G.<br>T. V. ROBERTS, M.B., B.S. (Melb.) F.R.C.O.G., F.R.C.S. (Edin.),<br>F.R.A.C.S., F.A.G.O., F.R.A.C.O.G.<br>W. L. SLOSS, M.B., B.S., F.R.C.O.G., F.R.A.C.O.G. |
| <i>Physicians:</i>                       | D. A. ALEXANDER, M.D., B.S., F.R.A.C.P.<br>B. A. BAKER, M.B., B.S.<br>G. P. CROMIE, M.B., B.S., F.R.A.C.G.P.  |
| <i>Radiologist:</i>                      | H. DICK, M.B., B.S. (Syd.), D.M.R.E. (Camb.), F.R.A.C.P.  |
| <i>Radiotherapists:</i>                  | R. J. GOUGH, M.B., B.S., D.T.R., F.R.A.C.R.<br>R. KAYE SCOTT, M.B., B.S., D.T.R.E., F.R.A.C.S., F.F.R.  |
| <i>Surgeons:</i>                         | H. D. DRURY, M.B., B.S., F.R.C.S., F.R.A.C.S.<br>W. R. GRIFFITHS, M.B., B.S. (Melb.) F.R.C.S. (Edin.), F.R.A.C.S.,<br>F.R.C.O.G., F.R.A.C.O.G.<br>J. H. PRYOR, M.B., B.S., F.R.C.S., F.R.A.C.S.<br>D. B. SKEWES, M.B., B.S., F.R.C.S. (Edin.), F.R.A.C.S.   |

## HONORARY VISITING MEDICAL STAFF

|  |   |
|--|---|
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| <i>Dental Surgeons:</i>                            | G. G. FOWLER, M.D.Sc. (Melb.), L.D.S. (Vic.), F.D.S.R.C.P.S.<br>(Glas.)<br>T. R. SANDERS, B.D.Sc., L.D.S.<br>J. F. H. WILLIAMS, B.D.S., F.R.A.C.D.S. (N.Z.) |
| <i>Family Medicine/General Practice:</i>           | J. F. GARNER, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.,<br>F.R.A.C.G.P.  |
| <i>Honorary Plastic Surgeon:</i>                   | I. R. CARLISLE, M.B., B.S., F.R.A.C.S., B.D.Sc.   |
| <i>Oto-Rhino-Laryngologist Assistant:</i>          | P. I. DONOGHUE, M.B., B.S., F.R.A.C.S.  |
| <i>Psychiatrist:</i>                               | C. S. HAUGHTON, M.B., B.S., F.R.A.N.Z.C.P., M.R.C. Psych.,<br>F.R.A.C.M.S.  |

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Dr. J. FOX, M.B., B.S. (10.9.83-8.1.84)  
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*Diet Therapist:*

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*Pharmacist:*

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*Physiotherapist:*

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*Podiatrist:*

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*Deputy Director of Nursing:*  
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*Senior Supervisor Administration:*

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Miss D. G. COAD.

## School of Nursing:

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*Deputy Principal Nurse Educator:*

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R.N., F.C.N.A.  
Miss R. WHITEHEAD, F.C.N.A.

*Midwifery -  
Nurse Educator:  
Nurse Educator:*

Miss R. WHITEHEAD, F.C.N.A.  
Mrs. C. VEAL, M.T.D.

## Supervisory Staff:

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ANNUAL REPORT 1983-84**