

The Queen Elizabeth Geriatric Centre



1986 Annual Report

This Report is presented to you
with the Compliments of the
President, Mr. W. H. Heinz
and
Members of the Board of Management
of
The Queen Elizabeth Geriatric Centre
in appreciation of your interest
and support

The Queen Elizabeth Geriatric Centre

129th ANNUAL REPORT



Office-bearers 1985-86

President:

W. H. HEINZ

Vice-presidents:

Senior: C. D. CHESTER

Junior: P. J. DAVIES

Board of Management:

C. D. CHESTER, W. R. CRAWFORD, P. J. DAVIES, G. R. EYRES,

E. J. GAY, W. H. HEINZ, P. S. HOBSON, J. LONSDALE,

W. B. MESSER, P. C. NICHOLSON, B. J. NOLAN, G. W. OLIVER

Manager:

J. E. WALTER, F.H.A., F.A.I.M.

Auditors:

COOPERS & LYBRAND

Solicitors:

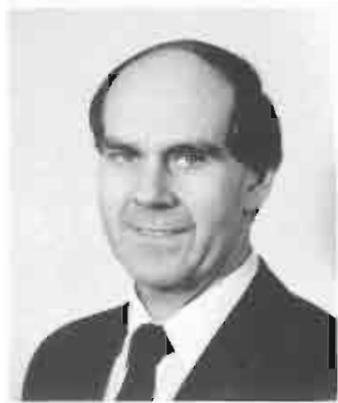
CUTHBERTS

Bankers:

COMMONWEALTH
BANKING CORPORATION

BOARD OF MANAGEMENT

The Board of Management of The Queen Elizabeth Geriatric Centre comprises 12 members, all of whom have been involved in the business and social life of the Ballarat Community for many years



Mr. C. D. CHESTER

*Senior Vice-president.
Chairman, Welfare Services Advisory Committee.
Member, Nursing Services Advisory Committee.
Member, Alex Anderson Library Committee.
President, 1974.
Member of the Board of Management since 1971.*



Mr. G. R. EYRES

*Chairman, Medical Services Advisory Committee.
President, 1979.
Member of the Board of Management since 1975.*



Mr. W. R. CRAWFORD

*Chairman, Pharmaceutical Advisory Committee.
Member, Welfare Services Advisory Committee.
President, 1982.
Member of the Board of Management since 1978.*



Mr. E. J. GAY

*Treasurer.
Member of the Medical Services Advisory Committee.
Representative on Sebastopol Community Health Centre Committee.
President, 1980.
Member of the Board of Management since 1974.*



Mr. P. J. DAVIES

*Junior Vice-president.
Chairman, Personnel Management Advisory Committee.
Member of the Board of Management since 1983.*



Mr. W. H. HEINZ

*President.
President, 1963, 1973, 1985.
Member of the Board of Management since 1950.*



Mr. P. S. HOBSON

*Chairman, Paramedical Services Advisory Committee.
President, 1967, 1977.
Member of the Board of Management since 1964.*



Mr. P. C. NICHOLSON

*Chairman, Nursing Services Advisory Committee.
Member of the Board of Management since 1982.*



Mr. J. LONSDALE

*Chairman, General Services Advisory Committee.
Member, Victorian Hospitals' Association Division 3 Council.
President, 1953, 1965, 1970, 1983.
Member of the Board of Management since 1950.*



Mr. B. J. NOLAN

*Member, Paramedical Services Advisory Committee.
President, 1972, 1984.
Member of the Board of Management since 1969.*



Mr. W. B. MESSER

*Member, General Services Advisory Committee.
President, 1968, 1978.
Member of the Board of Management since 1965.*



Mr. G. W. OLIVER

*Member, Personnel Management Advisory Committee.
President, 1981.
Member of the Board of Management since 1975.*

President's Report

It is my pleasure to present this 129th Annual Report and audited Financial Statements for the year ended 30th June, 1986.

The year has been one of considerable activity and achievement and as your President, I have enjoyed participating with the other Board members and staff in a number of these activities.

ACCREDITATION

Probably the most outstanding and satisfying achievement during the year was the Award of Accreditation for one year by the Australian Council of Hospital Standards. On behalf of the Board of Management I have expressed our appreciation to the Manager, Heads of Divisions and all Staff for their work and dedication in the achievement of accreditation status for the Centre.

The accreditation procedure involves a most detailed and exacting study of every aspect of the Centre's operations by a team of professionals who are expert in many aspects of health care and hospital administration. To be successful, the Centre had to measure up to the highest level of performance in every category.

CAPITAL IMPROVEMENTS

In his report as President last year, Mr. Bernard Nolan reported on progress towards much-needed constructions and renovation of resident facilities. I am very pleased indeed to report to you that a number of these works have now either been completed or are in progress.

- Installation of a new telephone system
- New maintenance workshops
- Second stage construction of the new kitchen
- Renovation of Edward Wilson Ward
- Renovations to N3
- Construction of Sebastopol Hostel and Day Centre
- Air-conditioning
- Satellite boiler installations

The occupation of the new maintenance workshops adjoining the store has allowed the demolition of the old workshops and commencement of work on the second stage of the kitchen.

This second stage construction of the new kitchen will cost in excess of \$2,000,000, all of which is being generously provided by the Victorian Government. The first stage costing \$1,000,000 was constructed using the Centre's own funds. When completed it will be a most modern complex providing a first class service not only to residents at the main Centre but also Hostel residents and those in need of "Meals on Wheels".

The ward renovations in N3 and Edward Wilson wards will provide residents with high quality appointments. Both renovations have required reductions in bed numbers, which were necessary if we were to provide a suitable living and working environment for residents and staff.

Visitors to our site in Sebastopol will be pleased to note the significant progress made in the construction of this 67-bed Hostel and Day Centre. The project will cost in excess of \$3,000,000, of which the Commonwealth Government Department of Social Security is providing approximately \$2,000,000. The Queen Elizabeth Geriatric Centre will contribute the balance from its own funds raised by Appeal. The project is scheduled to be completed in August, 1987.

REGIONALISATION AND THE HEALTH DEPARTMENT

During the year the Government changed the structure of health administration by converting the previous Health Commission of Victoria to the Health Department of Victoria and strengthening its regional activity. The Board of Management was very pleased to receive a visit by Mr. Leon L'Huillier, General Manager, Health Department of Victoria, in company with the Regional Director, Ms. Elizabeth Kelly. The Centre has worked very closely with and strongly supported the Regional Director and her staff, and in particular has participated in developments in Post Basic Education for nursing staff and provision of Assessment and Consultation in Geriatric Services for the Region.

The Centre has also participated in the development of Role and Function Statements for hospitals in the Region.

ROLE AND FUNCTION STATEMENT

A most important document entitled "Queen Elizabeth Geriatric Centre — Role and Function Statement" has been developed and the Board of Management looks forward to its eventual approval. While to some, the role of The Queen Elizabeth Geriatric Centre may be obvious, in reality the organisation has multiple functions which are always subject to change. It is a "social" institution responding to the opportunities provided by scientific, technological and administrative progress as well as to the social forces shaping the community.

Priorities over the years have varied according to the changing needs of our society and to the ability of the organisation to meet those needs, both creatively and effectively. We therefore see the preparation of a Role and Function Statement as an important undertaking, providing the organisation and the Health Department with a formal tool for analysing its purposes and appraising its effectiveness. Although we have prepared our Role and Function Statement, we see it as an evolutionary document subject to negotiation with the Department and subject to regular review as circumstances change.

APPRECIATION

As your President I was constantly impressed with the strong support that our community gives to the work of the Centre:—

- i. the relatives and friends who visit the Centre and who provide input through the Relatives' Association;
- ii. the Ladies' Auxiliary who continue to provide entertainment and gifts for the residents and who support the Centre financially;
- iii. the volunteers who have developed into a very strong and large group of people with a wide range of skills which they bring to the Nursing Home;
- iv. the many people who donate so that the Centre is able to provide equipment and physical improvements to buildings for the benefit of residents;
- v. the employees, many of whom have given long service, for example, it has been my pleasure this year to present 25-year awards to five staff members;
- vi. the Ex-Employees' Association for its interest and financial support of the operations of the Centre;
- vii. the newspapers, radio stations and television stations which take interest in and promote understanding of our services.

The Centre is very much a people-based organisation. The variety and high calibre of the services provided are only possible through the dedication, devotion and enthusiasm of our staff.

Finally, I wish to extend my appreciation to my fellow Board members, the Manager and all members of staff for their work and support throughout the year.

W. H. HEINZ
President

Manager's Review

The Queen Elizabeth Geriatric Centre has five (5) major divisions. These are:

- Nursing Services
- General Services
- Paramedical Services
- Medical Services
- Welfare Services.

We have also developed some autonomous work units, including:

- Hostels — Pleasant Home, Eyres House, Midlands House;
- Central Highlands Linen Service;
- Edward Wilson Ward;
- Janet Biddlecombe Ground Ward;
- Day Hospital/Medical Services.



A department of personnel management services all these areas.

Each division and unit has made significant progress in the year under review and I congratulate their respective managers.

Regionalisation

The Centre has supported in every way possible the Health Department's move to regionalise its administration. Excellent working relationships exist between senior staff at this Centre and the Regional Director, Ms. Elizabeth Kelly, and her staff. It is pleasing to see Ms. Kelly at last receiving additional support staff in order that she can more effectively develop the role of Regional Director.

Medical Services Division

Dr. John Hurley, Medical Superintendent, and his staff worked energetically in preparation for the Accreditation Survey in October, 1985. One of the beneficial effects of this work has been the streamlining of administration, which was commended by the Surveyors.

The medical staff now provide a daily assessment to the Ballarat Base Hospital and St. John of God Hospital, ensuring quick decisions regarding the discharge of elderly people and early transfer to The Queen Elizabeth Geriatric Centre for rehabilitation and other services. In co-operation with the Ballarat Base Hospital staff, this daily assessment service aims at further reduction in the length of stay of elderly people in hospital and increased bed utilisation for the Ballarat Base Hospital.



An additional Pharmacist position has been allocated to the Pharmacy Department. More work is now required in pharmacy due to changes in regulations regarding dispensing and control of drugs in hospitals and hostels.

The Dental Officer, Dr. Wilkinson, has been able to increase the amount of time he is able to give to residents, and this will benefit, not only his patients, but we on the staff who enjoy his excellent sense of humour.

The medical staff continue to work under strength with a position in geriatric medicine remaining vacant.

Senior Medical Officer, Dr. Frank Sweeney, joined the division during the year and has contributed significantly, particularly in the Day Hospital and Day Centre.

The medical staff hold regular Clinical Meetings twice in each month and have now instituted a Journal Club which has been most successful in maintaining the interest of the junior and senior medical staff as a method of further education.

Monthly medical audits are now not only of interest to the Medical Services Division, but a summary of these is presented to the Board of Management where they are received favourably. The Medical Services Advisory Committee continues to provide a close working link between the Board of Management and the medical staff. I am sure the Medical Services Division is looking forward to next year, when it hopes to move to new offices, which should provide them with more space and better facilities.

Nursing Services

The School of Nursing is to be congratulated on successfully re-establishing its Enrolled Nurse training programme, the Post - Basic Geriatric Nursing course for registered nurses and the in-service programmes available to staff of the Centre and nurses in region 2.

The School of Nursing has co-operated closely with the Regional Director in the development of additional post-basic education for nurses in region 2.

A number of nursing staff from the Centre are undertaking further education in rehabilitation, advanced nursing, psychiatric nursing and management.

Patient dependency studies have been implemented and confirm that patient dependency is increasing. To meet this demand requires more nursing skills and more nursing hours. A bank of registered nurses who may be called in from time to time has been established and enables a number of registered nurses to work on a casual basis.



The high standard of nursing care practised at the Centre was recognised by the Accreditation Surveyors. Nursing staff have been congratulated on this achievement, which is all the more significant when one takes into consideration the lack of nursing staff facilities in the older style dormitory wards. The Centre regards the upgrading of the environment for residents and staff in these wards as its highest priority.

Everyone is looking forward to moving into the improved facilities which will be provided on Ward N3 when it opens shortly. The number of beds on N3 will have been reduced from 47 to 33, allowing much more privacy for residents who will be accommodated in bays of 4 beds, rather than the old dormitories of 16 beds, and it also provides more appropriate working space and facilities for nursing staff.

Mrs. Ivy Clode resigned as Allocations Officer during the year and Mrs. Margaret Pippard, a graduate of the Post-Basic Geriatric Nursing Course, was appointed to the position of Assistant Director of Nursing with responsibilities for nurse allocation.

Paramedical Services

The Centre was delighted to learn of the election of Miss Doreen Bauer, Director of Paramedical Services to the Office of National President of the Australian Physiotherapy Association for a 2-year term which commenced in May, 1986. It is not surprising to us that the physiotherapists of Australia should choose as their leader Doreen Bauer, who has provided strong and effective leadership in the development of Paramedical Services at this Centre since her appointment in 1977. This Centre has had more success than others in effectively recruiting young graduate therapists. This has largely been due to the motivation provided by Miss Bauer and the innovative organisation structure which leads to close teamwork between the therapists.

Staff of this division put much effort into achieving accreditation status and are to be congratulated on the result. The Accreditation Surveyors commended highly the high standard of medical records maintained at the Centre. The Centre was disappointed with the limited recognition given in the Accreditation Surveyors' report in respect of the extensive contribution that the Paramedical Services Division gives to the quality of life and professional care of elderly people both in the Centre and the community.

Two therapists have been granted travelling scholarships by the Lincoln Institute for 1986. Nicholas Freijah, Prosthetist, will attend the International Conference of Prosthetics and Orthotics in Copenhagen and visit Prosthetic centres in Denmark and Sweden assisted by the travelling scholarship of \$1000.00. Wendy Hubbard, Physiotherapist, has been



granted \$3700.00 by the Lincoln Institute to travel to the United States and Canada visiting universities and hospitals using computer based technology for the clinical analysis of walking. The knowledge gained by these two therapists will be invaluable in further development of walking rehabilitation programmes at this Centre.

Welfare Services

Increasing demands from the community arising from the ageing population have placed additional burdens on the staff of the Welfare Services Division.

The Division has successfully implemented and expanded the emergency call service which has assisted in the discharge of elderly people from hospitals and the Centre even when they have no family support. This service is now provided to 100 people throughout the region who can receive help at home in an emergency by simply pressing a button which connects them through the telephone service to the Centre. This programme has been significantly helped by donations from the Rotary Clubs of Ballarat and Ballarat South and the Buninyong Masonic Lodge.



Home visiting by the Welfare staff for assessment and counselling is the Division's major activity. The Division liaises closely with Medical Practitioners and other Health/Welfare Agencies in ensuring that services are co-ordinated.

The effectiveness of these community support programmes can perhaps be observed in the significant decline in the numbers of elderly people requiring hostel accommodation. Some years ago more than half the referrals to The Queen Elizabeth Geriatric Centre were in respect of elderly people requiring hostel accommodation. Today only 25 per cent. of referrals require hostel placement.

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This emphasis on maintaining the aged person at home is not, however, without some problems and delays in admission to Nursing Home beds can result in a crisis situation in which our Welfare nurse is a valuable resource for the family. Assistance is sometimes given in the form of temporary or intermittent admissions to provide relief from this situation.

The Division continues to participate in education by providing field experience to students of our Post-Basic Geriatric Nursing Course and to students from numerous other organisations, including St. John of God Hospital, Ballarat College of Advanced Education and Phillip Institute of Technology.

The Accreditation Surveyors noted the wide range of services being provided by the Welfare Division to Ballarat and the Central Highlands Sub-region and that these services assisted people to remain in their home environment for as long as is safe.

General Services

Mr. Peter Prendergast, Assistant Manager, resigned to take up promotion as the Assistant Manager, St. Andrews Hospital, Melbourne. Mr. Prendergast achieved significant improvements in the General Services Division, not the least of which were, the construction of the first stage of the kitchen and the move of Engineering and Stores to new facilities across Talbot St.



Mr. Noel Fitzpatrick, a Fellow of the College of Health and Service Administrators, has been appointed to the position of Assistant Manager.

The year 1985/86 also saw the retirement of the Chief Engineer, Mr. Alf Howell, and the appointment to that position of Mr. Henk De Deugd.

During the year the Finance Manager successfully transferred the accounting functions to the new Sequel computer. Computerisation will gradually move into all working areas of the Centre, with resultant benefits in information flow and efficiency.

The gardens and grounds are a picture and very much enjoyed by the residents and their visitors at the main Centre and at Hostels. The staff are to be commended on their care of the grounds and on their successful entry at the time of the Begonia Festival.

"There was an obvious atmosphere of competence, professionalism and pride evident among the staff." This comment was made by the Accreditation Surveyors when describing the food services at The Queen Elizabeth Geriatric Centre. There is no doubt the residents and recipients of Meals on Wheels receive a very good service from the Catering Department, which will move into the second and final stage of construction of their new kitchen during 1987.

Central Highlands Linen Service

This service continues to lead the State in efficiency and quality of product. The Manager, Mr. Hermann Roth, has been engaged by the Governments of Victoria and Tasmania as their consultant on laundry and linen services. Such efficiency and quality as the service provided by the Central Highlands Linen Service is very much appreciated by the staff of the Centre.

Hostels

Residents' Committees have been successfully formed at each Hostel, providing a useful avenue for the Hostel resident to contribute to the planning and management of the Hostel.

Eyres House has provided a wide range of activities and excursions for its residents and celebrated its 25th anniversary in August, 1986. Joan Slade has been appointed supervisor at Eyres House, replacing Liz Baker, who returns to Midlands House as the Day Centre supervisor.

Graeme Russell has achieved a number of improvements at the Pleasant Home complex, including renovations to a number of the flats and the "Club House". The gardens and grounds have been landscaped and a number of bench seats installed, making it a very attractive area for relaxation.

One innovation at Midlands House under the leadership of David Gibb is the commencement of a swimming group, providing lots of fun for all who participate.

Personnel Department

Mr. John White was appointed Personnel Manager at the start of this financial year, replacing Mr. Russell Johnston, who resigned to take up an appointment with Vic Rail. There have been a number of staff changes in the department, which is now settling down and providing a very valuable range of personnel services. It is intended that the Personnel Department be extended by the addition of an Occupational Health and Safety Officer in the near future. Office space for the department is severely cramped and the Centre has asked architects to investigate relocation of the department.

There have been no significant industrial relations problems during the year and the Personnel Department, union representatives and senior staff have very much enjoyed the harmonious working relations which have existed. The department is giving high priority to orientation for new staff in order that this programme can be more dynamic and informative.

Unit Management

Unit Managers, Heather Aiton, Elma Deppe'er and Sue Paine, have all achieved significant improvements in their units during the year. Renovations in Edward Wilson Ward will provide residents with the highest quality appointments and considerably more recreational space and privacy than existed previously. The establishment in Edward Wilson Ward of a separate area for the younger disabled group, I am sure, is welcomed by that group. The introduction of cantilever arm personal television sets provides the residents with a delightful new amenity.

The Janet Biddlecombe Ground Unit has also made some significant improvements to the physical layout of the ward, including attractive new bathrooms and furnishings. The new central nurses' work station has proved most successful. The staff are actively pursuing Quality Assurance programmes aimed at achieving the highest possible quality of care in the service to their residents.

The Medical Services/Day Hospital Unit under the leadership of Sue Paine has continued to provide a wide range of Day Hospital and Day Centre therapy and recreational activities for residents on a daily visiting basis.

The unit has also actively co-operated with the Clinical Co-ordinator, Alan Donnelly, and the Principal Nurse Teacher, Dianne Passalick, in developing plans for a Department of Clinical Nursing. The proposal will provide a base of various clinical skills as a resource to be used by nurses throughout the Centre.

Summary

The contribution by all staff throughout the year can perhaps be best summarised by again quoting the Hospital Accreditation Surveyors in their final report . . .

"The governing body and management is a well structured, well organised, well recognised entity composed of capable and efficient personnel. The role of the Board and Manager are clearly defined. The divisional structure of management is impressive and works. There are very definitive and clear linkages within the community. The Centre seems very cost effective when measured against similar centres within Victoria."

JOHN WALTER, F.H.A., Manager

Every Picture Tells a Story



TEA AND MEMORIES

Wendouree High Technical School students held a morning tea for residents from The Queen Elizabeth Geriatric Centre. A wonderful way to bridge the gap between the old and the young.



A PLACE TO WORK AND PLAY

The new Activities Room of The Queen Elizabeth Geriatric Centre which was officially opened earlier this year, will provide residents with a place to join in many and varied activities.



AND ANOTHER LOOK AT THE COMET

Residents from Pleasant Home and Percy Baxter Flats take time out to view the comet for the second time in their life-time.



Mr. ROY McDONALD displays his encouragement award and his skill in marquetry. A steady hand, a keen eye and a lot of patience are the qualities required in this painstaking exercise.

A Fragment of the Past Disappears

The demolition of the old Maintenance Department Workshops has been recorded as a happy event because it brought the new Kitchen a step closer to reality. Such an event, though, warrants a pause for reflection. The old bricks and mortar of this most unimposing building represented the last, tangible link with a remarkable chapter in Ballarat history. Located at the back gate, this former storeroom was the site for the dispensing of Outdoor Relief each Wednesday from 1860 until at least 1914, perhaps 1939.

The Benevolent Asylum-Home was responsible for providing support, primarily ration-relief, to the people of Ballarat who were assessed as being destitute. The number of families in this condition varied over the years depending on the social and economic circumstances prevailing. Up and down went the numbers as mine disasters, floods, epidemics and depressions created terrible hardships, especially for widows, deserted wives and children. Some 396 adults and 509 children received rations during the week of November 1, 1873. It has been estimated conservatively that 1.7 weekly rations were handed out during the life of the programme.

The Ballarat "Star" reported at length the events which took place at the Back Gate on the first Wednesday in November, 1873. "From seven o'clock until nearly twelve there was an almost constant stream, and by that time 220 applicants had been served. Those 220 represented a far greater number of mouths. . . 120 sides of mutton, 450 x 4 lb. loaves of bread, 9 x 200 lb. bags of flour as well as tea and sugar were bagged or boxed, then pushed or pulled to

distant homes by children, by widows and by a few men.

From the comfort of modern times it is easy to cloak the past in an aura of romanticism. That yard, though, was the scene of thousands of poignant vignettes, small human dramas and shattered dreams. The sustenance dispensed at the Back Gate helped countless families to survive the hardships until better times or opportunities allowed them to prosper. The story of the Outdoor Relief programme is a fascinating chapter in the history of The Queen Elizabeth Geriatric Centre. Few are the people who remember and, now, the place has gone.



THE "STORE AT THE BACK GATE" IS DEMOLISHED



SOUP FOR SCHOOLS IN THE SEVERE 1934 WINTER LEAVES FROM THE YARD

Rehabilitation

The Role of Rehabilitation

After decades of playing second fiddle to the glamour health care services such as surgery and intensive care, rehabilitation is emerging as an equally vital life-saving endeavour. The technology of modern medicine has permitted remarkable developments in the management of diseases and traumas. Exemplary surgery, however, is of little value unless the person upon whom the procedure was performed returns to living a life of purpose. Rehabilitation is the term primarily used to describe the process which restores or improves a person to the optimal level of functional independence; which maintains maximal functional abilities; or which prevents unnecessary deterioration in function.

Rehabilitation is four concepts within the one term — restore, improve, maintain or prevent: four concepts all related to function. The word function is an abstraction which may convey varied ideas depending on the orientation of the user. In rehabilitation the term function contains a host of notions — grasping, walking, manipulating, perceiving, exploring, thinking, communicating, learning, caring, sharing. Function is the ability to interact with the environment. Function is competency in each and every aspect of living. Function is doing it and doing it as well and as independently as possible.

Rehabilitation is a process which is as old as recorded history, probably as old as humankind. Most of the rehabilitation professions, however, have been generated this century, the natural outgrowth of remarkable life-saving surgical techniques which developed as a result of wars and conflicts. Today, rehabilitation suddenly finds itself thrust into the limelight because public and political pressure is creating unprecedented demands for normalisation, for the reduction of institutionalisation, for the prevention of injuries or the alleviation of unnecessary disability.

The 1981 census suggested that 27.7 per cent. of people aged 65 years or more had one or more chronic disabilities. More accurate data about the incidence of disability in Australia is not available. In fact, at present in Victoria it is not possible to gain a valid impression of the number of government-funded rehabilitation programmes let alone the number of people receiving services.

The situation is complicated by the fact that there is little or no agreement about what is meant by rehabilitation or who is in receipt of rehabilitation services. Current discussions and negotiations within Region 2 under the leadership of the Regional Director are essential so that there is a common understanding of what is meant by the term rehabilitation, rehabilitation services.

The Queen Elizabeth Geriatric Centre is one of a number of organisations in Ballarat providing rehabilitation services. Since 1956 active measures have been undertaken by staff from a variety of health care disciplines, measures aimed at restoring elderly people to their optimal levels of functional independence to facilitate their discharge to home. Thousands of people have thus been helped to achieve an extension

of active life which had been threatened by such as a stroke, a fracture or an amputation. In recent years the programmes have become more sophisticated as the number of staff and the range of professional skills has evolved. Most essentially, however, the service has become more effective and efficient because of the high level of multi-disciplinary integration which has been developed. Staff from various professions work together closely with the client and family to identify problems which prevent effective function and, then, implement practical solutions to solve or limit the problems. Geriatric rehabilitation requires staff with special skills and approaches: training and experience in general rehabilitation must be supplemented by additional education in gerontology.

In The Queen Elizabeth Geriatric Centre rehabilitation services are provided to both in-patients and day hospital clients. At any given time some sixty people are in various stages of their rehabilitation programs. The length of stay in rehabilitation has a median variation of 14 to 200 days. Primary diagnostic categories include fractured neck of femur, stroke, amputation, parkinsonism and arthritis. However, it is rarely useful to think in terms of these medical labels because they do not convey any idea of the level of disability nor do they represent the real picture. "Mrs. Brown", for instance, not only had a fractured femur, she also had diabetes, poor vision, limited balance reflexes, bunions and diminished cardio-respiratory function. As well, she was a widow whose caring family lived in Melbourne and Darwin. Her home had a fuel stove in the kitchen, six steps to the front door, two steps at the back and the toilet was off the back verandah. "Mrs. Brown" wished to return home to continue her life. The staff were anxious to meet those wishes not only because it was a responsible and humane objective but also because there is not a vacant nursing home bed anyway. The task of rescuing "Mrs. Brown" from the multiplicity of problems which plagued her was far from simple. Still, through careful attention to detail, through immaculate discharge planning, "Mrs. Brown" was returned to her home and a reasonable level of independent activity.

Although The Queen Elizabeth Geriatric Centre has developed its services primarily for elderly people, it has been the major source of rehabilitation for many younger people. This role is not readily acknowledged in the community, so a significant number of these younger people are referred initially to organisations in the metropolitan area. Distance from home and family frequently prevents the person adjusting as they should to benefit from the programme. Referral back to The Queen Elizabeth Geriatric Centre is now commonplace as the metropolitan rehabilitation centres have learned that the required resources are available here. Thus, an increasing number of young people are in receipt of services. It is anticipated that this aspect will continue to grow because of the increasing pressure for rehabilitation throughout the State.

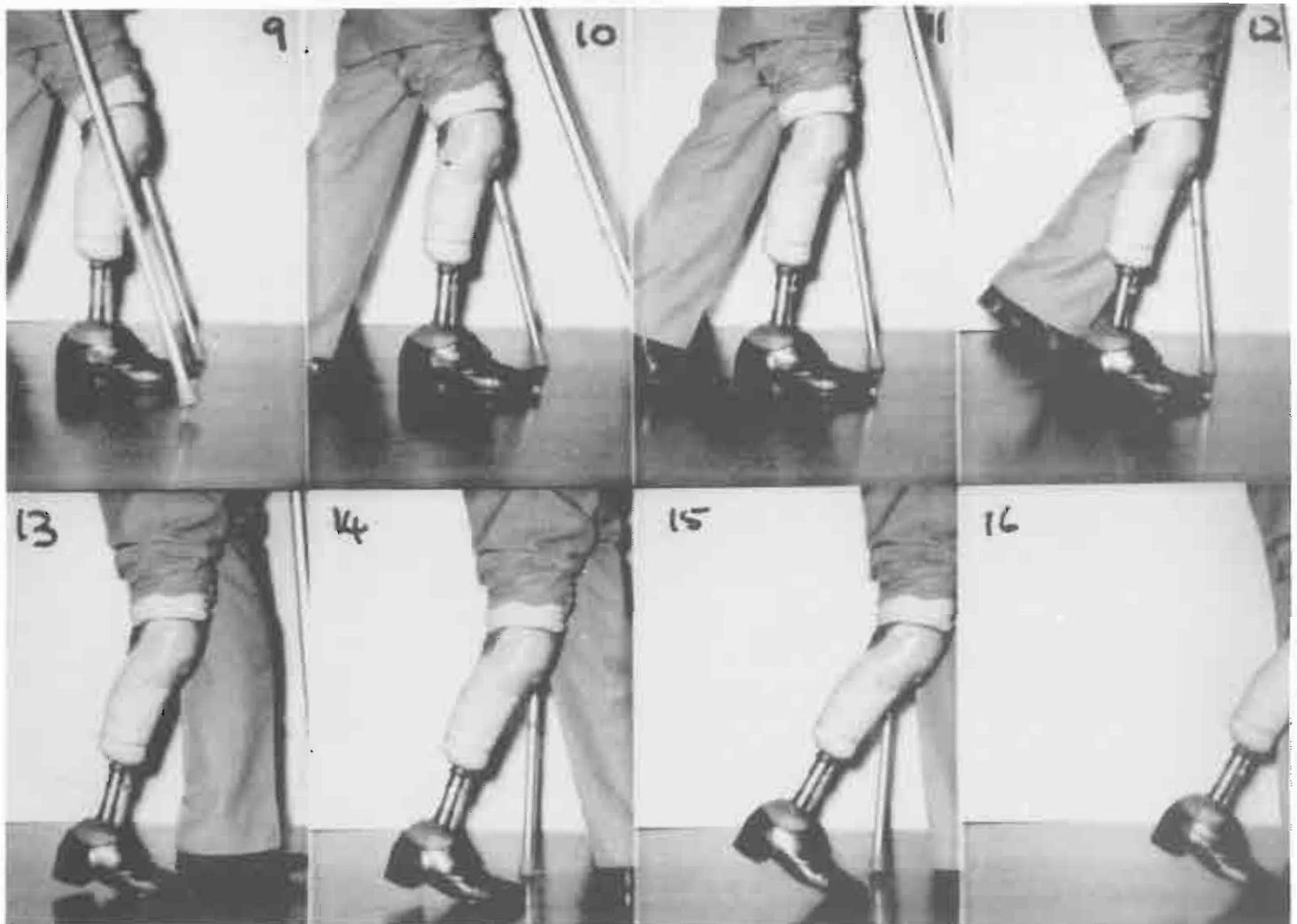
In recent years it has become apparent that there are two particular areas of the overall service which need specially skilled staff and modern technology. People who have sustained brain damage as a result of strokes or head injuries often have complex cognitive problems such as difficulty in concentration, poor eye-hand co-ordination and diminished problem-solving skills. Complex training programmes under the direction of occupational therapists have been

necessary to re-establish the skills. These have been so time-consuming that it was not always possible in the past to undertake them at the required level of intensity. Today, however, a computer is able to substitute most effectively for the occupational therapist in the practice sessions. Precise assessment to identify the particular problems and skilled judgment to select the appropriate programmes continue to require very competent occupational therapists. However, the practice sessions in which progress is monitored accurately is proving to be best controlled by a computer. The Queen Elizabeth Geriatric Centre is fortunate to have therapists and programmes developing rapidly in this area.

The other area in which much is being accomplished is in walking rehabilitation. A significant number of people require rehabilitation services because of disabilities which prevent or limit the ability to walk. Although most people undertake this activity without much thought it is, in reality, a very complex task requiring the smooth interaction of many body components. Restoration of walking skill has demanded extraordinary abilities from physiotherapists who have to rely on their judgment to determine the interaction of all the components. Unavoidable imprecision has resulted in the utilisation of much unnecessary time and effort because it is impossible to see in a few steps all that is happening in the total person. Technology has been developed where cameras, tracking

devices, force plates and computers are integrated into a complex system to measure and record a variety of data and to analyse them giving precise information about problem points in the walking pattern. Currently, most of this technology has been developed for use in laboratories. However, staff of The Queen Elizabeth Geriatric Centre, with the assistance of experts in Japan, the U.S.A. and Canada, particularly, are in the process of developing a system for use in the clinical setting. The generous support of several trusts is facilitating this exciting endeavour.

Although rehabilitation is essentially a practical, functional activity, there is need for space in which to practise skills. When the George Skerritt Wing was built in 1969 the planners did not envision the range of professional disciplines or the number of staff which would emerge to provide the required programmes. For several years space has been a major problem, especially on the ground floor. Consultants from Coopers and Lybrand Services attempted to re-design the area to maximise the space but no amount of re-shuffling could provide appropriate allocations. With the support of the Regional Director The Queen Elizabeth Geriatric Centre is now on the Health Department Victoria's Design List 1 for an extension to the ground floor. This will provide the space and facilities to allow the more effective implementation of rehabilitation programmes for the people of Ballarat and Region 2.



An example of an 8-phase photographic record of a walking cycle.



Above: An occupational therapist and a physiotherapist combine skills in a rehabilitation programme.

Right: Exercises can be enjoyable.



Below: The Chief General Manager of the Health Department of Victoria, Mr. Leon L'Huilier (right) and Ms. Elizabeth Kelly, Regional Director (left) discussing the need for a Rehabilitation extension.



THE IMPORTANCE OF BEING A VOLUNTEER

The residents of The Queen Elizabeth Geriatric Centre are a large community of citizens, each with a unique background, each with an individual set of needs and wishes.

Volunteers have, for many years, played an important role in this community, enriching the lives of so many of the residents. Working alongside the staff, the volunteers encourage and indeed, enable the residents to become involved in their choice of activities from the vast range available to both groups and individuals in the Centre and the Hostels.

Currently, some 100 volunteers are committed to regular participation. During the year an equivalent, full-time contribution of 154 working weeks was recorded. Thus, volunteers are a resource of enormous value.

The Q.E. community appreciates greatly each volunteer because that involvement enhances the life of the residents.



Good grooming remains a standard of a quality life. Margaret helps to ensure that standards are kept.



Lorraine helps stamp collectors with their hobby.



Archie and that all-important kiosk trolley.



Mark encourages a bowler in the weekly team competition.



Robyn guides a resident to realize a hidden talent in her weekly art class.



Folk-dancing proves to be a fun way to fitness.



Young nurses extending their skills.



Theory lectures are an essential component to ensure understanding.

Learning to Lead

Following the 10-week pilot Fitness Programme for Senior Citizens held in mid-1985, there was a sudden growth in the demand for regular fitness classes in Ballarat. However, session leaders with appropriate skill and creativity to manage the classes were in very limited supply. The Steering Committee of representatives from The Queen Elizabeth Geriatric Centre, Ballarat College of Advanced Education, Ballarat City Council and the Department of Sport and Recreation decided that the next logical step in the development of this project was a training programme for leaders.

With the encouragement of staff of the Victorian Council of the Ageing, pioneers of such programmes in Melbourne, a course proposal was prepared and submitted to the Victorian Council on Fitness and General Health (VICFIT) for accreditation. In addition an application was made to the Recreation Development Programme 1985-86 for financial assistance. Both submissions were successful: accreditation as a Grade 1 Level Exercise to Music for Older Adults course and a grant of \$1,000 were received.

The course proposal was widely advertised by the "Courier" in a prominent article early in the year. Further contacts were made with a variety of organisations and potential participants in both Ballarat and regional communities. From a large number of applications a group of twenty-five students was selected to commence the sixty-hour programme on Saturday, April 5, 1986.

The student group was predominantly female, only two men wishing to participate. Unfortunately, one man withdrew after a few weeks for health reasons. The participants ranged in age from seventy-three years to twenty. The table below describes the group by age

Age	No. of Students
70-plus years	2
60-69	7
40-59	6
20-39	10

Twenty-two students were from Ballarat and one each from Ararat, Daylesford and Maryborough.

Participants had a variety of reasons for undertaking the programme other than becoming qualified to lead a group.

"I always like learning new things."

"I see it as a good chance to be involved with the community."

"I feel the mental stimulation should be beneficial."

"As I am 70 years in July I think that fitness will help me in the years to come."

"I am 65 but do not know how far one should push the ageing body as regards exercise and movement."

"My own body has served me very well over 71 years. I would like to learn how a body works and — maybe — be able to give some advice to faltering old people."

The course followed a very full programme of lectures and practical classes. The ground work was laid down in lectures on functional anatomy, physiology, nutrition and psychology. Teaching skills, the principles of exercise prescription, prevention of problems and first aid were essential components. The theory, practice and leadership of aerobics, Tai Chi, water exercise, exercise to music, creative movement, old-time dance, yoga, jazz ballet, folk dancing and relaxation were more pleasurable aspects of the programme. Special areas included were those related to legal implications, assertion and motivation.

Twenty-four students undertook the examinations and presented the required assignments and activity log-books. All passed the examinations at a very satisfactory standard.

The programme was co-ordinated by recreation therapist, Diana Gibbs, with the assistance of Andy Tascione, recreation therapist, and Lissa Glasson, physiotherapist. Special lectures or classes were conducted by 22 local professional people who ensured a programme of very high standard indeed. The students and co-ordinators are very grateful to all those who contributed, particularly:

Mr. Ron Boon, Lakeside Hospital;

Mr. Les Hotchins, Ballarat Regional Ambulance Service;

Ms. Jenny Blitvich, Ballarat College of Advanced Education;

Ms. Jan Schlunke, Clinical Psychologist;

Mr. Ron Marshall, Physical Education Teacher;

Mr. Ian Gordon, Solicitor;

Mr. Peter Swann, Ballarat College of Advanced Education;

Ms. Margaret Canny, McCallum House;

Jim Welsh Dance Studio;

Tai Chi Academy;

Staff, The Queen Elizabeth Geriatric Centre.

A graduation dinner is planned for August 21, 1986. The Minister for Sport and Recreation, the Honourable Neil Trezise, has acknowledged the significance of this project by agreeing to present the certificates to the successful students.

The Queen Elizabeth Geriatric Centre is delighted with the success of this first course for leaders of exercise to music for older adults. It is anticipated that this will become an annual programme. Because the VICFIT accredited certificate is valid for two years only it will also be necessary to organise refresher programmes and re-certification processes to help successful participants maintain their qualifications.

We are particularly pleased that this 1986 programme was the first such course offered outside Melbourne. Our success should provide encouragement to other regional centres which have similar resources. The fitness of older adults, both physical and mental, is a primary objective of the preventive health care services which should be available in a community.

Capital Works

Ideas become realities

The physical environment in which care is provided is an important element of the quality of the service. The Master Plan prepared for The Queen Elizabeth Geriatric Centre in 1980 outlined the capital work which was necessary to ensure the physical environment met desirable standards. The Master Plan recognised a myriad of problems consequent upon the age of the buildings and the changing philosophies of care. Modifying environments is a costly exercise. However, with the encouragement and financial support of the community and specific Government grants The Queen Elizabeth Geriatric Centre has made substantial progress toward meeting the objectives of the Master Plan. This year has been a busy and fruitful period of capital development. Some projects have been completed, some have commenced while some have moved along the path from dream to drawing-board.

Recreating the Nursing Home

The Nursing Home complex consists of eleven wards currently accommodating some 458 residents. Eight of the wards were composed primarily of wings based on the "Nightingale" concept with occupancy in 1985 varying from 12 to 16 beds. By any standard of social development this type of accommodation is no longer acceptable. A gradual programme of renovation involving reconstruction and refurbishing has been commenced to modify the physical environment to more satisfying levels for residents, families and staff.

During the year the Edward Wilson Ward was remodelled to provide increased privacy and comfort in smaller four and eight-bed units. Considerable attention has been given to furnishings, fittings and decor to enhance the atmosphere and to assist residents achieve or maintain maximal levels of independence and orientation. A decrease in the overall number of beds from 38 to 30 has permitted the development of more functional space for staff to work with the residents who are very dependent physically. This refurbishment was accomplished with considerable co-operation from the residents and staff, who had to cope with many disruptions and much inconvenience.

The temporary closure of Ward N3 allowed re-modelling to take place without disturbing the life of the occupants. This 47-bed ward has been reconstructed into pleasant bays of one to five beds with sitting and dining areas as well as greatly improved staff facilities. The reconstruction resulted in a substantial decrease in bed numbers to 33. Again attention to furnishings, fittings and decor has ensured an environment which more closely meets desirable standards.

Plans for further stages in the ward renovation programme have been lodged with the Regional Director. It is hoped that the programme, now commenced so successfully, will continue progressively with two wards renovated each year. This will require a major financial commitment because current renovation costs are estimated at \$12,000 per bed.

Sebastopol Hostel and Day Centre

This exciting new project involves a 67-bed hostel and associated day centre. The hostel consists of single-room accommodation with two residents sharing an adjacent shower and toilet. Central dining and recreation areas complement the facilities available in each of the five wings. Two wings have been designed to meet the needs of residents with mild confusion. The development of this will, however, depend on the availability of special funding for additional staff.

The day centre will provide for a daily attendance of 30 people in a socially-orientated programme. Hostel residents will be encouraged to use the area for recreation. The completion of this day centre will permit the transfer of the current programme conducted in the F. G. Hook Centre which, in turn, will be available for use by Nursing Home residents, who presently have quite limited space for recreation.

Construction has proceeded rapidly and is, currently, well ahead of the schedule. The target for completion is mid-1987. The generous support of the community has permitted a contribution of over \$1 million to the total cost of \$3.5 million.

Activities room

The new Activities room, centrally located on the ground floor, has been a great asset for the residents of the Nursing Home. This former sewing room was renovated under the Minor Works programme. Opportunities for residents to participate in creative and pleasurable leisure activity have a high priority. The Activities room has become a valuable focus for residents from all areas of the Centre.

Kitchen

Work on the long-needed kitchen has commenced with the acceptance of the tender from H. Troon Pty. Ltd. for \$2,188,000. The current kitchen is totally inadequate and antiquated. The new kitchen will ensure that all meals are prepared efficiently, that the menu options will expand and that staff will have a safe work environment. The Centre provides over two million meals a year to residents and some 100,000 meals-on-wheels services. The new kitchen should be in operation in 1987.



Work begins on Stage 2 of the new kitchen.

Operational development

There has been considerable activity in the upgrading of communication, mechanical and electrical services within the Centre. A new P.A.B.X. telephone system has been installed to improve direct dialling access into the Centre as well as more effective communication within the organisation. The progressive installation of the A.W.A. computer network is enhancing the development of information management. Many programmes were developed and tested to become fully operational on July 1, 1986. The automated management of "patient information" is enhancing data processing and providing ready access to important information for planning and decision-making.

A new, integrated television aerial system provides residents with greatly improved television reception. Closed circuit programmes for entertainment, education and communication are now available through this system. A trial of small televisions on swing-away arms attached above each bedhead is being undertaken on the Edward Wilson Ward. If this continues to prove successful the system will be extended to other wards as they are remodelled.

The re-wiring of the Janet Biddlecombe Wing electrical switchboards has been completed and piped oxygen has been installed in the Assessment Ward, eliminating the need for cumbersome oxygen cylinders.

Store and Engineering Workshops

The new store and engineering workshops, completed this year, provide modern facilities for these services. Although the development was precipitated by the need to make space available for the new kitchen, the vastly improved buildings and equipment enable the staff to provide more effective services throughout the Centre.

Rehabilitation extensions

A formal Project Control group has been established under the Health Department Victoria directive



Staff of the Engineering Department look well satisfied with the move into the new workshops.

to oversee the planning of extensions to the George Skerritt ground floor. This development is essential to allow the staff to undertake the current integrated services in more appropriate accommodation. The project has three components:

1. A new wing to provide adequate space and facilities for occupational therapy, physiotherapy, prosthetics, orthotics and speech pathology;
2. remodelling of existing space to improve environments for other current services such as podiatry, medical records, pharmacy and medical clinics;
3. future development of the basement of the new wing for a hydrotherapy pool and vocational retraining programmes.

This project is an essential development because the present space is most inadequate for the type and level of service being provided.



The Sebastopol Hostel and Day Centre complex shows signs of growth.

Nurse Education

Development of appropriate services is, to a large extent, dependent upon the standard of professional education available within an organisation. In The Queen Elizabeth Geriatric Centre nursing staff contribute the major portion of resident care both because they form the largest staff group and because they undertake the bulk of direct care over each 24-hour period. Because nursing staff hold the central place in the life of the organisation it is essential that they have the highest standard of nursing education, thereby ensuring that their critical roles may be fulfilled optimally. Nursing education is, therefore, a high priority within the Centre. While staff are encouraged to participate, and many do, in external graduate and continuing education programmes, the School of Nursing provides the core of nursing education through three major thrusts:

1. State Enrolled Nurse training;
2. Post Basic Geriatric Nursing course, a six month programme for registered nurses;
3. in-service education including refresher programmes for State enrolled nurses, orientation activity for all new staff and a wide variety of study days and lectures.

State Enrolled Nursing Education

Since November, 1961, when an inaugural group of five nurses graduated, a total of one thousand women and men have completed the State Enrolled

Nurse training course at The Queen Elizabeth Geriatric Centre. The Centre is one of seven major extended care facilities in Victoria employing about 25 per cent. of the working population of State Enrolled Nurses. On the basis of the external examination results The Queen Elizabeth Geriatric Centre is proud of its achievements in this area of education.

Traditionally, State Enrolled Nurse training has been undertaken in large centres caring for aged and disabled persons. While the TAFE authority is undertaking a feasibility study currently into the possible transfer of training into that system, it is likely that existing strategies will continue at least until general nurse training has been integrated fully into the tertiary education system. Inherent in this assumption is the contention that State Enrolled Nurse training should be based on practical learning to produce a bedside nurse adept at providing a high standard of primary care.

For some time it was believed that State Enrolled Nurses would be employed in significant numbers by acute hospitals to replace the retiring general nurse students. However, recent evidence suggests that the current level of training offered for this nurse does not provide the technical skills necessary for this to occur. Indeed, the number of State Enrolled Nurses in acute hospitals is decreasing. If this continues their major clinical role will remain in centres caring for elderly and disabled persons.



The President congratulates two State Enrolled Nurses on receiving awards following their final examination results.

What better opportunity than the present, then, to review the current four hundred hour curriculum uniformly undertaken throughout all Victorian programmes to ensure an appropriate emphasis on gerontological and rehabilitation nursing.

For the School of Nursing a most heartening trend has been the large numbers of suitable people vying for placement in the training programme. The minimum education requirement is now Year 11. Because behavioural sciences are being taught in secondary schools, young people are better prepared on entry for the curriculum. To ensure as wide as possible dissemination of information about this training and other nursing education the School of Nursing now holds an annual Information Day. Since hundreds of applications are received for each advertised training programme the Commonwealth Employment Service has provided a valuable screening service.

To assist current State Enrolled Nurses to achieve the level of education required to meet the Centre's philosophy of care in-service education is undertaken as much as the teaching resources permit. Staff from other disciplines and agencies are also involved in these projects to ensure an interesting and challenging programme.

Registered Nurse Education

For decades gerontological nursing has been considered the profession's "Cinderella". However, a developing public and political awareness of the significance of geriatrics has generated a level of enthusiasm which may see "Cinderella" go to the ball. Thus, a significant part of the function of the School of Nursing is the provision of in-service education for registered nurses.

The Post-Basic Geriatric Nursing Course, approved by the Victorian Nursing Council, is tailored to the needs of registered nurses working in extended care. Since the programme commenced in 1980 sixty-four students have undertaken the course successfully. Many graduates have elected to remain on the Centre's staff in various administrative, charge nurse and clinical positions. It is now the policy of The Queen Elizabeth Geriatric Centre that all future charge nurse appointments require the registered nurse to have a certificate in gerontological nursing. The eventual aim is to have all registered nurses on staff trained in this manner.

In-service programmes consisting of seminars and study days aimed at providing up-to-date knowledge and concepts in the care of aged people have been introduced for registered nurses. Guest lecturers are an important element of these programmes.

The report of the Enquiry Into Nursing, 1985, recognised the urgency of attention to in-service education for registered nurses. Through the Region 2 Post Basic Education Committee specific funds have been made available:

- \$61,400 for 1985-6 to assist in financing the Post Basic Geriatric Nursing Course;
- \$15,000 for in-service education in gerontology for registered nurses throughout the Region.

A regional role

The Queen Elizabeth Geriatric Centre has been delegated a regional role in gerontological nursing education. This role will be fulfilled in two ways — in-service education in the Centre has been opened to nurses in the Region; and the provision of funds permits planned programmes to be taken to other hospitals.

The challenge

There are many issues which influence the type of education provided for nursing staff. Recognition of the high priority of "both" training and continuing education has been an important step undertaken by both nurses and the Health Department Victoria. The staff of the School of Nursing are eager to capitalise on this enthusiasm for nursing education. Nurse teachers, nursing managers and nurses now face the challenge of building upon the initiatives of 1986 with creativity and innovation to ensure maximum returns on the investments in education.



Students from both training programmes work side by side in the care of the residents.

Ladies' Auxiliary

The 64th Annual Report of The Queen Elizabeth Geriatric Centre Ladies' Auxiliary presented on June 16, 1986, recorded another very active year. Under the leadership of the President, Mrs. Dorothy Lewis, the dedicated members maintained their high standard of achievement.

The year was particularly memorable for two members whose special contributions were highlighted by the Board of Management. Mrs. Phyllis Collier was presented with a Life Governor certificate in recognition of her loyal service since becoming a member of the Auxiliary in 1972.

The President of the Board of Management, Mr. W. H. Heinz, acknowledged the extraordinary contribution of the Ladies' Auxiliary Secretary, Mrs. Bernice Ferguson. In presenting a silver tray, Mr. Heinz noted the strong commitment of the Ladies' Auxiliary to raising funds which would be used to enhance the quality of life of our residents. Mr. Heinz suggested that Mrs. Ferguson's contribution to this commitment was a vital element in the significant achievements of the Ladies' Auxiliary over many years.

Special events

The annual Christmas tree parties were most successful events. Lederman Hall was the scene of a happy concert and supper for residents who were able to attend, while concert groups toured the wards to entertain the residents who have an earlier retiring hour. Father Christmas, accompanied by members of the Ladies' Auxiliary, presented each resident with

a gift of shortbread and sweets. Similar parties were also held at Midlands and Pleasant Home for the hostel residents. The President expressed the gratitude of the Auxiliary to the members of the Board who undertook the role of Father Christmas and to the many staff who assisted in ensuring that this was indeed a special event for the residents.

This year the Ladies' Auxiliary decided to hold the annual picnic on two separate days to enable as many residents as possible to attend and to provide members with the opportunity of closer contact with each resident. The lunch menu featured the residents' picnic choice of sausages and chips! Following lunch many residents toured Ballarat and district as guests of the Auxiliary.

The Ladies' Auxiliary contributes greatly to ensuring that other special days are made more memorable for the residents. Mother's Day posies, gifts of sweets for Father's Day and Easter eggs were prepared and distributed by members who enjoy these opportunities to chat with individual residents.

Fund-raising

The financial report indicates the success of the activities undertaken during the year. A fashion parade, a fete and a coffee party were three highlights from a very full programme. Although fund-raising involves the members in a great deal of work, the friendships which result from being together make the tasks so much easier. Particular thanks are extended to those members who opened their homes for Auxiliary events,

The President, Mr. W. H. Heinz, congratulates Mrs. Bernice Ferguson on her 36th year as secretary of the Ladies' Auxiliary.



especially the popular Hoi afternoons and the sewing activities. The Ladies' Auxiliary wishes to acknowledge the continued generous support given by Nell Pring to fund-raising.

Donation

The Ladies' Auxiliary proudly donated \$4500 to The Queen Elizabeth Geriatric Centre to assist with purchasing soft furnishings for the newly renovated Ward N3. It is very satisfying to see the results of our fund-raising being directed toward ensuring the pleasure and comfort of the residents.

Acknowledgment

Most sincere thanks are extended to our President, Mrs. Dorothy Lewis, for her dedication and leadership during her term of office; to Assistant Secretary, Mrs. Lavinia Morvell; to our Treasurer, Mrs. Olive Eggleton, and her able assistants during her illness, Mrs. Joan Brusaschi and Mrs. Ruth Barclay; to the card party organiser, Mrs. Chris Goodall; and to Mrs. Betty Marks and Mrs. Daphne Barnett for their guidance and work in arranging stalls. To all members for their help and friendship, a big thank you.

Special thanks are extended to the "Courier"; to Mr. G. Pullen, our auditor; and to Mrs. Heather Slater for typing assistance.

On behalf of the members of the Ladies' Auxiliary I wish to thank particularly Mr. J. Walter, Manager, and the Director of Nursing, Mrs. M. Campbell, for their help and guidance during the year. Our thanks

were extended to Mr. P. Prendergast at a special afternoon tea to wish him well in his new role at St. Andrew's Hospital. We were pleased to welcome the new Assistant Manager, Mr. N. Fitzpatrick, and look forward to working with him in the future.

BERNEICE FERGUSON,
Secretary

President's addendum

My year of office was a very happy and rewarding experience. I am most grateful for the support and co-operation of all members. A special thank you must go to our Secretary, Mrs. Berneice Ferguson, who this year completed 36 years of invaluable service.

The staff of our Centre have been most co-operative and I thank each and every one of them for their continuing and cheerful assistance.

The President, Mr. W. H. Heinz, and members of the Board of Management have been most supportive of the work of the Ladies' Auxiliary. On behalf of all members I wish to thank them for this support.

My congratulations to Mrs. Violet King on her election to the President's chair. I sincerely hope that her year will be as happy and rewarding as mine has been.

DOROTHY LEWIS,
President

Ladies' Auxiliary President, Mrs. Dorothy Lewis, putting the finishing touches to a posy for Mother's Day.



More Pictures, More Stories



PLANNING HOLIDAY TRIPS can be fun, particularly when it involves residents and members of the community.

LEFT:

KATHRYN AND GREAT-GRAND-DAD MEET FOR THE FIRST TIME

Ernest, 97 years old, and Kathryn, one month old, met for the first time at The Queen Elizabeth Geriatric Centre.



DANA STREET PRIMARY SCHOOL STUDENTS entertain residents from The Queen Elizabeth Geriatric Centre to afternoon tea.



Mr. HERBERT DEAN, a veteran of Gallipoli, receives his medallion to mark the 70th anniversary of that battle.

Estate and Charitable Trusts

ESTATE M. A. ANSTIS	\$1,105.49
ESTATE D. LEITH (A.N.Z. Executors & Trustees Co. Ltd.)	35,000.00
THE WILLIAM BUCKLAND FOUNDATION (A.N.Z. Executors & Trustees Co. Ltd.)	10,000.00
ESTATE D. LEITH (A.N.Z. Executors & Trustees Co. Ltd.)	36,718.50
BELL CHARITABLE FUND (Aitken, Walker & Strachan)	3,000.00
ESTATE L. E. RICHARDSON (Baird & McGregor)	645.42
ESTATE J. G. GILLET (Baird & McGregor)	100,414.34
THE JACK BROCKHOFF FOUNDATION	5,000.00
ESTATE M. J. CAMERON (Perpetual Executors & Trustees Assoc.)	6,805.23
ESTATE R. BUDGE (Cuthberts)	63,080.96
ESTATE M. LEVERTON (Cuthberts)	28,836.37
ESTATE M. LEVERTON (Cuthberts)	97.10
ESTATE M. H. CAMERON	5,099.70
ESTATE A. M. SARTAIN (Heinz & Gordon)	1,380.12
ESTATE A. M. SARTAIN (Heinz & Gordon)	712.50
ESTATE F. A. WALKER (Heinz & Gordon)	15,816.27
BEQUEST K. R. TAYLOR (Hunter, Newns & Cornish)	902.59
ESTATE M. McDONALD	552.00
ESTATE A. W. NUSKE (Muntz & Maroney)	500.00
ESTATE E. P. ORBELL	4,875.00
ESTATE M. J. CAMERON (Perpetual Executors & Trustees Assoc.)	42,500.00
ESTATE J. W. FLEMING (Perpetual Executors & Trustees Assoc.)	1,500.00
PERCY BAXTER CHARITABLE TRUST (Perpetual Executors & Trustees Assoc.)	2,500.00
BEQUEST G. B. HUTCHINGS (Perpetual Executors & Trustees Assoc.)	5,000.00
ESTATE J. W. FLEMING (Perpetual Executors & Trustees Assoc.)	3,967.53
ESTATE M. WILKINSON (Perpetual Executors & Trustees Assoc.)	1,065.64
ESTATE M. J. CAMERON (Perpetual Executors & Trustees Assoc.)	57,500.00
ESTATE H. ROBERTS	90.21
ESTATE L. ATKINSON (S.E.C. Victoria)	122.00
ESTATE J. MAGGS (Union Fidelity Trustee Co.)	2,000.00
ESTATE L. J. WILSON (Union Fidelity Trustee Co.)	9,688.25
BEQUEST J. GRAYLING (Union Fidelity Trustee Co.)	29.76
ESTATE I. REID (Union Fidelity Trustee Co.)	2,000.00
ESTATE I. R. CURRIE (Union Fidelity Trustee Co.)	40,000.00
ESTATE L. J. WILSON (Union Fidelity Trustee Co.)	8,500.00
ESTATE M. C. ASHLEY	1,000.00
BEQUEST HILTON WHITE	5,000.00
BEQUEST JOE WHITE	3,000.00
ESTATE R. C. BRETT (Whyte, Just & Moore)	102.36

\$506,107.34

Contributions

Adams, George (Tatts), \$500; Amor, Peter (Motors), \$50; Anonymous, \$20,000; Australian United Foods, \$10.

Ball, Mr. F. L., \$20; Ballamac Pty. Ltd., \$55; Ballarat Begonia Festival Association, \$100; Ballarat Books, \$20; Ballarat Broadcasters Pty. Ltd., \$250; Ballarat Courier, \$250; Ballarat East Rotary Club, \$500; Ballarat Light Opera Co., \$100; Ballarat Motors Pty. Ltd., \$20; Ballarat Rotary Club, \$1,744; Ballarat Scotia Club, \$190; Ballarat Taxis Co-op. Ltd., \$50; Ballarat Travellers Club, \$1090; Ballarat Urology Clinic, \$20; Banfield, Mr., \$4; Banks, M. G., \$100; Barker, John, \$10; Barker, Lorraine, \$10; Beacham, Mrs. Ivy, \$20; Beames, Mr. M., \$25; Bell, Ian, \$10; Blackwood Senior Citizens, \$45.40; Blanchfield, Mr. P., \$20; Bylsma, W. & Son, \$100; Borella, Miss P., \$10; Borlase, Miss H. D., \$10; Bourke, Mr. P., \$5; Bourne, Miss S., \$10; Bourne, S. M., \$10; Brett, Mrs. Annie, \$40; Brett, Mrs. A. T., \$40; Brown, Mr. H., \$10; Brown, Mr. H. H., \$10; Brudenell, Mrs., \$20; Brudenell, Mrs., \$5; Brusaschi, T. & L., \$20; Busch, Mrs. V. L., \$20; Bush, Ms. L., \$100.

Cameron, J. B., Ballarat Ltd., \$50; Campbell, Mr. George, \$748; Carngham-Snake Valley C.W.A., \$10; Casey, Mr. D. J., \$100; Casley, Mr. J. Maxwell, \$10; Chapman, Mrs. W. V., \$30; Christopherson, Mr. F. A., \$25; Clamp, Mr. and Mrs. C. H., \$100; Clayton, Kenneth A., \$50; Cleghorn, Wendy, \$10; Collier Custodian Corporation, \$2000; Combe, Mrs. E., \$50; Commonwealth Bank of Australia, \$2000; Conapak Produce Co., \$20; Coopers & Lybrand, \$75; Coswells, Mr. T. F., \$50; Costa, T., Ballarat Fruit Supply, \$50; Craig, Mrs. B. A., \$10; Crawford, Mrs. E. C., \$100; Crocker, George Pty. Ltd., \$100; Crouch, Mrs. K., \$20; Costello, A. D., \$5000; Currie, Mrs., \$5; Cutter, Mr. Geoffrey, \$100; Curwen-Walker, J., \$20.

Davies, Mr. H., \$40; Davis, Mr. S., \$40; Davis Tourist Coaches, \$600; Dawson, Ms. E. E., \$50; Department of Finance, \$40.50; Dewhurst, Rev. John, \$25; Dickson, Warrick, \$10; Dingle, Thelma, \$10; Doult, Mr., \$250; Downey, Mrs. E., \$10; Dridan, Mr. R., \$20; Dunbar, Mrs. B., \$25; Dunbar, Mrs. I., \$30; Durant, Ms. L. E., \$50; Dwyer, Mrs. D., \$18.80.

East, Jane, \$10; Edindeen Pty. Ltd., \$500; Eday Industries, \$50; Eggleton, Mrs. O., \$25; Ego Pharmaceuticals Pty. Ltd., \$200; Elliott, Miss B., \$50; Ellis, Mrs. I., \$50; Evans, Mr. A. T., \$20.

Fairhurst, Mrs. K., \$150; Falkiner, Mrs., \$20; Falkiner, Mrs. E., \$20; Ferguson, Mrs. M., \$1000; Fitzpatrick, B., \$100; Fletcher Jones Pty. Ltd., \$800; Fraser, Martin, \$10; Fraser, Mrs. N. H., \$10; Frazer, Mr. A. C., \$50; Freidman, Maurice & Co., \$58.80; Fuhrmeister, Mrs. E., \$50.

Gay, G. & Co., \$100; Geary, Mrs. H. K., \$10; George, Mrs. I., \$5; George, Karen, \$10; Giddy, Dr. S. D., \$100; Greenbank, Mr. R., \$25; Greenbank, Mr. S. R., \$10; Griffen, Mr. P., \$3050; Gunn, Dorothy, \$10.

Haddon Social Club, \$25; Haddon, Mr. W., \$5; Hall, R. D. and G. M., \$10; Hames, Mr. H., \$10; Hamill, Mrs., \$40; Hamilton, Miss H., \$100; Handley, Mr. and Mrs., \$50; Hardy, Ralph, \$10; Hargreaves, Mr. A., \$20; Hargreaves, Mr., \$20; Harman Bros., \$50; Harry, Geoff, \$10; Harry, Jill, \$10; Houghton, C. S. and J. M., \$50; Hayes, Mrs. D., \$50; Hayes, Mrs., \$50; Heinz, Mr. W. H., \$100; Heinz & Gordon (Don S. Wilson Charitable), \$850; Help For Addicts, \$10; Henderson, Mr. G., \$6; Hepburn, Mrs. E., \$200; Hodgkinson, Mr. M., \$20; Hollway, John & Sons, \$10; Holst, M. L. J., \$50; Hopkinson, Mrs. H., \$5; Hoskin, J. A. & Son, \$25; Howe, Mrs. D., \$20; Howlett, Kim, \$10; Hughes, Trevor, \$10; Hutchins Hutchins & Pat'ey, \$5000.

James, Mrs. M., \$10; John, Mr. M. B., \$50; John, M. B. Charities Fund, \$250; Johnson & Johnson Pty. Ltd., \$50; Jones, C. V., \$25; Jones, Fletcher Charitable Trust, \$150.

Kinnersley, Miss, \$25; Kirk, Miss C. S., \$100; Kissok, Mrs. J., \$20.

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