



**BALLARAT BASE  
HOSPITAL**

**ANNUAL REPORT**

**1994**



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## In Search of Excellence

### BRIEF HISTORY

**B**allarat 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.

**F**ounded 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.

**N**ow 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.

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

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

**W**idely 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

**T**he 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.

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

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

**T**hus 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

**B**allarat 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

**T**o 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.



4th year medical students from University of Melbourne, Zofia Bucek, Tao-Chern Lee and Naomi Chapman in Ward 4 South.



## Principal Office Bearers

### BOARD OF MANAGEMENT

President:	<i>Dr B.R. Hassett - M.B., B.S., F.R.A.C.P. Medical Practitioner</i>
Immediate Past-President:	<i>Mr N.F. Mahar - Acc. (Bus. Studies) S.C.P.A. Public Accountant</i>
Senior Vice-President:	<i>Mr G.H. Dixon - Acc. (Bus. Studies), B. Bus., I.C.S.A. Company Secretary/Finance Controller</i>
Junior Vice-President:	<i>Assoc. Prof. C. Deans -</i>
Treasurer:	<i>Mr B.H. Clark - A.A.I.M. Business Consultant</i>
Members:	<i>Prof. H.G. Peach - B.Sc., M.B., B.Ch. (Wales), Ph.D. (Lond.), M.F.C.M. (U.K.), F.A.P.H.M. Dept. Community Medicine, University of Melbourne. Mrs P.I. Fisker. Mrs M. Duggan. Mr D.A.E. Fawell - L.L.B. (Melb.), Notary Public. Barrister and Solicitor Prof. D.J. Woolley - B.Sc. (Eng.), M.Sc., M.Ed.Admin., C.Eng., M.R.A.E.S., F.I.E. (Aust.) Mr E.D. Macaulay - E.D., B.H.A. (N.S.W.), Grad. Dip. Computing (Deakin), F.C.H.S.E., F.C.P.A., A.A.I.M., M.A.C.S. Chief Executive Officer</i>

### SENIOR EXECUTIVE STAFF

Chief Executive Officer:	<i>E.D. Macaulay - E.D., B.H.A. (N.S.W.), Grad. Dip. Computing (Deakin), F.C.H.S.E., F.C.P.A., A.A.I.M., M.A.C.S. (Resigned 27.6.94)</i>
Acting Chief Executive Officer:	<i>M. G. Kirk - B. Comm. (Melb.), M.H.A. (N.S.W.), F.C.H.S.E., C.P.A. (Appt. 1.7.94)</i>
Deputy CEO Medical:	<i>C.B.E. Davis - M.B., B.S. (W.A.), M. Admin. (Manosh), A.F.C.H.S.E.</i>
Deputy CEO Nursing:	<i>E.A. Brady - R.N. R.M. (U.K.), Dip. Nurs. Admin., M.C.N.A.</i>
Deputy CEO Finance:	<i>B.M. Bolger - B. Comm., M.H.A., C.P.A. (Resigned 16.6.94)</i>
General Manager Corporate Services:	<i>P.A. Duggan - A.C.H.S.E., A.A.I.M.</i>
General Manager Human Resources:	<i>R. Knight - Cert. Bus. Studies (Personnel), Grad. Dip. Mgt. - Org. Change, C.M.A.H.R.I.</i>
General Manager Facilities:	<i>H.J.W. de Deugd - B. Eng., Dip.E.E., Grad. Dip. Moint Eng., S.M.I.E. (Aust.), M.I.E. (Aust.), C.P. Eng.</i>

### OTHER APPOINTMENTS

Auditor:	<i>Auditor General of Victoria</i>
Solicitors:	<i>Cuthberts, Ballarat</i>
Banker:	<i>Westpac Banking Corporation</i>

### REDEVELOPMENT

Project Manager:	<i>Bates, Smart &amp; McCutcheon</i>
Architects and Engineers:	<i>Bates, Smart &amp; McCutcheon</i>
Structural Engineers:	<i>Maunsell Pty Ltd</i>
Construction Manager:	<i>Jahn Holkan Constructions</i>
Quantity Surveyor:	<i>Padgham &amp; Partners</i>



## Services Provided

### **MEDICAL AND SURGICAL WARDS**

*Intensive Care*  
*Coronary Care Ward*  
*Emergency*  
*Isolation Ward*  
*Day Ward*  
*Midwifery*  
*Speech Pathology*  
*Physiotherapy*  
*Audiology*  
*Dietetics*  
*Pathology*  
*Radiology*  
*Blood Bank*  
*Pharmacy*  
*E.C.G.I.E.E.G.*  
*Podiatry*  
*Occupational Therapy*  
*Rehabilitation Unit*

### **OUTPATIENT CLINICS**

*Ante-Natal*  
*Colposcopy*  
*Sexual Assault Centre*  
*Dental*  
*Dermatology*  
*Drug and Alcohol Services*  
*Family Planning*  
*Gynaecology*  
*Limited Care Dialysis*  
*Medical*  
*Oncology*  
*Ophthalmology*  
*Orthopaedic*  
*Otolaryngology*  
*Paediatrics*  
*Radiotherapy (Geelong Hospital)*  
*Psychiatry*  
*Surgical*  
*Urology*  
*Welfare/Aboriginal Liaison*



## Board of Management



Dr. Brian Hassett, President



E. D. Macaulay  
Chief Executive Officer

### INTRODUCTION

Looking back over the 138 years of Annual Reports, it is difficult to find one year as diverse in challenges, as 1993/94.

The year started out with an entirely new form of funding - casemix, and ended with a Consultant's Report, critical of the hospital for not meeting Government expectations about throughput targets and debt reduction. In the intervening 12 months the Board strived to improve overall services to patients and to build on efficiency gains achieved during 1992/93.

### FINANCE

**THE YEARS RESULTS.** In the 1992/93 Report, the Board noted, "By June, 1992 the Board faced the prospect of further deficits being recorded unless aggregate expenditure could be reduced."

The changes to industrial relations introduced by the Kennett Government in 1992 enabled the Board to redefine workforce requirements, achieving savings of over \$3 million from reducing staff by over 100 persons. With smaller gains in staffing expected for 1993/94, the Board was confident that it had reversed the trend of increasing deficits built up since 1982. In the event these savings were insufficient to cover extra costs and losses of casemix revenue during 1993/94.

In June, 1993, after strong encouragement from the Department, the Board took the decision to take advantage of extra casemix funding, by setting a throughput target of 18,320 or 14.35% (2,300) above the 1992-93 record, with a secondary aim of making further reductions in the waiting lists. The history of growth in patient numbers and the availability of the newly completed facilities justified this decision. In hindsight, it turned out to be a high risk strategy which depended on:-

- (a) The maintenance and improvement of medical staff levels;
- (b) The receipt of budgets from the Department by 1st July.
- (c) Outpatient funding remaining at levels indicated in the April, 1993 casemix funding policy issued by the Minister.

However, these critical factors did not reach expectations. The hospital lost, rather than gained, additional medical staff and the budget was delayed to the end of July. Finally, outpatient funding suffered a late cut at the end of July of \$1.137 million, although this was reduced to \$785,000 later in the financial year after strong representations were made to the Department. These factors were further compounded by an unseasonable downturn in patient numbers over the December/January period.

By June 30th, 1994, patient numbers had only achieved growth of 673 or 4.2% on 1992/93. Given the 1993/94 strategy required a substantial investment in new facility infrastructure costs, this together with the loss of casemix revenue caused by lower patient numbers, resulted in the hospital incurring a deficit of \$1,942,139 excluding non-cash items. Compounding the financial situation was the expenditure of funds estimated at \$150,000 p.a. to transfer infectious waste to Melbourne with the forced closure of the incinerator and \$90,000 for

Federal Award increases which to June 30th had not been recognised as a cost beyond the Hospital's control and further unfunded annual leave costs associated with the 1993/94 VDP program.

The Financial Statements attached to the report show the results for all areas of operations.

### HOSPITAL OVERDRAFT AND CREDITORS.

The cash overdraft increased by \$698,574 from \$4,761,423 to \$5,459,997 at 30th June, 1994, while creditors increased by \$724,397 to \$3,134,381. These changes reflect the extra costs and loss of casemix revenue referred to above. Extra capital receipts limited the effect of the deficit on negative cash flows.

The extent of the cash overdraft resulted from a number of factors including:-

- (a) General under funding since 1982 resulting from a substantial growth in patient numbers.
- (b) Unfunded Workcare penalties of \$1.5 m. as reported in the 1991/92 Annual Report.
- (c) Unfunded accumulated annual leave costs associated with the Voluntary Departure Package scheme, over a three year period.

It is expected that pressures, on the cash position will continue, as the hospital attempts to absorb previously funded long service leave entitlements in future years.

### BUSINESS UNITS

Last year we reported on the establishment of Business Units in the areas of Pathology, Radiology, Co-Generation and Cafeteria in preparation for the casemix funding program. In this first year of the Business Unit Scheme, results have been quite encouraging, as follows:-

AREA	RESULT	SURPLUS/DEFICIT
PATHOLOGY	\$126,417	Surplus
RADIOLOGY	\$ 48,934	Deficit
CO-GENERATION	\$143,555	Deficit

Service Departments, especially Facilities, have been encouraged to tender for outside work and initial results returned extra revenues for 1993/94. As further experience is gained, the Board expects additional revenues to come from these sources.

### BUSINESS PLANS

The second year of business planning for all Departments included refinements to the process with greater emphasis being placed on benchmarking. A feature of the process during 1993/94 was the formal review of the 1992/93 outcomes and the introduction of a mid-term review for the first six months of 1993/94. Not only has the process achieved a greater focus on service planning, but it has also identified areas of potential efficiency gains.

### DONATIONS

During the year the Hospital was fortunate in receiving many donations from Estates as well as directly from the public. This year was particularly notable in a special grant received from the Estate of the late Dr. Max Yuille totalling in excess of \$700,000. Dr. Yuille is a descendant of Ballarat Pioneers Archibald and William Yuille after which a building on the Hospital site was named in 1951.



## Board of Management

### PATIENT SERVICES

**C**ASEMIX. The emphasis during the year was to increase throughput in all clinical areas and to identify those services where costs were unacceptably high. In January, 1994, Mr. Terry Lia was appointed Casemix Officer. Mr. Lia came to the position with extensive experience in Nursing Education and Management and was given the initial task of working closely with Medical Record staff, Clinicians and Finance to produce information that would assist these areas to optimise casemix performance as well as providing reports that would assist the Board in overall service management.

**T**he Transition Information System was further refined and by the latter part of the year was producing specialised reports showing costs and throughput for each DRG. Disturbingly, these reports indicated that a number of DRG's were high cost areas with unacceptably low returns from the Casemix formula. Being the first year of casemix no decisions were taken to change the profile of services as a result of this new information, although it was evident that finances were being affected. The Board was concerned about the likely impact on the community and the need to see these costs over a longer period of time.

**D**uring the year the Board took a number of actions to improve throughput performance. These included:-

- The establishment of pre-admission clinics;
- The re-organisation of Oncology admissions through the use of Eildon House as a motel for patients coming from other parts of the Region and who required a number of courses of treatment.
- Increasing the responsibility of Divisional staff to manage throughput.
- The employment of a Casemix Officer to develop the casemix information data base.
- The introduction of daily monitoring of throughput.
- The establishment of a three month period of Saturday elective operating lists.
- Improving networking with community medical practice.
- Revamping medical outpatient clinics.
- Extensive advertising for additional specialist staff including Orthopaedic Surgeons and Anaesthetists.
- The establishment of direct entry endoscopic lists for standard patients to remove pressure on outpatient clinics and to improve day surgical throughput.
- Elimination of holiday close down periods during the year and reducing the Christmas break to one week.

**S**TATISTICS. During the year greater emphasis was directed towards day surgical activity with numbers increasing from 2,272 to 2,803 (23.4). Inpatient separations increased from 16,020 to 16,693 (4.2%). No new services were commenced during the year.

**W**AITING LIST. Waiting list strategies resulted in the elimination of all Category 1 patients waiting over 30 days. Comparative results are as follows:-

CATEGORY	30TH JUNE, 1994	30TH JUNE, 1993
1	1	71
2	750	812
3	201	308
TOTAL	952	1191

**P**SYCHIATRIC SERVICES. Toward the end of the year the Department's new strategy for psychiatric service provision was released. The Hospital was invited to tender competitively for the provision of acute and community services. A decision is expected in the new financial year.

**Q**UALITY ASSURANCE. In accordance with the requirements of Section 139 of the Health Services Act, a formal report on Quality Assurance activities has been prepared by the Patient Care Review Committee and is included in this report.

### REDEVELOPMENT

**A** highlight of the year was the formal completion of the \$38 million Redevelopment Program including the building of the Henry Bolte Wing, refurbishment of Yuille House and the redevelopment of the old Sloss House Operating Theatres into a modern intensive care/coronary care unit. The Henry Bolte Wing was formally opened by the Minister for Health, the Hon. Marie Tehan, MP, on 17th February, 1994. The Board is pleased to report that the project came in under budget to the extent of \$2.93 million. The building was subsequently granted the 1994 AWARD of MERIT for outstanding architecture in the category of Energy Efficiency by the Victorian Chapter of the Royal Australian Institute of Architects.

**T**he Board would like to record it's special thanks to the Project Control Group under the Chairmanship of Past President, Prof. Derek Woolley for the outstanding results achieved.

### CHINESE VISIT PROGRAM

**T**he association with Suzhou (Jiangsu Province) which started in 1989 continued during 1993/94. During the last five years it has become well known throughout Jiangsu Province.

**A** team comprising a Paediatrician, Dr. Xu Jicheng and a Senior Anaesthetist, Dr. Fang Zhi Yuan spent three months at the Base. As in previous visits it was possible to provide training to a level that permitted new services to be introduced at Suzhou No. 2 Peoples Hospital on their return. In October, 1993 the Chief Executive Officer, Mr. Eeon D. Macaulay, was invited to Nanjing to join a panel of international speakers at the first International Symposium on hospital management to be held for senior hospital executive staff representing hospitals in China's eastern provinces serving 500 million people. Mr. Macaulay presented a paper titled, "Managing Escalating Health Care Costs". In June, 1994 a senior management group comprising Dr. Yu Kangmin, Executive Director, Suzhou No. 2 Peoples Hospital, Dr. Qin Wenbin, Deputy Director of Suzhou Municipal Bureau of Public Health, Dr. Zhou Hede, Vice-Chairman of the Suzhou Hospital Management Society and Dr. Wu Songxi, Executive Director of Shengze Hospital, came to Ballarat for two weeks to enquire into management concepts.

### INDUSTRIAL RELATIONS

**E**NTERPRISE AGREEMENT. After nine months of negotiations, the Base concluded one of the first Enterprise Agreements in Victoria for Hospitals, public or private. The Agreement for nursing staff, which came into operation in February 1994, gave extra benefits by way of training time and the payment of unused single day sick leave credits in return for more effective staff rosters. Net savings from the Agreement were estimated at \$300,000 per annum. The move of all workers in hospitals to Federal Awards and the re-emergence of logs of claims, have since overshadowed the Enterprise Agreement process as areas of trade-off would appear to be diminishing. It remains to be seen whether the Federal Industrial Relations Commission is firm in it's resolve to focus attention on Enterprise Agreements rather than directing centralised decisions.





## Board of Management

**O**CCUPATIONAL HEALTH & SAFETY. In February, 1994 the hospital was recognised, at both State and Federal level, as being a benchmark hospital in terms of premiums paid for insurance cover compared to total salaries paid. Total premium for 1993/94 was \$438,869. On the basis of further improvements during 1993/94 the premium will be further reduced to \$409,064 for 1994/95.

### COGENERATION

**L**ast year the Board reported extensively on the Co-Generation facilities. In November, 1993 the Public Accounts and Estimates Committee of State Parliament, in it's report on "Private Investment in the Provision of Public Infrastructure", favourably commented on the achievements of the Base in it's project, as quoted from the report:-

"More recently, the Committee has noted with interest that the Ballarat Base Hospital installed a Co-Generation plant during December, 1992 as part of a stand-alone project (within the SEC's incentive package and using private sector financing). That plant is not part of the Hospital's Co-Generation Project. The Ballarat Base Hospital appears to have been able to successfully bring a stand-alone Co-generation Project to fruition and estimates significant annual savings of approximately \$700,000 which includes a reduction of 59% in it's annual energy costs."

**A**nnual savings from the Co-Generation Project have varied from original estimates, which were based on the full operation of all 300 beds at the Hospital. At the time of writing this report, only 214 beds were in operation. This has resulted in increased sales of surplus electricity to the SEC.

### TRAINING

**I**n November, 1993 the Board approved a project for the establishment of a Centre for Rural Medicine being part of the Department of Community Medicine and Public Health of the University of Melbourne. The Board had been working with the University over a 2 year period to bring about this new development. By 30th June, all administrative procedures at both the University and the Hospital had been completed and, subject to the finalisation of the Consultancy Report (referred to elsewhere in this Annual Report), it was expected that the new Centre would commence operations in 1994/95. The Centre will be unique in Victoria because of it's close association with the undergraduate medical training program and the development of post-graduate links with medical practitioner groups in rural communities.

**P**arallel to the establishment of the Centre for Rural Medicine, the Hospital signed an Agreement with the Australian National University for the establishment of Satellite Education Services for District Medical Practitioners. This Agreement gave the hospital access to a satellite dish and associated television equipment to permit interactive group discussions with the presentors at the National Centre. It is expected that the program will extend to non-medical practitioners and during the year a pilot program for nursing was presented. In the field of Nurse Education, discussions were advanced with the University of Melbourne for the establishment of hospital based post graduate education programs under an Award of the University of Melbourne. Curriculum for operating theatre management, critical care and midwifery were under development by the 30th June, 1994. It was expected that the Hospital would be granted organisational status for the conduct of these programs.

### EXTERNAL CONSULTANCY - CASEMIX PERFORMANCE

**U**nder the Section on Finance, the Board has identified a number of issues which contributed to a drop in financial performance. Chief amongst these was the lower than budget throughput of inpatients. On 16th March, the Minister for Aged Care and Housing, the Hon. Robert Knowles, MLC., convened a meeting with the Board to discuss the casemix shortfall and the resulting impact on the hospital's overdraft. It was subsequently agreed that Consultants be appointed and funded by the Department to investigate the reasons. The Adelaide Branch of the Accounting Firm, KPMG Peat Marwick were subsequently appointed. A joint Task Force comprising members of the Board, Chief Executive and Regional Department Officers met regularly with the Consultants to receive progress reports. The final report of the Consultants is to be discussed between the Board and the Minister in July, 1994.

**T**he Board expects that it will be required, as a result of this report, to further reduce infrastructure costs during 1994/95 and the subsequent years to improve the overdraft position. The Board expects this to be a difficult task, given the need to increase patient throughput and maintain high standards of quality.

### BOARD OF MANAGEMENT

**D**uring the year the Governor-in-Council approved the following appointments to the Board of Management:-

NAME	PERIOD
Assoc. Prof. Cecil Deans	3 years
Dr. Brian R. Hassetz	3 years
Mr. Eeon D. Macaulay	3 years

**O**ctober 31st saw the retirement of long serving Board Member of 33 years, Mr. John Vernon. He had been a very active member of the Board. His long service included a term as President from 1969 to 1971. He brought skills to the Board, especially in the area of architecture and building services and was a key member of the Hospital's Project Control Group which administered the Redevelopment Program.

**T**he demands of Casemix placed great strain on the Board, as it tried to balance the demands of service provision to the community with the precise funding arrangements for each patient episode. In the latter part of the year the Board was required to convene a number of special meetings to cope with the extra demands placed upon it by the Consultancy and the reporting requirements of the Department.

**O**n 25th April, 1994, the Board received final approval from the Department to the complete revision of the Hospital By-Laws. The new By-Laws provide a framework for the Board to achieve greater flexibility which is a requirement under the Casemix Program.

### RETIREMENT OF CHIEF EXECUTIVE OFFICER-MR. EEON D. MACAULAY

**O**n 29th June, 1994, the Chief Executive Officer, Mr. Eeon D. Macaulay, retired after serving the hospital for eighteen and a half years. Mr. Macaulay had overseen most of the modern developments at the Hospital including the establishment of a wide range of new services and facilities and the extensive reorganisation of staff as an introduction of the hospital to casemix. He had served as a Board Member of the Base for the last four years of his service.





## Board of Management

### THE YEAR AHEAD

In the report for 1992/93 the Board stated that it's vision for the 1993/94 was to address the rigours of the casemix funding formula, with the need to achieve surplus payments from casemix and to develop additional sources of revenue, if it was to survive. The year just completed has shown that casemix was more demanding than was first thought.

The Hospital was not able to achieve it's goal of obtaining extra casemix revenue and, as a consequence of higher than expected costs, was not able to reduce the overdraft as planned. Consequently, 1994/95 will see the Board singularly concentrating on both of these areas. It can be expected that the Hospital will look at innovative ways of providing services at much lower cost. Strategies will include closer links with neighbouring hospitals, both public and private. Above all, the Board will be seeking to optimise quality for all services provided.

### APPRECIATION

The Board would like to express special thanks to the work of the Mary Helen Auxiliary, the Ballarat Base Hospital Foundation, the Ballarat Base Hospital Trained Nurses League, the Ballarat Base Hospital Fundraisers, Heartbeat and the V.I.P. Ladies for the funds they have raised to provide additional support to patient services.

The Board is especially appreciative of the community support it receives throughout the year. The Board publicly acknowledges the support of local Parliamentarians, business leaders and the media for representing the public's views to the Hospital. It also acknowledges the assistance given to it by Mr. Ron Tiffen, Regional Director and Mr. Peter Axten, Manager-Acute Services, Department of Health & Community Services. For the staff, 1993/94 has been a particularly challenging and demanding one and the Board is very conscious of the extra work all staff have put in willingly, to ensure a first class service to patients. Finally, to the Members of the Board goes a special thanks for their outstanding voluntary commitment to the work of the hospital and it's administration.

*E.D. MACAULAY, Chief Executive Officer.*

*DR. BRIAN HASSETT, President.*



*Pathologists, Dr. Mark Pilbeam and Dr. Chris Dow consulting in Pathology Department.*



## Performance Indicators and Statistical Summary

### PERFORMANCE INDICATORS

	1991-92	1992-93	1993-94
<b>INPATIENTS TREATED</b>			
<b>ONE OR MORE DAYS</b>			
Emergency.....	6465	6933	6491
Elective.....	7103	9097	10191
Total one or more days.....	13568	16030	16682
Same Day Procedure.....	3846	5118	5568
Total Inpatients Treated - Acute.....	13704	16164	16861
<b>BREAK DOWN BY SPECIALITY (DISCHARGES ONLY)</b>			
General Surgery.....	2306	2850	3102
Obstetrics and Gynaecology.....	2017	2034	2337
ENT.....	464	521	568
Ophthalmology.....	223	319	333
Urology.....	808	959	1088
Orthopaedics.....	1372	1505	1467
Dermatology.....	9	12	6
Psychiatry.....	7	6	
Paediatric.....	912	1154	1059
Anaesthesiology.....	39	18	41
Oncology.....	658	1612	1825
Radiology.....	30	52	53
Facio-Maxillary.....	133	148	139
Dental.....	241	303	302
R.M.O.(Emergency).....	329	229	88
Medicine.....	3524	3665	3662
General Practice.....	471	607	461
G.P. Rotation.....	17	4	1
Plastics.....	20	125	
Vascular.....		30	
<b>TOTAL.....</b>	<b>13553</b>	<b>16019</b>	<b>16693</b>
Average Length of Stay - Acute.....	4.46	4.01	3.75
<b>INPATIENTS DAYS</b>			
(a) NHT patients.....	406	143	0
(b) Other.....	60718	65116	62903
<b>TOTAL INPATIENT DAYS.....</b>	<b>61124</b>	<b>65259</b>	<b>62903</b>
<b>OCCUPANCY</b>			
Based on average beds available (219).....		81.63%	
Based on average beds available (205).....	81.47%		
Based on average beds available (214).....			80.30%
<b>OUTPATIENT ATTENDANCES</b>			
Emergency.....	31178	28223	26553
Medical Clinic Therapy.....	1222006	130751	148842
Total.....	153184	158974	175395
<b>OUTPATIENTS OCCASIONS OF SERVICE.....</b>	<b>170267</b>	<b>176818</b>	<b>201948</b>
<b>EFFICIENCY</b>			
Untrimmed DRG Weight.....	0.7598	0.8630	0.8913
Total inpatient costs (\$).....	35,101,023	39,068,185	40,924,306
Total Outpatient Costs (\$).....	11,290,544	9,980,805	10,231,077
Cost per inpatient treated (\$).....	2561.37	2416.99	2427.16
Cost per inpatient day (\$).....	574.26	598.66	650.59
Cost per inpatient treated -.....			
DRG adjusted (\$).....	3371.11	2800.68	2723.17
Cost per outpatient attendance (\$).....	73.66	62.78	58.33

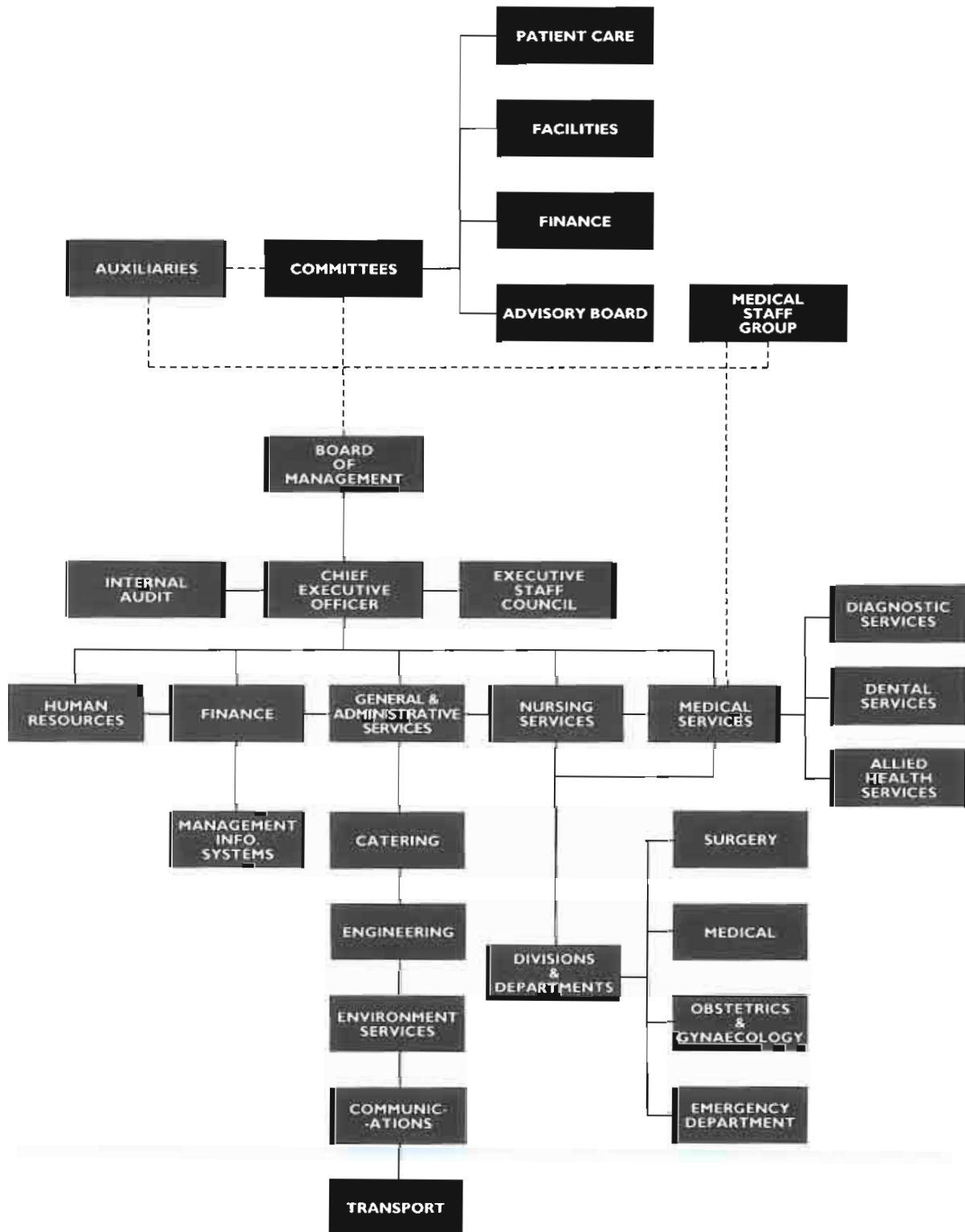
### STATISTICAL SUMMARY

<b>INPATIENTS</b>			
Inpatients Treated.....	13704	16164	16682
Inpatient Days.....	61124	65259	62587
Births.....	900	931	925
Operations - Major.....	1828	2220	2387
- Minor.....	3958	4258	4558
CCU/ICU Admissions.....	1353	941	1304
Pathology Services.....	93781	66550	70093
Radiology Services.....	23830	30822	32609
Average Number of Patients per day.....	156.5	163.8	156.2
Average length of stay (days).....	4.46	4.04	3.77
<b>OUTPATIENTS</b>			
Attendances.....	153284	158974	175395
Occasions of Services.....			
Medical Clinics.....	13874	15128	19258
Accident & Emergency.....	31178	28226	26553
Aboriginal Liaison.....	744	821	537



# Organisational Chart

As at 30th June, 1994



**CHART DEPICTS LINES OF REPORTING ONLY**  
———— Direct Links  
----- Indirect Links



## Medical Group Report

1993/94 will not go into history as one of the hospital's better years. Despite that we must not lose sight of the fact that patient throughput was again at record levels, though that increase was less than the previous year and much less than had been forecast.

### CLINICAL SERVICES

The clinical divisions' management structure was completed when Mr. Graeme Houghton agreed to take on the position of Clinical Director in the Surgical Division. This was a most welcome appointment.

Lack of meaningful case mix and financial information has been a continuing problem. Of great assistance has been the appointment of Mr. Terry Lia as the hospital case mix manager in January. His energy and application is bringing order into the chaos. With the strengthening of the finance department and the assistance of consultants KPMG our clinical costing system will become usable and useful in early 1994/95.

### STAFF

A number of long serving members of staff retired in 1993/94. These were Dr. Syd Giddy, Dr. David Morton, Mr. Allan Bath.

Dr. Giddy gave many years service to this hospital, being a founder member of the anaesthetic group and instrumental in building up the superb anaesthetic services that Ballarat enjoys today. For that he is owed a great debt by this hospital and the community.

Dr. David Morton gave many years of excellent service to this hospital as a physician. While retiring from the sessional staff, though not from private practice on the 30th June 1994, Dr. Morton has kindly agreed to continue as a sessional physician until early September when his replacement will arrive.

We also fortunate that he has agreed to continue as Director of postgraduate Education until the end of 1994.

The extent of his service became obvious from the large number of Committees where a substitute from the medical staff had to be found on his retirement. Undoubtedly the hospital will long remember David Morton and the sterling service he has given.

Mr. Allan Bath retired in June after twenty-eight years service. His trusted position as "father confessor" by all staff was greatly appreciated, as was his good humour and sage advice. The hospital revues will be the poorer because of his absence on stage.

In the medical staff we welcome Mr. Rob Sheen, plastic surgeon, Dr. Mark Tuck, anaesthetist, Mr. Paul Maher, Deputy Director of the Emergency Department and Dr. Chris Dow, pathologist.

In allied health we welcome back Shaun Murphy who returned following a year of absence in the United Kingdom, Meredith Atkinson as the new chief dietician and Mary Sawyer as the new chief occupational therapist. Conversely we farewell Sheryll Jamieson who had been acting Chief Physiotherapist, Sue Adam who retired from the position of Chief Dietician and Pauline Roennfeldt as Chief Occupational Therapist.

### INVESTIGATORY DEPARTMENTS.

Both the pathology and radiology department were reorganised administratively into business units during the last financial year. It is pleasing to say that both units ended the year with a profit. The success of these units will be an important factor in the hospital's recovery.

### THE CHALLENGE FOR 94/95.

While the case mix information shows that our average lengths of stay are at or below the State average in most instances, we must continue to make incremental improvements wherever possible. With the new co-operative spirit abroad within the hospital, I believe that no stone will be unturned, looking for those improvements. Lateral thinking to creatively solve old problems, must occur, without fear or favour. From the chaos of the recent past will emerge a new, leaner and more efficient hospital. We have now the opportunity to make things happen, which would have been not possible previously. I, for one, welcome the opportunity.

DR. C.B.E. DAVIS,

Director of Medical Services.



Dr. Bob House, Director of Radiology and Chief Radiographer Mr. Ian Channing, at work in the recently commissioned Digital Angiography Suite.



## Nursing Group

The Nursing Group met the challenges created by the new financial environment of Case Mix Funding, combined with budget reductions. This fluctuating environment has resulted in several changes to wards and redeployment and redundancy in the nursing staff. Despite this change, the nursing staff have continued to provide quality patient care. The Group also examined innovative ways to provide nursing care, and pursue professional and personal development. A significant milestone was the registration of an Enterprise Agreement with the Industrial Relations Commission on 31st January 1994, the basis of which was an innovative roster model, developed by nursing staff of the hospital.

The Management Information System (PCMS, Fujitsu) has been gradually implemented and will soon drive a dependency system through the patient care plans completed by nurses. The system already provides our Personnel Management Information.

### NURSING EDUCATION DEPARTMENT

The Nursing Education Department pursued new and innovative methods to market education to nurses both within Ballarat and the region, and is to be congratulated for the quality of programs provided. Some of the programs offered were Vital Aspects, Rythm of Life, Regional Emergency Care, Trauma Nursing and CSSD Technicians Course. The Department also conducted a Graduate Nurse Programs for eight students and a Post Graduate Peri-operative Nursing Certificate Program for eight students. It is anticipated that post graduate certificate programs for Critical Care and Peri-operative Nursing will be conducted in collaboration with a University in 1995, with other post graduate programs to be developed. Many nurses pursued individual tertiary studies and are to be congratulated on their achievements.

The Hospital continued to provide clinical experience for undergraduates from University of Ballarat and Australian Catholic University.

### CRITICAL CARE DIVISION

New innovations during this year have included:

- Facilitation of the presence of parents with their children immediately before and after surgery in the theatre suite,
- Hosting the first Victorian Rural International based Trauma Nursing Care Course, with five (5) staff successfully completing the course, and
- Development of a new education program in the intensive care unit.

### OBSTETRICS, GYNAECOLOGY AND PAEDIATRICS DIVISION

The refurbishment of ward E1 into a more appropriate paediatric and adolescent facility, was continued through the year with the assistance of many community organisations, including Mary Helen Auxiliary, Wendouree Secondary College, Our Lady of Fatima Primary School, Trefoil Guild, and Elizabeth Brown Day Centre.

The Mary Helen Auxiliary and the "Daughters of the American Revolution" enabled the purchase of equipment for the Midwifery Ward and Domiciliary Care (home visiting) Service. The specific ante-natal service for teenagers, "The Little Clinic", was relocated to Ballarat East Community Health Centre but continues to be supported by the Midwifery Department of the Base Hospital. There were 920 births during 1993-94 and 223 babies were cared for in the Special Care Nursery.

### SURGICAL DIVISION

The nursing staff welcomed the appointment of Mr. G. Houghton as Clinical Director, Surgery, in January 1994. In February 1994, a fourth theatre was commissioned, which result in a record 7,025 procedures being performed during the year. The CSSD Department conducted extensive work practice reviews and implemented many efficiency measures identified by the reviews. CSSD provided a quality service in decontamination and sterilisation throughout the year. The Day Ward expanded from eight to ten beds in response to an increase in Day Procedures. A total of 1,103 endoscopy procedures were performed in the Day Ward Medical Procedures Room, which was fully supported by Day Ward staff. The Patient Managed Care model has been supported by some wards in Surgical Division, in particular Ward 2North, and it is anticipated that this approach will be developed in other wards during 1994-95.

### MEDICAL DIVISION

Oncology has displayed a major increase in throughput, with the number of chemotherapy administrations increasing by 182 to 2066 during the year. The Limited Care Dialysis Unit continued to service not only Ballarat patients but also other dialysis centre patients (including interstate) holidaying in Ballarat. Assistance was provided in the establishment of new dialysis centres, and the Unit is currently marketing an educational video on dialysis, produced in conjunction with University of Ballarat. Primary Nursing has been practised in 4 South for some time. The leading nature of the program was recognised by the publication of a paper on Primary Nursing by Mrs. Susan Rhodes, a staff member of Ward 4 South, in the June edition of the Australian Nurse's Journal. The article has generated interest within Victoria and from interstate, and it is planned to conduct seminars and market the educational package used in the implementation of Primary Nursing in 4 South and Paediatrics Unit. The two medical wards conducted in-service education programs in diabetes management, palliative care, oncology and dialysis. The Rehabilitation Unit provided services to 1394 patients (including cardiac rehabilitation) during the year.

### CHAPLAINCY

The Chaplaincy team provided support to patients and families, in routine visiting programs, and during times of special need. The eleven Chaplains serving the hospital provide more than 90 hours of pastoral and spiritual care each week. Other than the Hospital Chaplain, all chaplaincy services are provided by volunteers. The Hospital is grateful for the dedication and commitment displayed by the Chaplains.

After many years of searching for an appropriate space, a room has been allocated for the development of a Chapel. This small room will be available for patients, families, visitors and staff, as a place to find peace and strength.

### ACKNOWLEDGEMENT

The group wishes to acknowledge the service of the Deputy CEO Nursing, Miss E.A. Brady who resigned on 19 July 1994. Miss Brady was appointed as Director of Nursing in 1986, and under her guidance, the Nursing Services of the hospital showed positive professional development and significant quality improvement.

L BROAD

Acting Director Patient Care Services





## Medical Association Report

The last year has been one of, at times headline making, administrative and financial turmoil. The Ballarat Community might well be excused for wondering whether the hospital, which has always claimed to be an extremely efficient one, continues to be so. We have no doubt that such is the case and that the medical, paramedical and nursing staff continue to deliver first rate care to an increasing number of patients each year.

However, with the continuing reduction in the number of privately insured patients, the load on the public hospitals is inevitably increasing and this is a problem that needs to be addressed at State and Federal levels.

The escalating burden on the public purse and the need for cost constraint is impinging on the clinical practice in a number of ways. Thus the hospital was recently considering privatising Outpatients as a means of transferring the costs to Medicare. It has to be said that this raised a number of serious concerns within the Medical Staff Group, with regard to the maintenance of proper standards of patient care, as well as potential ethical and legal problems concerning the consultants involved.

With increasing dependence on the public system for income, sessional Medical Officers are understandably becoming more concerned with levels of sessional remuneration, particularly as these in Victoria are the lowest in the country, and approximately half of those

in New South Wales. Currently, and for some years now, methods of remuneration have differed markedly from hospital to hospital within the state and even within each individual hospital. The present state government has recognised this anomaly and has established a committee of eminent persons to look into it.

In recognition of demands by the general public for greater accountability, and in line with moves by the various Royal Colleges, the hospital is actively looking into computerised auditing of clinical outcomes. This has been done by the anaesthetic Service for the last two or more years and the extension of this to Surgical Services is under way.

Finally, I would like to record publicly the retirement of two long serving members of the hospital medical staff, and to acknowledge the huge debt owed to them by the hospital and the vast number of patients treated by them over more than 60 years of combined practice. Doctors David Morton and Sid Giddy retired from their positions as Senior Physician and Director of Anaesthesiology respectively and for many of us their departure is both a personal and professional loss.

*R. H. MITCHELL F.R.A.C.S.*

*Chairman Medical Staff Association*



*Dr. Henry Zeimer (L), Medical Registrar, consults with Intern Dr. Andrew Leaver and R.N.'s Helen Yates and Patricia Sutton.*



## Facilities Group

This is the second annual report for the Facilities Management Group. The earlier part of 1994 saw a dramatic increase in the responsibilities of the Group as a result of the incorporation of the Corporate Services Group.

The expanded Facilities Management Group is now responsible for the following services:

- Engineering & Building Services
- Bio-Technology Services
- Print Shop Services
- Transport & Parking Services
- Supply Department
- Linen Services
- Telecommunication Services
- Catering Services
- Switchboard Operations
- Environmental Services
- Security Services
- Waste Management Services
- Housing

Despite the major upheaval resultant from review of the Hospital's Management structure the Group has continued to support the Hospital clients, nurses, doctors and other patient service providers with a wide variety of quality support services.

By May 1994 the managers of the Facilities Management Group (prior to the incorporation) had all prepared a commercially costed document of the services provided by their respective departments for presentation during the budget negotiations. This exercise clearly identifies the cost of providing all services to the Hospital and enables benchmarking with outside competition.

The Cogeneration project has continued to operate at 98% of its maximum output. The gross annual revenue is around the \$800,000 level with a calculated saving of approximately \$600,000 resultant from electricity sales and heat recovery; the remainder is used by the Hospital for its operations and provision of Capital costs. This project is expected to remain a major revenue earner for the Hospital well beyond the year 2010.

Another major highlight for the Group has been the final completion of the Henry Bolte Wing, some 16 months after its opening. The Engineering & Building Services Department negotiated the finalisation of over 700 defects left over after the final completion of the large number of individual contracts that formed the whole project.

The Environmental Services Department is continuing to improve its efficiency through the maintenance of its cleaning standards in spite of the reduction in staff numbers. The total task analysis of its services completed during 1994 has placed it in an excellent position to make strategy service cuts to match reductions in the Group's operation costs.

Unfortunately the closure of the incinerator by the E.P.A. in December 1993 has meant further waste disposal costs at a time of significant financial stress for this Hospital. All biomedical waste is currently transported to Melbourne for disposal, with other waste going to recycles or to landfill.

The Transport & Parking Services was successful in achieving transport costs per kilometre significantly below the 40¢ per kilometre commercial target. Likewise parking and substitute ambulance savings contributed significantly cost savings to the Hospital.

Linen Services reported a reduction of 33,045 kilograms of linen usage with corresponding savings of \$37,000.

The Catering Department is to be commended for the food services provided for both this and Lakeside hospital.

*H.J.W. de DEUGD*

*General Manager,  
Facilities Management Group*



Bio Technology Department, Technician Shane Simpson and Manager Rob Nicholls.





## Human Resources Group

This year has proved challenging for the Human Resources group, not only as a result of carrying out some very difficult and complex assignments, but having no less than three leaders in this period. That the Group was able to provide an effective service and deliver outcomes during this time is strong testimony on the individual members ability to cope with significant change. With the appointment of Robert Knight to the General Manager's role in December 1993, came the Hospital's formal contractual association with SIAG - Service Industry Advisory Group. This group are providing through the General Manager, broad based, strategically focused Human Resource Management, on a more cost effective basis than would be otherwise obtainable.

### INDUSTRIAL RELATIONS

In February 1994, the Hospital concluded an enterprise agreement with its nursing staff, which is in force for twelve months. This agreement was ratified by the Australian Industrial Relations Commission. In return for an \$8 pay increase the nursing staff significantly reduced shift change-over times, gave up ADO's and reduced EFT.

The changes to Victorian Industrial Relations enacted in late 1992, were effectively negated by the movement of most of the Health and Allied Awards to the Federal jurisdiction. Whilst individual employment contracts are less widespread, the Hospital is implementing them within the new rules as appropriate. The Federal Industrial Relations Act 1993, has had an impact on enterprise agreements, with award conditions being treated as "minima". This implies that any enterprise agreement must be "better" than the award to withstand the "no worse off" test requirement of the legislation.

### OH & S

In accord with the nursing five year back care plan, and following consultation with nursing staff, a "Back Risk Abatement Program" (BackRAP) was developed as a quality focused and integrated approach to manual handling risk improvement for nursing staff. BackRAP is likely to be implemented by BackRAP co-ordinators in each ward in the next financial year.

Fire and emergency procedures training was conducted during May, under the banner of "Fire Up Safety for May". The CFA provided on-site training which was attended by 250 staff, representing all shifts. A further 12 nursing staff underwent an intensive one day fire training course at CFA Fiskville. An internal disaster exercise was conducted in the obstetric unit to test the recently released Emergency Procedures Manual. Following a review of the results amendments to the manual are soon to be published.

The executive of the hospital has agreed to the implementation of an OHS Action Plan for a strategic approach to systematic risk reduction, consistent with the general requirements of Safety MAP, with the dual aims of:

- Generating savings through risk management, and
- Gain recognition for Best Practice in OHS.

The hospital has engaged a consultant from Preferred Care Networks as a facilitator to achieve these aims. The hospital, in conjunction with VHA and VHIA, and with union support, has applied to the Commonwealth Department of Health and Human Services for a Best Practice grant in workplace reform. This grant would allow the hospital to develop risk management systems, including specific processes and tools for managers and teams, consistent with the national guidelines for integrating OHS competencies, into National Industry Competency Standards. The aim is to achieve the level required for workers compensation self insurance, through a network arrangement with other hospitals, to generate considerable savings.

Risk Improvement Teams (RIT's), as an essential element of the risk management system, have been established in Nursing, Engineering/Bio-technology, and Environmental Services/Linen supply/Transport department groups. Teams replace the health and safety committee and will provide a clear focus for risk assessment and control at a local level.

Managers Risk Improvement Plan's (RIP's) are a further innovation. Departmental Managers have been challenged to develop these plans in conjunction with RIT's. Ultimately, managers and RIT's will be able to draw upon the savings generated through self insurance when developing RIP's. By establishing a link with the normal planning and budgeting processes of the hospital, risk assessment will become an integral part of the role and function of management.

### WORKCOVER

The Hospital's performance in Workers Compensation has continued in its downward trend, with a further reduction of \$125,762 in Workers Compensation Premium. This reduction resulted from proactive management of safety risks, and in the event of a workers compensation claim, an efficient and effective approach to claims management. This was combined with implementation of early return to work programs via the claims officer. To achieve these goals, a Policy and Procedure document which complied with Victorian Legislative requirements, was developed and distributed in early 1994.

### EMPLOYEE RELATIONS

Through the Voluntary Departure Scheme, 29 packages were completed, reducing EFT by 23.70.

In conclusion, the Human Resources Group is well positioned to support and assist the hospital through unprecedented change. Further, the group is continually seeking to implement initiatives to reduce the costs and increase the contribution of the hospital's Human Resources.

*R. KNIGHT*

*General Manager, Human Resources*



## Hospital Outreach

### HEALTH ORGANISATION MEMBERSHIPS

**Mr. E. D. MACAULAY**

Chief Executive Officer

- National Councillor, Australian Hospitals Association & Victorian Member on Rural Health Working Party
- Director Victorian Hospitals Superannuation Board
- Member Finance Working Party Victorian Hospitals Association
- Member Victorian Ministerial Committee Quality Assurance Network
- Chairman, Victorian Chamber of Commerce and Industry

**Dr. C. B. E. DAVIS**

Director Medical Services

- Chief Medical Commander, Medical Displan Central Highlands Region
- Member Hospital Medical Officers Standing Committee Working Party D.H.& C.S.
- Member Victorian Hospital Intern Accreditation Committee

**Dr. S. GIDDY**

Director Critical Care and Director of Anaesthesia

- Committee Member Victorian Section of Australian Society of Anaesthetists.
- Member Consultative Council on Anaesthetics Morbidity and Mortality, D.H.&C.S.
- Member Chairs of Anaesthesia Appeal Committee

**Dr. A. N. ROBERTS**

Director of Regional Pathology

- Member International Academy of Cytology.
- Regional Transfusion Officer Representative Red Cross Blood Transfusion Service Advisory Committee

**Dr. C.M. Pilbeam** - Pathologist

- Member American Society of Clinical Pathologists
- Member Board of Education, Royal College of Pathologists of Australasia (R.C.P.A.)
- Chairman Victorian Sub-Committee, Victorian Branch R.C.P.A.
- Deputy Chairman Discipline Advisory Committee for General Pathology R.C.P.A.
- Member International Academy of Cytology

**Dr. S. T. WALKER**

Director Emergency Department

- Member Continuing Medical Education Committee, Australasian College of Emergency Medicine
- Lecturer Introduction to Emergency Medicine, Medical and Dental Faculties, University of Melbourne

**Mrs. ESTHER BARTRAM**

Chief Speech Pathologist

- Member Australian Society for Study of Brain Impairment
- Director State Board of Australian Brain Foundation

**Ms. SANDRA LORENSINI**

Social Worker/Psychologist

- Member Australian Psychological Society

**Ms. E. A. BRADY**

Deputy CEO Nursing

- Secretary Base Hospital Directors of Nursing Group
- Executive Member, Board of Management, Ballarat District Nursing Society
- Member, Association of Directors of Nursing
- Representative, Theatre Attendants Course Advisory Committee
- Member, Pre-Registration Course Committee, University of Ballarat
- Member, College of Nursing, Australia

**Mrs L. BROAD**

Acting Director, Patient Care Service

- Member Australian College of Midwives
- Member, Midwifery Advisory Committee, Victorian Nursing Council
- Member, Victorian Healthcare QA Association

**Mr G. McCURDY**

Director of Pharmacy

- Member Pharmacy Advisory Committee, Victorian Hospitals Association
- Secretary, Rural Pharmacists sub-Committee, Society of Hospital Pharmacists of Australia (Vic. Branch)
- Area Co-ordinator of Continuing Education, Pharmaceutical Society of Australia

**Mr R. PECK**

Infection Control Officer

- Executive Member V.I.C.N.A. (Newsletter Editor)



Librarian Norma Warswick assists 4th Year Medical Students, Hai Than Bui (L) and Cyril Tson in the hospital's Medical Library.



## Other Reports

### ACCREDITATION

The Ballarat Base Hospital deferred the application to Australian Council on Health Care Standards for an accreditation survey in 1994, and it is anticipated that the hospital will seek accreditation in 1995/96 Financial Year.

### QUALITY ASSURANCE

The Quality Assurance (Patient Care) Co-ordinating Committee superseded the Quality Assurance Working Party in March 1994. This committee reports to the Board of management through the Patient Care Review sub-Committee of the Board.

This committee is comprised of representatives of the Board of Management, the Hospital Executive, and a representative of each Clinical Division.

### QUALITY ASSURANCE ACTIVITIES

The hospital was granted Statutory Immunity under Section 139 of Health Services Act in July 1993.

A Patient Satisfaction Survey was conducted as a telephone survey in May 1994, using questions developed from the draft of the state-wide Patient Satisfaction Survey. Results are being collated for use within the hospital.

The Complaints Procedure has been formalised and incorporated in Executive Staff Manual. The link between Quality Assurance and Complaints has been closed with the Complaints report being directed to the Quality Assurance (Patient Care) Co-ordinating Committee.

Nursing Group's extensive Quality Assurance Program has continued in 1994. The major objective for 1994 has been to move "ownership" of the program to Ward/Department level.

Medical Quality Assurance has concentrated on Limited Adverse Screening and Clinical Indicators. Recently Quality Outcomes have been identified to improve the quality of patient care.

### EQUAL EMPLOYMENT OPPORTUNITY

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

- Deputy CEO Medical
- Deputy CEO Nursing
- General Manager Corporate Services
- Personnel manager
- Nursing Education Co-ordinator
- Nursing Personnel Officer

Representatives from all industrial organisation which cover hospital staff members.

The committee meets quarterly, the Personnel Manager being designated as the Executive Officer, and the committee reported to the Board of Management through the Personnel Manager.

The Equal Employment Opportunity policy was promulgated in the Executive Staff Manual.

### STAFF NUMBERS

The total number of staff employed by Ballarat Base Hospital as at 30 June 1994 was 780.

GROUP/DIVISION	1992/93	1993/94
Corporate Services.....	78.05	75.18
Facilities.....	78.94	75.90
Finance & Information Services.....	22.28	22.51
Human Resources.....	7.72	6.06
Medical Services.....	207.82	208.71
Nursing Services.....	59.21	43.07
Division of Medicine.....	92.36	76.58
Division of Surgery.....	127.73	143.96
Division of Obs., Gynae. & Pead. ....	63.95	57.35
Division of Critical Care.....	68.65	68.63
Executive.....	3.00	2.81
TOTAL.....	809.71	780.76

### 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 1993/94 this was 5% of salary. This provides for a lump sum payment on retirement and personal death and disability cover.

The Hospital's Superannuation Board Contributory Scheme and the Basic Benefit Scheme closed to new members on 31 December 1993. From 1 January 1994, any new employee who is not a member of the current HSB scheme, automatically became a member of HOSFUND, the new scheme of HSB. 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.

### 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 interests. This provision is in accordance with Clauses 10 to 13 of standard condition of funding for registered funded agencies, pursuant to Division 2, Part 3, Health Services Act 1988.

### WORK ACCIDENTS

The hospital employs a full time Manager Occupational Health and Safety, to develop health and safety policies and to implement a program of risk assessment and improvement to reduce exposure to potentially hazardous situations.

In accordance with the new Victorian Workcover Legislation, a return to work co-ordinator has been appointed to facilitate early return to work interventions when a Workcover claim arises.

During 1993/94 the hospital reported 16 lost time injuries, resulting in 1516 hours of work time lost. This compared with 29 injuries and 953 hours in 1992/93.

### OVERSEAS TRAVEL

The Chief Executive Officer travelled to the Peoples Republic of China in October 1993.



## Other Reports

### INDUSTRIAL RELATIONS

No time was lost to industrial disputes during the year. An Enterprise Agreement was concluded with nursing staff in December 1993, and ratified by Industrial relations Commission in March 1994. Significant benefits flowed to both nursing staff and the hospital on implementation.

### FREEDOM OF INFORMATION

There were 64 requests for information under the Freedom of Information Act (Victoria) 1982. Of these 61 were for access to information held in Medical Records maintained by the hospital.

### 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:** Funded agency under Health Services Act 1988  
Responsible Minister as at 30/6/94, was Hon. Marie Tehan, M.L.A.  
**Organisation:** See Chart separately  
**Functions:** To provide Health and Welfare services (inpatient and outpatient) to population of Grampians Health Region.  
**Decision Making Powers:** Contralled by Ballarat Base Hospital Board of Management

#### 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  
Job Descriptions  
OH. & S. Records

### FOI ARRANGEMENTS

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

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

### PUBLICITY SERVICES

**Literature Available:** Annual Report  
Patient Information Booklet published May, 1994  
Patient Rights and Responsibilities Pamphlet  
Hospital Official History "Sovereign Remedies"  
Internal magazine "The Communicator"  
BBH Foundation newsletter  
Other publicity documents

All reports, submissions and monouls ore available through hospital library services.

### FEES AND CHARGES

The hospital sets fees and charges in accordance with directives of Department Health and Community services, issued under Section 8, Hospitals and Charities (Fees) Regulations 1986, as amended.



## Senior Staff Appointments

### MEDICAL APPOINTMENTS

Director of Medical Services:

Dr C.B.E. Davis - M.B., B.S. (W.A.), 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

Dentists:

F.J. Morgan - B.D. Sc., L.D.S.  
P.R. Richards - B.D. Sc., L.D.S.

Obstetricians & Gynaecologists:

H.M. Moorehouse - M.B., B.S., M.R.O.G.  
W.L. Sloss - M.B., B.S.

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.) F.R.A.G.P.

Psychiatrists:

C.S. Haughton - M.B., B.S., F.R.A.N.Z.C.P., M.R.C. Psych., F.R.A.C.M.S.

### DIVISION OF MEDICINE

Clinical Director:

I.C. Goy - M.B., B.S., F.R.A.C.P., F.R.C.P. (Lond.), F.R.A.C.R.

Physicians:

D.L. Morton - M.B., B.S., F.R.A.C.P. (Retired 30.6.94)  
A. Ambikapathy - M.B., Ch.B. (L'pool), F.R.C.P. (Lond.), D.T.M. & (L'pool), F.R.A.C.P.  
J. Stickland - M.B., B.S., F.R.A.C.P., F.R.A.C.R.M.  
J. Richmond - M.B., B.S., F.R.A.C.P.  
J. van den Broek - M.B., B.S., F.R.A.C.P.

Associate Physicians:

W.J.C. Spring - M.B., B.S., M.R.C.P. (Lond.), F.R.A.C.P.  
C. Nolan - M.B., B.S., F.R.A.C.P. (Appt. 22.11.93)  
G. Phelps - M.B., B.S., F.R.A.C.P. (Appt. 1.7.94)  
J. Stickland - M.B., B.S., F.R.A.C.P., F.R.A.C.M.

Director of Coronary Care:

D.L. Morton - M.B., B.S., F.R.A.C.P. (until 31.12.94)

Director of Medical Training:

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

Thoracic Physician:

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

Oncologists:

R. Bond - M.B., B.S., F.R.A.C.P. (Appt. 1.1.94)

Assistant Oncologist:

G.J. Goodman - M.B., B.S., F.A.C.D. (Resigned 23.7.94)

Dermatologist:

J. Hurley - M.B., B.S. (Lond.), L.R.C.P., M.R.C.S.

Geriatrician & Rehabilitation Physicians:

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.

### 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.  
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.

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.

Assistant Surgeon:

S.A. Tobin - M.B., B.S., F.R.A.C.S., Cert. Intercollegiate Board.

Neurosurgeon:

D. Wallace - 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. Stephens - M.B., B.S., F.R.A.C.S. (Resigned 1.3.94)

Assistant Urologists:

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.



## Senior Staff Appointments

Ophthalmologists:	M. Toohey - 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.
Oto-Rhino-Laryngologists:	P.I. Donoghue - M.B., B.S., F.R.C.S. (Otol.) A.H. Platts - M.B., B.S., F.R.A.C.S.
Orthopaedic Surgeons:	P.J. Kierce - M.B., B.S., F.R.A.C.S. J. Patrikios - M.B., B.M.S., B.S., F.R.A.C.S. J. Nelson - M.B., B.S., F.R.A.C.S.
Assistant Plastic Surgeon:	R. Sheen - M.B., B.S., M.S. (Melb.), 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.)

### DIVISION OF GYNAECOLOGY, OBSTETRICS AND 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. 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. P. Davey - M.B., B.S., F.R.A.C.O.G.
Associate Obstetrician & Gynaecologist:	J. Fleming - M.B., B.S., F.R.A.C.O.G.
Paediatricians:	C.R.F. Richardson - M.B., B.S. (Melb.), F.R.A.C.P. M.K. 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)

### DIVISION OF CRITICAL CARE

Clinical Director:	S.D. Giddy - M.B., Ch.B. (Birm.), D.A. (Lond.), Dip. Obs.R.C.O.G., F.F.A.R.A.C.S., F.A.N.Z.C.A. (Retired 24.6.94)
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### EMERGENCY DEPARTMENT

Director of Emergency:	S. Walker - M.B., B.S., F.A.C.E.M.
Deputy Director of Emergency:	I. Rafter - M.B., B.S., M.B.Ch.B. (N.Z.), F.R.A.C.S. (Resigned 1.2.94) P. Maher - M.B., B.S., F.R.C.S. (Edin.) (Appt. 23.6.94)

### INTENSIVE CARE

Director of Intensive Care:	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)
Deputy Director Intensive Care:	J. Richmond - M.B., B.S., F.R.A.C.P.
Director of Anaesthesia:	S.D. Giddy - M.B., Ch.B. (Birm.), D.A. (Lond.), Dip. Obs.R.C.O.G., F.F.A.R.A.C.S., F.A.N.Z.C.A.
Anaesthetists:	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.C.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)
Assistant Anaesthetists:	G.A. Hughes - M.B., B.S., F.F.A.R.A.C.S., F.A.N.Z.C.A. R.J. Ray - M.B., B.S. (Melb.), F.F.A.R.A.C.S., F.A.N.Z.C.A. 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.), E.C.F.M.G., F.A.N.Z.C.A. (Appt. 30.6.93)

### MEDICAL SUPPORT GROUP

Administrative Officer	A.G. Bath - P.S.M. (Retired 24.6.94) W.A. Wallace - Dip. Arts (Mil.), Cert. QA Mgt. (Appt. 27.6.94)
Secretarial Staff:	M.R. Trembath M. Wilkes



## Senior Staff Appointments

### RADIOLOGY DEPARTMENT

Director of Radiology:

RADIOLOGISTS:

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

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:

Chief Radiographer/Business Unit Manager:

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

### PATHOLOGY DEPARTMENT

Regional Director of Pathology:

Deputy Regional Director:

Pathologists:

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

M. Pilbeam - M.B., B.S., Ph.D., F.R.C.P.A.

P. Bedford - M.B., B.S., F.R.C.P.A.

E. Pihl - Med. Lic. (Sweden), Med.Dr. (Sweden),

Doc. Path. (Sweden), F.R.C.P.A. (Resigned 30.3.94)

C. Dow - M.B., B.S., F.R.C.P.A. (Appt. 11.4.94)

P. Appledore - B.App. Sc., Grad. Dip. Mgt., M.H.A.  
(N.S.W.), M.A.I.M.

Business Unit Manager:

DEPARTMENT HEADS:

Biochemistry:

Blood Bank:

Haematology:

Histology:

Microbiology:

R.E. Priddle - Cert. App. Sc.

G. Barlow - A.A.I.M.L.S.

D. Berry - A.A.I.M.L.S., A.R.M.I.T.

P. Walkenden - Aff. A.I.M.L.S., M.A.O. (Biol.)

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:

Audiologist:

Crisis Centre:

Diet Therapist:

J. Muir

R. Roper - B.A., Dip. Aud.

F. Quigley

S. Adam - B. Sc. (Hons.), Grad. Dip. Diet.  
(resigned 20.12.93)

M. Atkinson - B.App.Sc. (Nut.), Grad. Dip. Diet.  
(Appt. 31.1.94)

M. Winter

E.C.G./E.E.G.:

Librarian:

Medical Records Administrator:

Methodone Program:

Chief Occupational Therapist:

N. Worswick - A.L.A.A.

K. Stevenson - B. App. Sc., M.R.A.

S. Carter - R.N.

P. Roennfeldt - B. App. Sc. (Occ. Th.) (Resigned 17.6.94)

M. Sawyer - B. App. Sc. (Occ. Th.) (Appt. 20.6.94)

G.R. McCurdy - B. Pharm., F.S.H.P.

S. Murphy - B. App. Sc. (Physio.) (Lincoln)

C. Reiniets - M.P.

E. Bartram - L.C.S.T., M.C.S.T., M.A.C.S.T., A.L.A.M.

S. Lorensini - B.A., Grad.Dip.App.Psych., A.M.A.P.S.

C. Duncan

Director of Pharmacy:

Chief Physiotherapist:

Podiatrist:

Chief Speech Pathologist:

Welfare Officer:

Chief Medical Technician:

### UNIVERSITY OF MELBOURNE

Department of Community Medicine:

Academic Associates:

Clinical Supervisor Medical:

Clinical Supervisor Surgery:

Prof. H.G. Peach - B.Sc., M.B., B.Ch.(Wales), Ph.D.  
(Lond.), M.F.C.M.(U.K.), F.A.F.P.H.M.

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. (Retired 24.6.94)

D.L. Morton - M.B., B.S.(Melb.), F.R.A.C.P.

F.P. Denton - M.B. B.S., F.R.A.C.S.

### SALARIED MEDICAL AND DENTAL STAFF

Dentists:

A.J. Moloney - B.D.Sc.

G. Read - B.D.Sc., L.D.S. (Vic)





## Senior Staff Appointments

### MEDICAL STAFF

#### Emergency Department Registrars:

H. Crook - M.B., B.S.  
R. Gocentas - M.B., B.S.

#### Orthopaedic Registrars:

E. Khoury - M.B., B.S.  
A. Bonomo - M.B., B.S.

#### Anaesthetic Registrars:

C. Latrou - M.B., B.S.  
D. Andrews - M.B., B.S.  
A. Davidson - M.B., B.S.  
D. Daley - M.B., B.S.

#### Radiology Registrars:

M. Clark - M.B., B.S.  
R. Singh - M.B., B.S.  
D. Connell - M.B., B.S.

#### Hospital Medical Officers:

D. Giannos - M.B., B.S.  
G. O'Reilly - M.B., B.S.  
P. Wood - M.B., B.S.  
D. Varma - M.B., B.S.  
J. Tsagaratos - M.B., B.S.  
A. Pratt - M.B., B.S.  
A. McDonald - M.B., B.S.  
R. Hill - M.B., B.S.  
M. Maher - M.B., B.S.

#### Urology Interns:

V. Morgan - M.B., B.S.  
D. Penn - M.B., B.S.

#### Interns:

E. Cole - M.B., B.S.  
A. Leaver - M.B., B.S.  
H. Mitropoulos - M.B., B.S.  
E. Neo - M.B., B.S.  
R. Sycnamias - M.B., B.S.  
M. Wood - M.B., B.S.

#### Medical Registrars:

C. Wells - M.B., B.S.  
J. Shaw - M.B., B.S.

#### Surgical Registrars:

M. Nguyen - M.B., B.S.  
G. B. Mann - M.B., B.S.  
A. Clarke - M.B., B.S.

#### Urology Registrars:

M. Vaughan - M.B., B.S.  
L. Dodds - M.B., B.S.

#### Obstetric Registrar:

M. Darcy-Evans - M.B., B.S.

K. Ho - M.B., B.S.  
J. Sycnamias - M.B., B.S.  
S. Tan - M.B., B.S.  
Y. Bonomo - M.B., B.S.  
M. Willaton - M.B., B.S.  
C. Haidacher - M.B., B.S.  
W. Juarez - M.B., B.S.  
G. Tan - M.B., B.S.

A. Robinson - M.B., B.S.  
J. Brown - M.B., B.S.

A. Crellin - M.B., B.S.  
N. Livingstone - M.B., B.S.  
L. Morgan - M.B., B.S.  
S. Schemali - M.B., B.S.  
S. Traill - M.B., B.S.

### OTHER MEDICAL STAFF APPOINTMENTS

#### Psychiatrists:

A.L. Nicholson - M.B., B.S. (Melb.), D.P.M. (Melb.),  
F.R.A.N.Z.C.P., M.R.C. (Psych).  
V.R. Thracore - M.B., B.S., D.P.M., M.R.C. (Psych),  
M.A.N.Z.C.P.

#### Drugs and Alcohol:

T.D. Anderson - M.B., B.S. (Q'ld)

#### 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.



## Senior Staff Appointments

### NURSING APPOINTMENTS

#### NURSING ADMINISTRATION

Deputy CEO, Nursing:

E. Brady - R.N., R.M., (U.K.), Dip. Nurs. Admin.,  
M.C.N.A., A.D.O.N. (Resigned 19.7.94)

Acting Director Patient Care Services:

L. Broad - R.N., R.M., F.C.N.A., Grad. Dip. Ed. Admin.,  
Grad. Dip. Bus. Admin. (Appt. 19.7.94).

Night Duty:

M. Monck - R.N., Cert. C. Care., Grad. Dip. Bus. Mtg.  
E. Daniel - R.N., R.M.

Evening Weekend and  
Relieving Supervisors:

C. Allen - R.N., R.M.  
J. Mulrooney - R.N., R.M.  
A. Ditchfield - R.N., R.M. B. Nurs.  
R. Coad - R.N., R.M. (Relieving).  
L. Besenghi - R.N., R.M., B. Nurs., Grad. Dip.  
Admin. (Health), (Appt. Jan 94).  
C. Barrie - R.N., R.M., Grad. Dip. Health Sci. (Health  
Ed.), I.B.L.C. (Relieving till Oct 93).

### NURSING SERVICES DEPARTMENT

Director of Nursing  
Services Department:

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

Nursing Personnel Officer:

G. Gorton, R.N., R.P.N., Grad. Dip. Bus. (Info Syst),  
(Resigned Dec 93)  
L. Costello - R.N., R.M. (Appt. Dec 93)

Information Systems Manager:

D. Moynihan - R.N., R.P.N., B. App. Sci. Adv.  
Nurs. (Education). (Transferred MIS May 94)

Stomal Therapist:

L. White - R.N., R.M., Stomal Th. Cert.

Infection Control:

R. Peck - R.N., Steriliz. Inf. Con. Cert.

Outpatients Nurse Manager:

J. Ritchie - R.N., R.M., (Appt. Dec. 93).

Managed Care Co-ordinator:

J. Collier - R.N., Orth. Cert., Mgt. Cert., (Appt. May 94).

### NURSING EDUCATION DEPARTMENT

Co-ordinator Nursing  
Education Department:

C. Preston - R.N., Cert. Int. Care., Grad. Dip.  
Acute Care. (Resigned April 94).  
A. Rowe - R.N., R.M., B. Nurs., Dip. Nurs.  
(Education), Steriliz. Inf. Con. Cert. (Appt. Apr 94).

Nurse Educators:

M. Kearney - R.N., B. Appl. Sci. (Ad. Nursing).  
S. Rhodes - R.N., R.M., B. App. Sci. (Adv. Nurs.)  
(Education), F.C.N.A., I.C. Cert. (Transferred to Clinical  
Area Aug 93)  
A. Zehnwirth - R.N., B. App. Sci. (Adv. Nurs.)  
D. Jackson - R.N., B. Nurs. (Post Reg)  
R. Tchernomoroff - R.N., Cor. Care Cert., Acc.  
and Emerg. Cert., Grad. Dip. Accute. Care Nurs. Part-time.  
C. Watts - R.N., R.M., Cert. Crit. Care (Appt. Mar 94).

### DIVISION OF SURGERY

Nursing Director:

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

Operating Suite Manager:

J. Taylor - R.N., Peri-operative Cert.

NURSE MANAGERS:

N2 North:

J. Collier - R.N., Orth. Course, Mgt. Cert. (till May 94)  
Cliff Adeney - R.N., R.M. (Appt May 94)

N2 South:

K. Baird - R.N., Cert. Int. Care, B. Nurs., (Appt. Apr 94)

N3 North:

A. McFarlane - R.N., Grad. Dip. Bus. Mgt.

N3 South:

T. Williamson - R.N., B. App. Sc. (Nurs.)

C.S.S.D:

E. McVeigh - R.N., Grad. Dip. Ed. Admin.,  
Steriliz. Infec. Cert.

Day Ward:

K. Wheeler - R.N., R.M., Cert. Chemotherapy Admin.

Y1

V. Livitsanis - R.N., Grad. Dip. Health Ed. (Resigned Jan 94)



## Senior Staff Appointments

### DIVISION OF CRITICAL CARE

Nursing Director:	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: Emergency Department:	P. Standen, R.N., R.M., Cert. Coronary Care, B. Health Sciences. (Appt. Aug 93.)
Intensive Care Unit:	D. Rathgeber - R.N., Cert. Coronary Care, Intensive Care and Cardio Thoracic Nsg, Grad. Dip. Crit. Care Nsg.
Anaesthetics:	M. Pollard - R.N., R.M., Cert. Anaes & Post Anaes. Nurs., Grad. Dip. Ed. Admin.

### DIVISION OF OBSTETRICS, GYNAECOLOGY AND PAEDIATRICS

Nursing Director:	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: Paediatric Unit Midwifery Unit Dom. Care:	J. Godfrey - R.N., R.M., R.S.C.N.(U.K). D. Beechey - R.N., R.M., B. Nurs., J.P. S. Mc Rae, R.N., R.M., Grad. Dip. Community Health
DIVISION OF MEDICINE Nursing Director: Nurse Managers: N4 South: N4 North:	J. Scarff - R.N., Grad. Dip. Admin. Health.  A. Spencer - R.N. L. Dwyer, R.N., R.M., Paed. Cert., B. App. Sc., M.R.C.N.A., (Resigned Jan. 94). R. McPherson - R.N., R.P.N. (Appt. Feb. 94). D. Rathgeber - R.N., Cert. Coronary Care, Intensive Care and Cardio Thoracic Nsg, Grad. Dip. Crit. Care Nsg.
Coronary Care Unit:	P. Waugh - R.N., R.M.
Limited Care Dialysis Unit: Oncology: Rehabilitation:	K. Connors - R.N., Hosp. Cert. Chemotherapy Admin. K. Ragg - R.N., R.M., B. Nurs., Grad. Dip. Community Health.

### ADMINISTRATIVE SERVICES FINANCE AND INFORMATION SERVICES

Deputy CEO (Finance):	B.M. Bolger - B. Comm., M.H.A., C.P.A. (Mgt. Accounting), (Resigned Jun 94)
Manager Financial Services: Assistant Accountant: Manager Payroll Services:	L. Gibbons - B. Bus., A.S.A. J. Robson - B. Bus. H. Healy - (Resigned Dec 93) N. Jones - (Appt. Jan 94)
Supply Manager: Manager Information Services:	R. Harrison - Cert. Supp. Mgt., A.H.S.P.O. D. Gardner

### CORPORATE SERVICES

General Manager: Manager Associated Hospitals: Manager Communications: Commissioning Officer:	P.A. Duggan - A.C.H.S.E., A.A.I.M. (Resigned Jul 94) P.D. Lane - Grad. Dip. Health Sc. (Health Ed.), A.A.I.M. W.A. Wallace - Dip. Arts (Mil.), Cert. QA Mgt. H.A. Robinson - R.N., R.M., P.B.G.N. Cert. (Resigned Sep 93)
Chaplain: Catering Manager:	B. Pratt H. Deutscher - Cert. Trade Catering, P.I.H.C. (Resigned Feb 94) J. McClelland - (Resigned Jul 94)
Internal Audit:	D.A. Dawson - B. Bus., A.S.A. (Resigned Aug 94)

### HUMAN RESOURCES GROUP

General Manager:	R. Knight - Cert. Bus. Studies (Personnel), Grad. Dip. Mgt. (Org. Change), C.M.A.H.R.I.
Personnel Manager: Manager Occupational Health and Safety:	L.M. George - M.C.S.E., C.M.A.H.R.I., M.N.I.A., M.A.S.H.P.A. D. Borys - Assoc. Dip. App. Sc. O.H.S., Grad. Dip. O.H.M., M.S.I.A.
Manager Administration:	R.K. Beaumont - M.N.I.A.

### FACILITIES GROUP

General Manager:	H.J.W. de Deugd - B. Eng., Dip. E.E., Grad. Dip. Maint. Eng., S.M.I.E. (Aust.), M.I.E. (Aust.), C.P. Eng.
Manager Engineering and Building Services: Manager Biotechnical Services: Manager Environmental Services:	L.H. Ditchfield - Dip. Mech. Eng., M.I.E. (Aust.) R.W. Nichols - B. Eng. (Elec.) C.M. Bilston - Cert. Housekeeping Admin.



## Donations

Anonymous .....	2,290
B. & B. Snaith .....	65
Ballarat Veterinary Practice .....	100
Barrel Donations .....	342
Ballarat Base Hospital Fundraisers .....	5 100
Collier Custodian Corporation .....	10 000
Daughters of America Revolution .....	460
Dr. H. Dick .....	500
Fiderton Wines .....	160
F. Smith Police Trust .....	70
Heartbeat Victoria .....	4,000
J. & D. Bourchier .....	50
John Volves .....	150
Mary Helen Auxiliary .....	18,000
Mr J. Aquilino .....	10
Mr. G. Hupfield .....	150
Mr. L. Clark .....	5
Mr. S. F. Smith .....	20
Mr V. Kerr .....	100
Mrs. E. Dawson .....	5
Mrs. E. Kinnersley .....	200
Mrs. G. Cleary .....	200
Mrs. Hamilton .....	50
Mrs. V. Miller .....	200
P. Monument .....	25
Percy Baxter Trust .....	2,000
Shire of Ballarat .....	150
Shire of Bungaree .....	200
The Salvation Army .....	15
W. Slapp and Family .....	10
Yuille Primary School .....	20
<b>Total Donations .....</b>	<b>44,647</b>

## BEQUESTS

The Estate of the late G. Roberts .....	5,527
The Estate of the late G. T. Phillips .....	2,000
The Estate of the late K. Payne .....	500
The Estate of the late M. Anstis .....	53
The Estate of the late M. Anstis .....	1,636
The Estate of the late M. Foyster .....	50
The Estate of the late M. Laycock .....	1,000
The Estate of the late Max Yuille .....	789,947
Joe White Bequest .....	9,000
Hilton White Bequest .....	10,000
<b>Total Bequests .....</b>	<b>819,713</b>
<b>Total Donations and Bequests .....</b>	<b>864,359</b>

