



# BALLARAT BASE HOSPITAL

## *ANNUAL REPORT* *1984-85*



**BALLARAT BASE HOSPITAL**

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**BALLARAT BASE HOSPITAL**

***ANNUAL REPORT***

***FINANCIAL AND STATISTICAL***

***STATEMENTS***

***FOR THE YEAR ENDED***

***30th JUNE, 1985***

## **VALE**

**Mr. W. R. Griffiths, M.B., B.S. (Melb.), F.R.C.S.  
(Edin.), F.R.A.C.S., F.R.C.O.G., F.R.A.C.O.G.**

During the year the Board was very saddened at the passing of Mr. W. R. Griffiths.

Mr. Griffiths spent a life time of service as a medical practitioner in Ballarat and particularly in service to the Ballarat Base Hospital. His career — one of the longest in continuous service, commenced in Ballarat in 1925 when he commenced duty as a Resident Medical Officer. Soon after that in 1926 he became the Hospital's first medical superintendent. Having specialised in surgery and obstetrics he continued his service as an Honorary Surgeon right until the date of his passing.

Not only did Mr. Griffiths serve in a medical capacity but he was also a member of the Board of Management for 18 years from 18.1.1960 to 17.10.1977, serving as its President from 1967 to 1969.

The Board records its appreciation for this outstanding service to the Ballarat Base Hospital and the community over such an extensive period.



*The Mary-Helen Auxiliary presents yet another cheque to the Hospital.*



*The Sebastopol and District Lions Club is only one of the many Service Clubs to donate medical equipment to the Hospital.*

## FINANCE

Total expenditure for the year was \$21,232,615. This is an increase of \$1,289,441 over 1983/84. The bulk of this increase resulting from CPI changes, additional expenditure over CPI due to external factors, for example, the full year effect of the introduction of the 38 hour week, additional staff appointments to resolve the non nursing duties dispute, and increase patient demand for diagnostic services.

An additional number of inpatients treated limited the increase in average daily bed cost from \$229.85 to \$231.75. Outpatient costs increased from \$19.54 to \$25.51.

## BOARD OF MANAGEMENT

During the year there were a number of changes to the Board Membership.

Mr. R. P. Strickland, a member of the Board for 26 years, retired. Mr. Strickland served in all capacities on the Board including a period as President from 1965 to 1967. During his period many major changes occurred to the organisation and management of the hospital and the Board owes a debt of gratitude to Mr. Strickland for the outstanding contribution he made to the administration of the hospital.

Mr. Strickland's place was taken by Mr. Don Seymour, a business man in Ballarat. During the year the term of office of Mr. David Fawell expired and the Minister reappointed Mr. Fawell for a further period to September 1985. Following further resignations the Governor-in-Council approved the appointment of Mr. D. Fawell, Mr. P. Marriott, Mr. N. Mahar and Mr. D. Woolley for a period of 3 years from the 1st October, 1985.

Throughout the year the Board expressed concern at the possible future changes that would affect the role of Boards of Management. The Board noted the new Minister's (Mr. David White, M.L.C.) policy of reinforcing the role of Boards of Management in respect of the organisation and administration of hospitals. The Board continues to monitor the introduction of Regionalisation especially in terms of its ability to be able to make a major contribution to the development of acute hospital services in the Region.

## CONCLUSION

**Appreciation.** During the year the Board had much contact with local and state parliamentarians concerning the development and maintenance of services at the Base. The Board expresses its sincere gratitude to State and Federal Parliamentarians for the representations that they have made on our behalf.

The Board expresses a special appreciation to the Ballarat Courier, Ballarat News, 3BA and BTV 6 for their active support during the year in promoting the various health related issues that impinge on the Base. The Board owes a special debt of gratitude to the Mary-Helen Auxiliary, Ballarat Base Hospital Trained Nurses League, Ballarat Base Hospital Younger Set and the "V.I.P.'s". Each of these organisations has contributed not only in terms of funds to the hospital, but importantly have acted as real ambassadors of the hospital to the community at large.

To all members of the staff of the hospital, the Board expresses its thanks for their perseverance during a year which could only be described as one of difficulty, challenge and change. We are especially fortunate that all staff have appreciated the role the hospital is required to take and has balanced the various staffing issues that have arisen with the need for the hospital to maintain its service to the community.

To the community at large we express our thanks for the support given, and we can be assured that during 1985/86 the progress established at the Ballarat Base Hospital will continue and enable us to provide increased service to the community.



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

breakdowns were minimised. The hospital has received advice from Telecom that although the present unit is being maintained, reliance has to be placed on hard to get secondhand equipment to keep it operative. The Commission has advised that this equipment replacement, which would cost in excess of \$170,000 is to be placed on the Health Commission's Feasibility Study list for 1985/86.

#### **ASSISTANCE TO ST. JOHN OF GOD HOSPITAL**

In October 1984, the major fire which occurred at St. John of God Hospital tested the hospital's ability to react to a major disaster type situation, i.e. the acceptance of a large number of patients at one time. The closed Ward QG was immediately reopened and made available to enable the staff from St. Johns to care for patients who could not otherwise be discharged from hospital. Some 30 patients were placed in the reopened Ward QG, and a further 40 patients were placed in other wards throughout the hospital. The ability of the Base Hospital to provide immediate support rewarded the organisational attention directed towards disaster planning. Prior to the St. John's fire, a full scale internal fire disaster simulation was staged. This simulation was based on a fire in the Q1 Ward area of the Queen Victoria, i.e. at first floor level. The plans and organisation, previously developed, were put into operation and the whole process monitored by two video stations. Many lessons were learnt from the simulation and the plans modified accordingly.

On the external fire disaster scene, the present plans for coping with major disasters have been reviewed, taking note of the St. John of God fire, and policy initiatives taken by the Health Commission's disaster planning organisation. The hospital's Director of Medical Services, Dr. C. B. E. Davis, is an Area Co-ordinator for the Central Highlands Sub Region under this State Plan.

#### **HISTORY OF THE HOSPITAL**

During the year the history project carried out by Dr. Anthea Hyslop moved toward the final stages, with much research and oral history being taken.

As part of the Victorian 150th celebration program in 1985, Dr. Hyslop produced the pictorial publication, "The Aim in View", which was sold to the public during December 1984/January 1985. This small publication received wide acclaim and most of the production run was sold. Full costs of the production were recovered from sales. The timetable for the full hospital history will see the final draft being completed early in 1986, with review and modification taking place during the latter part of 1986. During 1987 publication will be organised. It is expected that the published work will be available to coincide, as scheduled, with the commencement of the Australian Bi-Centenary Celebrations.



*Dr. J. G. Griffiths, President, peruses "The Aim in View" with Historian, Dr. Anthea Hyslop.*

#### **NURSE EDUCATION**

For a period of some 8—10 years the hospital has been examining and developing proposals for the transfer of nurse education from the hospital based course to a college based course centered on the Ballarat College of Advanced Education. During the year, the formal proposals were approved by the State and Federal Governments to fund such transfers on a State-wide basis. As part of the development of the college based program, the Base Hospital seconded Sr. Margaret Stevens, Principal Nurse Educator, to the Ballarat College of Advanced Education, to finalise a training program that could be submitted for Accreditation to the Victorian Institute of Colleges.

The long term arrangements that the Base has had with B.C.A.E. on this project, resulted in the Ballarat program being one of the first to be accepted for funding under the new arrangements. Following the acceptance of the Ballarat course, formal arrangements will be entered into between the hospital and the college to take the first intake of students in February 1986. Because of these arrangements the Base has taken steps to wind down the present Hospital program with the last intake of students commencing in August 1985. It will be of interest to the community in general, that the last graduating school from the Base Hospital Training Program will occur in 1988. Significantly not only is this the year marking Australia's Bi-Centenary but importantly it will mark the centenary of the training program for nurses at the Base. The first training program for nurses in Ballarat commenced in November 1888.

#### **MEDICAL EDUCATION**

The Medical Undergraduate Program at the Ballarat Base Hospital continues to be a major feature in the Clinical Program at the Melbourne University and the Royal Melbourne Hospital. During 1984/85, 80 students spent a 12 week period at the hospital as part of the formal training program. With the increasing specialisation occurring at the major metropolitan hospitals it is quite clear that the program at the major regional base hospitals will become more significant to the overall undergraduate program within the University. The hospital continued to provide facilities for a wide range of programs conducted by various medical interest groups for the benefit of all medical staff.

During the year at the initiative of the Gordon Little Trust, a special foundation has been established to accumulate funds from various sources for the purpose of encouraging and developing major medical seminars at the Ballarat Base Hospital. One of the principal objectives of the newly formed foundation, which includes wide representation, will be to attract speakers of national and international calibre to Ballarat as part of the annual medical education seminar calendar.

## REGIONALISATION

Last year, the first steps towards regionalisation took place. During the year the appointed Regional Directors took over some of their responsibilities. In Region 2, covering the Central Highlands and Wimmera sub regions, Ms. Elizabeth Kelly formally assumed her role as the appointed Regional Director. Although the full scope of the directorship has still to be realised, much of the hospital's relationships with the Health Commission have now been redirected to the Regional Office. This has involved a number of meetings with the Regional Director to determine the place of the Base Hospital within the Region as well as its relationship with other Health Services. One of the early functions adopted by Ms. Kelly, was her appointment as Chairman of a Feasibility Study, jointly representative of the hospital and the Health Commission, to look into the future role of the hospital and development of the Stage 3 Redevelopment.

## NEW SERVICES

During the year a Crisis Centre was established in the Hospital to deal with community problems associated with sexual assault, sexual abuse and other related personal crises. This clinic forms part of a state wide service. Sr. Margaret Lewis accepted the position as the first head of this new service.

In a different vein, critical care services at the Base Hospital were the subject of a review by the State Critical Care Services Enquiry. Members of the Enquiry, on visiting Ballarat, expressed surprise at the extent to which Critical Care Services were being utilized. The Enquiry noted that the occupancy of the Hospital's Intensive Care Ward was at all times in excess of 90%, and that some additional resources were needed to relieve pressure on these services. The Board of Management is confident that within the next year, major Government initiatives will be taken to provide a much more effective service, not only to patients suffering major trauma, e.g. motor car accidents, but also for Critical Care Services to coronary patients.

## BUILDINGS AND SERVICES

**Stage 3 — Building Redevelopment Program** — The most important feature in this area was the announcement by the former Minister for Health, Mr. Tom Roper, of a Feasibility Enquiry into the Hospital's Stage 3 Redevelopment Program. This Enquiry chaired by the Regional Director, (Ms. Kelly), had the task of reviewing the Hospital's role and in this context, re-examining the Master Plan concerning the proposed Stage 3 project. This committee commenced its work in March 1985 and a final report is to be produced in August, 1985. Whilst the previous direction of Stage 3 was along the lines of a direct replacement for the Queen Victoria buildings, i.e. predominantly medical services and outpatients, the Enquiry highlighted other major problems being faced by the Hospital, chiefly in the areas of operating theatres and obstetric services. The Enquiry felt it was of paramount importance that the Stage 3 Redevelopment should address all major problems faced by the Hospital affecting direct patient care services, and has recommended that appointed Consultants examine the feasibility of modifying the Stage 3 Redevelopment to make it more surgically oriented, with the Yuille House facilities (presently designated as surgical being used for surgical services), being converted to medical wards and support services. The Enquiry saw no conflict with previous proposals of relocating the present outpatient services in the new Stage 3 complex.

The Feasibility Enquiry has reached the draft report stage and will be recommending to the Minister that Consultants be appointed to examine these various alternatives, and will also prepare preliminary design and cost studies as a precursor to formal approval being given to commence formal design stage.

Hopefully the outcome of this report removes the years of doubt the Board has faced in the achievement of this long awaited objective.

**Renovations** — During the year extensive concern was expressed by the Board over the state of the existing obstetric and gynaecology services presently housed in the Edward Wilson Block. In recent years the pressure for better services has increased to a point of where immediate relief had to be granted. Without requesting government funding, the Board requested Health Commission approval to use hospital funds to carry out short term renovations to the midwifery ward. These renovations were designed to improve the patient care environment particularly in the south end of the ward, which is grossly overcrowded — housing some 12 patients in an area designed for no more than 8. Notwithstanding the expedition with which the Board moved, and the absence of a request for government funding, significant delays occurred in obtaining the necessary Health Commission approval to proceed with the works. The Board has expressed its concern that the original objective of making short term alterations had been overlooked by the Health Commission, who had proposed further major changes having the effect of increasing costs outside the ability of the hospital to fund these from its own resources. Further negotiations are still taking place in determining priorities for the renovations to keep the price within the budget of \$300,000 established by the Board.

Other renovations currently being undertaken without government financial support, include relocation of the Medical Records Department from their present location in the Outpatients Building to an area at the rear of the Accident and Emergency Department. This renovation will involve a major shift in the Personnel/Pay Office/Welfare Office in addition to the Medical Records Department. The renovations, at an estimated cost of \$80,000, will provide a much more efficient and effective Medical Records Service during regular hours and especially out of hours.

One of our major concerns is the state of the PABX Switchboard. For over 2 years the hospital has been negotiating with the Health Commission to provide funds to replace the present mechanically operated PABX Switchboard. Even though this equipment is less than 15 years old, the hard use it has had during this period has led to a state where major breakdowns frequently occur. Records show that over a 7 month period there were 13 occasions when the whole switchboard and system was inoperative. Fortunately, with the excellent co-operation of the local Telecom Office, the effects of these



## WAITING LISTS

In the 1983/84 report for the first time we introduced figures relating to the hospital's waiting list. Prior to 1983/84, no significant waiting list for services to the hospital existed. As stated during 1984 with the 1.5% cost reduction program and the introduction of Medicare, waiting lists became a reality. Importantly, not only did we experience waiting lists of significant size, but also unlike the minor waiting lists of years gone by, these waiting lists took on new significance as the bulk of the standard care patients on the list had been given no scheduled date for their operations. In last year's report we showed that this unscheduled waiting list for standard patients grew dramatically from the 9th January 1984, from 196 patients in a 6 month period to the 25th June 1984, to 353 patients. Including Private, with scheduled dates, the total list was estimated at 500 patients. Since June 1984, the waiting list has continued to grow.

## OPERATING THEATRE WAITING LISTS

Standard Patients  
(Unscheduled)  
January 1984 — 1st July 1985

SPECIALITY	WAITING LISTS AS AT					
	24/6/85	27/5/85	29/4/85	31/3/85	28/2/85	31/1/85
General Surgery	80	92	95	99	104	97
Orthopaedic Surgery	228	224	223	214	196	144
ENT	119	121	110	104	92	92
Gynaecology	56	61	55	52	47	42
Urology	39	42	54	51	47	38
<b>TOTAL</b>	<b>522</b>	<b>540</b>	<b>537</b>	<b>520</b>	<b>486</b>	<b>413</b>

In August 1985, the State Government provided an annual grant of \$343,000 over 3 years for the hospital to provide additional resources to combat growing waiting lists. In addition agreement had been reached with the Minister of Health and the Health Commission to reopen Ward QG at the beginning of March 1985. Although general agreement had been finalised by the end of 1984/85, precise funding arrangements to effect the reopening have still not been concluded. With all ward facilities now available and the special waiting list grants, positive measures have been taken to reduce the waiting list.

## INDUSTRIAL RELATIONS

1984/85, must be noted for its intense concentration on industrial matters. At the beginning of the year, in concert with all public hospitals throughout the State, we experienced the start of the R.A.N.F. "non nursing duties" dispute. Whilst the major thrust of this dispute was concentrated in the Metropolitan area, locally the effects of the dispute required intense negotiations and discussions with staff, to seek an effective mechanism by which full services could be maintained throughout the dispute. The fact that major disruptions did not occur at the Ballarat Base Hospital is a credit to the joint efforts of management and staff. As a result of the non nursing duties dispute an additional 17.5 equivalent full-time staff have been appointed to the Hospital to take over duties of a non nursing nature carried out by trained nursing staff. The cost of this additional staffing is estimated in excess of \$350,000 per annum.

In other areas major disputes arose over the staffing and organisation of Pathology Services, a matter affecting the hospital, the Medical Scientists Association of Victoria and the Hospital Employees' Federation. Following the involvement of the Health Commission's Industrial Relations Division some additional staffing resources were made available to improve the staffing ratio within the Pathology Laboratory. As a further outcome of the negotiations in the matter, the Minister of Health in conjunction with the Hospital and the Health Commission agreed on the establishment of a special enquiry headed up by Mr. R. Sims, (a Consultant to the Health Commission), to determine, on an independent basis, the appropriate establishment for staffing within the laboratory. This enquiry is continuing and is expected to be completed before December 1985.

Although the "non nursing duties" issue has been largely resolved, further pressures on the nursing front are still in evidence. This concerns the overall staffing requirements for trained nursing positions. The resolution of this problem will depend largely on the outcome of the "McClelland Enquiry into Nursing" — a report will be released in August 1985. This report calls for major changes in staffing and organisational aspects of nursing within public hospitals. Its impact will be watched with great interest during the coming years.



Dr. J. G. Griffiths,  
President.

## Report of the Board of Management 1984/85

In the report of the Board for 1983/84, we highlighted the year as one of significant change including the forthcoming regionalisation, the McClelland Capital Works Report, the Ministerial Enquiry into the costs of transfer of nursing into colleges of advanced education and the effects of 1.5% cost reduction program.

The year 1984/85 saw significant changes of direction in a number of key areas such as industrial relations, the future redevelopment of the hospital, more demand for hospital services, an increasing awareness of the need for critical care services, and the changing role of the hospital within a regional context. Last year we emphasized the plethora of enquiries and legislative changes affecting health care services. This continued into 1984/85. Many of the enquiries commenced in 1983/84 concluded, and are now being considered for implementation, whilst new enquiries have commenced. With State Government changes to the health portfolio following the March 1985 election, new policy initiatives have been announced, not the least of which includes the reorganisation of the Health Commission to a Health Department. This, coming on top of the fledgling regionalisation program, which has yet to become firmly established, will no doubt create some short term uncertainties in respect of the present status of public hospitals and their future.

On the wider health scene, the role of the consumer is becoming more integrated into the organisation of health care services, particularly with the announced policy of establishing District Health Councils. This, together with a widening community health program and a changing role for small rural hospitals, will necessitate the Ballarat Base Hospital re-defining its role in order that it may fit into this new pattern and continue to provide high quality specialist service.

The foundations for these new directions have now been well established, and in future years the Board will be devoting much more of its time towards this aspect of its responsibility.

### SERVICE STATISTICS

During 1984/85, we experienced a full year with Ward QG closed. A review of the service statistics shows that despite this major reduction in beds the number of patients treated was greater than that in the previous year.

This has been achieved largely by further reductions in the average daily stay of inpatients.

In-patients Treated:	1984/85	1983/84	1982/83	1981/82
Standard (Public)	5,854	5,672	5,326	4,970
Non Standard (Private)	5,797	5,752	6,076	5,961
	11,651	11,424	11,402	10,931
Daily Average:				
Standard (Public)	91.36	92.05	90.06	90.01
Non Standard (Private)	98.54	94.08	100.07	102.00
	189.90	187.03	191.03	192.01
Average Stay Days:	5.95	6.00	6.13	6.14
Outpatient and Casualty Attendances	183,619	157,898	164,998	163,484
Births	920	920	932	891

**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*  
*Dental*  
*Dermatology*  
*Drug and Alcohol Services*  
*Family Planning*  
*Gynaecology*  
*Medical*  
*Orthopaedic*  
*Otolaryngology*  
*Ophthalmology*  
*Paediatrics*  
*Peter MacCallum*  
*Post Natal*  
*Psychiatric*  
*Surgical*  
*Urology*

**BALLARAT BASE HOSPITAL**

**BOARD OF MANAGEMENT 1984/85**

<i>President:</i>	DR. J. G. GRIFFITHS, F.R.C.O.G.
<i>Vice-President:</i>	MR. K. J. NEERHUT, F.R.C.S. (Edin.)
<i>Vice-President:</i>	MR. J. E. CLEMENTS.
<i>Treasurer:</i>	MR. J. H. HEINZ.
<i>Members:</i>	MR. W. L. COCHRAN. MR. D. A. E. FAWELL. MRS. P. FISKEN. MRS. M. H. DUGGAN. MR. K. F. KEMP. MR. D. W. SEYMOUR (Appointed 11.10.1984). DR. W. L. SLOSS, F.R.C.O.G. MR. R. P. STRICKLAND (Resigned 16.9.1984). MR. J. B. VERNON.
<i>Chief Executive Officer:</i>	MR. E. D. MACAULAY, E.D., B.H.A. (N.S.W.), F.H.A., F.A.S.A., C.P.A., A.A.I.M.

**SENIOR EXECUTIVE STAFF**

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

# **Medical Services Report**

## **Director of Medical Services**

Despite a difficult year there appears to be some evidence of the beginnings of an improvement in the hospital's environment.

Ward QG reopened in March 1985 and has contributed to a small but significant lessening of the pressures on the other general wards. The feasibility study of the rebuilding program is progressing and I believe that we will see the building commence within two to three years. In the Medical Imaging Department, the acquisition of Digital Subtraction Radiography is a welcome addition to our diagnostic capabilities.

But enough about buildings and equipment. I would like now to consider our real strength, the people who make the collection of buildings and equipment here the excellent hospital that it is.

### **PROFESSIONAL STAFF GROUP**

I would like to farewell and thank, for their contribution over many years, Drs. Eddie Naug and Peter Thomson.

Welcome to new members John Bourke, Greg. Goodman, Philip Hall, John Nelson and Daryl Stevens.

The Professional Staff Group continues to act as a powerful source of advice to the hospital and I would like to thank them for their advice and constructive criticism to me.

The appointment of Mark Fitzgerald as the Director of the Accident and Emergency Department caps off the steady improvement in its function.

### **RESIDENT MEDICAL OFFICERS**

As ever we are privileged to have an excellent group of Resident Staff. The addition of the FMP General Practice rotation in Third Year is proving popular.

Royal Melbourne Hospital continue to send us excellent RMO's whose contribution to the hospital is greatly welcomed.

### **MEDICAL SUPPORT STAFF**

Welcome to new Department Heads, Margaret Lewis and Donald Lynch.

The Para-medical and Investigatory Departments contribute greatly to the excellence of this hospital.

### **MEDICAL ADMINISTRATION**

Re-organisation here has brought its benefits and I thank Alan Bath and Margaret Dawe for their help.

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

## **Professional Staff Group**

The Ballarat Base Hospital is fortunate in that it has been protected from industrial problems that have plagued the major Melbourne Hospitals by the marvellous approach of the hospital staff to their working responsibilities. The Hospital Administration and staff should be congratulated upon their approach to harmony within the hospital. It is to be hoped that the three divisions within the hospital continue to foster close working relationships to maximise patient care and provide efficient utilization of the hospital facilities.

Dr. Peter Thomson, one of the best Pathologists in Australia, has unfortunately resigned from the hospital and moved to Melbourne to work in private practice. Peter's expertise in particular areas of pathology was invaluable and his loss will be hard to replace.

Dr. Eddie Naug has retired after 17 years of excellent service as a skin specialist at the hospital. We all appreciated Eddie's friendly approach to patients and staff and wish him well in his retirement.

Dr. Roy Gough has retired after 30 years of service to the hospital. Roy has been one of the stalwarts of the hospital's medical staff and his association with the Peter MacCallum Clinic has provided an excellent service for the people of Ballarat. You really feel he deserves something special to be sure that he realises how much the hospital appreciates his commitment over the past 30 years.

I. K. MAYES, Chairman.

## Report of the Pathologist

In last year's report I mentioned the problems associated with the implementation of the 38 hour week, and in the previous year's report I mentioned our extensive reliance on technicians in the maintenance of laboratory services. Both of these problems came to a head in the past year with Union demands for more qualified scientists and a limitation on work performed by laboratory technicians. In order to assess and correct these problems the Health Commission has set up a committee under Mr. R. Sims, and this committee is currently carrying out its investigation. We are eagerly awaiting this report. In the interim there has, of necessity, been some limitation of services.

In March, Dr. Peter Thomson resigned to take up practice in Melbourne. He had been with us for eleven years and had been responsible for the development of cytopathology in this hospital to a standard of international recognition. We were unable to obtain a suitably qualified replacement in the short term, but Dr. N. Mulvany will be arriving to take up the post in September 1985. In the meantime a particularly heavy load has fallen on Dr. Ron Sterling. Two Pathologists have, in fact, been doing work which in the general hospital field would be considered to necessitate the employment of six. We would, however, be happy with four.

The post mortem figures are rising again after last year's fall. This is probably the result of the Director of Medical Services having developed more effective methods for obtaining consent.

Again this year we have a large increase in departmental running costs in both the wages and reagent sectors, the former due to reclassification of staff and heavy on-call commitments, and the latter due in the main to the poor performance of the Australian dollar.

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



*Dr. H. D. P. Thomson, Pathologist, being awarded a Long Service Badge by Board Member, Mrs. P. Fiskens.*

## Report of the Radiologist

The Radiology Department has shown a slight increase (1,400 patient examinations), in work load compared with the previous year. The number of procedures (as compared with routine radiography), has increased and these examinations are more time-consuming.

During the year, a new Siemens Sonline ultrasound machine was purchased with the cost being met by the Radiologists Trust Fund. This sophisticated unit is the best marketed in Australia and the standard of our ultrasound work has increased immeasurably.

During my visit to the United States of America in September, 1984, I was able to see and assess various makes of Digital Subtraction Angiographic Units. The Health Commission gave us a grant of 50% of the cost of an Adac Digital Subtraction Unit which was installed in March. This unit enables angiography to be performed by injections into the venous side and saves the positioning of catheters in arteries. This makes the procedures less invasive and examinations can be performed on patients and then allowed to go home. The unit is a very good one and one of our Radiographers, Mr. Richard Van Dreven, spent some time in California learning how to get the best quality pictures from similar equipment. The hospital moiety of the cost of the equipment (\$140,000) is being refunded over the next year or more from the Radiologists Trust Fund.

During the year, the staff of the Radiology Department have participated in the Accrued Day Off institution which means that the staff of 20 take a Friday or Monday off each 4 weeks in lieu of working a 40 hour week. This has the effect of having reduced numbers of staff on Mondays and Fridays and the staff working on those days have to work a little harder and longer sometimes to make up the deficiency.

IAN C. GOY, Director of Radiology.



*Mr. R. Van Dreven at the Console of the newly installed Digital Subtraction Angiography Equipment.*

**DOMICILE OF PATIENTS ADMITTED DURING  
THE YEAR ENDED 30TH JUNE, 1985**

Region No. 2	PATIENTS	%
Ballarat City	4957	42.5
Ballarat Shire	1684	14.4
Sebastopol	822	7.1
Buninyong	643	5.5
Ripon/Grenville	475	4.1
Creswick/Clunes/Talbot	424	3.7
Ararat/Avoca	323	2.9
Bungaree	285	2.4
Lexton/Daylesford/Gienlyon	282	2.4
Other	513	4.3
<b>Total Region No. 2</b>	<b>10,408</b>	<b>89.3</b>
Outside Region No. 2	PATIENTS	%
Loddon/Campaspe	500	4.2
Barwon South West	404	3.5
Interstate and Overseas	58	.5
Metropolitan — Western	150	1.3
— North East	61	.5
— Southern	44	.4
Goulburn North East	22	.2
Gippsland	9	.1
<b>Total Outside of Region No. 2</b>	<b>1,248</b>	<b>10.7</b>
<b>Total Number of Persons Admitted</b>	<b>11,656</b>	<b>100.0</b>



*Dr. J. G. Griffiths, President, accepting a Certificate of Accreditation for a further period of 3 years from State Accreditation Committee Representative, Dr. P. Wilkinson.*



**BALLARAT BASE HOSPITAL**  
**Operating Fund**  
**STATEMENT OF INCOME AND EXPENDITURE FOR THE**  
**YEAR ENDED 30TH JUNE, 1985**

1984		INCOME	1985	
\$	\$		\$	\$
13,101,000		Government Grants — Ordinary .....	15,322,000	
133,946		Other .....	100,263	
500,076		Insurances .....	497,254	
16,712		HCS Computer		
4,486,550		Costs .....	16,649	
(17,636)		Patient Fees .....	3,600,124	
858,543		Other Debtors .....	—	
140,148		Use of Hospital Facilities .....	1,137,682	
61,289		Staff Meals and Accommodation .....	148,849	
	<u>19,280,628</u>	Other .....	56,122	
				20,878,943
		EXPENDITURE		
2,383,648		Administration and Clerical .....	2,648,580	
4,241,205		Hotel and Allied Services .....	4,404,486	
3,045,454		Medical Support .....	3,447,466	
1,937,843		Medical .....	1,934,096	
		Nursing:		
6,758,057		General Wards .....	7,291,897	
674,203		Operating Theatre .....	678,638	
328,113		Emergency Department .....	353,120	
90,939		Outpatients Department .....	139,038	
483,712		Non Operating .....	484,143	
	<u>19,943,174</u>			<u>21,381,464</u>
	662,546	Deficit		502,521

**SOURCE AND APPLICATION OF FUNDS**  
**FOR THE YEAR ENDED 30TH JUNE, 1985.**

**Source of Funds:**

Increase in Liabilities:

— Bank Account .....	\$ 70,855
— Trade Creditors .....	191,050
— Accrued Expenses .....	<u>232,662</u>

494,567

Decrease in Assets

— Other .....	11,456
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Increase in Provision not

needing cash — Long Service Leave .....	108,336
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\$614,359

**Application of Funds:**

Net Deficit for the year .....	502,521
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Prior year adjustment .....	45,409
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Prior Year Surplus Recall .....	37,205
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Increase in Assets

— Stores .....	1,908
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— Cash .....	50
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— Patient Fees Outstanding .....	27,266	29,224
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\$614,359

*The accompanying notes form part of these accounts.*

**BALLARAT BASE HOSPITAL**

**CONSOLIDATED BALANCE SHEET AS AT 30TH JUNE, 1985**

1984			1985	
\$	\$		\$	\$
	<u>12,954,767</u>	<b>TOTAL FUNDS</b>		<u>12,805,134</u>
		These Funds are represented by:		
		<b>CURRENT ASSETS</b>		
		Notes		
168,517		Cash	192,281	
1,138,735		2 Patient Fees Outstanding	1,180,793	
66,704		Other Debtors	53,915	
282,942		1(c) Stores on Hand	<u>284,850</u>	
	1,656,898	<u>Total Current Assets</u>		1,711,839
		<b>CURRENT LIABILITIES</b>		
186,373		Bank Overdraft	244,259	
343,645		Creditors	521,492	
362,581		Accrual — Salaries & Wages	444,422	
1,022,997		1(e) Annual Leave	1,181,468	
		Provision for —		
802,398		1(e) Long Service Leave	910,734	
109,757		1(e) Days Off	<u>102,107</u>	
	2,827,751	<u>Total Current Liabilities</u>		3,404,482
	1,170,853	<u>Excess of Current Liabilities</u>		1,692,643
		<u>Over Current Assets</u>		
	1,160,750	1(f) <b>INVESTMENTS</b>		1,120,025
		1(d) <b>FIXED ASSETS</b>		
10,509,641		Land and Buildings	10,530,835	
2,455,229		Plant and Equipment	<u>2,846,917</u>	
	12,964,870	<u>Total Fixed Assets</u>		13,377,752
	<u>12,954,767</u>	<u>Net Assets</u>		<u>12,805,134</u>

The accompanying notes form part of these accounts.

**BALLARAT BASE HOSPITAL**  
**ANALYSIS OF BALANCE SHEET AS AT 30TH JUNE, 1985.**

	Total	Operating	Special Purpose	Capital
	\$	\$	\$	\$
Accumulated Fund (Deficit) as at 1.7.84	12,954,767	(1,710,057)	1,787,381	12,877,443
Prior Year Expenditure	(82,614)	(82,614)		
Net Movement	(67,019)	(502,521)	(1,451)	436,953
Accumulated Fund (Deficit) as at 30.6.85.	12,805,134	(2,295,192)	1,785,930	13,314,396
<b>Current Assets:</b>				
Cash at Bank .....	192,281	425	191,856	
Patient Fees Outstanding .....	1,180,793	706,744	474,049	
Other Debtors .....	53,915	53,915		
Stores on Hand .....	284,850	284,850		
Total Current Assets .....	1,711,839	1,045,934	665,905	
<b>Current Liabilities:</b>				
Bank Overdraft .....	244,259	227,228		17,031
Creditors .....	521,492	475,167		46,325
Accrual — Salaries & Wages .....	444,422	444,422		
Annual Leave .....	1,181,468	1,181,468		
Provisions — Long Service Leave .....	910,734	910,734		
— Days Off .....	102,107	102,107		
Total Current Liabilities .....	3,404,482	3,341,126		63,356
<b>Net Current: Assets (Liabilities)</b> .....	(1,692,643)	(2,295,192)	665,905	(63,356)
<b>Investments:</b>	1,120,025		1,120,025	
<b>Fixed Assets:</b>				
Land and Buildings .....	10,530,835			10,530,835
Plant and Equipment .....	2,846,917			2,846,917
<b>Net Assets (Liabilities) as at 30.6.85</b> .....	12,805,134	(2,295,192)	1,785,930	13,314,396

*The accompanying notes form part of these accounts.*

**BALLARAT BASE HOSPITAL**  
**NOTES TO AND FORMING PART OF THE ACCOUNTS**  
**FOR THE YEAR ENDED 30TH JUNE, 1985**

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, 1985. The accounting policies have been consistently applied unless otherwise stated.

(a) Accrual accounting.

The accrual method of accounting has been adopted in the preparation of these accounts.

(b) Historical cost.

The accounts have been prepared in accordance with the historical cost 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) Depreciation.

No depreciation has been charged on any Fixed Asset. 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, 1985. The effect of this departure from Health Commission of Victoria policy has not been calculated.

(e) Employee Benefits.

Provision is made in respect of liability for Long Service Leave, Annual Leave and Accrued Days Off. Long Service Leave has been provided for all employees with 10 years continuous service. The amount has been shown as a Current Liability, notwithstanding that some portion may not be due and payable within 12 months.

(f) Investments.

Investments held by the Hospital are shown in the Balance Sheet at cost. The practice of the Hospital has been to hold all investments to maturity.

2. Patient Fees Outstanding.

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

	1984		1985
	\$1,160,935 Patient Fees Outstanding .....		\$1,199,393
	22,200 less provision for doubtful debts .....		18,600
	\$1,138,735		\$1,180,793

3. Endowment Fund.

In compliance with Health Commission of Victoria policy these funds have been included with Special Purpose Funds. To provide meaningful figures the opening comparative figure for Special Purpose Funds has been adjusted accordingly.

# **Certificates and Reports**

## **STATEMENT OF RESPONSIBLE ACCOUNTING OFFICER**

I, BARRY MAXWELL BOLGER, FINANCE MANAGER, being the Officer responsible for the preparation of the accompanying Accounts comprising Balance Sheets, Statement of Income and Expenditure, Explanatory Notes and supplementary information of BALLARAT BASE HOSPITAL for the year ended 30th June, 1985, state that, to the best of my knowledge and belief, such Accounts 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 the 30th June, 1985, and of the results of its financial operations for the year ended at that date.

Ballarat.  
10th September, 1985.

B. M. BOLGER, B. Comm., A.A.S.A., C.P.A.,  
FINANCE MANAGER.

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## **STATEMENT OF BOARD OF MANAGEMENT**

The Balance Sheet, Statements of Income and Expenditure, Statements of Receipts and Payments, Explanatory Notes and supplementary information of 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 the 30th June, 1985, 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.

By resolution of the Committee of Management held 16th September, 1985.

E. D. MACAULAY,  
Chief Executive Officer.

J. H. HEINZ,  
Honorary Treasurer

J. G. GRIFFITHS,  
President.

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## **AUDITOR'S REPORT**

We have audited the financial statements, being the Statement of Income and Expenditure of the Operating Fund for the year ended 30th June, 1985, Consolidated Balance Sheet as at 30th June, 1985, and the accompanying notes to the accounts in accordance with Australian Auditing Standards.

The accounts have been prepared in accordance with accounting instructions issued by the Health Commission of Victoria with the exception that depreciation has not been charged on fixed assets, as stated in Note 1 (d). This policy is also a departure from Australian Accounting Standard AAS 4 "Depreciation of Non-Current Assets". It is impractical for us to calculate the effect of this departure from Health Commission of Victoria policy and the Accounting Standard.

In our opinion, except for matters referred to in the preceding paragraph, the financial statements present fairly the financial position of the Ballarat Base Hospital at 30th June, 1985 and the results of its operations for the year ended on that date, in accordance with Australian Accounting Standards and the Health Commission of Victoria Cost Centre Accounting and Budgeting Systems Procedures Manual.

Ballarat.  
11th September, 1985.

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

# Statistical Summary

	1985	1984	1983	1982
<b>INPATIENT:</b>				
Inpatients Treated .....	11,827	11,424	11,402	10,931
Inpatient Days .....	69,329	68,563	69,816	70,103
Births .....	920	920	921	891
Operations — Major .....	1,504	1,352	1,166	1,100
— Minor .....	4,295	4,258	4,299	4,395
Intensive Care Patients .....	738	635	669	518
Pathology Examinations .....	12,284	19,852	24,629	26,319
Radiology Examinations .....	7,191	9,394	8,244	8,563
Number of Patients per day .....	189.94	187.33	191.28	192.06
Stay in Hospital (Days) .....	5.97	6.00	6.13	6.41
<b>OUTPATIENT ATTENDANCES:</b>				
Outpatients (Clinical) .....	21,314	19,061	18,465	19,936
Casualty .....	32,325	32,814	35,268	36,090
Audiology .....	1,793	1,324	877	1,435
Speech Pathology .....	2,505	3,167	3,288	3,117
Physiotherapy .....	7,321	6,313	5,907	7,584
Dental .....	11,733	10,880	10,047	9,774
Occupational Therapy .....	739	667	377	571
Welfare .....	1,972	2,218	2,182	2,236
Pathology .....	58,122	46,886	53,929	47,583
Radiology .....	25,257	21,786	17,187	16,309
Dietetics .....	1,185	1,633	2,059	2,829
Pharmacy .....	10,799	11,149	15,412	16,020
Total Attendances .....	<u>175,065</u>	<u>157,898</u>	<u>164,998</u>	<u>163,484</u>



*Sloss House. Ballarat Base Hospital.*

# *Nursing Services Report*

## **Director of Nursing Services**

My report of 1984 made mention of problems relating to reduction in services and the industrial relations scene. This year has seen a further escalation in these, but once again due to the co-operation of all Divisions and all Staff the primary role of this Hospital, i.e. patient care, has continued.

## **Deputy Director of Nursing**

Mrs. E. Robinson, who has been Deputy Director of Nursing for the past fifteen years, retired on July 28th, 1985. Mrs. Robinson is a lady of high professional integrity and her contribution to the Nursing Division has been great. She has been invaluable as a Deputy and a friend and I thank her for her wise counsel. I welcome Miss Elizabeth Brady as her successor.

## **SCHOOL OF NURSING**

The coming year will see many changes and I am confident that the high standard of the School will be maintained.

The move of basic nursing education to the tertiary educational field is an exciting and challenging one. I hope that the high degree of co-operation between ourselves and the Ballarat College of Advanced Education, that has existed throughout twelve years of discussion, will continue.

The move should assist all staff, especially ward staff, as patient care will in the future be delivered by a less mobile group of nurses. As a result of this both the patients and other staff should benefit.

Miss J. Murphy and Mr. J. Struhs have returned following successful completion of their B. App. Science (Advanced Nursing, Nursing Education) at the Phillip Institute of Technology. Mrs. J. Gilmer is currently on extended sick leave and Mrs. A. Rowe on long service leave.

Examination results are most gratifying and I congratulate all teaching staff and students on the high standard obtained.

This year sees the graduation of our first male Midwife, Mr. S. Williamson, who remained on our staff in a senior position.



*Nursing School Intake, P.T.S. 85R.*

## **GENERAL**

Mrs. B. Moore is currently undertaking the Sterilization and Infection Control Course and Mrs. L. Broad and Mrs. F. Metcalf have commenced studies in Educational Administration.

My thanks once again go to all Nursing Staff for their support, especially to Miss Menadue and the Supervisory and Charge Sisters.

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 would like to especially thank the Ballarat Community and our patients for their trust they have placed in us in these difficult times and it is my hope that we will continue to uphold that trust in the future.

**BALLARAT BASE HOSPITAL — 1985 GRADUATION**  
**Ballarat Base Hospital — 1985 Graduation**

	Class 82A	Class 82B
<b>GENERAL GRADUATES:</b>	AMANDA CAHILL SALLY CAMERON GLENDA CAREY SANDRA COCKING ADRIENNE COLVIN JOANNE DAVIS ALETHEA DAWSON JOANNE DAY CAROLYN FRENCH LINDA GARDNER DENISE GELLERT DEBRA JENKINS SUSAN KELLETT JANET LEVERETT CAROLYNNE MOORE KATRINA MORAN ROSALYN MULLINS KERRY MURPHY JENNINE NITSCHKE DOROTHY PECK BRENDA POLLARD CAROL SEILOR BARBARA SMITH JUDITH WALDRON JENNIFER WIGG	HELEN ACKLAND DEBBIE BROWN KATHLEEN CARSON SALLIE CASTLEMAN ROBYN COCHRANE SEFADIN DEMEYE WENDY DICKENSON CHERYL HEINRICH KERRY HINCHLIFFE PAMELA HULM SALLY JENNINGS KATHERINE KENT JANETTE McGAFFIN SERENA MAJOR KATHRYN MAYNE PETER MERRITT JANINE PARKINSON MARIETTA QUINLAN WENDY SLATTER PETER STRANGER CHRISTINE TAYLOR
<b>FOURTH YEAR GRADUATES</b>	LILLIAN ATTWOOD KARYN COXALL JENNIFER JANETZKI SUSAN POYNTON ELISABETH VAN DER MOLEN GORDON AGGETT NGAIRE WEAVER JULE ANNE PYWELL	VICKI THOMAS LOUISE GARNER SUSAN KETCHEN LINDY BALHARRIE DEBORAH TORI CHERYL PRESTON RHONDA WILLS
<b>MIDWIVES</b>	ALISON DALZIEL ANNE HETHERINGTON JENNIFER KEATING ELIZABETH MILLER KAYLEEN WHEELER RHONDA WOOLF	JANENE BARBER WENDY DAWSON JENNIFER LEIGH BERNADETTE O'BRIEN BEVERLEY SOWTER MARGARET WATTS STUART WILLIAMSON



*Back Row: Beverley Sowter,  
 Margaret Watts,  
 Stuart Williamson,  
 Janine Barber,  
 Wendy Dawson.*

*Front Row: Jennifer Leith  
 and Bernadette O'Brien.*

Midwives



# General Services Report

## Director of General Services

Continuation of the financial restraint made necessary by the Health Commission requirement of a reduction of 1.5% in expenditure aggravated by the heavy devaluation of the Australian dollar, and the volatile industrial climate, contributed to impose severe financial pressures throughout the year.

The hospital incurred a record expenditure of \$21,233,000 resulting in an operating deficit of \$510,085. Income from Patient Fees was above the budget figure, but was reduced from last year due to the impact of Medicare.

Financial restrictions allowed only minimal project work to be undertaken by hospital staff so that sufficient resources were available for routine maintenance of buildings, and plant and equipment.

Capital Works and Minor Works were also restricted, but the following projects were approved and the work completed:

(a) Nurses Home Fire Detection System	\$89,366
(b) Gas Fired Boiler No. 2	85,000
(c) Engineer Department Alterations	12,000
(d) New Lock System	8,461
(e) Extension to Heating System Ward E.G.E.	2,573



Mr. B. Bolger, Finance Manager, (seated) in discussion with Mr. M. Rhook, Accountant.

In addition, a hospital funded computerized system to record facets of plant and equipment servicing, and reliability, was installed at a cost of \$16,000.



Pay Office.

Energy consumed during the year was 4.6% less than last year and 6% less than the base year of 1980/81. This reduction is even more commendable when consideration is given to the increased energy demands caused by the installation of increased capacity lifts, air conditioning of the 5 floors of Yuille House, and the commissioning of a gas fired incinerator.

Allocation of space for various departments is a continuing problem. Relocation and expansion of the Medical Records Department in an area adjacent to the Accident and Emergency Department is proceeding. This will be far more convenient for the retrieval of medical histories of patients attending the Accident and Emergency Department. The plans include the relocation of the Pay, Personnel and Social Welfare Offices. Necessary alterations to facilitate these changes are not subject to Government funding and will have to be met from our own resources.

The ever increasing demand for car parking space is a cause for some concern. Such are the demands on the Hospital's car parks, that there is insufficient space for the vehicles of all staff members. This results in vehicles being parked in streets surrounding the Hospital. Similar problems are being experienced by St. John of God Hospital who, with the Base Hospital, have held some discussions with the City Council in an effort to overcome what is a very difficult problem. Further talks will be required before a resolution can be found.

Problems were encountered during the year with industrial action being taken by some unions. It would appear that this hospital was more fortunate than most in that disruption was minimal. This emphasises the excellent industrial relations enjoyed between staff and management, and the dedication of the staff.

October saw the introduction of Union/Management meetings. This innovation is proving to be a most effective means of communication which is appreciated by all parties.

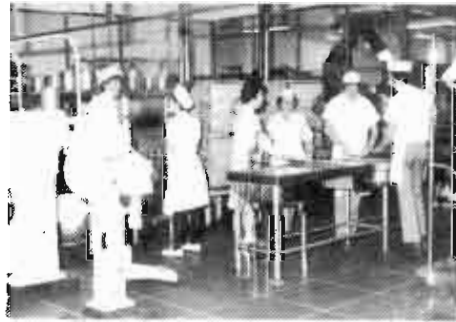
Students from Ballarat and District Schools participated in the Work Experience Programme in which the hospital has been involved for a number of years.

Long serving staff members who resigned during the year included:

Mrs. N. Glenn after 30 years,  
Mr. S. Fitzpatrick after 12 years,  
Mr. G. Wise after 10 years.

Finally, I again say thank you to my Departmental Heads and staff within the General Services Division, my efficient secretary, the Board of Management and the Senior Executive Staff for their help and assistance during the year.

J. R. BRIDGER,  
Director of General Services.



Main Kitchen.



*Ballarat Base Hospital*

# Medical Services

*Director of Medical Services:* Dr. C. B. E. DAVIS, M.B.B.S., (WA), Min. Admin. (Mon) A.H.A.

## HONORARY MEDICAL STAFF AS AT 30TH JUNE, 1985

<i>Dentists:</i>	F. J. MORGAN, B.D.Sc., L.D.S. 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.), F.R.A.C.S., F.R.C.O.G., F.R.A.C.O.G. Deceased 16.3.85. H. M. MOORHOUSE, M.B.B.S., M.R.C.O.G. W. L. SLOSS, M.B.B.S., F.R.C.O.G., F.R.A.C.O.G.
<i>Physicians:</i>	D. A. ALEXANDER, M.D.B.S., F.R.A.C.P. B. A. BAKER, M.B.B.S. G. P. CROMIE, M.B.B.S., F.R.C.O.G., F.R.A.C.O.G. Deceased 30.10.1984.
<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. 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. W. R. GRIFFITHS, M.B.B.S. (Melb.), F.R.C.S. (Edin.), F.R.A.C.S., F.R.C.O.G., F.R.A.C.O.G. Deceased 16.3.85. J. H. PRYOR, M.B.B.S., F.R.C.S., F.R.A.C.S. D. B. SKEWES, M.B.B.S., F.R.C.S. (Edin.), F.R.A.C.S.

## HONORARY VISITING MEDICAL STAFF

<i>Consulting Physician — Nuclear Medicine:</i>	P. GRAHAM, M.B.B.S., F.R.A.C.P., D.D.U.
<i>Dental Surgeons:</i>	G. G. FOWLER, M.D.Sc. (Melb.), L.D.S. (Vic.), F.D.S.R.C.P.S. (Glas.) T. R. SANDERS, B.D.Sc., L.D.S. J. F. H. WILLIAMS, B.D.S., F.R.A.C.D.S. (NZ).
<i>Family Medicine/General Practice:</i>	J. F. GARNER, M.A., M.B., B. Chir., M.R.C.S., L.R.C.P., F.R.A.C.G.P.
<i>Psychiatrist:</i>	C. S. HAUGHTON, M.B.B.S., F.R.A.N.Z.C.P., M.R.C. Psych., F.R.A.C.M.S.

## SESSIONAL MEDICAL STAFF

<i>Anaesthetists:</i>	G. L. T. CLARKE, M.B.B.S., F.F.A.R.A.C.S. J. F. OSWALD, M.B.B.S., F.F.A.R.A.C.S. G. A. SMITH, M.B.B.S., F.F.A.R.A.C.S. P. N. TOOM, M.B.B.S., F.F.A.R.A.C.S.
<i>Dermatologist (Acting):</i>	E. B. NAUG, M.B.B.S. (Cal.), M.R.C.P. (Edin.), D.T.M. & H. (L'pool), D.V.D. (Bomb.) Resigned 24.4.85.
<i>Dermatologist:</i>	G. J. GOODMAN, M.B.B.S., F.A.C.D. Appointed 1.5.85.
<i>Director of Coronary Care:</i>	D. M. O'SULLIVAN, M.B.B.S., F.R.C.P. (Edin.), F.R.A.C.P.

<i>Geriatrician:</i>	J. HURLEY, M.B.B.S. (Lond.), L.R.C.P., M.R.C.S.D. Obst., R.C.O.G., M.R.C.P.
<i>Medical Training — Director:</i>	D. L. MORTON, M.B.B.S. (Melb.), F.R.A.C.P.
<i>Regional Supervisor:</i>	J. F. GARNER, M.A., M.B.B. Chir., M.R.C.S., L.R.C.P., F.R.A.C.G.P.
<i>Neurologist (Paediatrics):</i>	I. J. HOPKINS, M.B.B.S., F.R.A.C.P.
<i>Neurosurgeon:</i>	D. WALLACE, M.B.B.S., F.R.C.S., F.R.A.C.S.
<i>Neuro-Physician-Consultant:</i>	J. O. KING, M.D., F.R.A.C.P.
<i>Obstetricians &amp; Gynaecologists:</i>	J. D. GRIFFITHS, M.B.B.S., F.R.C.O.G., F. Aust., C.O.G. I. K. MAYES, M.B.B.S., M.R.C.O.G., F.R.C.S. (Edin.), F.R.A.C.O.G. T. V. ROBERTS, M.B.B.S. (Melb.), F.R.C.O.G., F.R.C.S. (Edin.), F.R.A.C.S., F.A.G.O., F.R.A.C.O.G. Appointed 1.5.85.
<i>Assistant Obstetrician and Gynaecologists:</i>	P. E. HALL, M.B.B.S., M.R.C.O.G., F.R.A.C.O.G. Appointed 1.5.85.
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*Crisis Centre:*

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*Librarian:*

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*Medical Records Librarian:*

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*Occupational Therapist:*

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D. LYNCH, B.A., B. App. Sc. (Occ. Th.). Appointed 29.1.85.

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*Welfare Sister:*

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Miss P. Archer, Chief Physiotherapist, treating an outpatient.



Mrs. E. Bartram, Chief Speech Pathologist, assessing a young patient.

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

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*Deputy Principal Nurse Educator:*

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

*Midwifery —*  
*Nurse Educator:*  
*Nurse Educator:*

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*Queen Victoria/Edward Wilson:*  
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*Outpatients:*  
*Operating Theatre:*  
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*Radiology:*  
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*Domestic Services Supervisor:*

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M. RHOOK, B. Bus. A.A.S.A. (Appointed 10.4.85).

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R. K. BEAUMONT, M.I.A.A.

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# ***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 of 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  
ANNUAL REPORT 1984-85**