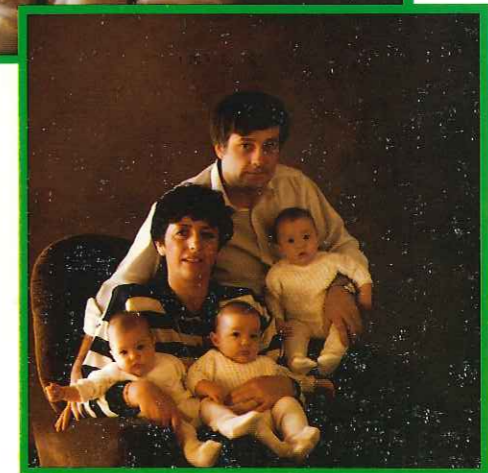
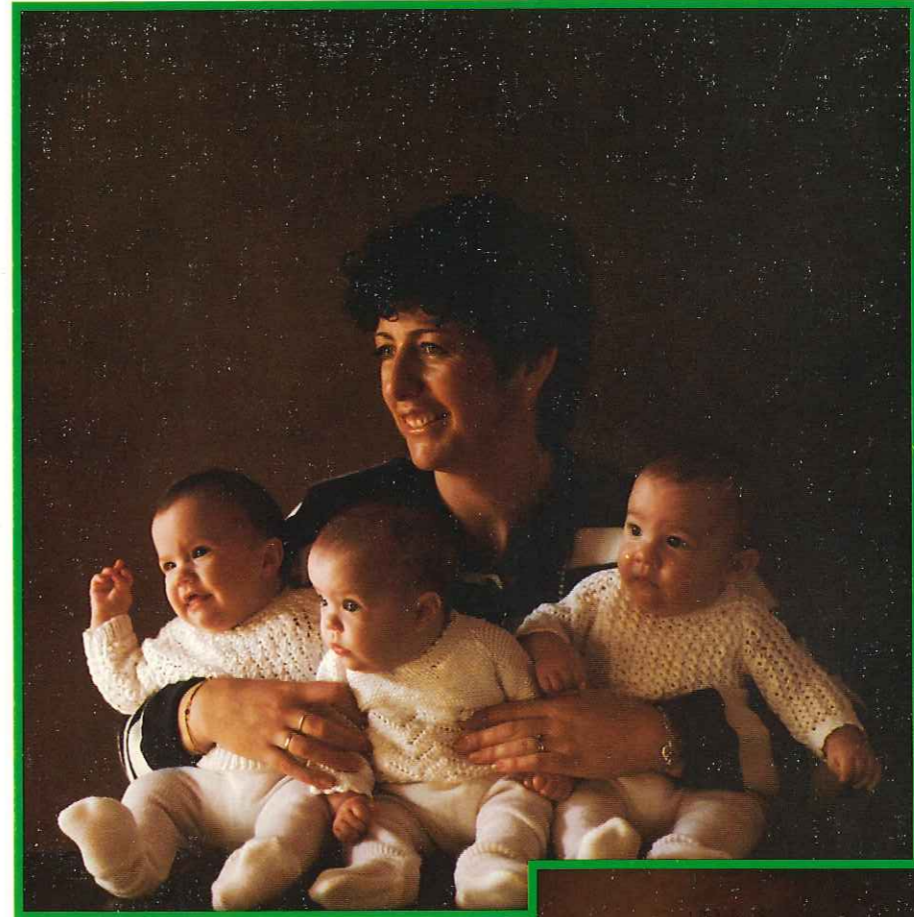


THE QUEEN ELIZABETH CENTRE

69th ANNUAL REPORT — 1987

THE QUEEN ELIZABETH CENTRE

THE QUEEN ELIZABETH CENTRE
53 Lytton Street, Carlton, Melbourne 3053
Telephone: (03) 347 2777



Mr & Mrs Fitzpatrick and triplets

Photography by MARK KEATS STUDIO.

CONSTITUTION AND OBJECTS OF THE QUEEN ELIZABETH CENTRE

CONSTITUTION

The Queen Elizabeth Centre is a body corporate under the Hospitals and Charities Act 1958 and consists of the Board of Management referred to in the By-Laws, Life Governors and Contributors thereto as defined in the Act.

OBJECTS

The objects of The Queen Elizabeth Centre are:

- (i) to maintain a hospital for parents and newborn infants and to provide facilities for babies and children who are in need of special care;
- (ii) to provide high quality family care, having regard to the physical, intellectual, social and emotional needs of family members and with particular concern for the welfare of parents and their young children;
- (iii) to encourage and promote breast feeding; but being cognisant of associated difficulties and alternative methods of infant feeding.
- (iv) to care for children at risk;
- (v) to recognize and respect the individual needs of families and children in the care of The Queen Elizabeth Centre.
- (vi) to promote the optimum development of each child;
- (vii) to improve the quality of parent and family management skills for parents and children in Victoria;
- (viii) to assist in the education of parents in the care of their children.
- (ix) to contribute to ongoing educational programmes for health care professionals;
- (x) to assist in the development of existing health, family and childcare services and ensure that such services respond to community needs;
- (xi) to raise the level of community awareness on relevant issues relating to infancy, child development and family care; and
- (xii) to increase public awareness of The Queen Elizabeth Centre as a community resource, specializing in mothercraft, family care nursing, child development and maternal and child care.

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LIST OF OFFICE BEARERS AND BOARD OF MANAGEMENT MEMBERS

LIFE PATRONESS: Lady Curtis

PRESIDENT: Mrs. K. J. Shaw

VICE-PRESIDENTS: Mr. Richard J. Meldrum, B.Arch., Dip.Arch., F.R.I.B.A., F.R.A.I.A., J.P., Councillor,
City of Melbourne
Mrs. Margaret Paine, S.R.N.T.C.

HON. TREASURER: Mr. Graeme McRae, F.I.C.A., A.S.A.(Sr.), A.C.I.S., M.B.A.(Harv.), A.I.A.A.

COMMITTEE MEMBERS: Dr. Bell Brodrick, B.Sc., M.B., B.S., D.C.H.(London), Dip.Crim.
Mr. Noel A. Edwards, A.A.S.A., A.B.I.A./Asia (from February 1987 to June 1987)
Mrs. Gabrielle Mahony, T.I.T.C. (from September 1986)
Dr. Marilyn Murnane, M.B., B.S., F.R.A.C.P., D.C.H.
Dr. Margaret Nowotny, M.B., B.S., M.D. (to September 1986)
Mrs. Julianne O'Bryan, F.A.S.A. (from April 1987)
Miss D. Scott, B.A.(Hons.), Dip.Soc.Stud.(Melb.) (to October 1986)
Mr. David Wells, B.A.(Hons.), LL.B.(Melb.) (from September 1986)

CHIEF EXECUTIVE

OFFICER: Mr. S. Seymour, B.Bus., G.Dip. Health Admin., F.I.B.A., A.F.A.I.M., A.H.A., C.H.A.,
M.I.P.M.A.

CHAIRMAN

MEDICAL ADVISORY

COMMITTEE: Dr. J. King, M.B., B.S., D.P.M., F.R.A.N.Z.C.P.

DIRECTOR OF NURSING

SERVICES: Mr. A. J. Tsindos, S.R.N., S.C.M.(Scot.), Cert. Ward Management & Admin.

DAY NURSERY DIRECTOR: Miss M. Linden, S.R.N.T.C.

HEALTH CENTRE SISTER: Miss H. Morris, S.R.N., Dip.App.Sci.(C.H.N.), F.C.N.A.

HONORARY SOLICITORS: Mallesons Stephen Jaques

AUDITOR: Mr. I. L. Murray, F.C.A., B.Comm., A.C.I.S.

BANKERS: National Australia Bank, Ltd.

THE PRESIDENT'S REPORT

It is with pleasure that I present to you our 69th Annual Report on behalf of the Board of Management of The Queen Elizabeth Centre.

COMMITMENT

In 1986/87 the emphasis was placed both on immediate needs and progression towards longer term objectives.

The role and responsibility of this organisation in helping to achieve and maintain the Health Department's economic and service delivery objectives is clearly recognised. This, with our continuing commitment to improving operational efficiency has been a goal for this past year and will always remain a major objective.

RESULTS 1986/87

In terms of service provision the number of patients treated at the Queen Elizabeth Centre increased by 11.96% or in round figures an overall increase of 100 patients. In addition, from within our budget, we were able to introduce Day Stay programmes to assist in reducing our waiting list. By reorganising nursing staff rosters, we were also able to appoint a part-time Community Outreach Nurse to follow up and assist nominated patients on discharge.

In relation to business operations it is important to note that hospitals and health service delivery is indeed a business and in reading our financial information you will see that we ended the year with a surplus of \$33,732. In order to arrive at this result it was necessary to transfer \$26,348 from the Capital Fund, to offset the operating loss of the Maternal and Child Health Centre.

The tasks associated with the delivery of health care services are often seen as routine. I would like to emphasize that irrespective of staff members' roles, the commitment calls for exceptional skills, experience and dedication to achieve the high standards being set at The Queen Elizabeth Centre. Never has this been more apparent than during the nurses' dispute, when the good relations between management and staff carried us through a particularly difficult period.

The successful completion of the '86/'87 year has been made possible by that commitment and on behalf of the Board, I have asked that their sincere appreciation be conveyed to all staff.

CHILDREN'S UNIT

Plans for upgrading the Children's Unit have been approved and will shortly be carried out. This major project costing approximately \$75,000 has been made possible by the hard work and enthusiasm of the Auxiliary.

MATERNAL & CHILD HEALTH

Ongoing services to the community are dependent upon two main factors, need and resources.



The need for our Maternal and Child Health Centre has been clearly established but at this stage the operation is dependent upon additional resources. With the exception of The Queen Elizabeth Centre, all Maternal and Child Health Centres are conducted by local councils. Community Services Victoria contributes towards salaries and local councils meet cost differences for salary and administrative overheads.

In our case, although we provide services for a designated area in Carlton, on behalf of the Melbourne City Council, we have had to meet almost half the salary cost and all overheads. We have therefore not been provided with all the resources normally available but had to call on Capital reserves.

During the last four years, this has amounted to \$88,000. These calls on our own limited capital resources cannot continue as they may jeopardise the very existence of the total complex. We are continually in discussion with the Health Department Victoria, Community Services Victoria and Melbourne City Council and believe that this situation should be satisfactorily resolved shortly.

EDUCATION

Ongoing education programmes for all staff are of vital importance in developing professional competence and expanding job skills. We are pleased to inform you that the Queen Elizabeth Centre has actively involved its staff in such programmes and encouraged numerous organisations to conduct sessions on site. Equally important is our role in educating clients and members of the community. One such education programme is the Child and Family Health sessions to be conducted by our staff at Fairlea Women's Prison. We understand that 80% of the women at Fairlea are mothers and in need of the support of our family programme. The parenting skills programme is a logical extension of our role in social/family preventive medicine.

THE FUTURE

We have many exciting plans for the future, including the development of education outreach programmes and expanded child care services. Some of these plans are still in the formative stage but others are advancing solidly. I hope to share with you the progress we are making at the Annual General Meeting.

APPRECIATION

I personally wish to thank all Board members for their support and friendship and on behalf of the Board wish to thank all staff for their enthusiastic contributions. I would also like to thank Mr. Peter Trumble of Mallesons, Stephen, Jaques — Honorary Solicitors for his valued assistance in preparing our new By-laws. It is with great regret we announce the retirement of Sister Peg Paine who has been a most valued member of our Board since December 1982, but she goes with our gratitude, love and best wishes. We also express our regret that Mr. Noel Edwards was unable to remain on the Board due to business commitments.

This year we have welcomed to our Board Mrs. Gabby Mahony and Mr. David Wells as representatives of the Day Nursery Parents Committee; also Mrs. Juliana O'Bryan and Miss Lorna Blair. We look forward to working together in the coming year.

On behalf of the Board
Mrs. June Shaw
President

SPECIAL NOTE FROM THE VICE PRESIDENTS

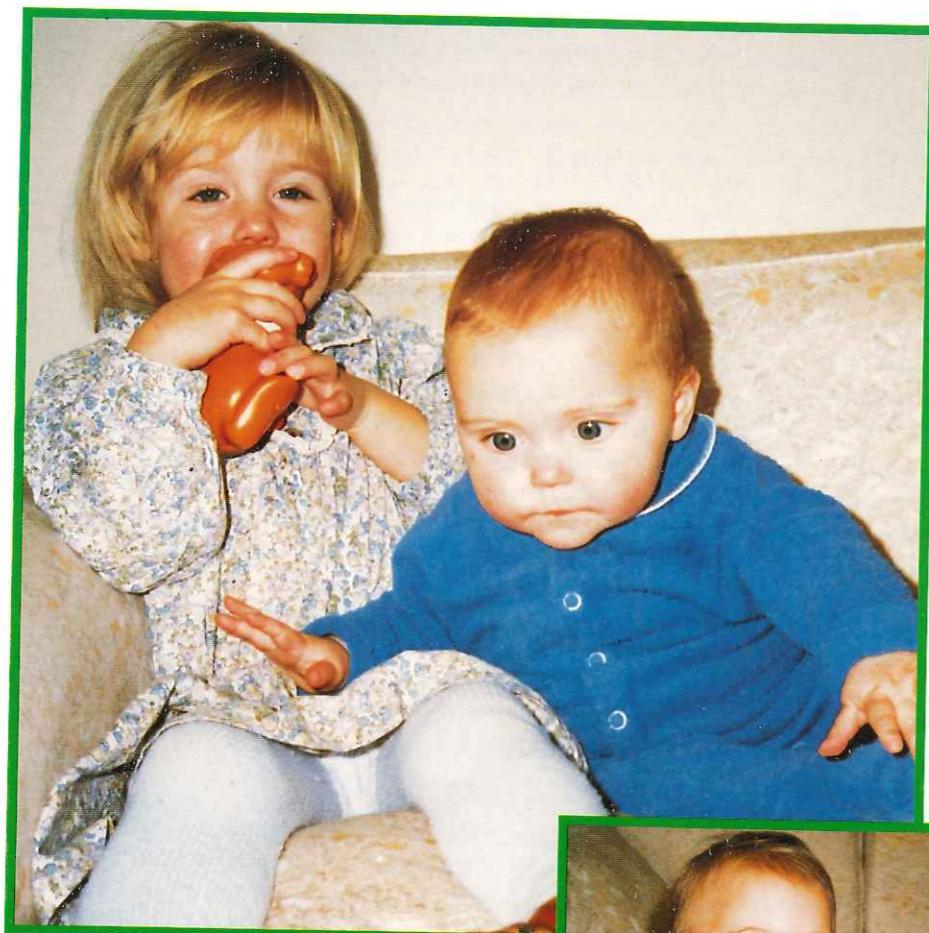
SPECIAL NOTE FROM THE VICE-PRESIDENTS

The Members of the Board wish to place on record their special gratitude to our President, Mrs. Shaw.

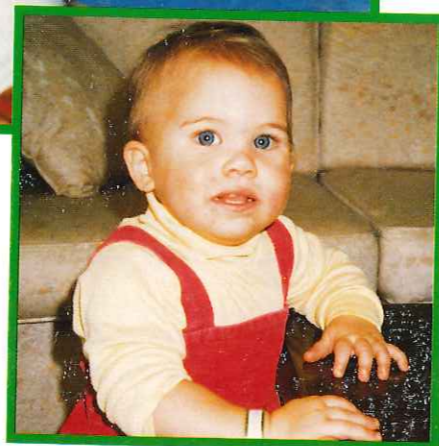
In addition to the heavy workload she takes on and discharges so ably, she helps in many other ways in the work of the Centre, well above and beyond the call of duty and both she and her family are generous and often anonymous donors from their own means to the funds of the Centre.

This Board expresses the sincere wish that her association with and leadership of the Centre will continue to be a close and happy one.

Cr. R. Meldrum
Sr. P. Paine



*Children's Units representatives in CEO's office
debating latest budget cuts to ice cream supply.*



THE MEDICAL STAFF



The Queen Elizabeth Centre continues to expand and consolidate its role, offering the community an excellent service. At a time of much pressure in the public hospital sector, the Centre offers a high standard of very personal care to distressed families, mothers, children and babies.

I would like to thank all members of the Medical Advisory Committee, who have been most generous with their time — for patient care, in-service training of nursing staff and meetings. We all miss the cheerful manner of Dr. Rex Melville who left the Queen Elizabeth Centre in the last year to practice in Sydney. His loss was a sad one; his duties have been taken over by Dr. Greta Danielson.

A number of matters of importance have taken place over the last year. There is now an accreditation procedure in place for doctors who wish to attend patients at the Q.E.C. to be accredited. Teaching of 5th year medical students from the Royal Children's Hospital has now commenced, with small groups of students attending half-day teaching sessions; these have been a great success. Another link with the R.C.H. has been regular sessions from a Psychiatry Registrar for 6 months, to explore the need for secondary consultation at the Centre.

The Centre remains in great demand, especially the Care-by-Parent and Mothers and Babies Units. During my own clinical work I have been most impressed with the quiet competence and commonsense of the nursing staff when caring for quite difficult psychiatrically and emotionally disturbed parents. My sincere congratulations to Mr. Tsindos, Sr. Houghton, Sr. Allan and all the nursing staff.

I would also like to thank the members of the Medical Advisory Committee for their commitment. Part of our success as a medical staff has been our relationship with our gifted C.E.O., Mr. Stephen Seymour.

I am very confident that as the Q.E.C. evolves, it will continue to provide the community with an excellent and unique service.

Dr. John King, M.B., B.S., D.P.M.,
F.R.A.N.Z.C.P.

VISITING MEDICAL STAFF

Dr. Greta Danielson, M.B., B.S.

Dr. David James, M.B., B.S., F.R.A.C.P.

Dr. John King, M.B., B.S., D.P.M., F.R.A.N.Z.C.P.

Dr. Rex Melville, M.B., B.S., D.P.M. (Pt.1 Melb.) (to February 1987)

Dr. Merrilyn Murnane, M.B., B.S., F.R.A.C.P., D.CH.

Dr. Nicholas Paoletti, M.B., B.S., D.P.M. (Melb.), F.R.A.N.Z.C.P.

DIRECTOR OF NURSING

The main objective for this year has been to increase the general public and Community's awareness of the Q.E.C. and services offered. The initiative has been successful and in response to community demand, services available to the public have been increased.

THE TEAM

The role of the Nurse Practitioner has been introduced at Q.E.C. Senior staff are able to use many of their skills and ideas to formulate new objectives in their units, as mentioned in their reports, which follow. They are responsible and accountable for the overall daily management of their units, each member of the unit making up part of the team. The Nursing Staff consists of trained nurses with Triple or Double Certificate and Mothercraft Nurses.

The participation of all nursing staff in decision-making and the team approach has resulted in increased productivity and the successful establishment of improved nursing practices.

SERVICES

The Community Outreach Nurse programme is well underway and the response from both past clients of Q.E.C. and professional support in the community has been very encouraging. We believe this addition to the staff structure will become increasingly important over the year. One aspect of the outreach nurse's position has been the promotion of Q.E.C. Many visits have been made to Maternal and Child Health Centres in Melbourne and surrounding suburbs, to Community Health Centres, hospitals and general practitioners with the aim of promoting to the community the services offered by the Q.E.C. and increasing awareness of the benefits of social and preventive medicine. We are pleased that it has been possible to create this position within existing staffing establishment levels.

Another development has been the establishment of a criterion for admission and a programme for drug and alcohol dependent mothers. We have achieved good results with this programme.

The increasing workload of the Centre has placed nursing staff under considerable pressure, exacerbated by the long waiting lists of those accepted for admission but unable to be accommodated. By introducing the Day Stay Patients Service we have been able to alleviate the situation to some degree, and the Community Outreach Nurse has in some circumstances been able to visit clients on the waiting list.

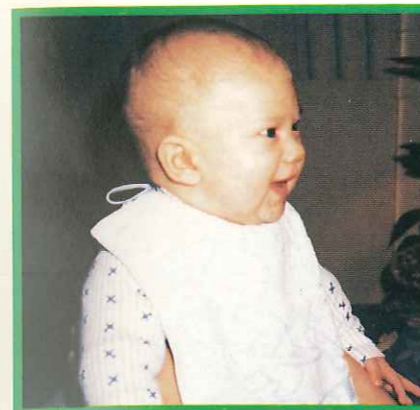
Statistics for 1986-'87 show that the number of bed days has increased by 12.28% ('85-'86: 7077, '86-'87: 7946) and number of patients treated has risen by 11.96% ('85-'86: 836, '86-'87: 936). Length of stay has been 8.4 days, with a daily occupancy rate of 64.08%.

EDUCATION

In-Service Education has been a major objective in staff development this year. Nursing staff have attended lectures and courses conducted by outside agencies including:

Mead Johnson — Allergies, Red Cross First Aid Course, Fire Prevention & Evacuation, Mayfield Centre — Management Development, Medical Staff — Inservice Lecture.

We have been very fortunate to have lectures and sessional workshops on drug and alcohol client care conducted by Mr. Daryll Ohem of the Health Department Victoria.



Ms. Bernadette Keane has developed an extensive programme on staff development, with senior staff and Mothercraft nurses.

Ms. Joanna Bock from Inner Urban Region, Community Services Victoria gave senior staff informative lectures on issues pertaining to Children's Protective Services and the Courts of Victoria.

The Medical Advisory Committee has given staff informative lectures on subjects as diverse as colic, ambulatory paediatrics, sexually transmitted diseases, A.I.D.S. and hepatitis, care of clients with psychiatric illnesses, child development and the handicapped child. We thank all those who gave these lectures.

The Q.E.C. has developed a further outreach education programme at Fairlea Prison. This programme is designed for the mother who is about to return to the community, informing her of services and support agencies that are available to her and her child(ren) as well as parenting/educational skills development.

Supervised work experience was provided during the year for mothercraft students from Preston, Footscray, Broadmeadows and Frankston T.A.F.E. colleges as well as secondary school students. 5th Year medical students from Melbourne University attended the Centre as part of their paediatric course.

A Child Abuse Seminar was conducted at the Centre in February. It was a great success with 120 professionals attending to hear some very interesting and controversial speakers. Q.E.C. worked closely with the Community Policing Squad in organizing the seminar.

In August last year, Dr. Danielson and I attended the World Conference on Child Abuse in Sydney. It was a most worthwhile experience.

PROJECTS UNDERTAKEN

This year nursing care planning and histories have been introduced on the Units. These documents are an aid to the staff to develop more refined assessment skills and plans for a team approach to individual client care.

A pilot study was conducted on the admission of Emergency Care Patients to the Childrens Unit. Referrals were mainly from the Community Policing Squad, Childrens Protection Services and hospitals. The results of this project indicated a need for after hours emergency admissions. Q.E.C. has been encouraged by referral agencies to maintain this service.

ACKNOWLEDGEMENTS

I would like to thank the Medical Advisory Committee for their support of the nursing staff and Dr. Danielson for her guidance and encouragement throughout the year. Also Dr. Sewell for her help in liaising with Royal Children's Hospital for many of our families.

The Sun Toy Fund, J. Faultley & Co. and St. Columbas Day Kindergarten, Balwyn have been most generous in their donation of clothing and toys for the Children's Unit.

Finally I thank all the staff for the support they have given me and for the care and concern they show the families in their charge.

Mr. Andrew Tsindos
Director of Nursing Services

MOTHERS AND BABIES UNIT

The clients of the Mothers and Babies Unit are referred from the metropolitan and country regions of Victoria; from all spheres of the socio-economic continuum as well as the many different cultural groups which constitute our society.

In the year June 1986 to 1987, M.A.B.U. has cared for 517 parents and infants. There have also been five fathers admitted as the primary care-givers to the infants during the year.

The ages of M.A.B.U. clients have ranged from: Infants — preterm (36 weeks gestation) to 7 months; parents — 14 to 44 years.

The utilization of the M.A.B.U. can be demonstrated statistically by the average occupancy rate for June '86-'87 of 78%.

The high demand for M.A.B.U. services and facilities is reflected by waiting lists of up to 14 parent/infants at any one time.

TYPES OF ADMISSIONS

The reasons parents and their infants are referred and require admission are extremely varied. The following list is indicative of the types of referrals:

Parental

- maternal/paternal exhaustion, due to demands of infant/s, older children
- single mother — no/minimal family/friend/community support
- teenage mother — emotional immaturity
- parentcraft education — no/little experience as primary caregivers — inability to respond appropriately to infant's needs and wants — multiple births
- marital/defacto problems/breakdown
- social and/or cultural isolation
- feeding difficulties — breast/artificial
- Birth Centre patients
- assessment and education of parenting capabilities
 - drug/alcohol parents, infants at risk, psychiatric illness,
 - intellectually disabled parent/s
- psychiatric illness —
 - postpartum depression — mild, moderate and severe schizophrenia —
 - manic-depressive
- psychological difficulties inhibiting the care of their infants — past personal abuse, sexual; emotional, physical and social
- anorexia nervosa
- personality disorders

Infant

- prematurity — mother discharged home postpartum and infant hospitalized a further 2-16 weeks — bonding, parentcraft education
- multiple births (twins, triplets) to establish feeding regime (breast or artificial), bonding, general infant care
- gastro-oesophageal reflux
- colic
- failure to thrive
- apnoeic episodes
- unsettled, irritable infant/s
- feeding difficulties — breast and artificial
- infant distress syndrome
- infants at risk — physical, social, sexual
- food intolerance
- behavioural difficulties — not sleeping — persistent crying/restlessness



It is very important to note, that very rarely are parents and their infant/s admitted with only one of the above mentioned needs and problems. More typically, they are admitted due to the existence of multiple problems.

NATURE OF WORK

The M.A.B.U. is an extremely busy, labour-intensive area. The Unit's basic team comprises Maternal and Child Health Nurses (M.C.H.N.) and Mothercraft Nurses (M.C.N.).

The plans for client management require varying levels and types of education, supervision, guidance, instruction, demonstrations, role-modelling, counselling and co-ordination with appropriate community services.

Consequently, on discharge home, the clients/families have continuing support, follow-up and education as their needs require.

COMMUNITY SERVICES

Include:

- Q.E.C.'s Community Outreach Nurse
- the patient's Maternal & Child Health Nurse
- the patient's referral agency
- Community Health Centre
- Social workers
- General Practitioners, Paediatricians, Psychiatrists, Obstetricians, Psychologists
- Protective services
- Community Policing Squad
- Church Groups
- Royal District Nursing Service
- Marriage guidance counsellors
- Multiple Birth Association
- Nursing Mothers Association

ACKNOWLEDGEMENTS

I would like to take this opportunity on behalf of the Unit's team to thank the many supportive community service groups who assist the M.A.B.U.'s patients/families.

I extend thanks to the Q.E.C.'s management and our consulting medical staff, especially Dr. Greta Danielson. A special note of thanks is due to Mrs. June Shaw (Chairperson of Q.E.C.) for her generous donation which enabled the refurbishing of the patient's rooms.

Finally, I would like to extend sincere appreciation to the dedicated and hardworking members of the M.A.B.U. nursing team who form the base for the high standard of patient/family care.

Karen Houghton,
Dip.App.Sc.Nurs., R.M.,
Bach.App.Sc.Nurs.Comm. Health
& Maternal & Child Health

CHILDREN'S UNIT



The past year in the Children's Unit has been a busy one with a total of 552 admissions. Our clientele are referred from local communities, outer metropolitan and country areas throughout Victoria.

The categories of admissions include:

- 1) children with behavioural problems (feeding, sleeping difficulties) to establish them into a daily routine;
- 2) maternal relief for children with physical and mental disabilities or for children of single parents who have no other family support to assist them with the care of the children;
- 3) children at risk, admitted under Care and Protection Orders following referral by the Community Policing Squad or the Protective Services Unit;
- 4) children for assessment of their growth and development levels;
- 5) mothers requiring education and assessment of their parenting skills.

The average admission period for most children is 1-2 weeks but if a child or infant is made a Ward of State during his or her admission to The Queen Elizabeth Centre they often remain with us for 3-4 months before they are placed into foster-care.

Our Care by Parent Units have been in great demand and most admissions are for an average of 1-2 weeks. Over the past few months mothers have had to be placed on long waiting lists or referred to other agencies. Staff feel there is a definite need for more Care by Parent Units to cater for the increasing demand.

We have commenced admitting mothers and children as Day Patients when families find it difficult to remain in overnight or when a bed is not available in the Care by Parent Units. This has been helpful in reducing the waiting list for the Care by Parent Units.

The commencement of the Community Outreach Programme by Sr. Pam Heselev has been most valuable. She is able to visit patients at home and assist them with any problems they may have following discharge and ensure that they are linked into the appropriate community services.

Supervised work experience has been provided during the year for mothercraft students from the T.A.F.E. Colleges at Preston, Footscray and Broadmeadows and school work experience students.

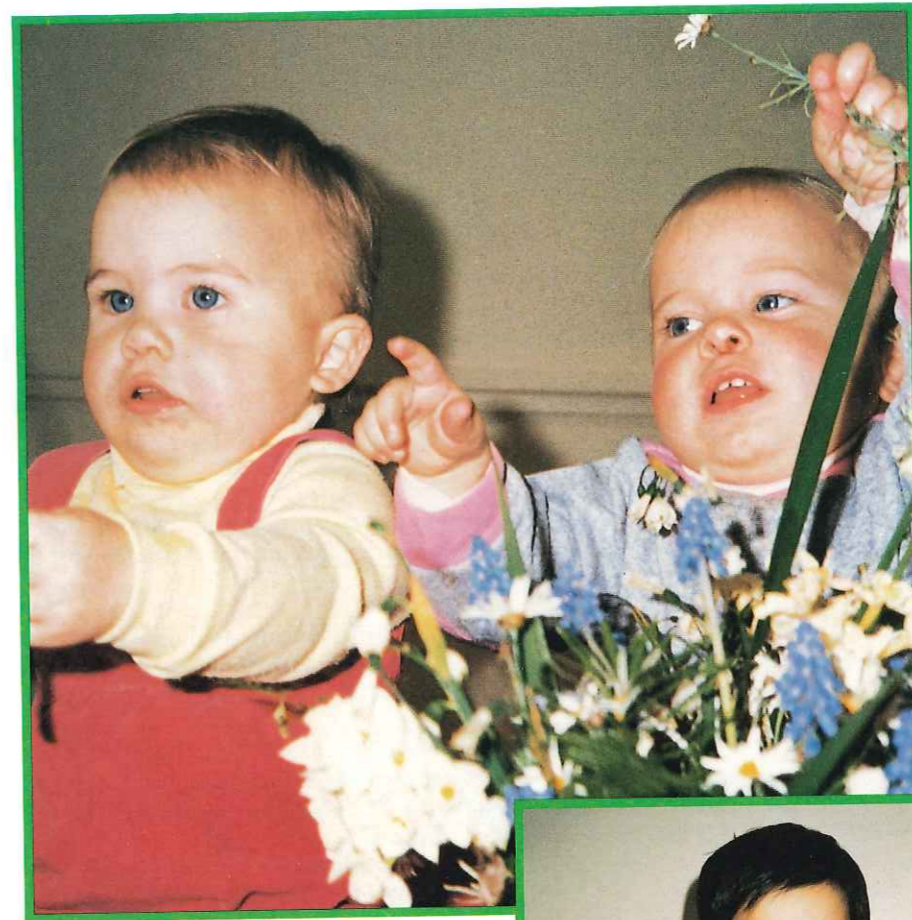
The children have participated in many outings with the staff, including Puffing Billy, the zoo, the museum and Collingwood Children's Farm. Although exhausting, they were thoroughly enjoyed by all.

The nursing staff wish to thank Dr. Danielson for her care and support of the children, mothers and staff within the Unit. Also we wish to thank all the parents for their donations of clothing and toys over the past year.

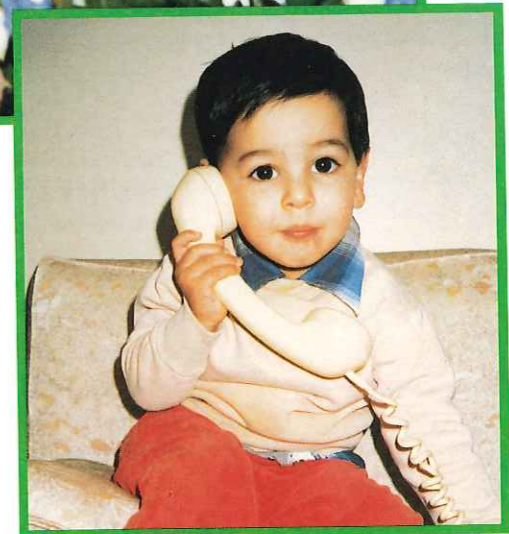
We are looking forward to the renovations to the kitchen/meals and bathroom areas. Hopefully these will go ahead later this year as planned. I would like to thank Mrs. Shaw and the Auxiliary who are covering the cost of this project.

The nursing staff have continued to provide a high standard of nursing care and I thank them for their support over the past year especially throughout the changes which have taken place within the Children's Unit.

Kerry Allan, S.R.N., S.R.M.

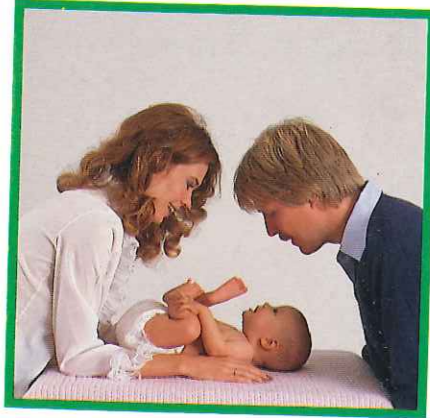


Volunteers on the loose in CEO's office.



Dr. Yeatman's understudy training at Q.E.C.

MATERNAL & CHILD HEALTH CENTRE



The Maternal and Child Health Centre has received 100 Birth Notifications for the financial year just ended. There have been 167 new children enrolled at the Centre. In all, 367 individual children have been in contact with our service this year.

Carlton is a neighbourhood of great diversity. It encompasses areas of gracious old terrace houses and streets of small cottages. There are blocks of contemporary unit developments and two Ministry of Housing high rise estates. This leads to a diversity of population, evident in the families who come to the Centre.

There are a significant number of migrant families. The predominant families continue to be Lebanese, Vietnamese and Turkish. These three cultures have traditions which confine the mother and new babe to the home for a period of 40 days or longer following the birth. The nurse is involved in an increased number of home visits to these families. The monthly interpreter sessions, the Telephone Interpreter Service and the availability of translations of some printed information are invaluable.

On the other hand, the university colleges and teaching hospitals ensure that this area has a high proportion of professional and academic families and of student couples.

For families living in Ministry of Housing accommodation, unemployment is still leading to financial stress and depression for some. There are many women bringing up children on their own.

Couples starting their families later mean that a number of women in their thirties and early forties are having their first child. Many will admit they were unprepared for the changes a small baby has made to their previously ordered and successful lives.

For all their differences, many families experience similar isolation in bringing up their children. It is rare for parents in this area to have grandparents or other family members living close by. Most young mothers continue to work until the end of pregnancy and few know their neighbours or have friends who they can drop in on or call upon for an hour's babysitting.

The Centre often acts as a contact point where families meet and form friendships which are both enriching and supportive.

The Centre's work continues to be supported and resourced by a range of services. Dr. J. Sewell from the Royal Children's Hospital Outreach Programme has continued her monthly visits and her involvement with families who have concerns regarding the physical or developmental progress of a child.

The pre-school dental team has increased their visits from monthly to fortnightly and attendances have increased. Audiology and immunisation sessions are held monthly. Dr. Spence and Sr. Sorell continue to provide the weekly Family Planning Clinic.

I have appreciated the help families have received from the Day Nursery, Mothers Unit and Children's Unit and the support I have received from other staff members.

Helen Morris, S.R.N.,
Dip.App.Sci.(C.H.N.), F.C.N.A.
Infant Welfare Sister

FAMILY PLANNING CLINIC



The Clinic has had a steady attendance throughout the year with approximately 500 appointments.

We are grateful for the co-operation of Miss Helen Morris, Infant Welfare Nurse, the administrative staff of The Queen Elizabeth Centre and the Central Interpreter Service.

The Clinic aims to provide a free and confidential service to both male and female members of the community in a relaxed and informal setting. We undertake advice and medical supervision in all methods of birth control.

Services available include cervical smears, breast examination, pregnancy testing and counselling, Rubella immunization, advice to couples on fertility and infertility, specialist referrals (including mascotomy) and menopause counselling.

This year ethnic groups have been well represented and there has been an increase in male attendance both for personal advice and to share visits with their partners.

As we become more widely known we do hope to have a greater proportion of the young people in the area as our clients and so to further education and preventive medicine in this community. In this way, our aim of making "every child a wanted child" becomes not a hope but a reality.

Dr. M. Spence, B.A., M.B.B.S.
Family Health & Support Branch
Community Services Victoria

Sr. C. Sorell, S.R.N.

THE DAY NURSERY



It is almost two years since the proposal was submitted for the Day Nursery to change to a Centre providing extended care for the children of shiftworkers, especially the emergency/caring services in the area.

In spite of several discussions with both Federal and State Community Service Departments, they have been unable to give us a concrete decision, either for or against the project, which has made planning for the Day Nursery extremely difficult. We are still receiving enquiries, from parents surveyed two years ago, for information regarding the project. These parents are not always able to find family day care that suits their needs. The inability of parents, especially lone parents, to find day care can, in many instances, restrict the educational and career opportunities available to them.

It is hoped that the issue of out of hours care will be resolved one way or the other in the very near future, so that we may get on with rationalizing our physical space needs.

The last 12 months has seen the continuation of uncertainties for child care services in Victoria and apparent lack of agreement between Government funding bodies and workers in the field. Worries about stable, affordable, quality child care is yet another concern for working parents of young children in times of great economic difficulty.

The Day Nursery Parents have continued their fund raising activities and this year raised \$4,741.75, which is a very worthy effort considering the small number of families involved. This year the parents spent \$1,143.61 of the money raised on equipment for the Day Nursery.

I would like to thank Sylvia Mainwaring who was responsible for setting up the Parents Fund Raising Committee in July, 1983. Sylvia's association with the Day Nursery will finish at the end of the year when Thomas starts school. Since the Committee was established, \$21,413 has been raised for the Nursery — an excellent figure for such a small group. Sylvia will be missed by the fund raising parents and I'm sure our loss will be the gain of the school which Thomas attends.

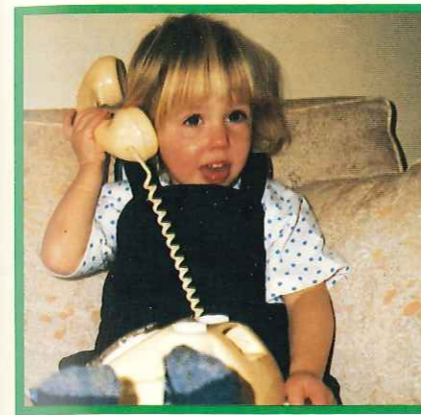
We again thank the many people and agencies who have provided both help and support to the children, parents and staff of the Day Nursery, especially Dr. J. Sewell, Ambulatory Paediatric Services and Sr. H. Morris from the Maternal and Child Health Centre.

The Nursery has joined with several other Centres during the past year to provide both educational and social occasions for the children such as visits to the zoo and picnics. This enables us to share costs and provide wider experience for the children.

I would like to thank the staff for the help and support they have given me and for the care and attention they provide for the children.

Mary Linden, S.R.N.T.C.
Day Nursery Director

COMMUNITY OUTREACH NURSE



The Community Outreach Nurse position was established in December, 1986 and over the past six months has become an integral part of Queen Elizabeth Centre's services.

The main responsibilities of this position include:

- ★ Follow up nominated clients discharged from Q.E.C. and ensure that clients are linked into appropriate community support groups.
- ★ At the request of Q.E.C.'s medical and senior nursing staff, will arrange pre-admission assessment/evaluation for specific clients.
- ★ Promote Q.E.C.'s services to: hospitals, health centres, medical practitioners, community agencies and relevant government departments.
- ★ Liaise with referring agencies and evaluate Q.E.C.'s services/support.
- ★ Participate in and conduct educational programmes.

The position is currently 24 hours per week. In the first six months of 1987 a total of 60 clients have been referred, from the Mothers and Babies Unit, Children's Unit and Care by Parent Units.

Reasons for referral include feeding problems in infants; behavioural problems in toddlers; long-term support for families with disabled children; assessment of the mother's ability to care adequately for her infant; premature infants, twins or triplets.

While some clients only require a telephone consultation, the majority require more long-term support in the form of home visits. 96 home visits have been made since June 1987.

Contact is also established with the local Maternal & Child Health sister, welfare agencies, medical staff and other community groups where appropriate, to ensure the client is obtaining all support available from her local community.

To this end 372 telephone calls have been made and 141 visits to community agencies undertaken. Where necessary the role and function of Q.E.C. is explained.

The response has been very encouraging. Most clients are very appreciative of the support and assistance provided by Q.E.C.; health agencies within the community are generally very receptive to the follow-up provided by Q.E.C.

I have enjoyed establishing the role of the Community Outreach Nurse and feel that the next six months will continue to be exciting as the role is further expanded.

I would like to thank the staff at Q.E.C. for the support they have given me over the year.

Pam Heselev, S.R.N., R.M.,
Dip.App.Sci.Comm.Nurse (M&CH)

THE QUEEN ELIZABETH CENTRE AUXILIARY



During the last two financial years the Auxiliary has grown from some kind friends having occasional functions to a situation of serious fund-raising and audited books (thank you Mr. Murray).

We did, in the beginning, distribute funds to the various areas of the Centre for equipment, toys, etc. and also furnished the Care by Parent Units. It was then decided we would invest money raised towards major projects. The first project decided upon was the upgrading of the Children's Unit.

We wished to provide a bright, cheerful environment, where our children could experience, as nearly as possible, the atmosphere you and I would create for our own little ones in our own homes. The task of planning the changes was given to our very caring staff and we are happy that the alterations have been approved by the Health Department. We hope to see them completed and functioning by the end of October. The Auxiliary cheque to cover this project will be presented at this meeting.

Another cheque for \$1,000 was given towards disposable napkins during the nurses' strike when laundry services were boycotted. A private donation of \$5,000 was used to update the Mothers' Wing patient rooms.

Our funds are raised through varied functions in the hope of appealing to different members of the Community. We aim not only at raising money but at promoting the name and objectives of The Queen Elizabeth Centre. The financial result for the year to 30th June 1987 was \$49,002 (including interest).

We are now looking towards an exciting new project, which hopefully will be realised during this financial year.

Our special thanks to Myer Melbourne for their interest and support. This is our third year of having the opportunity to man the charity booth at the World Lego Exhibition held annually at Myer. The net result of the last Exhibition was \$13,650.27, a wealth of experience and the opportunity to renew acquaintances with old Queen Elizabeth Centre friends and make many more.

We include our list of Auxiliary members and supporters and also names of those who have contributed so generously by sponsoring functions for us. All these people have my personal thanks and the appreciation of the Auxiliary, Board and staff.

The Day Nursery Parents Committee has worked tirelessly with many enjoyable functions and the Board is most appreciative of their efforts. We are proud to announce their current sum invested is \$13,000.

They wish to spend this money on the Old Chapel. The Chapel is of historical interest and we would not want to lose it. If toilet facilities and other improvements can be made, it will be a most practical adjunct to the Day Nursery.

Thank you Day Nursery Parents!!!

We also benefit from the steadfast ongoing support of the Caulfield Baby Health Centres Ladies Committee. This money is always spent on equipment for the Children's Unit and we are sincerely grateful for this committee's continued interest and support.

If anyone would care to help us either on our committee or by adding their name to our mailing list, we would give them a tremendous welcome.

Our thanks also go to the office staff who are involved at times in helping us in a ticket secretarial situation.

To all who have helped, our sincere gratitude and I hope the projects you see eventuate will make you feel it has all been worthwhile.

CONTRIBUTORS

'Extravaganza'

Dame Elisabeth Murdoch

'Plus Two'

The Medici School

Myer Melbourne

Lego

Coora Cottage Herb Farm

Campbells Road Dust Bowl Tennis Day

Bunty Gordon International

David Medwin

The National Trust Portable Houses

Kevin O'Neill

Petersville

Socomin

AUXILIARY

Marie Bernardi

Kath Byer

Patti Fellows

Dawn Ferguson

Liz Hassell

Cec Mangan

Joan Matthews

Maurcen Melbourne

Colleen Meldrum

Rita Reynolds

June Shaw

Eve Skolnik

Lorraine Smith

Jan Spooner

Christine Tarascio

Joy Wade-Brown

Judy Watson

Mrs. June Shaw
President

LIFE MEMBERS

Mr. M. Alter	Mrs. M. Fink, M.B.E.	Mrs. J. Peters
Mrs. E. D. Beaurepaire	Mrs. K. P. Forsyth	Miss V. Reardon
Mrs. C. Berkowitz	Mr. L. Frank	Mr. E. Rogers
Mrs. L. J. Callaway	Mrs. M. C. Glover	Mrs. E. Rogers
Mr. A. Callil	Mrs. A. Goodman	Mrs. D. Scott
Mrs. S. M. Carnegie	Mr. G. Gray	Mr. J. S. Shaw
Mr. P. Clemenger	Mr. D. Hains	Mrs. J. S. Shaw
Mrs. C. Coghill	Mrs. S. Holt	Mr. R. E. F. Smith
Mrs. L. Craig	Mrs. J. Hopper	Mrs. R. E. F. Smith
Mrs. M. Davidson	Mr. G. Ireland	Mrs. W. Stephens
Mrs. F. E. DeLoffre	Mrs. D. Jones	Mrs. A. K. Stewart
Mrs. G. N. Doolan	Mrs. C. Knowles	Sir Donald Trescowthick, K.B.E.
Mrs. N. A. Edwards	Mrs. A. Lynch	Miss J. Wilkinson
Mr. J. Fautley	Mrs. J. Ogden	Dr. A. E. Wilmot, O.B.E.
Mr. P. Fayman	Mr. L. Peck	Mr. A. Y. Zion

PAST PRESIDENTS

1917-1921	— Dr. A. Jeffreys Wood
1921-1923	— Dr. K. Hughes
1923-1932	— Sir George Cuscaden
1932-1933	— Dr. Constance Ellis
1933-1944	— Sir Walter Leitch, K.B., C.B.E.
1944-1952	— Hon. Sir Herbert Olney
1952-1953	— Sir Lesley McConnan
1953-1956	— Hon. Sir Herbert Olney
1956-1965	— Mr. M. V. Anderson
1965-1983	— Lady Curtis
1983-	— Mrs. J. S. Shaw

CHIEF EXECUTIVE OFFICER

S. Seymour

DIRECTOR OF NURSING SERVICES

A. J. Tsindos

FINANCE OFFICER

K. Lumley

ADMINISTRATIVE

G. O'Keefe, R. Fusinato, S. Kirkland

DAY NURSERY DIRECTOR

M. Linden

MATERNAL & CHILD HEALTH CENTRE

H. Morris

KINDERGARTEN TEACHER

L. Romanin

REGISTERED NURSES

K. Adams, K. Allan, P. Anastasios, M. Cordner, C. Cottier, R. Fairweather, M. Ferres, P. Heselev, K. Houghton, R. Lusins, J. McKay, J. McNaught, A. Poulter, Y. Rajan, M. Tuxworth, M. Yeatman

MOTHERCRAFT NURSES

A. Abernethy, H. Barrett, C. Boileau, S. Brown, U. Cook, W. Didjurgies, J. Dimech, J. Donald, E. Fabel, T. Frawley, C. Gooley, L. Ross-Henry, S. Herd, S. Jackson, M. Jennar, A. Johnson, M. Lansdown, F. Matthews, J. Moody, C. Phillips, M. Smith, M. Trewarne, J. Vizard, L. Westcott, J. Whitten, J. Williams, A. Zographos

CHILDCARE ASSISTANTS

J. Fenton, A. Mitchell

HOUSEKEEPING

R. Stringer, D. Alexiadis, H. Kolliou, K. Kolliou, S. Kostas, M. Malovic

CATERING

I. Preston, L. Maynard, M. Wilkins, T. Spiteri, J. Tongs

MAINTENANCE

N. Wilson, R. Williams

The Queen Elizabeth Centre (Q.E.C.) is a registered Public Metropolitan Special Hospital complex located in Carlton, Melbourne.

In the past the Centre was known and operated as:

The Victorian Baby Health Centres
Association Inc.
The Queen Elizabeth Hospital
For Mothers & Babies

Situated within the complex and an integral part of the overall services are the Queen Elizabeth Day Nursery and the Queen Elizabeth Maternal and Child Health Centre.

The new name "The Queen Elizabeth Centre" now brings together all of the above services.

— OUR ROLE —

"The promotion of social and family health and preventative medicine centred around child development and family care."

Q.E.C. functions as an integral part of the health services within the State of Victoria. We receive referrals from metropolitan, regional and statewide health, hospital and community agencies.

STATEMENT OF ASSETS AND LIABILITIES AS AT 30th JUNE 1987

		1986	1986
		\$	\$
Hospital Capital		972,997	923,112
Day Nursery Capital		300,689	288,029
Specific Purpose Funds —			
Hospital & Day Nursery	2,551		
Emergency Care	354		
Olney Prize	1,296		
M. E. White Trust	1,691	5,892	3,706
<i>Operating Fund</i>			
Balance 1-7-1986	Dr. 17,150		
Surplus for year (1986 \$1,247) after \$26,348 (1986 \$30,973) transfer from Capital	33,732		
Increase in Stores (1986 \$476 Reduction)	2,838	19,420	Dr. 17,150
<i>Total Capital and Funds</i>		<u>\$1,298,998</u>	<u>\$1,197,697</u>
Represented by:—			
	<i>CURRENT ASSETS AND INVESTMENTS AT COST</i>		
<i>Specific Purpose Funds</i>			
Cash at Bank	4,293		2,107
Investments	1,599	5,892	1,599
<i>Capital Funds</i>			
Cash at Bank	5,199		5,944
Deposits at Call	155,000		—
Savings Investment Accounts	9,855		141,984
Investments	208,000	378,054	208,000
Cash in Hand		260	210
Stores on Hand		6,054	3,216
Income Receivable		127	—
Debtors		46,501	18,892
Deposit at Call — Operating		185,000	—
Savings Bank Investment A/c — Operating		2,039	110,130
		<u>623,927</u>	<u>492,082</u>
	<i>FIXED ASSETS</i>		
Buildings at Cost		761,136	761,136
Plant, Equipment & Motor Car at Cost	134,496		
Less Provision for Depreciation	42,130	92,366	62,630
		853,502	823,766
<i>Total Assets</i>		<u>1,477,429</u>	<u>1,315,848</u>
	<i>CURRENT LIABILITIES</i>		
National Australia Bank —			
Operating Fund	39,246		15,169
Sundry Creditors and Accruals	32,737		19,746
Provision for Annual Leave	74,213		68,768
Provision for Long Service Leave	32,235		14,468
		178,431	118,151
<i>Net Assets</i>		<u>\$1,298,998</u>	<u>\$1,197,697</u>

INCOME AND EXPENDITURE STATEMENT —

OPERATING FUND FOR THE TWELVE MONTHS ENDED 30TH JUNE 1987

	1986	1987
	\$	\$
INCOME		
Commonwealth and State Government Grants	1,299,184	1,132,753
Patients' Fees	196,916	112,591
Day Nursery Fees	87,095	84,934
Government Subsidy — Day Nursery	109,280	100,764
Boarders	3,768	4,120
Cost Recoveries	2,997	3,319
Donations	194	487
Interest Received	16,909	14,174
Meals and Accommodation	1,699	5,928
Isabel Younger Ross Memorial Hall — Net Income	11,963	8,065
Transfer from Capital — 1986 Deficit Health Centre (Previous Year \$17,194 and Day Nursery \$13,779)	26,348	30,973
	1,756,353	1,498,108
LESS EXPENDITURE		
Bad Debts	1,369	1,778
Salaries and Wages	1,282,050	1,103,074
Visiting Medical Officers	16,380	13,354
Superannuation	2,397	2,884
Consultants' Fees	10,000	22,520
Food Supplies	43,075	39,517
Medical and Surgical	6,256	5,963
Fuel, Light and Power	28,789	28,762
Domestic Charges	51,243	50,533
Maintenance	60,570	74,318
Administrative	192,042	138,451
Depreciation	10,683	5,052
Provision for Long Service Leave	17,767	10,655
	1,722,621	1,496,861
<i>Net Income For Year — Transferred to Operating Fund</i>	\$33,732	\$1,247

AUDITOR'S REPORT

I report that I have examined the Accounts of The Queen Elizabeth Centre for the year ended 30th June 1987.

These Accounts comprise the Statement of Assets and Liabilities and the Operating Fund Income and Expenditure Statement.

In my opinion, the Accounts are properly drawn up in accordance with the requirements of the Health Department Victoria so as to give a true and fair view of the Institution's financial affairs as at 30th June 1987 and of the results of its operations for the year ended on that date.

21st August 1987

I. L. Murray
Chartered Accountant

COMPARATIVE FINANCIAL STATEMENT

Operating Fund

	1983	1984	1985	1986	1987
	\$	\$	\$	\$	\$
INCOME					
Meals and Accommodation	10,401	12,723	9,390	5,928	1,699
Donations	3,286	4,391	3,684	487	194
Child Endowment — Family Allowance	920	290	519	782	—
Day Nursery Fees	60,109	66,005	75,283	84,934	87,095
Government Subsidy — Day Nursery	62,872	58,231	66,064	100,764	109,280
State Government Grants	601,797	742,171	1,024,100	1,114,850	1,281,980
Municipal Grants	12,551	18,256	16,074	17,121	17,204
Patients' Fees	304,697	261,394	85,810	112,591	196,916
Boarders' Fees	7,010	4,640	2,495	4,120	3,768
Isabel Younger Ross Memorial Hall — net Income	3,348	8,601	12,674	8,065	11,963
Cost Recoveries	6,552	9,647	2,754	3,319	2,997
Interest Received	15,007	11,637	7,147	14,174	16,909
Day Nursery — Transfer from Capital Funds	7,896	5,567	9,484	13,779	—
Health Centre — Transfer from Capital Funds	—	—	17,802	17,194	26,348
Deficit for the year — transferred to Operating Funds	49,015	59,812	7,604	—	—
	\$1,145,461	\$1,263,365	\$1,340,884	\$1,498,108	\$1,756,353
EXPENDITURE					
Salaries and Wages	893,318	1,008,914	1,033,574	1,103,074	1,282,050
Visiting Medical Officers	6,119	6,433	8,120	13,354	16,380
Superannuation	6,247	5,557	4,705	2,884	2,397
Consultants' Fees	—	—	—	22,520	10,000
Food Supplies	32,126	31,639	31,112	39,517	43,075
Medical and Surgical	4,456	5,176	4,022	5,963	6,256
Fuel, Light and Power	30,682	31,682	28,334	28,762	28,789
Domestic Charges	50,008	44,072	49,169	50,533	51,243
Maintenance	18,670	22,914	58,192	74,318	60,570
Administrative	84,028	95,288	108,613	138,451	192,042
Depreciation	6,089	5,522	5,551	5,052	10,683
Provision for Long Service Leave	8,341	4,578	8,521	10,655	17,767
Bad Debts	5,377	1,590	971	1,778	1,369
Surplus for the year — transferred to Operating Funds	—	—	—	1,247	33,732
	\$1,145,461	\$1,263,365	\$1,340,884	\$1,498,108	\$1,756,353

CONTRIBUTORS

THE QUEEN ELIZABETH CENTRE

	\$
Estate of Geo. Adams	2,000.00
Trustees of the late Edward Wilson	500.00
Pethard Tarax Charitable Trust	800.00
The Bing Boys	100.00
Mrs. J. S. Fraser	10.00
Mrs. A. H. Fraser	15.00
Mrs. W. M. K. Stephens	50.00
Lord Mayor's Fund	6,750.00
Hospital & Charities Sunday Committee	250.00
Mrs. A. Van Der Heyden	10.00
Mrs. I. D. Wharrie	4.00
Mrs. B. E. Lofts	50.00
Helen M. Schutt Trust	2,000.00
Estate of the late Sir Walter Leitch	534.05
The Ian Potter Foundation	500.00
City of Springvale	200.00
The Flora & Frank Leith Charitable Trust	2,000.00
David Syme & Company Limited	150.00
Mrs. J. Tam	20.00
Collier Charitable Trust (Lord Mayor's Fund)	4,000.00
Mr. A. J. G. Sinclair (Lord Mayor's Fund)	50.00
The 'Walter & Eliza Hall' Trust	600.00
Anonymous	500.00
The George Hicks Foundation	5,000.00
Estate of the late Dame Kate Campbell	2,000.00
Elizabeth Murdoch Trust	1,000.00
J. B. Were & Son Charitable Fund	500.00
Ethel Herman Charitable Trust	5,000.00
Mr. J. S. Shaw	500.00
Mr. & Mrs. R. Rapke	10.00
	\$35,103.05

SPECIFIC PURPOSES

City of Caulfield Baby Health Centres	
Ladies Committee	54.50
City of Keilor	100.00
Inger Rice Foundation	1,180.00
Estate of the late E. K. Christensen	5,000.00
Queen Elizabeth Centre Auxiliary	1,000.00
International Order of Old Bastards	1,000.00
	\$8,334.50

VICTORIAN BABY HEALTH CENTRES ASSOCIATION

J. R. MacPherson Trust	750.00
Estate E. G. Batchelder	824.38
Thomas Baker (Kodak) Alice Baker & Eleanor Shaw Benefactions	1,000.00
Joe White Bequest	300.00
	2,874.38
DAY NURSERY	3,628.83
COMMITTEE DUES	25.00
	TOTAL
	\$49,965.76

ADMISSION BY DIAGNOSIS

RANGE OF ADMISSIONS BY DIAGNOSIS FOR PERIOD 1.7.86 TO 30.6.87

DESCRIPTION

Acariasis, acute and subacute necrosis of liver, laryngitis and tracheitis, tonsillitis, upper respiratory infections of multiple or unspecified sites, adjustment reaction, artificial opening status (patient requiring stomol therapy), asthma, atopic dermatitis and related conditions.

Blindness and low vision, bulbus cordis anomalies and anomalies of cardiac septal closure.

Candidiasis, certain congenital musculo-skeletal deformities, chromosomal anomalies, cleft palate and cleft lip, congenital anomalies of eyes and of genital organs, convalescence (patient admitted for post-natal convalescence following major surgery at another hospital).

Depressive disorder, not elsewhere classified, dermatitis due to substances taken internally, diabetes mellitus, diseases and other conditions of the tongue, esophagus, disorders of carbohydrate transport and metabolism, conjunctiva, external ear, muscle, ligament and fascia and relating to short gestation and unspecified low birthweight, disturbance of conduct, not elsewhere classified, and emotions specific to childhood and adolescence, drug dependence, duodenal ulcer.

Encounters for administrative purposes (patient admitted for observation for medico-legal purposes).

Functional digestive disorders, not elsewhere classified.

Health supervision of infant or child (healthy child admitted because of maternal illness/socio economic adverse home conditons), hearing loss, housing, household, and economic circumstances (patient admitted for family relief/inadequate housing/no one else available to render care), hyperkinetic syndrome of childhood.

Infantile cerebral palsy, infections of kidney, the breast and nipple associated with childbirth, specific to the perinatal period, infectious mononucleosis, intestinal infections due to other organisms, intrauterine hypoxia and birth asphyxia.

Mental and behavioural problems, multiple gestation.

Neurotic disorders.

Other and ill-defined conditions originating in the perinatal period, other and unspecified complications of the puerperium, NEC, other complications of labour and delivery, not elsewhere classified, pregnancy, not elsewhere classified, congenital anomalies of digestive system, nervous system and circulatory system, diseases of respiratory system, other disorders of breast associated with childbirth, lactation, intestine, kidney and ureter, liver, soft tissues, urethra and urinary tract, family circumstances (family problems adversely effecting patient), local infections of skin and subcutaneous tissue, non-infectious gastroenteritis and colitis, perinatal jaundice, other persons seeking consultation without complaint or sickness (mothercraft education), psychosocial circumstances (psychological/physical interpersonal problems), respiratory conditions of fetus and newborn, retinal disorders, symptoms involving abdomen and pelvis.

Pediculosis and phthirus infestation, personal history of malignant neoplasm, personality disorders, postpartum haemorrhage, psoriasis and similar disorders.

Respiratory distress syndrome in newborn.

Schizophrenic disorders, specific delays in development, strabismus and other disorders of binocular eye movements, suppurative and unspecified otitis media, symptoms concerning nutrition, metabolism and development, involving digestive, respiratory systems and other chest symptoms, skin and other integumentary tissue, and urinary ststem.

Transient organic psychotic conditions, twin birth, mate liveborn (identifying multiple birth).

Unavailability of other medical facilities for care, unspecified mental retardation.

Venous complications in pregnancy and the puerperium, viral infection in conditions classified elsewhere and of unspecific site and visual disturbances.

REFERRALS BY GEOGRAPHICAL LOCATION

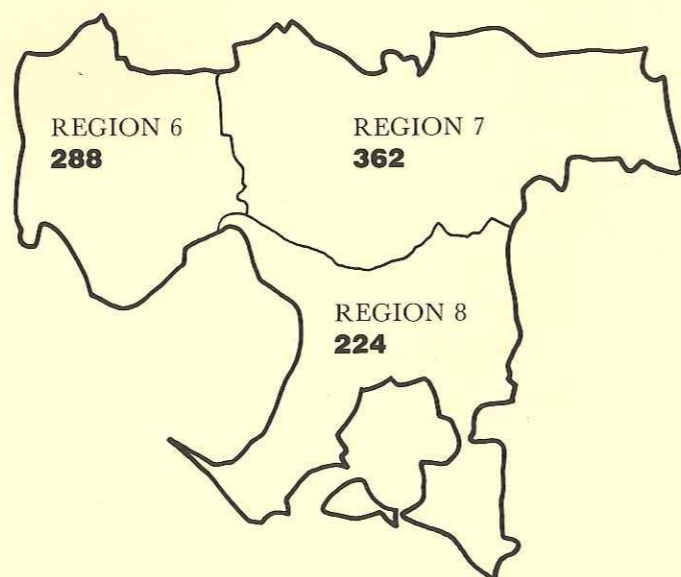
1986-1987: STATEWIDE ADMISSIONS — WHERE THEY CAME FROM . . .



UNKNOWN **19**

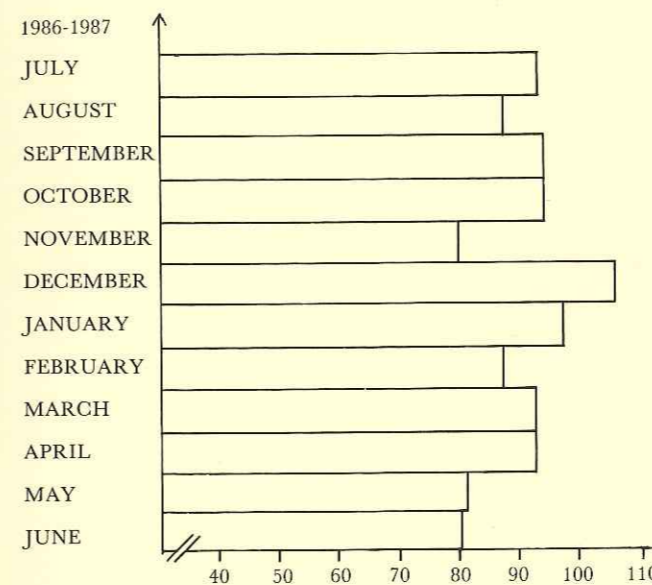
INTERSTATE **11**

TOTAL PATIENTS **936**

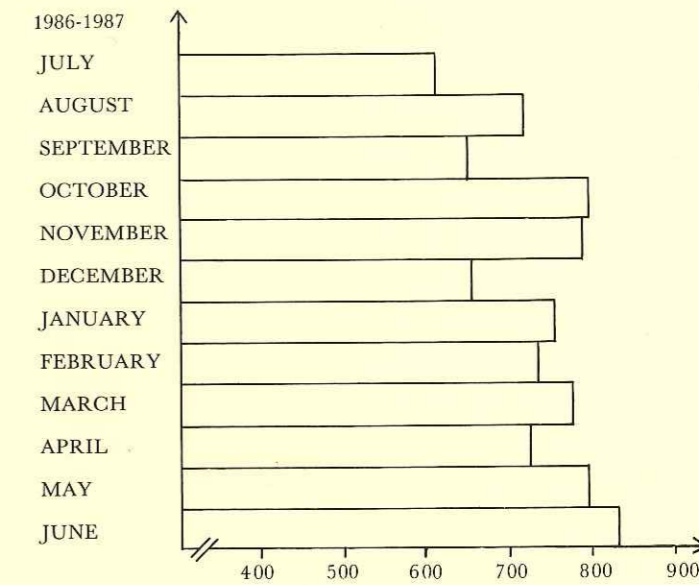


INFORMATION GRAPHS

NUMBER OF PATIENTS TREATED



IN PATIENT DAYS

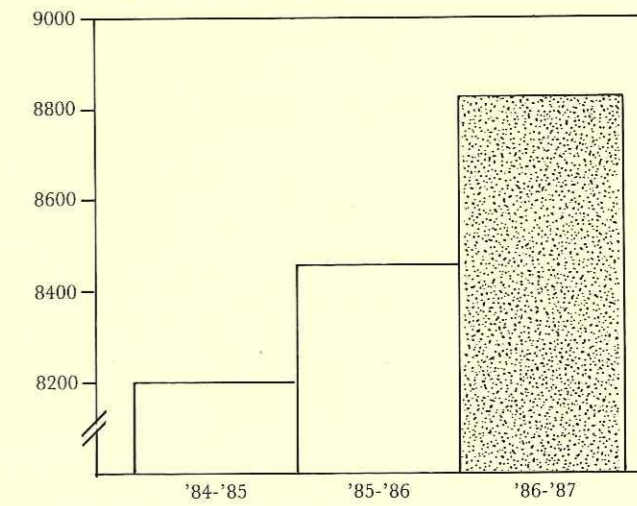


PATIENTS TREATED



More patients were treated — an increase of 11.96%

IN PATIENT DAYS



Average length of stay 8-5 days.

You couldn't be in better hands....