

# **BALLARAT BASE HOSPITAL**



# **ANNUAL REPORT**

**1994/1995**



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## **BRIEF HISTORY**

Ballarat Base Hospital is a registered funded agency under Part 3 of the Health Services Act 1988. The Hon. Marie Tehan, M.L.A., is Minister responsible for health.

Founded in 1856 as an outcome of the Eureka Uprising as a refuge for sick and injured goldfield miners, the hospital has grown from a four ward, two storey wooden building on the corner of Sturt and Drummond Streets, to a complex of multi-level, brick buildings covering the whole of the block to Mair and Windermere Streets and environs.

Now a major hospital, it offers a full range of medical and surgical services, and services the whole of the Grampians Health Region (with about 15% of admissions from outside the region). It is the emergency centre of the Ballarat District, with an accident retrieval service operating within a 250 Km radius of Ballarat.

Research programs are carried out at Ballarat Base Hospital in conjunction with University of Ballarat and University of Melbourne.

Clinical teaching facilities are available for undergraduate and post-graduate medical, nursing and allied health professionals.

Widely recognised as being at the forefront of health services, Ballarat Base Hospital has a great history and looks forward to an even greater future.

## **PHILOSOPHY**

The Ballarat Base Hospital exists for the benefit of patients; all who work here do so because we service patients. The Ballarat Base Hospital's teaching and research benefits current and future patients.

We strive for excellence in care, and acknowledge that the quality of our services depends on technical and professional skills, humanity, commitment and teamwork.

We accept the principle of accountability must apply to the Ballarat Base Hospital and to every staff member.

Thus we seek, through the pursuit of specific objectives, the highest standards of care, teaching and research, by the application of skills with compassion, discipline and dedication.

## **MISSION STATEMENT**

Ballarat Base Hospital is committed to provide with care and compassion, the major referral services to Western Victoria in areas of comprehensive acute hospital patient care, research, professional and staff development and community based care, and to constantly strive for excellence in effectively and efficiently providing these services.

## **GOALS**

To provide a comprehensive range of acute health care services, and to be the major referral centre for Western Victoria.

To ensure the highest quality of care and service using all available resources (human, physical and financial), as efficiently as possible.

To provide facilities for clinical teaching of undergraduates and graduates in medicine, nursing and allied health professions.

To create an optimum working environment for all staff and to develop mechanisms which allow for appropriate recognition of staff service and achievement.

To provide leadership in all aspects of health care.

To foster positive community attitudes and commitment.

To conduct and promote research.

## **SERVICES PROVIDED**

### **INPATIENT/OUTPATIENT SERVICES**

<i>Intensive Care</i>	<i>E.C.G/E.E.G.</i>
<i>Coronary Care</i>	<i>Podiatry</i>
<i>Emergency</i>	<i>Occupational Therapy</i>
<i>Day Procedures</i>	<i>Rehabilitation</i>
<i>Midwifery</i>	<i>Renal Dialysis</i>
<i>Speech Pathology</i>	<i>Oncology</i>
<i>Physiotherapy</i>	<i>Dental</i>

*Audiology*

*Dietetics*

*Pathology*

*Radiology*

*Blood Bank*

*Pharmacy*

### **OUTPATIENT CLINICS**

*Ante-Natal*

*Colposcopy*

*Sexual Assault Centre*

*Drug and Alcohol Services*

*Family Planning*

*Gynaecology*

*Medical*

*Oncology*

*Ophthalmology*

*Orthopaedic*

*Otolaryncology*

*Paediatrics*

*Radiotherapy (Geelong Hospital)*

*Psychiatry*

*Surgical*

*Urology*

*Welfare/Aboriginal Liaison*

*Dental*



**PRESIDENT**

Dr B.R. Hassett - M.B., B.S., F.R.A.C.P.

Dr Brian Hassett has been a member of the Board of Management since September 1986, and President since November 1993. A General Practitioner, Dr Hassett has lead the Board through a difficult but rewarding period. He is currently President of the Royal Australian College of General Practitioners - Victorian Branch.

**SENIOR VICE PRESIDENT**

Associate Professor C. Deans - R.N., R.P.N., H.V. Cert. (Lond.), Dip. Nurs. (Ulster), B.A. (B'ltt.), M. Nurs. (La Trobe).

Appointed to the Board of Management in November 1991, A/Prof Cecil Deans is an Associate Professor in the School of Nursing at the University of Ballarat. He has wide experience in psychiatric nursing, having nursed in the U.K. and Australia.



**JUNIOR VICE PRESIDENT**

Mr B.H. Clark - A.A.I.M.

Mr Bruce Clark is currently a Commissioner of the City of Ballarat, and was appointed to the Board of Management in March 1993. Mr Clark was formerly a Senior Manager with Westpac Banking Corporation, and a Business Consultant. He brings his extensive background in Banking, Finance and Business to the Board.

**TREASURER**

Mr D.H. Manton - A.F.A.I.M.

Mr Denis Manton is Managing Director of Provincial Fuels Pty. Ltd., which operates retail petroleum outlets. Appointed in November 1994, he brings business, finance and accounting skills to the Board.



**MEMBERS**



Professor H. G. Peach - B.Sc., M.B., B.Ch., Ph.D., F.A.F.P.H.M, F.F.P.H.M.

Professor Hedley Peach is Professor of Public Health and Community Medicine at the University of Melbourne. He has been a Board Member since March 1993. Professor Peach is the Head of Department of Community Medicine located at Ballarat Base Hospital.

Mrs E. House, R.N.

Mrs Emma House joined the Board in November 1994. She is a Registered Nurse actively involved in fund raising for a variety of community organisations. She is a Past Chairman and current Board Member of the Ballarat Base Hospital Foundation.



Mr J. D. Corbet - M.B. B.S., F.R.A.C.S., F.R.C.S.

Mr John Corbet is a specialist General Surgeon, with particular interests in Thoracic Surgery, Endoscopy, and Surgical Oncology. He was appointed to the Board in November 1994.

Mr M.A. Cann - B. Econ. (Monash), Dip. Eng. (Mech.) (R.M.I.T.)

Mr Allan Cann is General Manager of Miller Brothers Industries, a specialist manufacturing engineering firm. Appointed to the Board in November 1994, his expertise in the fields of finance, engineering and accounting are a welcome addition to the Board.





Mr N. W. Speer - B. Eng. (Mech.) (Melb.)

Mr. Nick Speer has had many years of experience in Senior Management positions with major Australian and International Companies. He is currently Plant Manger at Laminex Industries Ballarat, a Division of BTR Nylex. Appointed in November 1994, he brings expertise in engineering and business management to the Board.



Mrs G.M. Dickinson - Dip Physio. (Melb.), Cerr Child Disability (Melb.)

Mrs Trudie Dickinson is a Physiotherapist with special interests in Child Disability and Geriatric areas. Appointed to the Board in November 1994, she provides the Board with strong links to the community, as well as her special inrerests in the Allied Health professions.

## EXECUTIVE TEAM



### CHIEF EXECUTIVE OFFICER:

Mr M.G. Kirk - B. Comm. (Melb.), M.H.A. (N.S.W.), F.C.H.S.E., C.P.A.

Mr Michael Kirk was appointed as Acting CEO on 1 July 1994, and confirmed in the appointment in Ocrober 1994. Prior to the appointment, Mr Kirk worked as a Hospital Management Consultant. He has a total of 29 years experience as a hospital chief executive officer, having worked in District, Base and Metropolitan Teaching Hospitals.

### DIRECTOR OF MEDICAL SERVICES:

Dr C.B.E. Davis, M.B., B.S., M. Admin (Monash), A.F.C.H.S.E.

Dr Ed Davis has held the post of Medical Director at Ballarat Base Hospital for the past twelve years. Prior to that he was in Medical Administration at the Alfred Hospital. An active Colonel in the Army Reserve, he is posted as the Director of Medical Services for Southern Military Region. He is currently President of the Ballarat Lyric Theatre, and often performs in the productions of the company.



### DIRECTOR OF NURSING:

Mrs L. Broad. - R.N., R.M., F.C.N.A., Grad. Dip. Ed. Admin., Grad. Dip Bus. Admin.

Mrs Lorraine Broad was appointed as Acting Director of Patient Care in July 1994, and appointed as Director of Nursing in February 1995. She brings a wealth of experience and an intimate knowledge of the hospital to the position, having worked at Ballarat Base Hospital for more than 20 years. She initially trained at the Alfred Hospital, and is currently enrolled at University of New South Wales in the Master of Health Administration program.

### DIRECTOR OF FINANCE:

Mr M.C. Rhook - B.Bus., C.P.A., A.C.H.S.E.

Appointed in November 1994, Mr Michael Rhook brings to the position particular expertise in computer modelling of financial outcomes. He spent the past four years at Goulburn Valley Base Hospital, where he developed significant management accounting skills. Prior to appointment to Goulburn Valley Base Hospital, Michael was an accountant at Ballarat Base Hospital. He is currently studying towards an M.B.A. at Deakin University.



### DIRECTOR OF ADMINISTRATIVE SERVICES:

Mr K.W. Dusing - A.C.H.S.E., C.H.E.

Mr Ken Dusing held the position of General Services Manager at Latrobe Regional Hospital (Traralgon/Moe) before taking up his appointment in November 1994. He has extensive experience in the Royal Australian Navy and Royal Australian Air Force, as well as in the hotel industry. Ken continues to serve as a Lieutenant in the R.A.N.R.

### DIRECTOR OF HUMAN RESOURCES:

Mr W. Cunningham - M.A.H.R.I.

Mr Bill Cunningham was appointed in January 1995, and has extensive experience in the human resources field, including 21 years in the public and private health systems. His previous appointments were as Human Resources Manager at The Alfred, Box Hill and Prince Henry's Hospitals, and more recently with the Murray Health Service in Deniliquin.







B.R. HASSETT  
*President*



M.G. KIRK  
*Chief Executive Officer*

## INTRODUCTION

The past year has been one of the most turbulent and demanding in the Hospital's history. It commenced with substantial concern about the fiscal viability of the institution following a \$5.45M deficit in the 93/94 financial year. Inevitably a substantial 'shakeout' of the organisation was required to redress the parlous state. The first eight months were a period of uncertainty, with emphasis on developing a new management structure /team, and concentration on problems that could be resolved with limited difficulty. The final months of the year were a period of increasing financial and operating certainty, and allowed management to concentrate on the resolution of matters of greater complexity and difficulty.

The net result is that Ballarat Base Hospital is able to report that in the fiscal year 1994/95 it treated 18,446 inpatients (up from 16694 in 93/94), 48,643 clinical outpatients (45,811 - 93/94), and that it recorded an operational surplus against the Health Service Agreement of \$1,043,000 (\$3,374,000 loss in 93/94) and a total organisation (operations, extraordinary items, capital, and restricted purpose funds) surplus of \$2,719,000 (\$5,440,00 loss in 93/94).

One swallow does not make a summer! The Board, Executive Staff and Department of Health & Community Services are determined that the operational reforms introduced throughout 1994/95 will have ongoing effects. It should be noted that throughout the period of our difficulties the Department has maintained a close and ongoing relationship, and that it is their requirement that the hospital repay all loans and other financial assistance within a five year time frame. A good start has been made - indeed, we are currently ahead of expectations, but we still have a long way to go.

The present (1995/96) fiscal period is seen as one of consolidating the changes made, with concentration on quality assurance, and communications. With respect to the latter, the development of an Information Technology Strategy, and its subsequent acceptance for funding, is seen as crucial to the immediate and intermediate future of the Hospital.

## BOARD OF MANAGEMENT

Substantial changes occurred in the composition of the Board of Management during the year. The following did not seek re-appointment or chose to retire from the Board - Mr. G.H. Dixon, Mrs. M. Duggan, Mr. D.A. Fawell, Mrs. P.I. Fischen, Mr. N.F. Mahar and Prof. D.J. Woolley. To these distinguished members of the community of Ballarat and surrounding districts, we express our sincere appreciation for the services that you have rendered to the Hospital over an extensive period. It is easy to concentrate on the financial misfortunes of recent years, without recognising the many physical and organisational advances that have also occurred during their period of office.

The following people were appointed to the Board by the Governor-in-Council with effect from 1st November, 1994 - Mr. M.A. Cann, Mr. J. Corbet, Mrs. G. Dickinson, Mrs. E. House, Mr. D.R. Manton, Mr. N.W. Speer. We welcome them to the Board and express our admiration for the way that they have come to understand the complexities of the Base Hospital, and for their outstanding contributions in addressing some of the dilemmas that have beset the organisation.

## STAFF

The 93/94 Annual Report identified a panel of Senior Executives under the previous organisational structure. Following the resignation of the former Chief Executive Officer, and consequent upon a restructuring of the administrative structure of the Hospital the following senior appointments have been made:-

### *Chief Executive Officer*

Mr. Michael Kirk

### *Medical Director (Deputy CEO)*

Dr. Ed. Davis (re-appointment)

### *Director of Nursing*

Mrs. Lorraine Broad

### *Director of Administrative Services*

Mr. Ken Dusting

### *Director of Finance*

Mr. Michael Rhook

### *Director of Human Resources*

Mr. Bill Cunningham

To Miss. E.A. Brady, Mr. P.A. Duggan, Mr. R. Knight and Mr. H.J.W. de Deugd we express our appreciation for the work that they did for the hospital as members of the executive staff.



The year saw substantial re-structuring of services throughout the hospital, notably within the nursing and administrative divisions. The Hospital called tenders for the provision of services in two major functions - catering and pathology. In the first instance, the Catering Department was awarded a three year contract for the provision of food services, its proposal resulted in substantial operating savings, as well as a reduction in staff. The Pathology Department tender saw Dorevitch Pathology Pty. Ltd. take over the service as from 1st June, and all pathology staff left the hospital's employment.

Overall the Hospital's staff reduced from 780.7 EFT to 737.6 EFT during the year. Seventy one staff accepted Voluntary Departure or Termination Separation Packages.

It would be remiss in this segment not to recognise the efforts of Mr. Chris O'Gorman (Acting Director Administrative Services) and Mrs. Kay Collard (Acting Finance Manager) in their assistance during the period July - November in which a 'temporary' administration was in place. Their capacity for hard work, and sensitivity to the situation assisted greatly in overcoming the problems that existed at that time.

### **KPMG-PEAT MARWICK REPORTS**

As reported in the 1993/94 Annual Report, KPMG - Peat Marwick was commissioned by the Department of Health & Community Services to review the Hospital as a consequence of the inability of the Hospital to meet throughput and budgetary targets. The KPMG Report was a comprehensive document which made commentary across all hospital activities.

KPMG identified a need to revise and simplify the management structure of the Hospital; strengthen the capabilities of the Finance Department in personnel and accounting procedures; improve costing procedures, and develop middle management's accountability for operational budgets. Concerns with respect to discharge planning and staff rostering patterns were also identified.

The recommendations of the Report were such that the Department and Hospital Board identified a need to establish a further consultancy project to formulate, (in conjunction with the interim administration), a financial management plan, review the existing costing systems, information systems, reporting of activity and accounts.

Consideration was also to be given to the potential for implementing a ward implest system, the possibilities for savings in the Radiology and Pathology Business Units and the options for privatising the public Outpatient clinics. The tender for this work was also let to KPMG - Peat Marwick, and the project conducted under the supervision of a joint Board - Department of Health & Community Service Steering Committee.

The concentration of the first six months of the financial year was thus clearly in developing a financial strategy to enable the Hospital to function effectively under casemix funding, repay its debts, and ensure that staff throughout the organisation were provided with prompt, appropriate and authoritative data with respect to outputs and expenditure and consequently were able to assume responsibility for their actions.

The Reports subsequently provided by KPMG later formed the basis for critical decisions by Department of Health and Community Services and the Hospital to address the pressing financial problems of the Hospital. We express our appreciation to Mr. Peter Agars and his colleagues for their endeavours on our behalf.

### **AUDITOR-GENERAL'S REPORT**

The Auditor-General's Report to Parliament for the financial year ended 30th June, 1993, specifically identified Ballarat Base Hospital as being one of four public hospitals whose financial performance was of concern. This report was of substantial concern to the community, albeit that the report was published late in the 94/95 fiscal year, by which time the Board and Management had taken action to address the problem.

Like KPMG, the Auditor-General identified the accounting processes and information technology as specific matters for concern.

### **PATIENT SERVICES**

Hospital throughput for the year increased from 16694 inpatients to 18446, thus realising the anticipated capacity of the Bolte Wing, so sadly not achieved in 1993/94. The combination of increased throughput and improved coding practices resulted in the Casemix funding using WIES (Weighted Inlier Equivalent Separations) being raised from 14818 to 16340.

Attendances at Emergency and at Clinical Outpatients increased from 45811 (93/94) to 48643 (94/95). An unusually large increase in births was also recorded, up from 925 to 1065, a 12.9% increase.

The change in public/private mix from 67% to 71.7% suggests that there has been a swing away from private health insurance in Ballarat and surrounding districts during the past year.

The waiting list increased from 937 to 1049 over the year, with major areas of concern being orthopaedics, ophthalmology, ear, nose and throat, and gynaecology. The increase in the latter procedural grouping was a result of the ongoing illness of one gynaecologist and the retirement of another. It is anticipated that the orthopaedic waiting list could see a reduction in the coming year following the appointment of an additional orthopaedic surgeon to the Hospital (subject to the availability of funding for prostheses).

Efforts are being made to improve our patient admission and discharge practices, and the Hospital has been included in a Commonwealth Government program reviewing discharge procedures as a collaborating hospital. It is anticipated that upgraded information systems and some re-engineering of our practices will assist in this process.

At the time of writing this report, discussions are in progress with respect to two exciting potential developments:

It is anticipated that Ballarat Base Hospital will become a 'hub' for a regional telemedicine program involving teleradiology between Royal Melbourne and Royal Children's Hospitals and Ballarat Base Hospital, and Ballarat Base Hospital and Bacchus Marsh, Ararat, Stawell, Horsham and Nhill Hospitals. The project is expected to demonstrate the capacity of telemedicine to provide essential back up and support to country hospitals.

Consideration is being given to the development of an acute psychiatric service comprising 23 acute adult and paediatric beds and 15 long term beds together with the community psychiatric services required for Ballarat and the region. It is anticipated that an early decision will be made on this project.

During the year the Board received with much regret the resignations of Mr. Tom Robertts, Mr. Roger Mitchell and Dr. Alan Nicholson. In addition, as a consequence of the privatisation of the Pathology Department its Director, Dr. Tony Roberts left our employment. The Board expresses its appreciation to these senior members of the medical staff for their services to the Hospital and its patients over the years.

In January 1995 we were pleased to welcome Dr. Tony Weaver as Director of Anaesthesia. Dr. Weaver has had a distinguished career as Director of Anaesthesia at P.A.N.C.H. and has brought enthusiasm and a great depth of experience to both Anaesthetic and Quality Assurance activities within the hospital.

With respect to Quality Assurance, the Hospital was fortunate to gain the services, for a year, of Mrs. Lois Kennedy on secondment from the Austin/Repatriation Hospital. Mrs. Kennedy is a member of the Minister's Quality Assurance Task Force Committee, and has the responsibility of developing quality assurance activities and preparing the Hospital for accreditation in May, 1996.

## **METROPOLITAN HOSPITALS PLANNING BOARD**

In January, 1995 the Premier of Victoria, Mr. Kennett, advised of the establishment of the Metropolitan Hospitals Planning Board to review the structure and provision of hospital services in

Metropolitan Melbourne. The Phase 1 Report released in May 1995 proposed a substantial restructuring of service delivery based around seven networks, with emphasis on the delivery of services to the community, rather than the service needs and desires of individual institutions. This report has been accepted by government, and is currently being implemented.

Whilst there is no indication, at this stage, that the report's recommendations will apply to country areas, the Board is maintaining a close watch on developments in Melbourne. Discussions have been commenced with Queen Elizabeth Centre on developing closer relations with an emphasis on improved patient service delivery in areas of mutual interest.

## **COMMUNITY SUPPORT**

During the past year the Board has been gratified with the nature and extent of community support given to the Hospital.

The BBH Foundation has had two major projects during the past year. It supported the development of a radio telemetry project which established coronary care unit stepdown beds. This project which cost \$30,000, was largely funded by a gift of \$20,000 from the Selkirk family. The second project involved a substantial fund raising program to achieve a matching grant of \$25,000 from Bendix Mintex Ltd. The \$50,000 raised will be used to redevelop the Emergency Department triaging and waiting areas to provide improved patient and relative accommodation. The Hospital is deeply indebted to the Foundation and to its many friends and supporters - in particular we thank the Selkirk family and Bendix Mintex for their most generous gifts to the Hospital.

The Heartbeat Ballarat Inc. group once again supported the Hospital with a gift of \$5,500 which enabled the purchase of an ECG monitor for the coronary care unit. Heartbeat have been wonderful friends to patients requiring cardiac interventions over the years and we thank them for their continued interest in the Hospital.

BBH Fundraisers in conjunction with the George Hotel have provided for the purchase of a paediatric Vital Signs Monitor and a Bili blanket for the care of neonates. We are grateful for their enthusiastic concern for our young patients.

The Mary Helen Auxiliary have made a most generous gift of \$19,000 from their year's activities, and this will be applied to the purchase of patient trolleys, reclining chairs and commodes. The Board notes that the Auxiliary is looking for new members and would encourage members of the community to join this loyal band of women.







A volunteer group called Friends of BBH was established in late 1994 to operate the hospital kiosk and provide a ward service to patients. This service is running most efficiently and we thank the volunteers for their preparedness to provide the service to patients and their relatives.

During the year the Hospital was advised of two major legacies, one from the estate of the late Mr. R.J. Gray valued at \$74,000, and the other from the estate of the late Mr. H.W. Ellwood anticipated to be in the order of \$105,000. The monies received from these estates will be applied to the purchase of essential medical and nursing equipment.

### **OVERSEAS SERVICE**

During the past year our relationship with Suzhou No. 2 Hospital, Jiangsu, China was further developed. In August Dr. Syd Giddy visited Suzhou and assisted in the development of anaesthetics at that hospital. Subsequently two doctors came from Suzhou to further develop their skills in radiology and renal medicine.

Two nurses from Papua-New Guinea spent eight weeks in the Critical Care Unit gaining essential skills and advice. These nurses were supported by the Rotary Club of Ballarat South.

### **FINANCIAL RESULT**

As indicated earlier, the financial result is very pleasing. This has been brought about by the increased productivity of the hospital, efforts to reduce or contain operating expenditures, and, by the sale of assets, notably property and pathology. A concerted effort was also made to recover outstanding accounts. Comprehensive details are included in the financial report of the Treasurer and Finance Director.

### **CONCLUSION**

This has been a year of substantial change in the Hospital. It has seen the appointment of a new management team and a financial turn around. It has been a year of unprecedented co-operation between Government, the Department of Health & Community Services and the Hospital to ensure that the overwhelming difficulties were addressed. The Board expresses its grateful appreciation to:-

The Hon. Rob Knowles M.P. - Minister for Aged Care Services, and to his parliamentary colleagues Mr. Barry Traynor, Mr. Paul Jenkins, the Hon Dick de Fegely.

Dr. Michael Walsh - Director of Acute Care Services - Department of Health & Community Services.

Mr. Alan Clayton - Director of Finance - Department of Health & Community Services

Mr. Ron Tiffen - Regional Director - Grampians Region - Department of Health & Community Services.

Mr. Peter Axten - Acute Services Manager - Grampians Region - Department of Health & Community Services.

We are most appreciative of the support, advice and guidance given by these gentlemen and their staff during the past year.

We also express our appreciation to the media for their concern and interest. To "The Courier", 3BA, WIN TV, "The Ballarat News" and Prime Television, we say thank you, as indeed we do to Ms. Robbie Cullenward for her work as media liaison officer during the year.

Finally, the biggest thank you of all goes to the STAFF of the Hospital for their hard work and commitment. Caring for patients can be physically and emotionally draining. To do so in times of financial difficulty where substantial organisational changes to structure are required to ensure continuing viability, places further stresses on carers. The Board is very proud of the work of the members of staff and commends their dedicated service to patients and to the community.

B.R. HASSETT  
*President*

M.G. KIRK  
*Chief Executive Officer*



## PERFORMANCE INDICATORS

	1991-92	1992-93	1993-94	1994-95	1994-95 Change
<b>INPATIENTS TREATED</b>					
<b>1. ADMITTED PATIENT SEPARATIONS</b>					
1.1.1. SAME DAY (a)	3,846	5,118	5,568	7,049	26.60%
1.1.2. OVERNIGHT STAY (b)	9,712	10,902	11,125	11,396	2.44%
<b>TOTAL</b>	<b>13,558</b>	<b>16,020</b>	<b>16,693</b>	<b>18,445</b>	<b>10.50%</b>
1.1.3. EMERGENCY (c)	6,384	6,820	6,411	6,808	6.19%
1.1.4. ELECTIVE (d)	5,955	7,937	9,003	10,121	12.42%
1.1.5. OBSTETRIC (e)	1,219	1,263	1,279	1,516	18.53%
<b>TOTAL</b>	<b>13,558</b>	<b>16,020</b>	<b>16,693</b>	<b>18,445</b>	<b>10.50%</b>
2. ADMITTED PATIENT DAYS	61,209	65,009	62,903	62,321	Targets
3. ACUTE PATIENT WEIGHTED INLIER EQUIVALENT SEPARATIONS	10,301	13,825	14,874	16,467	16,275
4. AVERAGE INLIER EQUIVALENT DRG WEIGHT	0.7598	0.8630	0.8910	0.8928	
5. AVERAGE LENGTH OF STAY OF ADMITTED PATIENTS	4.51	4.06	3.77	3.38	
6. OCCUPANCY - ADMITTED PATIENTS	81.47%	81.63%	80.30%	81.55%	
Available beds	219	205	214	209	
7. NON ADMITTED PATIENT OCCASIONS OF SERVICES					
7.1. EMERGENCY MEDICAL TREATMENT	31,178	28,223	26,553	28,369	28,240
7.2. OTHER NON-ADMITTED PATIENT SERVICES	62,006	70,751	77,241	87,198	85,444
7.3. TOTAL OCCASIONS OF SERVICE	93,184	98,974	103,794	115,567	113,684

*Comparative non-admitted patient numbers have been altered to reflect public patients only*

BREAK DOWN BY SPECIALITY (DISCHARGES ONLY)					Change
GENERAL SURGERY	2,306	2,850	3,102	3,001	-3.26%
OBSTETRICS & GYNAECOLOGY	2,017	2,034	2,337	2,542	8.77%
ENT	464	521	568	545	-4.05%
OPHTHAMOLOGY	223	319	333	539	61.86%
UROLOGY	808	959	1,088	1,198	10.11%
ORTHOPAEDICS	1,372	1,505	1,467	1,637	11.59%
DERMATOLOGY	9	12	6	1	-83.33%
PSYCHIATRY		7	6	13	116.67%
PAEDIATRIC	912	1,154	1,059	1,161	9.63%
ANAESTHESIOLOGY	39	18	41	64	56.10%
ONCOLOGY	658	1,612	1,825	1,764	-3.34%
RADIOLOGY	30	52	53	65	22.64%
FACIOMAXILLIARY	133	148	139	121	-12.95%
DENTAL	241	303	302	323	6.95%
R.M.O.(EMERGENCY)	329	229	88	365	314.77%
MEDICINE	3,524	3,665	3,662	4,414	20.54%
GENERAL PRACTICE	471	607	461	299	-35.14%
G.P. ROTATION	17	4	1	0	-100.00%
PLASTICS		20	125	224	79.20%
VASCULAR			30	169	463.33%
<b>TOTAL</b>	<b>13,553</b>	<b>16,019</b>	<b>16,693</b>	<b>18,445</b>	<b>10.50%</b>
BIRTHS	900	931	925	1,065	15.14%
OPERATIONS - MAJOR	1,828	2,220	2,387	2,582	8.17%
OPERATIONS - MINOR	3,958	4,258	4,558	4,914	7.81%

## FINANCIAL DATA

	1991-92 \$'000's	1992-93 \$'000's	1993-94 \$'000's	1994-95 \$'000's	Target \$'000's
<b>Health Service Agreement Revenue</b>	<b>40,500</b>	<b>44,196</b>	<b>42,400</b>	<b>46,373</b>	<b>45,759</b>
Operating expense requiring cashflows	42,118	43,483	44,048	43,080	
Long Service Leave	614	843	815	783	
Abnormal Items		943	911	1,467	
<b>Total Health Service Agreement Expense *</b>	<b>42,732</b>	<b>45,269</b>	<b>45,774</b>	<b>45,330</b>	<b>45,759</b>
<b>Health Service Agreement Surplus/(Deficit)</b>	<b>(2,232)</b>	<b>(1,073)</b>	<b>(3,374)</b>	<b>1,043</b>	
<b>Community Initiatives Revenue</b>	<b>3,999</b>	<b>5,141</b>	<b>5,888</b>	<b>6,831</b>	
Operating Expense requiring cashflows	3,683	4,319	5,382	5,812	
Long Service Leave				(102)	
Abnormal Items				25	
<b>Community Initiatives Surplus/(Deficit)</b>	<b>316</b>	<b>822</b>	<b>506</b>	<b>1,096</b>	
<b>Other Items</b>					
Depreciation	(1,563)	(2,052)	(2,582)	(2,535)	
Capital Grants			—	2,272	
Extraordinary Items			—	843	
<b>Total Other Items Surplus/(Deficit)</b>	<b>(1,563)</b>	<b>(2,052)</b>	<b>(2,582)</b>	<b>580</b>	
<b>Surplus/(Deficit) as per Annual Report</b>	<b>(3,479)</b>	<b>(2,303)</b>	<b>(5,450)</b>	<b>2,719</b>	



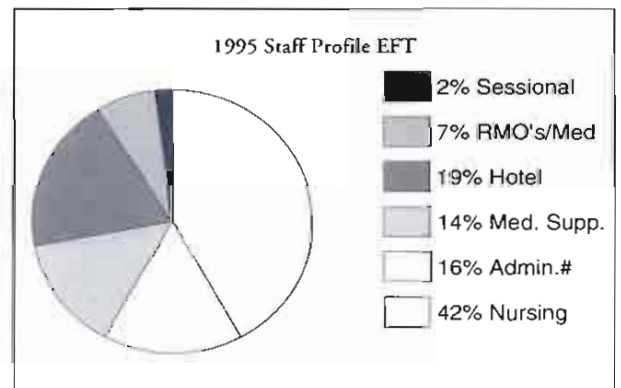
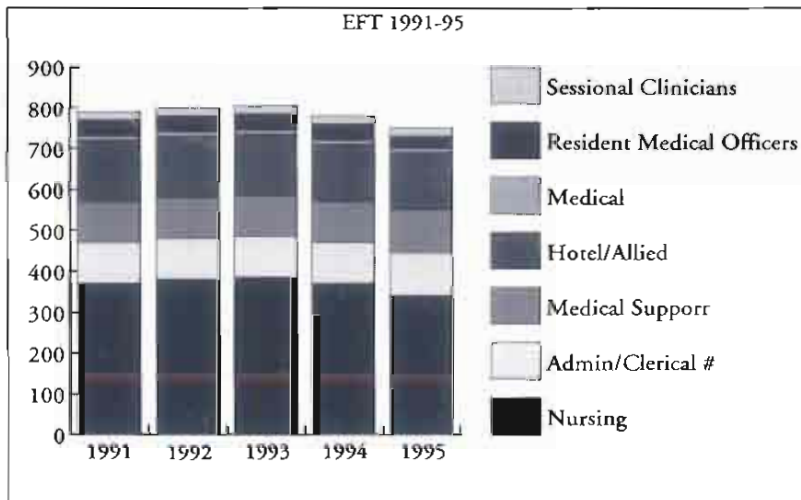
**FINANCIAL DATA** *continued*

	1991-92	1992-93	1993-94	1994-95	1994-95
<b>BALANCE SHEET</b>	\$'000's	\$'000's	\$'000's	\$'000's	Change
Current Assets	2,839	2,265	2,994	4,110	37%
Non-Current Assets	42,175	58,885	58,047	55,952	-4%
<b>Total Assets</b>	<b>45,014</b>	<b>61,150</b>	<b>61,041</b>	<b>60,062</b>	<b>-2%</b>
Current Liabilities	10,124	10,467	13,908	7,310	-47%
Non-Current Liabilities	3,908	5,537	5,750	8,390	46%
<b>Total Liabilities</b>	<b>14,032</b>	<b>16,004</b>	<b>19,658</b>	<b>15,700</b>	<b>-20%</b>
<b>Total Equity</b>	<b>30,982</b>	<b>45,146</b>	<b>41,383</b>	<b>44,362</b>	<b>7%</b>
Current Assets Ratio	0.28	0.22	0.22	0.56	161% Target
<b>EFFICIENCY INDICATORS</b>	\$'000's	\$'000's	\$'000's	\$'000's	\$'000's
Inpatient Costs	33,095	36,837	35,410	32,704	32,968
Outpatient Costs	6,072	4,671	5,826	6,898	7,023
Accident and Emergency Costs	3,400	2,747	3,467	3,360	3,400
Other Programs (including VDP's)	165	1,014	1,071	2,368	2,368
<b>Total Health Service Agreement Expense *</b>	<b>42,732</b>	<b>45,269</b>	<b>45,774</b>	<b>45,330</b>	<b>45,759</b>
<i>*(excludes depreciation)</i>					
	\$'s	\$'s	\$'s	\$'s	\$'s
Cost per Inpatient Bedday	541.44	564.47	562.93	524.77	
Cost per Inpatient Treated	2,441.89	2,299.58	2,121.25	1,773.06	
Cost per Weighted Inlier Equivalent Separation **	3,212.68	2,664.47	2,380.66	1,986.03	2,025.68
Cost per Non-Admitted Occasion	101.65	74.95	89.53	88.76	91.68
Cost per Other Non-Admitted Occasion	97.93	66.02	75.43	79.11	82.19
Cost per Accident and Emergency Occasion	109.05	97.33	130.57	118.44	120.40

\*\* Weighted inlier equivalent separations are based upon different DRG weights as set by the DHCS each year

	1990-91	1991-92	1992-93	1993-94	1994-95	Change
<b>Effective Full Time Staff (EFT)</b>						1994-95
Nursing	355.50	359.80	351.60	325.40	307.20	-5.59%
Admin/Clerical #	104.40	109.80	108.80	116.30	115.20	-0.95%
Medical Support	97.00	99.80	111.20	110.50	105.60	-4.43%
Hotel/Allied	185.10	185.70	168.70	154.50	137.70	-10.87%
Medical	7.30	7.30	14.60	15.60	15.80	1.28%
Resident Medical Officers	30.20	30.20	39.40	41.20	38.60	-6.31%
Sessional Clinicians	13.30	12.40	15.50	17.20	17.50	1.74%
	792.80	805.00	809.80	780.70	737.60	-5.52%

# (Includes Ward Clerks, Med. Records and Medical & Nursing Support Staff)



**Consultancies exceeding \$50,000**

KPMG - A review of the Hospital's Operations and Performance  
Other Consultancies (five)

1994-95  
\$'000,s  
105  
43



D. R. MANTON  
Treasurer



M. C. RHOOK  
Director of Finance

**TREASURER'S REPORT**

*For the Year Ended 30th June, 1995*

Hospital operations for the year ended 30 June, 1995 resulted in a surplus of \$2.7 million after allowing for depreciation expense of \$2.5 million and including capital grants of \$2.3 million as revenue.

With current liabilities of \$13.9 million and current assets of \$3.0 million at the close of the previous financial year the Hospital

found itself in a position of needing to generate surpluses in order to diminish liabilities over the next five years. The Hospital has sold properties, pathology equipment, the right to provide pathology services, redeemed investments, reduced outstanding accounts and restructured debt facilities in order to improve the structure of the balance sheet. Current liabilities including trade creditors have been reduced by \$6.6 million, partially financed by an increase in Non-current Liabilities of \$3.6 million, while current assets have increased by \$1.1 million.

However, the selling and restructuring process has only been one element of the change in fiscal structure of the Ballarat Base Hospital. The major factor underpinning the positive result can be found in the Report of Operations under Performance and Efficiency Indicators. The number of patients treated increased by 10.5% while the number of staff employed declined by 5.5%.

While the result for the year was positive the outstanding loans of \$7.3 million and accrued employee entitlements of \$6.0 million are a stark reminder of the necessity to maintain a capacity to generate surpluses. It will not be possible to reduce debt unless the Hospital makes surpluses or sells assets. Following extensive discussions with the Department of Health and Community Services with respect to the financial position at 30 June, 1994, the Hospital has agreed to reduce its debt by \$1 million per annum over the next five year period.

The Hospital cannot purchase modern equipment without access to capital grants, profits or public donations. In this financial year the Hospital received \$2.2 million from Government Capital Grants with major allocations of \$1 million to finalise the Henry Bolte Wing project, and \$700K towards the

upgrading of equipment in the Radiology Department. The community, individuals, auxiliaries, companies and clubs continue to generously support the Hospital contributing \$150K during the year. The Hospital has spent or committed itself to spending in excess of \$2.5 million on medical and diagnostic equipment during the 1994-95 and 1995-96 financial years.

The Hospital is continuing to look at methods to improve the delivery of services to the community. An information systems strategic plan development commenced in August 1995 and will conclude in October, 1995. The capacity for information technology to be used for purposes beyond mere number crunching and to assist in the delivery of clinical care is within the reach of the Hospital.

The Hospital is in the process of developing simplified financial reporting and costing systems that will allow more energy to be directed towards improvements in patient care services. The rationale behind casemix funding is sound and has led to improvements in the delivery of services at both a state and Hospital level. However, despite several years of expensive clinical costing systems being run in metropolitan and rural areas a breakdown of component parts of the state's DRG based weights remains unavailable. Moreover recent initiatives by the DHCS in relation to funding of the Lochtenberg report for sessional doctors through the use of block grants is contrary to the philosophy of casemix funding being centred on relative throughput levels.

Recent industrial determinations allowing payroll increases partially based upon productivity increases create immense challenges for this institution when the substantial productivity increases of the past year are taken into account. The scope to achieve the necessary productivity savings is not immediately apparent. During the coming months the dual responsibilities of providing quality patient care and meeting budgetary constraints will receive exhaustive attention by the Board and staff.

D. R. MANTON  
Treasurer

M.C. RHOOK  
Director of Finance



# Organisational Chart

As at 30th June, 1995



## Organisational Chart

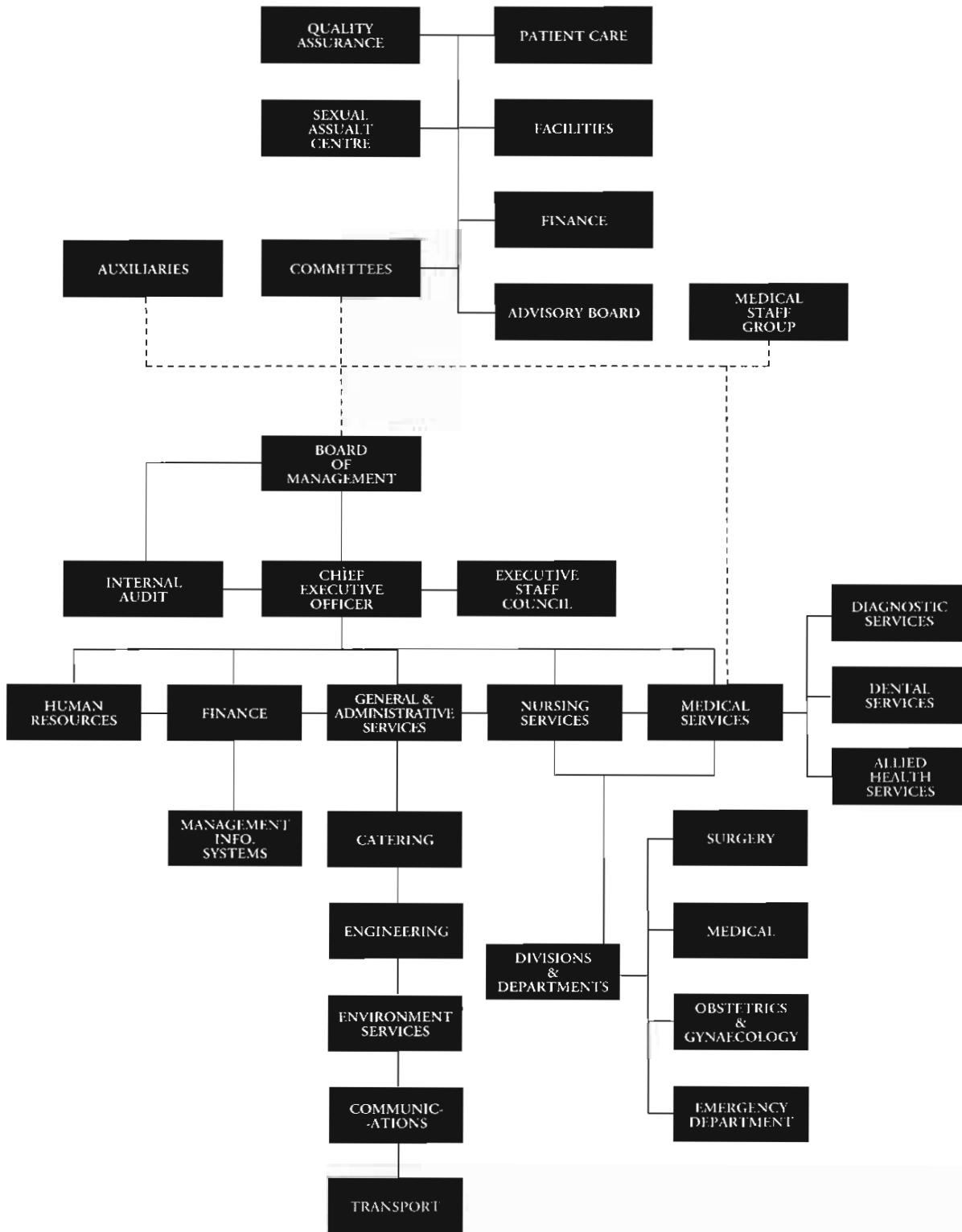


CHART DEPICTS LINES OF REPORTING ONLY

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Dr C.B.E. Davis  
Director of Medical  
Services

## DIRECTOR MEDICAL SERVICES REPORT

After the difficulties of the previous year, it is a pleasure to make the report for this year. With the leadership of a new CEO and a substantially new Board of Management,

the hospital met its operational (clinical) and financial targets for 94/95. The introduction of a new Executive was also of great importance in achieving our targets. The hospital now has a cohesive Executive which works together well.

As is obvious from the altered layout of this year's report, the Clinical Divisions, at least from the Medical side, are playing a more important part in the management of the Hospital. My appreciation to the Clinical Directors - Graeme Houghton in Surgery, John Richmond in Medicine and John Griffiths in Obstetrics, Gynaecology and Paediatrics. Ian Mayes ably filled in for John Griffiths during his absence due to illness.

Long serving members of the medical staff who left during the year were Alan Nicholson, Tom Roberts and Roger Mitchell. The quality of the service given by these men, let alone the many years of that service,

make their loss considerable. Our Pathologists also left our employ, with Tony Roberts staying on with Dorevitch, Mark Pilbeam and Paul Bedford going to St Johns and Chris Dow back to Melbourne. Our appreciation to the group for the service given to us while they were our employees. On the paramedical side, Esther Bartram from Speech Pathology and Richard Roper from Audiology also left during the year. We welcome onto the staff two Obstetricians, Judith Fleming and Marilyn Fooks.

The greatest change in the medical area in the year was the privatisation of Pathology, with Dorevitch Pathology taking it over in June. This was not without pain, with some long serving members not being re-employed, and many others going elsewhere. After some start up difficulties the service is now operating satisfactorily, while the financial gains to the Hospital are very significant.

The Paramedical Departments continued to provide excellent clinical support. The Medical Library provided excellent service to the staff of the Hospital, the medical community of Ballarat, and medical and nursing students. The Library Committee, advised by the Librarian, Ms Norma Worswick, maintained the standards of the library, through judicious purchasing.

C.B.E. DAVIS  
Director of Medical Services



Record Theatre Throughput. In Post anaesthetic Recovery, R.N. Ruth MacDonald, Medical Technician John Douglas and R.N. Pam Allen monitor the progress of a patient recently returned from the operating theatre.



Mrs. L. Broad  
Director of Nursing

## DIRECTOR OF NURSING REPORT

The 1994/95 year can only be described as our most challenging ever, yet the Nursing Group has risen to the occasion by not only continuing to provide quality patient care, but also

gaining new efficiencies despite uncertainty and many changes.

Late in 1994, the Nursing Group undertook a major review, in conjunction with Ms. Kae Martin (KPMG). Her report provided the group with information regarding activity and staffing levels. It was heartening to read her very positive remarks about our nursing team. Following the review, a restructuring of Nursing Administration/Education was undertaken during the year to bring the group more into a 'benchmark' position.

One of our major objectives this year has been to increase our workforce flexibility and as a result, wards and departments have become much more able to respond to the Case mix environment. The Nurse Managers are to be congratulated on the innovative, cost-effective rostering and management of their areas. Obviously, no roster system is perfect, but efficiency gains were made from the Enterprise Agreement roster. The roster is being reviewed in the context of re-negotiation of the agreement.

Education/staff development has continued to be a priority in order to ensure that our staff have a high

level of skill. We commenced a collaborative programme with Deakin University for post graduate students in Critical Care (encompassing Emergency, Coronary Care and Intensive Care nursing) and Perioperative Nursing. Some post graduate Midwifery students gained components of their clinical experience with us and we continued to provide clinical experience for undergraduate University of Ballarat and Australian Catholic University students. Our own Graduate Nurse Programme grew to twelve (12) students this year and we hope to offer even more places next year to enable new graduates, the benefit of employment and experience with our staff.

Some innovative projects have begun this year. We are piloting a Hospital In The Home project, and are participating in a National Demonstration Programme (with Sydney's Prince of Wales Hospital). Both programmes enhance the smooth and expedient return of patients to their home environment. Development continues also with the Managed Care project and pre-operative clinics, with discharge planning assuming a greater importance.

The Quality Assurance programme has continued with hospital wide monitoring/improvement projects, and individual ward/department projects. Many of these have as their focus patient knowledge and satisfaction.

I sincerely commend all members of the nursing group for their efforts over the last twelve (12) months.

L. BROAD  
Director of Nursing



Sterilised instruments for a busy Operating Suite. (L-R) Central Sterilising Department technicians Mary Kelly, Melanie Beattie and Dianne Meaney set up an instrument pack ready for the steriliser.

**DIVISION OF SURGERY**

## CLINICAL DIRECTOR:

G.W. Houghton - M.B., B.S., (Syd) F.R.C.S.(Edin), F.R.A.C.S.

## NURSING DIRECTOR:

Mrs. J. Dyer - R.N., R.M., Dip.Hosp.Nurs. and Unit.Mgr.

## STATISTICS: - SURGICAL DIVISION

	I/P Separations	Bed Occ.	O/P Att.	Average DRG Weight	Theatre Cases
GENERAL SURGERY	3001	28.8	5636	1.1512	1756
ENT	545	1.25	1097	0.4494	523
OPHTHALMOLOGY	539	1.43	506	0.5775	517
UROLOGY	1198	10.28	925	1.1283	887
ORTHOPAEDICS	1637	21.27	2032	1.2547	1211
ANAESTHESIOLOGY	64	0.11	—	0.749	340
FACIOMAXILLIARY	121	0.16	—	0.6502	121
DENTAL	323	0.03	9110	0.3986	316
PLASTICS	224	1.04	334	0.6962	116
VASCULAR	169	2		1.9939	198
<b>TOTAL</b>	<b>7821</b>	<b>66.37</b>	<b>19640</b>		<b>6195</b>

## CLINICAL REPORT

The Surgical Division has functioned smoothly over the past 12 months with yet another record number of patients being treated. This has been achieved with an average hospital length of stay well below state average.

Surgical and Anaesthetic audits are being performed and clearly show the work of the division to be world class. The Henry Bolte Wing is now functioning well, with state of the art theatres and ward accommodation.

Outpatient services were critically threatened by budget cuts early in the year. They have, however been maintained and provide an excellent and essential service to our Community. The only problem we face in the immediate future is funding. Provided we are funded fairly the Ballarat Base Hospital has a very bright future.

G.W. HOUGHTON

## NURSING REPORT

## OPERATING SUITE

The throughput in the Operating Suite increased from 7025 cases in 93/94 to 7496 cases in 94/95, with May producing an all time record of 698 cases. This increase in throughput resulted in a marked increase in C.S.S.D. activity.

## SURGICAL WARDS

The general surgical wards have also had high activity. The Day Ward has experienced an increase in the number of endoscopic procedures from 892 in

93/94 to 1187 in 94/95, whilst the ward areas continue to care for patients with high degree of complexity, in comparison to previous years.

## INTENSIVE CARE UNIT

Total Intensive Care Admissions	= 551 patients
Total Coronary Care Admissions	= 717 patients
Total Critical Care Admissions	= 1268 patients
Critical Care Occupancy 1994/95	= 129%
Daily Bed Average	= 9.7 beds

There has been an increase of 50 patients admitted to the Unit with a significant increase in dependency for the past year.

As a result of roster changes, the Critical Care Unit and the Emergency Department have successfully combined for monthly education sessions. The education program for the Critical Care staff has achieved a standard of excellence. This is due to the commitment and dedication of all the staff in the unit. We believe that our program is an example of how clinical practitioners can foster clinical excellence through the development of a program specific for their needs.

Eight (8) Clinical Nurse Specialist Workshops were conducted during the last financial year. The high standard of participation was encouraging. The result is the recognition and appointment of several staff members as Clinical Nurse Specialists.

J. DYER



## DIVISION OF MEDICINE

### CLINICAL DIRECTOR

J. Richmond - M.B., B.S., (Melb) F.R.A.C.P.

### NURSING DIRECTOR

Mrs J. Scarff - R.N., Grad.Dip.Admin.(Health)

### STATISTICS : - MEDICAL DIVISION

	Inpatient Separations	Bed Occupancy	Outpatient ATT.	Average DRG Weight
SPECIAL MEDICINE	4420	39.8	2778	0.8904
ONCOLOGY	1763	9	950	0.5023
GENERAL PRACTITIONERS	299	5.4	0	1.1598
PSYCHIATRY	12			2.317
GERIATRICS	1			0.8904
DERMATOLOGY	1			0.9495
RADIOLOGY	66	0.1	0	0.9228
TOTAL	6562	54.3	3728	

### CLINICAL REPORT

The divisional activities have increased considerably in the last twelve months. This is reflected by the overall number of in-patient admissions and out-patient reviews. It is also recognised that there is an increasing number of single day admissions, these having increased from 120 per month in 1990 to 270 per month in 1995. The number of multiple day admissions over the same time has shown minor variation but remained relatively constant around 260 per month.

In the last twelve months we have seen the welcome introduction of cardiac telemetry onto Ward 4N. Made available through a generous grant from the Selkirk family, this facility has widened the cardiological services available in hospital. It has also decreased the need for monitoring in the coronary care unit. The ageing population has created an increasing number of complex situations, which combine pure medical and surgical problems, and this has led to an increased number of inter-departmental referrals within the hospital.

The hospital has an increasing role in undergraduate medical teaching and the past twelve months have seen a large number of fourth year and sixth year medical students from Royal Melbourne Hospital rotating through the hospital.

J. RICHMOND

### NURSING REPORT

#### MEDICAL WARDS

The staff of 4 South, a 24 bed Medical 'Primary Nursing' Unit, have a continuing commitment to Oncological and Palliative care nursing. Nursing staff are currently undertaking Oncology courses, and are members of the Oncology and Palliative Care Special Interest Groups. The Harr Family, for the second year running, in memory of their father held a luncheon to raise money for the unit, and the continuing care of cancer patients and their families.

Ward 4 North is an acute/chronic medical ward of 24 beds that also caters for peritoneal dialysis and oncology treatment patients.

In February, 1995, telemetry was installed with the current capacity to monitor 4 patients. This has proven to be a successful system being monitored in the Coronary Care Unit. It is hoped that in the future a screen will be available on 4 North.

The staff assist the Oncology Unit and haemodialysis in terms of annual leave and periods of peak demand. Four senior registered nurses have developed special interest in the Hospital In The Home programme and provide service delivery from time to time.

#### LIMITED CARE DIALYSIS

1,284 treatments were provided during the year and the 7th birthday of the unit was celebrated in October, 1994. Besides haemodialysis, the unit provides bag change/line change facility for peritoneal dialysis patients. The provision of education material to other health agencies and the community has included the production of a video (launched in August and shown on WIN TV), sessions for some secondary schools, as well as university students.

Support has been provided to home dialysis patients in Bacchus Marsh, Maryborough and Ballarat, and a Koorie client from Sydney which has enabled regular contact with local relatives.

#### REHABILITATION

Rehabilitation provided a valuable service to 1300 patients with a wide range of needs. Phases I and II Cardiac Rehabilitation programme continues. The Unit has been active in contributing to the establishment of a Community based Phase III programme.

J. SCARFF



## DIVISION OF GYNAECOLOGY, OBSTETRICS & PAEDIATRICS

### CLINICAL DIRECTOR

J.G. Griffiths - M.B., B.S., F.R.C.O.G., F.R.A.C.O.G

### NURSING DIRECTOR

Miss P. Twaits - R.N., R.M., Dip.Hosp.Nurs. and Unit.Mgr., Grad.Dip.Admin.(Health), M.R.C.N.A., Stomal Therapy Cert.

### STATISTICS:- OBSTETRIC, GYNAECOLOGY & PAEDIATRICS DIVISION

	Births	I/P Separations	Bed Occ.	O/P AH	Average DRG Wt.	TH. CASES
Obstetrics	1065	1512	13.7	3811	0.908	
Gynaecology		1026	5.4	1310	0.606	1301
Paediatrics		1161	11.4	615	0.7042	
<b>TOTAL</b>	<b>1065</b>	<b>3697</b>	<b>30.5</b>	<b>5736</b>		<b>1301</b>

### CLINICAL REPORT

This has been a bumper year in obstetrics. There is an ever increasing demand from the patients for natural childbirth. There is also an expectation for "perfection" in the delivery of medical services. With the medico legal actions increasing in number, it is perhaps disappointing that patients do not reflect on the benefits from the progress in medical care that has occurred in the last fifty years.

The low DRG weighting assigned to obstetric and neo-natal care under Casemix, has been a major limiting factor with the Division, but the Division has met the challenge by reviewing the delivery of services. Congratulations are due to those who have successfully introduced day foetal monitoring.

The Division, welcomed Obstetric Registrar Dr Russell Dalton in March 1995, Dr Martin D'Arcy-Evans having completed his appointment in January. A long time servant of the Division, Mr Tom Roberts, bid us farewell in May. Drs Judith Fleming and Marilyn Fooks joined the medical staff in May.

*J. GRIFFITHS*

### NURSING REPORT

#### MIDWIFERY

Number of births = 1065

#### ANTENATAL CLINIC

Attendance has averaged 70 - 100 women per session with the midwives clinic now averaging more than 20 per week. The amalgamation of gynaecological, post natal and family planning clinics on Wednesday afternoon improved the level of services.

The 'Little Clinic', conducted in conjunction with the Ballarat Community Health Centre, has included Koorie women, as well as teenage women. The staff of the Ward have a close relationship with the clients of the "Little Clinic" during confinement, due to the Ballarat Base Hospital Midwife working in the clinic.

### PAEDIATRICS

The outside play area developed this year has been well utilised, particularly since the addition of 'indoor-outdoor' carpet and the provision of slam-dunk and cubby house.

Pre-admission clinics for E.N.T. and dental patients have been developed and proven successful with the children being more relaxed on admission, as they are familiar with their surroundings.

Many unit based Quality Assurance projects have taken place, such as Patient Information Leaflets, Review of Paediatric Menus and seasonal interests being reflected in the art work displayed on the perspex of the outside balcony.

School of Mines, Ballarat students, studying for their Graduate Diploma in Social Science (Child Care), have provided 'play therapy' on a voluntary basis each Friday morning. This has been well received.

The first 'theme day' was held in Autumn and was named 'Outback Day'. Staff were appropriately dressed and unit decorated accordingly. Our guests came from the Tinakari Animal Farm and Peter Lovett from the Ballarat District Aboriginal Co-operative. More 'theme days' are being planned.



"Baby Boom." Proud Dad, Michael O'Neill assists Student Midwife Jacinta Molloy to care for his twin daughters, Tameka (L) and Bryonie, in the special care nursery.





## EMERGENCY DEPARTMENT

### DIRECTOR

Dr S. Walker - M.B.,B.S., F.A.C.E.M.

### NURSE MANAGER

Ms P. Standen - R.N., R.M., Cerr.Coronary Care, B.Health Sciences., A.M.R.C.N.A., A.C.H.S.E.

### STATISTICS:- EMERGENCY DEPARTMENT

Occasions of Service	Admissions to Hospital	Admissions w/in Dept.	Average DRG Wt.	Admissions per Occasion of Service
28369	5328	365	0.573	20.07%

### MEDICAL AND NURSING REPORT

The most significant factor limiting the performance of the Emergency Department in 1994/95, was the inability to attract sufficient suitably qualified medical practitioners to work in the Department. Whilst the excellent standard of medical practice was retained, the attainment of this objective placed severe strain on the senior medical staff of the Department. The co-operation of the Emergency Physicians at St John of God Hospital was required to maintain support to Western District Ambulance in attendance at major Road Traffic Accidents, and to operate the Regional Retrieval Service. Ballarat Base Hospital was unable to attract applicants for the funded Emergency Registrar positions at the hospital for 1995. Discussions are being conducted in an attempt to have Registrars placed on rotation from a major metropolitan hospital in 1996.

The Department treated 23707 new patients during the year, with an additional 3130 patients being reviewed.

Nursing staff have continued to maintain a high level of patient care despite a decrease in staffing numbers. Patient education has been enhanced by the development of pamphlets for specific conditions. Wound Care for patients has been researched, and a manual introduced to ensure continuity with wound treatments. Staff education has maintained a high profile, with unit based lectures and joint lectures with ICU/CCU and the Critical Care Course.

The Nursing staff contributed significantly to the fundraising campaign fostered by the BBH Foundation, which raised \$25,000, to match the generous donation from Bendix Mintex. These funds are to be used to address the inadequate Triage and Waiting Room facilities in the Department, and will result in improved communication and supervision of patients in the waiting area. The Department promoted a float in the Begonia Festival Parade, which attracted considerable positive comment.

S. WALKER

P. STANDEN



*Emergency Department Redevelopment. Triage Nurse Hugh Morris getting details from Natasha Tymchishyn in the waiting room of the Emergency Department. This area is to be redeveloped with funds raised by the BBH Foundation, which were matched by a donation of \$25,000 from Bendix Mintex.*

**DIAGNOSTIC SERVICES****RADIOLOGY DEPARTMENT  
DIRECTOR OF RADIOLOGY**

Dr. R. House - M.B., B.S.,  
F.R.A.C.R., D.D.U.

**CHIEF M.I.T.**

Mr I. Channing - M.I.R.,  
A.R.M.I.T., M.S.R.

The Radiology Department continued to provide an excellent and comprehensive service to both inpatients and outpatients during the year. However, it became increasingly apparent, that the service delivery was being hampered by the obsolete equipment in the Department, much of which had been continuously in service since 1979.

There was elation in May 1995, when it was announced that the Department of Health and Community Services, and the Hospital, had agreed to jointly fund a re-equipment program, with a total value of \$1.9 million, which will substantially re-equip the Department before January 1996. The program includes the replacement of the existing CT Scanner with a "State of the Art" helical scanner, and new digital equipment in all of the "General" rooms. Installation has commenced and the first rooms are due for commissioning in September 1995.

Whilst overall patient attendances for the year remained relatively static, when compared to previous years, there was a significant increase in the complexity of the examinations performed.

During 1995/96, a review of internal procedures is proposed, to increase utilisation, improve patient access and comfort, and examine implementation of improved booking and billing procedures.

*R. HOUSE*

**PATHOLOGY DEPARTMENT****REGIONAL DIRECTOR OF PATHOLOGY**

Dr A.N. Roberts - M.B., B.S., F.R.C.P.A.  
F.R.C.(Path), M.I.A.C.

After examining all the options, in March 1995, the Board of Management called public tenders for the sale of the Ballarat Base Hospital Pathology Department, and the provision of pathology services to the hospital. Following careful consideration, the Board concluded a contract with Dorevitch Pathology Pty Ltd. Dorevitch Pathology assumed responsibility for the operation of pathology services on 1 June 1995. The Hospital is confident that Dorevitch Pathology will provide high quality, cost effective services.

Some of the staff of the Pathology Department were employed by Dorevitch, and others took



*Chief Radiographer, Ian Channing and Building Contractor, Peter Skyrpko, working on the installation of the new radiology equipment.*

advantage of the offer of voluntary departure packages. The Hospital is grateful for the many years of dedicated service provided by the staff of the Pathology Department, which had developed an enviable reputation for quality and service.

**PARAMEDICAL SERVICES****PHARMACY**

Director of Pharmacy - Mr G.R. McCurdy

The Pharmacy Department contributed to quality pharmaceutical care for all patients by optimising drug therapy. The education of patients on the correct use of their medication was a vital element of the pharmacist's clinical role during the year. This role included the review of the safety, appropriateness and cost-effectiveness of prescribed medication.

During the year, a total of 60,253 prescription items were dispensed, and an additional 204,748 pharmaceutical items were issued to wards and departments.

The pharmacy staff are looking forward to the prospect of the future relocation of the pharmacy department to a new site which will improve access by staff and patients.

**PHYSIOTHERAPY**

Chief Physiotherapist - Mr S. Murphy

The Physiotherapy Department has delivered an efficient service, waiting times for inpatients are now less than 24 hours, and less than 5 days for outpatients. Increasing patient throughput has not detracted from the quality of the services delivered by the Physiotherapy Department.

A Stepping Machine was purchased with the assistance of the BBH Foundation, and Departmental funds have been used to purchase a laser, an interferential, and a positive airways pressure machine. All the new equipment has been well utilised, and enhanced the services of the department.



The Physiotherapy Department was actively involved in the promotion of Health Week and Arthritis Week within the hospital and in the Ballarat community. The Department has introduced bi-weekly hydrotherapy sessions, and has undertaken education in back-care as part of the hospital's orientation program. The ante-natal and post natal information and practical sessions have been well supported.

The Department hosted students from Latrobe and Melbourne Universities, with pleasing results.

#### **OCCUPATIONAL THERAPY**

Chief Occup. Therapist - Ms R. Overton

The Occupational Therapy Department has had a large turnover of staff this year, with the Head of Department accepting a voluntary redundancy package. A department restructure occurred with the department being reduced to 1.0 EFT Chief Occupational Therapist, and 0.5 EFT Grade One.

The department treated 715 inpatients and 194 outpatients during the year, recording 4301 occasions of service. Inpatient referrals were received from the Orthopaedic, Medical and Neurological units, and the majority of outpatient referrals were linked to hand injuries.

The future plans for the department include increasing the service provided to all in-patients, especially targeting the medical wards. To accomplish this aim it is planned to provide the service earlier, for example implement pre-admission Home Visits wherever possible. The department also plans to increase its service to the out-patient clinics.

#### **DIETETICS**

Chief Dietician - Ms M Atkinson

The Nutrition and Dietetics Department at BBH has had a productive year. There was constructive input into the restructuring of the food services, developing an inpatient menu which meets most of the needs of the categories of special diets, within a healthy eating framework. Evaluations show levels of patient satisfaction in the 95% range, and improved utilisation of the menu. A special children's menu was also introduced.

Clinical dietetic services were streamlined, and throughput of both inpatients and outpatients improved. The department responded to the large number of requests for outpatient services by instigating group dietary education programs for the more common diseases. The programs are continually reviewed to meet the needs of the participants, and have had a positive reception.

The department participated in Health Promotion weeks, and represented Allied Health on hospital review committees. The department became more involved in advising community groups, and was frequently used as an information resource by the public.

#### **SPEECH PATHOLOGY**

Chief Speech Path - Ms Y. Cohen  
Ms A. Hinchcliffe

The year saw significant changes in the Speech Pathology Department. Esther Bartram resigned as Chief Speech Pathologist in January 1995, and the management role was shared between Yvonne Cohen and Anne Hinchcliffe, who jointly provided the inpatient and outpatient services to Ballarat Base Hospital, and the regional hospitals at Maryborough, St Arnaud and Daylesford.

The most important resource acquired during the year was a computer, which has assisted in both administrative and clinical tasks. Approval has been granted to employ an additional Speech Pathologist, and it is hoped to make an appointment in the near future.

#### **MEDICAL RECORDS**

Chief MRA - Ms K. Stevenson

The Medical Record Department and its associated departments have functioned well over the last twelve months, despite an increase in workload, less staff, and inadequate computer systems. In July 1994 the facilities were expanded to relieve some of the storage problems, and increasing the available work space.

Casemix funding has meant that the Medical Record Department has a central role in the revenue areas. To assist in this role the site licence for 4 Encoders was purchased. This equipment allows the Medical Record Administrators to check the DRG on each patient record, to maximise benefit to the hospital. The Medical Record Department staff have facilitated medical records audits by the medical staff, to educate staff about Casemix, and maximise the benefits of each case being treated in the hospital.

#### **WELFARE**

Welfare Officer - Ms S. Lorensini

The Social Work and Psychological Services department has undergone significant change during the year, assuming responsibility for all accommodation including the HMO houses and flats. Two additional staff members have been added to the Department, Linda Young and Joan Cheeseman, to manage the accommodation.

Sandra Lorensini, Department Head, was admitted as a Member of the Australian Psychological Society, and will complete her MA (Counselling Psychology) in 1995. June Smith has had a busy year liaising with the Queen Elizabeth Centre for placement after hospitalisation.

Quality Improvement questionnaires provide evidence that there is a very positive response to the service provided, and this assists the staff to derive job satisfaction, and maintain morale.



**K. DUSTING**  
Director of  
Administrative  
Services

## ADMINISTRATIVE SERVICES DIVISION

This year has seen the consolidation, integration and the right sizing of the former Corporate Services and Facilities Management Groups within a single Division.

To ensure we fulfilled our mission to provide effective and efficient quality support services to the Hospital and prepared the Division for accreditation in 1997, a strategic plan was developed in close consultation with key Staff members. Goals were established along with time frames and strategies. To-date we have achieved almost all goals within the agreed time frames.

Some of the notable achievements to-date include:

### RE-ORGANISATION REVIEW

The re-organisation of the Division has seen fourteen separate work groups consolidated into four Departments namely; Engineering Services, Security and Technical Services, Catering Services and Environmental \ Supply Services.

As a result of this Staff have multi-skilled and more varied and fulfilling jobs have been developed. The change has also resulted in a much flatter organisational structure and reduced overall Staffing levels by 25%.

### ENERGY MANAGEMENT AND CO-GENERATION

Despite some technical difficulties gas consumption has been significantly reduced without adversely effecting electricity production. Steam production has been increased and revenue has been maintained.

### CAR PARKING

Staff car parking has been reviewed and the optimum use is now made of existing parking space.

### PRINTING SERVICE

A comprehensive review of the in-house printing services was conducted and the Print Shop has now been established as a fully self funded Business Unit.

### REVIEW OF STANDARDS AND ESTABLISHMENT OF QUALITY SERVICE GROUPS

During the past twelve months substantial progress has been made towards making the new Division cost competitive and quality conscious, with a measurable

reduction in costs, and stock holding. Joint Staff, Union, and Management Consultative Working Parties and Quality Teams have been established, to assist in the development of revised work procedures and multi-skilled work groups.

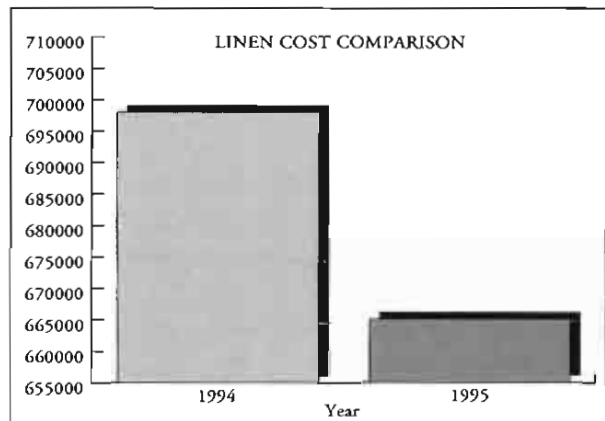
Nationally recognised quality control systems for services including regular Patient / Client Surveys, and extensive consultation at all levels have also been introduced to ensure that optimum quality standards are maintained.

### DOMESTIC

A review of cleaning standards and frequencies has lead to substantial savings, better utilisation of resources, improved client services and increased staff morale.

### LINEN USAGE

The implementation of a computerised linen inventory control system and Staff education programs designed to reduce costs and maintain a quality linen service has been successfully introduced with good results.



### WASTE MANAGEMENT

The establishment of improved waste management systems has ensured the environmentally sound disposal of hospital waste and an overall reduction in waste disposal charges.

### SUPPLY

A review of the existing supply and purchasing systems, designed to identify and eliminate any excess costs, stock holdings and/or, any duplication of furniture, fittings and equipment within the facility has been implemented. A supply imprest system has been implemented in all Wards and several other work areas.

### BIO-TECHNOLOGY SERVICES

This Section has continued to provide excellent service to both the Ballarat Base Hospital and other regional customers who require Bio-Medical Services. The Section conducts safety checks, performance tests





and repairs Medical equipment. There has been an increase in workload with over 1,400 jobs undertaken. A large number of jobs previously performed by outside contractors were managed by the Section. In addition many maintenance contracts with major Bio-Medical Companies have been supervised.

#### SECURITY

The Security Section has seen a reduction in the number of staff this year by way of VDP's. The service to the Hospital has remained paramount and is supplied by a mix of Hospital personnel and outsourced staff. An extensive review of Security Services has been conducted and is currently being implemented. Mr. Don Cartledge was appointed Security Co-Ordinator in May 1995.

#### RECEPTION

This year saw the rationalisation of Courier Services, Enquiries Section and Telecommunications Staff into one work group (Reception). This rationalisation has proved successful in managing Budgets, as well as enabling a greater multi-skilling of staff and the development of more fulfilling jobs.

#### PATIENT T.V. AND TELEPHONES

The Patient T.V. and Telephone Business Unit was closed during the year. Patient televisions are now

offered as a service by the Hospital, with Patients being encouraged to make a donation directly to Ward Funds. Patients are now able to make outgoing telephone calls 24 hours a day with the introduction of Telecards.

#### FOOD PREPARATION

During the year tenders were called for the provision of Food Preparation Services to the Hospital. After evaluation of all tenders In-House Staff were awarded the tender. The In-House Catering Service has been extremely successful in providing quality service and has consistently come under the tender price.

#### REVIEW OF CAFETERIA SERVICES

An extensive review of the Cafeteria, and resulting changed work practices, has enabled the Cafeteria to operate as a self sufficient Business Unit. Despite major change an extremely high level of service has been maintained as evident from the high level of patronage and resulting profits.

#### KEN DUSTING

*Director of Administrative Services*



Food Services. Lunches for the patients. (L-R) Don Chapman, Leanne Martin, Russell Hardy, Nicole Bowen, Shirley Fuigel, Meredith Atkinson (Dietician), and Tony Martin.





W. D. Cunningham  
Director of Human  
Resources

## DIVISION OF HUMAN RESOURCES

Over the past twelve months the Hospital has of necessity, undergone significant change including cost constraints, downsizing and changes to work practices. The impact of such major activity, while at times has affected staff morale, has also provided the opportunity to meet the challenges of today's health industry.

Like many other departments throughout the hospital the Human Resources Group was significantly involved in the restructuring process and attainment of the hospital's objectives. Various strategies were adopted in the change process with seventy-one (71) staff (65.30 EFT) accepting Voluntary Departure and Targeted Separation Packages.

As we consider the challenging year ahead we accept that 'change' is the one constant that is guaranteed in the future.

### INDUSTRIAL RELATIONS

Despite the many changes initiated over the year industrial disputation affecting the hospital was minimal. Some problems were encountered relating to the proposal to 'contract out' the Catering Services of the Hospital. A total of approximately five hundred and fourteen hours time lost occurred prior to the issue being resolved. Enterprise Agreements certified during the year were with H.S.U.A. Branches 3 and 5 pertaining to Salary Packaging.

### OCCUPATIONAL HEALTH & SAFETY

The Hospital continues to maintain a high profile in its Risk Management, Safety Awareness and Accident Prevention programmes, with emphasis on:-

- Manual handling
- Fire and evacuation training and procedures
- Return to work strategies
- Incident/Accident reporting
- Education

Risk Improvement Teams are well established throughout most of the hospital and focus on risk management issues specific to their areas.

The Country Fire Authority provided Fire and Evacuation Procedures training to 275 of our staff during the month of June.

Manual Handling and Needle Stick Injuries comprise the largest percentage of reported incidents.

Our active return to work initiatives form an integral part of our overall Occupational Health & Safety Plan and the support and co-operation of all departments in this area is appreciated.

Lost Time Injuries for 1993/4 16 = 1,518 hours lost, 1994/5 18 = 1005 hours lost

### EQUAL EMPLOYMENT OPPORTUNITY (E.E.O)

The hospital's Equal Employment Opportunity Committee operated in accordance with the Public Authorities (Equal Employment Opportunity) Act 1990 - 1995.

No new E.E.O. initiatives were introduced during the year.

The application of merit and equity principles pertaining to recruitment and selection were maintained and a review of policies and procedures commenced.

### PERSONNEL/PAYROLL SERVICES

Like many other areas of the hospital the Human Resources Group has been required to review its operation and to take a pro-active approach to the provision of H.R. Services. While the process is an ongoing one efficiencies have been achieved to date. Changes effected during the year include:-

- A reduction of two full time staff
- Transfer from Jessie Langham House to the main administration block - Yuille House
- Introduction of an upgraded payroll (PERUSE) system.
- Integration of nursing personnel into the Division.
- Appointment of a new Director.

I am cognisant of the impact of the changes on the staff of the Human Resources/Payroll Group and would like to take this opportunity to thank them for their efforts during the year.

W.D. CUNNINGHAM  
Director of Human Resources



The commitment of Ballarat Base Hospital to continuously improve the quality of the services provided to the people of Western Victoria is expressed in the Hospital philosophy and mission statement and is manifest in the objectives of the quality plan which is disseminated to all areas of the Hospital.

Each service division has developed individual quality improvement programs which are monitored and reviewed by the Quality Committee of the Board of Management. (Refer to divisional reports).

The Hospital has commenced preparation for Australian Council on Healthcare Standards Accreditation Survey which is scheduled for May, 1996. A Quality/Accreditation Co-ordinator has been appointed to review the quality structure and identify and implement changes which will ensure that Ballarat Base Hospital maintains a leading role in quality management. To enhance the culture of Continuous Quality Improvement within the hospital, a series of multidisciplinary educational seminars have been planned to commence later this year.

Over the past year, the issue of quality in the acute health sector has been the subject of extensive statewide and national debate, involving Government, Hospital and Consumer bodies. Ballarat Base Hospital is represented on the Ministerial Health and Community Services Committee (H&CS) on Quality, the H&CS Patient Satisfaction Working Party and the Victorian Hospitals Quality Review Working Party.

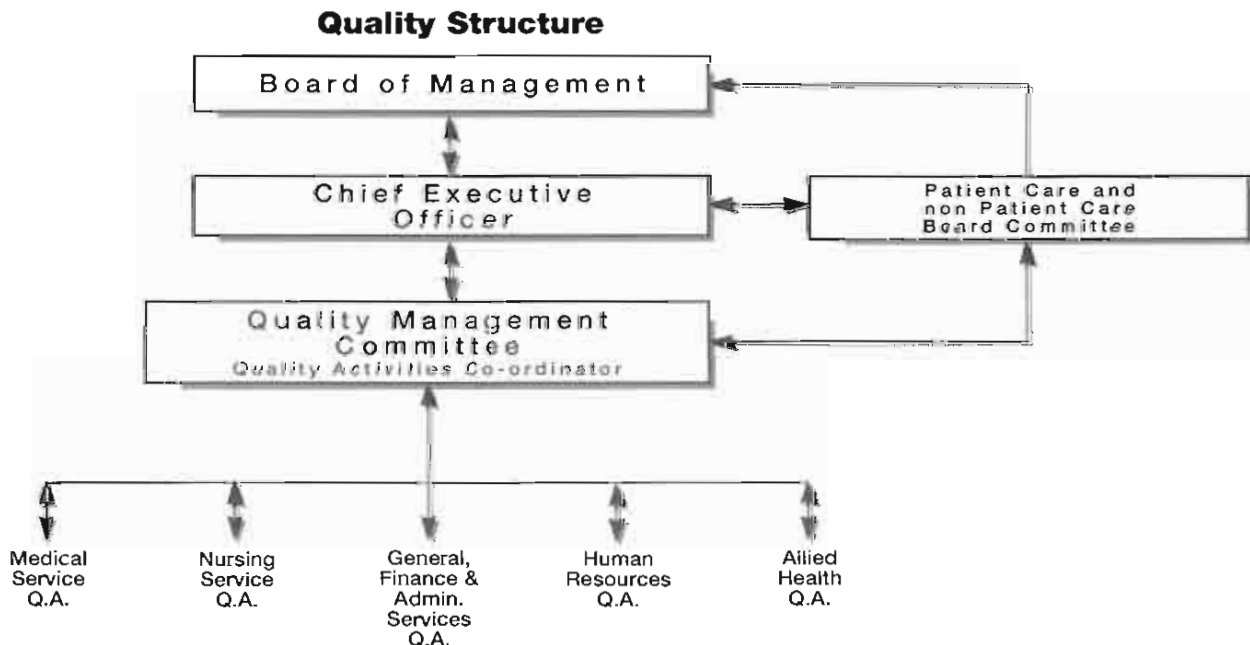
Ballarat Base was one of thirty hospitals selected to participate in the H&CS Patient Satisfaction Survey

Pilot Program Stage 2. A comprehensive reporting of this survey will be received from the Consultant in October, 1995. To continue the flow of consumer feedback with the hospital, a suite of consumer feedback surveys, modelled on the H&CS Survey, have been developed and are ready for implementation.

The quality focus for 1995-96 will emphasise a multidisciplinary approach within the framework expressed in the Quality Improvement Plan:

- Effectiveness** The service is the best available in a technical sense
- Acceptability** The service is acceptable to the consumer
- Efficiency** Output is maximised for a given input
- Access** The service is available to all who need it
- Equity** The service is non-discriminatory
- Relevance** The service responds to the needs and wants of the population it serves (in a timely manner)

The staff communication forum is one multidisciplinary management initiative which is nearing completion. The aim of each of the ten planned forums is to provide opportunity for staff members to incorporate their views into the way services are structured, and how they can be improved.



**ACCREDITATION**

Arrangements have been finalised for Ballarat Base Hospital to be subject to an accreditation survey by Australian Council on HealthCare Standards, in May 1996.

**PECUNIARY INTERESTS**

Members of the Board of Management are required to notify the President of the Board, of any pecuniary interests which might give rise to a conflict of interest. This provision is in accordance with Clauses 10 - 13 of the Standard Condition of Funding for Registered Funded Agencies, pursuant to Division 2, Part 3, Health Services Act 1988.

**FREEDOM OF INFORMATION**

There were 100 requests for access to documents under the Freedom of Information Act (Victoria) 1982, as amended. All but five requests were for information contained in personal medical records. All documents which were the subject of one request were deemed exempt under Section 33 of the Act, and this decision was the subject of a review under Section 51 of the Act. Some documents in another request were exempted under Section 30 (1) (a), of the Act. One request was transferred to the Mental Health Division, Department Health and Community Services.

**FREEDOM OF INFORMATION PART 2  
STATEMENT****ORGANISATION AND FUNCTION**

**Establishment:** 779.15  
**Principal Officer:** Mr M.G. Kirk - CEO  
**Address:** Registered Office:  
 Drummond Street North,  
 BALLARAT  
 Postal:  
 P.O. Box 577  
 BALLARAT 3353

**Acts Administered:** Registered Funded Agency under Health Services Act 1988. Responsible Minister as at 30/6/95, was Hon Marie Tehan, M.L.A.

**Organisation:** See Chart elsewhere in this report

**Functions:** To provide acute hospital services (inpatient and outpatient), to population of Grampians Health Region.

**Decision Making Powers:** Controlled by Board of Management, Ballarat Base Hospital.

**CATEGORIES OF DOCUMENTS**

**Record Keeping System:** Manual and computerised  
**Principal Record Series:** Medical Records  
**Other Records:** Staff and Operational Records  
 Manuals  
 Library Resources  
 Policy and Procedure Manuals  
 Position Descriptions  
 Occupational Health and Safety Records

**FOI ARRANGEMENTS**

Normal methods of access to documents are available. Written requests with all detail are submitted to the nominated FOI Officer. Facilities are available for correction of personal records.

**Nominated Officers are:** Mr M.G. Kirk - CEO  
 Mr W.A. Wallace - FOI Officer  
 Dr C.B.E. Davis - DMS  
 Dr B Fensling - Deputy DMS

**PUBLICITY SERVICES**

**Literature Available:** Annual Report  
 Patient Information Guide published May 1994  
 Patient Rights and Responsibilities Pamphlet  
 Official History - "Sovereign Remedies"  
 Official Newsletter "Getting Better At The Base"  
 Media Releases

All reports submissions and manuals are available through the hospital library services.

**FEES AND CHARGES**

Ballarat Base Hospital sets fees and charges in accordance with the directives of Department of Health and Community Services, issued under Section 8, Hospital and Charities (Fees) Regulations 1986, as amended.

**STAFF SUPERANNUATION BENEFITS**

Every full/time, part time and casual employee of Ballarat Base Hospital receives the non-contributory or Basic Benefits Superannuation payments, as part of their employment package. For 1994/95 this was 6% of salary. This provides for a lump sum payment on retirement and personal death and disability cover.



Any new employee who is not a member of a current Hospital's Superannuation Board scheme, automatically becomes a member of HOSFUND, to which the Hospital contributes the statutory superannuation guarantee levy. Members may also make personal contributions to HOSFUND of 3%, 4%, or 6% of their salary.

The unfunded liability relating to contributions is shown in the notes to the Financial Statements.

**LEGISLATIVE CHANGES AFFECTING THE HOSPITAL**

The most significant Acts which have been enacted in 1994/95 which affect the hospital are:

- Drugs, Poisons and Controlled Substances (Amendment) Act 1994
- Employee Relations (Amendment) Act 1994
- Equal Opportunity Act 1995
- Financial Management (Amendment) Act 1994
- Financial Management and Audit Acts (Amendment) Act 1995
- Health Acts (Amendment) Act 1995
- Health Services (Amendment) Act 1994
- Health Services (Metropolitan Hospitals) Act 1995
- Infertility Treatment Act 1995
- Medical Practice and Nurses Acts (Amendment) Act 1995
- Superannuation Acts (Further Amendment) Act 1994
- Superannuation Acts (General Amendment) Act 1995
- Therapeutic Goods (Victoria) Act 1994

The Medical Practitioners Act 1970 was repealed during the 1994/95 financial year.

**STATEMENT OF COMPLIANCE - BUILDING ACT 1993**

The Engineering and Building Services Department ensures that all works requiring building approval have plans certified by Building Surveyors.

Works in progress are inspected by consultants and are certified that they have been constructed in accordance with the certified documents.

Building Contractors involved in construction activities are registered Building Practitioners. A condition of engagement for all external Building Practitioners is that they provide evidence of current registration and maintain their registered status for the course of their contract.

During the year the following works and maintenance were undertaken to ensure conformity with relevant Standards.

**BUILDING WORKS:**

Buildings certified for approval.	Nil
Works in construction and the subject of mandatory inspection.	Nil
Certificate of final inspection.	3 outstanding

**MAINTENANCE:**

Notices issued for rectification of sub-standard buildings requiring urgent attention.	Nil
Involving major expenditure and urgent attention.	2

**CONFORMITY:**

Buildings conforming with Standards. See notes

NOTE: Existing buildings would have complied with regulations in force at the time of construction.



Setting up a Linen Imprest. David Taylor (L) and George McIntosh set up a linen imprest trolley for a ward.



## MEDICAL APPOINTMENTS

Director of Medical Services	Dr. C.B.E. Davis - M.B., B.S., (WA). M.Admin (Monash) A.F.C.H.S.E.
Deputy Director of Medical Services	Dr. B. Fensling - M.B., B.S., B. Sc.

### CONSULTANT EMERITUS

Dentist	F.J. Morgan - B.D. Sc., L.D.S. P.R. Richards - B.D. Sc., L.D.S.
Obstetrician & Gynaecologist	H.M. Moorehouse - M.B.,B.S., M.R.O.G. W.L. Sloss - M.B., B.S., F.R.C.O.G., F.R.A.C.O.G.
Physicians	D.A. Alexander - M.B., B.S. F.R.C.P. (Edin.), F.R.A.C.P. D.M. O'Sullivan - M.B., B.S., F.R.A.C.P
Radiologists	H. Dick - M.B., B.S.(Syd.), D.M.R.E.(Camb.), F.R.A.C.P. I.C. Goy - M.B., B.S. (Melb.), F.R.A.C.P., F.R.C.R (Lond.), F.R.A.C.R.
Radiotherapists	R. Kay Scott - M.B., B.S., D.T.R.E., F.R.A.C.S., F.F.R.
Surgeons	H.D. Drury - M.B., B.S., F.R.C.S., F.R.A.C.S. J.H. Pryor - M.B., B.S., F.R.C.S., F.R.A.C.S.

### HONORARY VISITING MEDICAL STAFF

Nuclear Medicine	P. Graham - M.B., B.S., F.R.A.C.P., D.D.U.
Dental Surgeons	T.R. Sanders - B.D.Sc., L.D.S. J.F.H. Williams - B.D.S., F.R.A.C.D.S. (N.Z.)
Psychiatrists	C.S. Haughton - M.B., B.S., F.R.A.C.P. F.R.A.N.Z.C.P., M.R.C. Psych., F.R.A.C.M.S.

### DIVISION OF SURGERY

Clinical Director	G.W. Houghton - M.B., B.S. (Syd.), F.R.C.S. (Edin.), F.R.A.C.S.
Surgeons	R.H. Mitchell - M.B., B.S., F.R.A.C.S., Resigned-18/6/95 F.P. Denton - M.B., B.S., F.R.A.C.S. J.D. Corbet - M.B., B.S., F.R.A.C.S., F.R.C.S. D.E. Deutscher - B.Sc., M.B., B.S., F.R.A.C.S. S.A. Tobin - M.B., B.S., F.R.A.C.S. Cert. Intercollegiate Board.
Vascular Surgeons	G.W. Houghton - M.B.,B.S.,(Syd.), F.R.C.S. (Edin.), F.R.A.C.S. R.F. Ventura - M.B.,B.S., F.R.C.S., F.R.A.C.S.
Urologists	D.I.McL. Moss - M.B.,B.S., F.R.A.C.S., F.A.C.S. D.J. Cook - M.B.,B.S., F.R.A.C.S. (Urol.) R.L. McMullin - M.B., B.S., F.R.A.C.S.
Orthopaedic Surgeons	P.J. Kierce - M.B., B.S., F.R.A.C.S. J. Nelson - M.B., B.S., F.R.A.C.S. J. Patrikios - M.B., B.S., F.R.A.C.S.
Oto-Rhino Laryngologists	A.H. Platts - M.B.,B.S., F.R.A.C.S. P.I. Donoghue - M.B., B.S., F.R.C.S. (Otol.)
Ophthalmologists	M. Toohy - M.B., B.S., F.R.A.C.O. D. McKnight - M.B., B.S., F.R.A.C.O., F.R.A.C.S.
Facio Maxillary	G. Fowler - M.D. Sc. (Melb.), L.D.S. (Vic.) F.D.S.R.C.P.S. (Glas.)
Plastic Surgeon	R. Sheen - M.B.,B.S. (Melb.), F.R.A.C.S.
Neurosurgeon	D. Wallace - M.B., B.S., F.R.C.S., F.R.A.C.S.

### ANAESTHESIA

Director of Anaesthesia	R.A. Weaver - M.B., B.S., F.F.A.R.A.C.S., (Endorsed in Intensive Care), F.A.N.Z.C.A., F.F.I.C.A.N.Z.C.A. (Appointed 30/1/95)
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Deputy Director of Anaesthesia  
Director of Intensive Care

G.A. Hughes - M.B., B.S., F.A.R.A.C.S., F.A.N.Z.C.A.  
A.D. Sutherland - M.B., B.S. (Melb.), F.F.A.R.A.C.S.,  
F.A.N.Z.C.A. (Endorsed in Intensive Care)  
G.L.T. Clarke - M.B., B.S., F.F.A.R.A.C.S.,  
F.A.N.Z.C.A.  
J.F. Oswald - M.B., B.S., F.F.A.R.A.C.S.,  
F.A.N.Z.C.A.  
P.N. Toom - M.B., B.S., F.F.A.R.A.C.S., F.A.N.Z.C.A.  
D.R. Phillips - M.B., B.S., F.F.A.R.A.C.S.,  
F.A.N.Z.C.A.  
M.B. Whitehead - M.B., B.S., F.F.A.R.A.C.S.,  
F.A.N.Z.C.A.  
R.J. Ray - M.B., B.S., F.F.A.R.A.C.S., F.A.N.Z.C.A.

Assistant Anaesthetists

D.B. Christie - M.B., B.S., F.A.N.Z.C.A.  
G.B. Henderson - M.B., B.S., F.A.N.Z.C.A.  
R.C. Gazzard - M.B., B.S., F.F.A.R.A.C.S.,  
F.A.R.C.A. (Endorsed in Intensive Care),  
Dip. R.A.C.O.G.  
M.V. Tuck - M.B., B.S., B.Med.Sc. (Hons.),  
F.A.N.Z.C.A.

#### DIVISION OF MEDICINE

Clinical Director

J. Richmond - M.B., B.S. (Melb.), F.R.A.C.P.

Physicians

A. Ambikapathy - M.B., Ch.B (L'pool.),  
F.R.C.P.(Lond.), D.T.M. & (L'pool.), F.R.A.C.P.  
J. van den Broek - M.B., B.S., F.R.A.C.P.  
W.J.C. Spring - M.B., B.S., M.R.C.P. (Lond.),  
F.R.A.C.P.  
J. Stickland - M.B., B.S., F.R.A.C.P., F.R.A.C.R.M.  
G. Phelps - M.B., B.S., F.R.A.C.P.

Associate Physicians

C. Nolan - M.B.B.S., F.R.A.C.P.  
P. Lazzari - M.B.B.S., F.R.A.C.P.

Director of Coronary Care

J. Stickland - M.B., B.S., F.R.A.C.P., F.R.A.C.R.M.

Thoracic Physician

W.J.C. Spring - M.B., B.S., M.R.C.P. (Lond.),  
F.R.A.C.P.

Oncologists

R. Bell - M.B., B.S., F.R.A.C.P., F.R.A.C.P.A.  
R. Bond - M.B., B.S., F.R.A.C.P.

Geriatrician & Rehabilitation Physicians

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., F.R.A.C.R.M.

Consultant Neuro-Physician

J.O. King - M.D., F.R.A.C.P.

Psychiatrists

A.L. Nicholson - M.B., M.S. (Melb), D.P.M. (Melb)  
F.R.A.N.Z.C.P., M.R.C. (Psych). (Retired 8/3/95)  
V.R. Thacore - M.B., B.S., D.P.M., M.R.C. (Psych),  
M.A.N.Z.C.P.

#### DIVISION OF OBSTETRICS, GYNAECOLOGY, & PAEDIATRICS

Clinical Director

J.G. Griffiths - M.B., B.S., F.R.C.O.G., F.R.A.C.O.G.

Obstetricians & Gynaecologists

I.K. Mayes - M.B., B.S., M.R.O.C.G., F.R.C.S.  
(Edin.), F.R.A.C.O.G.  
M. Fooks - M.B., B.S., F.R.A.C.O.G. (appt. 5.6.95)  
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.  
(Resigned 14/5/95)  
J. Fleming - M.B., B.S., F.R.A.C.O.G.

Paediatricians

C.R.F. Richardson - M.B., B.S., F.R.A.C.P.  
M. Easton - M.B., B.S., F.R.A.C.P.  
H.M. Zehnirith - M.B., B.S., F.R.A.C.P.

Neurologist

I.J. Hopkins - M.B., B.S., F.R.A.C.P. (Paediatrics)

#### EMERGENCY DEPARTMENT

Director of Emergency

S. Walker - M.B., B.S., F.A.C.E.M.

Deputy Director of Emergency

D. Taylor - M.B., B.S. F.A.C.E.M. (appt. 30/1/95)  
P. Maher - M.B., B.S., F.R.C.S. (Edin.),  
(Resigned 9/7/95)



Director of Medical Training      S. Walker - M.B., B.S., F.A.C.E.M.

**MEDICAL ADMINISTRATION**

Administrative Officer      M.R. Trembath (Appt. Jan 95)  
 Secretarial Support      M. Wilkes (Resigned 30/6/95)  
    D.Kiley (Appt. May 1995)  
 Casemix Manager      T. G. Lia - Dip.Teach (Prim.), R.N.,  
    B.App.Sc. (Ad. Nurs.), Grad. Dip.  
    Bus.Mgt. A.H.S.F.M.A., A.I.M.M., A.C.H.S.E.

**RADIOLOGY DEPARTMENT**

Director of Radiology      R. House - M.B., B.S., F.R.A.C.R., D.D.U.  
 Radiologists      R.C. Wilkie - M.B., B.S., F.R.A.C.R., F.R.C.R.(Eng.),  
    D.M.R.D.  
    J.J. Mullany - M.B., B.S., F.R.A.C.R.  
    A. Firkin - M.B., B.S., F.R.A.C.R.  
 Department Head      I. Channing - M.I.R., A.R.M.I.T., M.S.R.

**PATHOLOGY DEPARTMENT**

(Privatised 1 June 1995)

Regional Director of Pathology      A.N. Roberts - M.B., B.S., F.R.C.P.A,  
    F.R.C. (Path.), M.I.A.C.  
 Deputy Regional Director      M. Pilbeam - M.B., B.S., Ph.D., F.R.C.P.A.  
 Pathologists      P. Bedford - M.B., B.S., F.R.C.P.A.  
    C. Dow - M.B., B.S., F.R.C.P.A.  
 Business Unit Manager:      P. Appledore - B. App.Sc., Grad. Dip. Mgt.  
    M.H.A., (N.S.W.), M.A.I.M.

**DEPARTMENT HEADS**

Biochemistry:      R. Priddle - Cert. App.Sc.  
 Blood Bank      G. Batlow - A.A.I.M.L.S.  
 Haematology:      D. Berry - A.A.I.M.L.S., A.R.M.I.T  
 Histology      P. Walkenden - Aff. A.I.M.L.S., M.A.O.  
 Microbiology      C.T. Pearce - B.App.Sc. (med.Tech) A.R.M.I.T.,  
    F.A.I.M.L.S., M.A.S.M.

**PARAMEDICAL STAFF**

Aboriginal Liaison Officer      J. Muir  
 Audiologist      R. Roper - B.A. Dip. Aud. (Resigned 25/11/94)  
 Ballarat Sexual Assault Centre      F. Quigley (Resigned 24/7/95)  
    B. Barnert (Appt. 20/3/95-12/5/95)  
    J.McKay (Appt. 13/6/95)  
 Diet Therapy      M. Atkinson - B.App. Sc. (Nut.), Grad.Dip. Dier.  
 ECG/EEG      M. Winter  
 Librarian      N. Worswick - A.L.A.A.  
 Medical Records Administrator      K. Stevenson - B.App.Sc., (M.R.A.)  
 Manager Medical Technicians      C.Duncan - O.T.A., A.S.A.O.T.T.  
 Methadone Program      S. Carter - R.N.  
 Occupational Therapy      M. Sawyer - B. App.Sc. (Occ.Th) (Resigned 9/6/95)  
    R. Overton - B.App.Sc. (Occ.Th) (Appt. 13/6/95)  
 Director of Pharmacy      G. McCurdy - B. Pharm., F.S.H.P.  
 Chief Physiotherapist      S. Murphy - B.App.Sc. (Physio.) (Lincoln).  
 Podiatrist      C. Reiniets - M.P. (Resigned 14/7/95)  
    M. Dawson (Appt. 24/7/95)  
 Chief Speech Pathologist      E. Bartram - L.C.S.T., M.C.S.T., M.A.C.S.T.,  
    A.L.A.M. (Resigned 20/1/95)  
    A. Hinchliffe - B.App.Sc.(Speech Path.)  
    (Appointed 23/1/95)  
    Y. Cohen - B.App.Sc. (Speech Path.) (Appt. 23/1/95)  
 Welfare Officer      S. Lorensini - B.A., Grad.Dip. App.Psych., M.A.P.S.



UNIVERSITY OF MELBOURNE

Department of Community Medicine	Prof. H.G. Peach - B.Sc., M.B., B.Ch.(Wales) Ph.D. (Lond.), F.A.F.P.H.M., F.F.P.H.M.
Academic Associates	C.B.E. Davis - M.B., B.S., (W.A.), M.Admin. (Monash), A.F.C.H.S.E. A.G. Bath - P.S.M.
Clinical Supervisor Medical	W.J.C. Spring - M.B., B.S., M.R.C.P. (Lond.), F.R.A.C.P.
Clinical Supervisor Surgery	F.P. Denton - M.B., B.S., F.R.A.C.S.
Rural Program Co-ordinator	A.G. Bath - P.S.M. (Appt. 16/3/95)

SALARIED MEDICAL AND DENTAL STAFF

Dentists	A.J. Moloney - B.D.Sc. G. Read - B.D.Sc., L.D.S. (Vic)
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HOSPITAL MEDICAL STAFF

<b>Emergency Department Registrars</b> H.Crook - M.B., B.S. (Resigned 30/1/95) R. Gocentas - M.B., B.S., (Resigned 30/1/95)	<b>Medical Registrars</b> H. Zeimer - M.B., B.S. C. Steer - M.B., B.S.
<b>Orthopaedic Registrars</b> M. Blackney - M.B., B.S. P. Frawley - M.B., B.S.	<b>Surgical Registrars</b> D. Gordon-Thomson - M.B., B.S. A. Troy - M.B., B.S. K. Temelcos - M.B., B.S. A. Hyett - M.B., B.S.
<b>Anaesthetic Registrars</b> G. Joyce - M.B., B.S. E. Pemberton - M.B., B.S. L. Poon - M.B., B.S. A. Davies - M.B., B.S. M. Hogg - M.B., B.S.	<b>Urology Registrars</b> S. Lindsay - M.B., B.S. S. Chapman - M.B., B.S.
<b>Radiology Registrars</b> D. Connell - M.B., B.S. M. Clark - M.B., B.S. S. Ellis - M.B., B.S.	<b>Obstetric Registrar:</b> M. Darcy-Evans - M.B., B.S. R. Dalton - M.B., B.S., M.R.A.O.G. G. Solomons - M.B., B.S.
<b>Hospital Medical Officers</b> S. Schemali - M.B., B.S. E. Cole - M.B., B.S. L. Morgan - M.B., B.S. E. Neo - M.B., B.S. N. Livingstone - M.B., B.S. G. O'Reilly - M.B., B.S. M. Bonazzi - M.B., B.S. G. Tan - M.B., B.S. P. Wood - M.B., B.S.	K. Ho - M.B., B.S. M. Wood - M.B., B.S. A. Leaver - M.B., B.S. A. Crellin - M.B., B.S. S. Traill - M.B., B.S. W. Juarez - M.B., B.S. C. Harrison - M.B., B.S. H. Sood - M.B., B.S.
<b>Urology Interns</b> S. Shomik - M.B., B.S. S. Fairbank - M.B., B.S.	N. Spanos - M.B., B.S. A. Rogers - M.B., B.S.
<b>Interns</b> S. Mellett - M.B., B.S. K.G. Ang - M.B., B.S. A. Gridley - M.B., B.S. N. Beck - M.B., B.S. D. Tan - M.B., B.S.	C. Ryan - M.B., B.S. P. Squire - M.B., B.S. M. Vagg - M.B., B.S. L. Chea - M.B., B.S.

OTHER MEDICAL STAFF APPOINTMENTS

Drug & Alcohol	T.D. Anderson - M.B., B.S. (Qld)
Director of Family Medicine	N.S. Phillips - M.B., B.S., F.R.A.C.G.P.
Radiotherapy Services	D.J. Joseph - M.B., B.S., F.R.A.C.R.



**NURSING ADMINISTRATION**

Director of Nursing	Mrs. L. Broad - R.N., R.M., F.C.N.A., Grad.Dip.Ed.Admin., Grad.Dip.Bus.Admin. (Acring, Appt. Feb. 1995)
Night Duty Co-ordinators	Mrs. M. Monck - R.N., Cert.C.Care, Grad.Dip.Bus.Mgt. Mrs. E. Daniel - R.N., R.M.
Evening, Weekend and Relieving Administrarors	Mrs. C. Allen - R.N., R.M. Ms. L. Besenghi - R.N., R.M., B.Nurs., Grad.Dip.Admin (Health). Mrs. R. Coad - R.N., R.M. (Relieving) Mrs. A. Ditchfield - R.N., R.M., B.Nurs. Mrs. J. Mulrooney - R.N., R.M. (till Oct. 94)

**NURSING SERVICES DEPARTMENT**

Continuous Care Co-ordinator	Mrs. J. Collier - R.N., Orth.Cert., Mgt.Cert.
Infection Control	Mr. R. Peck - R.N., Steriliz Inf. Con. Cert.
Nursing Personnel Officer	Mrs. L. Costello - R.N., R.M.
Outpatients Department	Miss J. Ritchie - R.N., Steriliz Inf. Con. Cert. (till Feb. 95)
Stomal Therapist	Ms. L. Whire - R.N., R.M., Stomal Th. Cert.

**NURSING EDUCATION DEPARTMENT**

Co-ordinator	Mrs. A. Rowe - R.N., R.M., B.Nurs., Dip.Nurs. (Edn.), Sreriliz Inf. Con. Cert. (Resigned Sept. 94)
Nurse Educators	Mrs. D. Jackson - R.N., B.Nurs., (Resigned Sept. 94) Miss M. Kearney - R.N., B.App.Sci.(Adv.Nsg) Miss J. Loader - R.N., Peri-operative Cert. Mrs. M. O'Neill - R.N., Grad.Dip.Admin. Mrs. R. Tchernomoroff - R.N., Cor.Care Cert., Acc. and Emerg. Cerr., Grad.Dip.Acute Care Nsg., T.N.C.C. Mrs. C. Watts - R.N., R.M., Cert.Crir.Care. Mrs. A. Zehnirith - R.N., B.App.Sci. (Adv.Nsg). (Resigned Jul. 95)

**EMERGENCY DEPARTMENT**

Emergency Department	Miss P. Standen - R.N., R.M., Cert.Coronary Care, B.Healrh Sciences., A.M.R.C.N.A., A.C.H.S.E.
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**DIVISION OF SURGERY**

Nursing Ditector	Mrs. J. Dyer - R.N., R.M., Dip.Hosp.Nurs. and Unit.Mgt.
Operating Suite Manager	Miss J. Taylor - R.N., Peri-operative Cert.
Nurse Managers	
2 South	Mrs. K. Baird - R.N., Cerr.Inr.Care, B.Nurs. (till Mar. 95) Miss J. Ritchie - R.N., R.M. (Appt. Mar. 95)
2 North	Mr. C. Adeney - R.N., R.M.
3 South	Mrs. T. Williamson - R.N., B.App.Sci. (Nsg.) (till Sep. 94) Mrs. K. Wheeler - R.N., R.M., Cert.Chemotherapy Admin. (Appt. Oct. 94)
3 North	Mrs. A. McFarlane - R.N., Grad.Dip.Bus.Mgt.
C.S.S.D.	Mrs. E. McVeigh - R.N., Grad.Dip.Ed.Admin., Sreriliz. Infect. Cert. (Resigned Jun. 95)
Intensive Care Unit	Mr. D. Rathgeber - R.N., Cert.Coronary Care, Intensive Care and Cardio-Thoracic Nsg., Grad.Dip.Crir.Care Nsg.
PAR/Anaes.	Mrs. M. Pollard - R.N., R.M., Cert. Anaes. & Post Anaes. Nsg., Grad. Dip. Ed. Admin.



#### DIVISION OF MEDICINE

Nursing Director	Mrs J. Scarff - R.N., Grad.Dip.Admin.(Health)
Nurse Managers	
4 South	Ms. A. Spencer - R.N.
4 North	Mr. R. McPherson - R.N., R.P.N.
Coronary Care Unit	Mr. D. Rathgeber - R.N., Cert.Coronary Care, Intensive Care and Cardio-Thoracic Nsg., Grad.Dip.Crit.Care Nsg.
Limited Care Dialysis Unit	Mrs. P. Waugh - R.N., R.M.
Oncology Unit	Mrs. K. Connors - R.N., Hosp.Cert.Chemotherapy Admin.
Rehabilitation Unit	Mrs. K. Ragg - R.N., R.M., B.Nurs., Grad.Dip.Community Health.

#### DIVISION OF OBSTETRICS, GYNAECOLOGY AND PAEDIATRICS

Nursing Director	Miss P. Twaits - R.N., R.M., Dip.Hosp.Nurs. and Unit.Mgt., Grad.Dip.Admin.(Health), M.R.C.N.A., Stomal Therapy Cert.
Nurse Managers	
Midwifery Unit	Mrs. D. Beechey - R.N., R.M., B.Nurs., J.P.
Domcare	Mrs. S. McRae - R.N., R.M., Grad.Dip.Community Health
Paediatric & Adolescent Unit	Miss J. Godfrey - R.N., R.M., R.S.C.N. (U.K.), Grad.Dip.Admin.(Health)

#### ADMINISTRATIVE SERVICES DIVISION

Director of administrative Services	Mr K.W. Dusting - A.C.H.S.E., C.H.E.
Manager, Engineering Services	Mr L.H. Ditchfield, Dip. Mech. Eng., CP Eng., M.I.E. Aust., M.I.H.E., Reg Building Practitioner.
Environmental Supply Manager	Mr. H.J. Bourke - Assoc Dip.Eng. (Production Management)
Security and Technical Services Manager	Mr R.W. Nicholls - B. Eng.(Elec.).
Executive Chef	Mr R.N. Hardy - Cert of Trade Cooking (PIC).

#### FINANCE DIVISION

Director of Finance	M.C. Rhook - B.Bus., C.P.A., A.C.H.S.E.
Manager Financial Services	L. Gibbons - B. Bus., A.S.A.
Casemix Accountant	J. Robson - B. Bus., A.S.A.
Manager Information Services	P.A. Mannix - B. Sc. (Computers). (Appt. Jan 95)

#### HUMAN RESOURCES DIVISION

Director of Human Resources	W.D. Cunningham - C.M.A.H.R.I.
Personnel Manger	L.M. George - M.C.S.E., C.M.A.H.R.I., M.N.I.A., M.A.S.H.P.A. (Resigned June 1995)
Manager Personnel Administration	R.K. Beaumont - M.N.I.A.
Manager O.H.&S.	D. Borys - Assoc. Dip. App. Sc. O.H.S., Grad. Dip. O.H.M., M.S.I.A. (Resigned Feb.95)
Manager Payroll Services	N. Jones





### DONATIONS

Mary Helen Auxiliary .....	12,500
Heartbeat Victoria Ballarat .....	5,500
Percy Baxter Charity Trust .....	2,000
Apex Club of Eureka .....	1,000
BBH Fundraisers .....	1,245
Van Oorschot .....	800
BBH Foundation .....	800
Peter Tobin Funerals .....	750
Sreeves Lumley .....	350
Telecom .....	300
Sebasropol Lions Club .....	300
Rotary Club Wendouree .....	300
MEW Healthcare .....	275
Shire of Buninyong .....	250
Miscellaneous/Anonymous .....	497
R. Burr .....	166
R. J. & M. A. House .....	150
Mayven Medical .....	137
John Valves Charitable Fund .....	125
Webbcona Bowls Club .....	100
G. Young .....	100
J. Willis .....	100
G Cleary .....	100
P. M. Wheeler .....	50
C. Miles .....	50
Ballarat District Ladies Bowling Club .....	50
D. Harris .....	50
<b>Total Donations .....</b>	<b>28,045</b>

### BEQUESTS

Hilton White Bequest .....	10,000
Joe White Bequest .....	10,000
Estate of the late M. Adams .....	8,272
Estate of the late John Gray .....	74,302
Estate of the late Max Yuille .....	19,265
<b>Total Bequests .....</b>	<b>121,839</b>
<b>Total Donations and Bequests .....</b>	<b>149,884</b>

