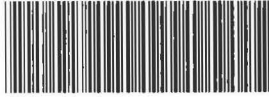




# Central Coast Area Health Service

## ANNUAL REPORT 1990-1991

Central Coast Health



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*Caring for the Coast*

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LOAN**

CENTRAL COAST  
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Annual  
Report  
1990-91

# Central Coast Area Health Service

Incorporating: Gosford Hospital; Long Jetty Hospital;  
Woy Woy Hospital; Birralelee; Wyong Hospital;  
Community Health Services.

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## Annual Report 1990-1991

LIBRARY SERVICES  
CENTRAL COAST HEALTH

# Mission Statement and Primary Goals

## Mission:

To meet the health needs of the Central Coast community by providing a high standard of integrated health services.

## Primary Goals:

### Health Service Delivery:

To develop and deliver health services at primary secondary and tertiary levels.

### Balanced Health Care:

To provide an appropriate balance between preventive and treatment services.

### Funding:

To maximise the funding obtained by the Area and to optimise the benefits of its use.

### Evaluation:

To monitor health service performance, in terms of effectiveness, efficiency, health service utilisation and health outcomes.

### Human Resources:

To provide a working environment which develops staff potential and enhances their satisfaction and morale.

## **The Board of Directors**

The Area Health Board comprises 10 members appointed by the Minister for Health, the Chief Executive Officer and an elected staff representative.

Chairman: **Neville R. Wallwork** O.A.M.

Vice-Chairman: **Barry M. Margin**

Treasurer: **Mervyn J. Mote**

Chief Executive Officer **Neville R. Boyce**

Board Members: **Clement A. Morrell** (RESIGNED 8-3-91)

**Leslie F. Graham**

**Barry K. Fullerton**

**Lawrence R. Flynn**

**Emeritus Professor Donald W. George** A.O.

**Sister Judith Sippel**

**Theresa Findlay-Barnes**

Staff Representative: **Janet Wakefield**



## The Chairman's Report

It gives me a great deal of pleasure to present this 47th Annual Report of the Central Coast Area Health Service and it marks the turning point in the development of Health Services for the population of the Central Coast.

The two major capital works developments on the Central Coast are nearing completion with the additional 120 beds at Gosford to come on line in April 1992, whilst the Wyong 100 beds are due to come on line in July 1992. This will quickly put to an end the unacceptable long waiting lists the Area has had to endure over the past few years and the availability of these extra 220 beds will witness a significant reduction in the number of Central Coast residents having to travel to Sydney for their treatment.

Whilst the Chief Executive Officers' report will discuss these developments in greater detail, I would like to take the opportunity of outlining some of our other more significant highlights of the past year.

- Once again the Area achieved record activity levels with increases of 7% in our full admissions, and 19% in day surgical admissions. At the same time, the Area achieved the highest bed occupancy rate and highest throughput of patient per bed in the State.
- The inaugural meeting of two important Board Committees occurred through the establishment of an Ethics Committee and a Special Committee to pursue Teaching Hospital Status for the Gosford Hospital.
- A Liaison Committee comprising representatives of the various medical disciplines and senior members of the nursing staff and Area Executive was established with the specific aim of improving the quality of patient care services.
- The preparation of the Area's first Corporate Plan, which lays the foundations on which the Area's future growth and development will be based.
- The influence of computerisation advanced with the Pharmacy, Operating Theatres and our Food and Dietary Services all going onto new computer systems.
- Two new important services were established, the Public Health Service and the Sexual Health Service whilst our growing Palliative Care Service was relocated to new premises within the grounds of Long Jetty Hospital.
- In keeping with our pioneering reputation, our Area became the first to introduce a total cook-chill food service with only one production kitchen serving the entire Area.
- The Area received a grant of \$1.25 million to compensate for our growth with the vast majority directed into direct inpatient care services as witnessed by our significant increased activity outlined above.
- The opening of our 16 bed unit for the Confused and Disturbed Elderly within the grounds of Long Jetty Hospital was most welcome and has already pointed to the need for a further Unit on the Central Coast.

- The opening of the 40 unit Aged Care Hostel at Killarney Vale, as managed by our Central Coast Community Care Association, has brought the total number of aged hostel units under our care to 80.

## Appreciation

As must necessarily be the case, my role as Chairman is dependent upon the co-operation and support of a wide range of people and I would like to record my appreciation to the following:

- To Mr. Peter Collins, MP, former Minister for Health and Mr. Ron Phillips, MP, Minister for Health Services Management, whose continued support of the Area has ensured the realisation of our additional bed needs and funding.
- To my fellow Board Directors who give so willingly of their time to the many expectations and demands placed upon the Board throughout the year.
- To our local State and Federal Members of Parliament who made themselves available on those occasions we required their assistance and support.
- To Dr. Andrew Salmon, Chairman of the Medical Council, and all members of the Visiting Medical Staff for their co-operation and understanding throughout this most challenging year.
- To our Auxiliaries, Pink Ladies and volunteers whose continued unselfish support means so much to both our patients and our staff. The Area is very much in debt to the hundreds of volunteers who support our Services through their fund-raising and support to patient care both within the hospital and community setting.
- To Mr. Neville Boyce, Chief Executive Officer, his Senior Executive and all staff members whose commitment and dedication ensured a caring and quality health service was delivered, despite the enormous pressures under which they were expected to work.

In conclusion I would particularly like to acknowledge the dedication of our entire staff throughout this most demanding year and assure them that both the Board of Directors and the community they serve are most appreciative.

I must also take this opportunity to publicly thank the entire community of the Gosford City and Wyong Shire for both their support and patience and assure them that this Board will continue to work toward better and more responsive health services for the entire Area.



Neville R. Wallwork O.A.M.  
CHAIRMAN OF THE BOARD



## Chief Executive Officer's Report

By the time the Area Health Service delivers its 1992 Annual Report it will have increased its beds by approximately 40% enabling our group of hospitals to service current and future population growth.

In mid-1992 Gosford Hospital will have an additional 120 commissioned beds and Wyong Hospital will be in the start-up and commissioning phases of bringing an additional 100 beds into service.

Wyong Hospital Stage 2 development will substantially enhance its range of services. Its expansion will include two operating theatres, an enlarged accident and emergency department, 30 surgical beds, 30 medical beds, 10 additional rehabilitation beds and an obstetrics ward containing delivery rooms, family birthing room and 30 maternity beds. An expansion of medical imaging services, pharmacy, pathology, sterilising, supply, domestic, day activities, maintenance, administration and catering services is also included.

The design of Wyong Hospital provides a non-institutional look. Buildings are all at ground level, all ward rooms will have a view to landscaped gardens, and individual buildings will be linked by corridors filled with natural light.

Gosford Hospital Stage 3 development improves the functional layout of the hospital and upgrades a number of important services. The Obstetrics service in the old buildings will be transferred to new enlarged facilities comprising a delivery suite of nine delivery rooms and a natural birthing unit, three special care nurseries and a larger acute/post natal ward. All the delivery rooms have a view and the ward has excellent views to the plateau west of Gosford.

The Stage 3 development also contains an enlarged and upgraded Critical Care Area comprising 8 Cardiac beds and 16 Intensive Care beds. A new Medical Imaging Unit will provide new services such as Angiography and Mammography. A new 32 bed Orthopaedic Ward, 32 bed Surgical Ward, Admissions and reception area, sterilising department and chapel are contained in the new development.

This new development will concentrate into a common area linked by service corridors; Accident and Emergency, Medical Imaging and Critical Care on one level and Operating Theatres and the Delivery Suite on another level. This will improve patient transport times.

The Gosford redevelopment will cost \$46m and the Wyong development will cost \$24m. Doran Constructions is building both hospital extensions.

Additional carparking at both Hospitals will be provided for visitors, patients and staff.

From late 1991 to 1994 it is planned to progressively upgrade a range of services. Next year the current Obstetrics Unit will be converted to a new Paediatric Ward and alterations to an existing building will commence to provide a Day Surgery Unit. The Surgical Block Receiving Kitchen will be expanded to service the additional 120 Stage 3 Gosford beds, and a range of support services such as the chaplaincy, diagnostic cardiology, biomedical engineering, maintenance workshops, pharmacy, linen services, etc. will have accommodation enhancements. Refurbishments to medical wards and to the accident and emergency department are also envisaged.

Construction of a warehouse at West Gosford is also underway to enable relocation of our central store from the cramped Gosford Hospital campus to a new modern purpose-built warehouse which has been sized to handle our future warehousing and distribution needs. Local builder Kendale Constructions Pty. Ltd. is undertaking the work.

The Government has also approved the construction of a Methadone Clinic in Holden Street opposite the new Stage 3 Gosford Hospital building. Work will commence shortly.

Our 16 bed self-contained unit for the confused and disturbed elderly (CADE Unit) was also completed during the year. It is located in the grounds of Long Jetty Hospital and provides a welcome service to the families who have struggled with the difficulty of caring for loved ones afflicted with these problems.

With the enormous amount of capital funding injected into the Central Coast Area Health Service, I personally found the year 1990/91 a most rewarding year and I am most appreciative of the wide support I received throughout the year.

To the Chairman of the Board of Directors, Mr Neville Wallwork, and the members of our Board, my special thanks for their support throughout the year.

The efforts of our volunteers and donors must be acknowledged and I particularly wish to thank our Pink Ladies, our Hospital Auxiliaries, our many other volunteer workers who have given tirelessly of their time to assist management in the conduct of the Area Health Services.

My sincere appreciation and gratitude to the members of my Senior Executive who have worked with me, giving of their time and energy to meet the many hardships that have confronted us throughout the year.

My special thanks to my Deputy, Graham McGuinness, our Area Director of Nursing, Bobbie Carter-Brown, the Area Medical Superintendent, Dr Rod Kennedy, and our Area Director of Finance and Budget, Mr Philip Cowdery.

I must acknowledge that it is not easy to maintain good communication with those who matter most to the efficient running of the Executive and I would assure all members of staff that we are most indebted to you for your loyalty and support.



Neville R. Boyce  
CHIEF EXECUTIVE OFFICER



## Senior Executive Report

Throughout this report readers will notice some key activities being reported upon by a variety of departments. Much of this activity is directly as a result of the Area's development of its Corporate Plan during 1991. The plan was developed to provide a clear sense of direction for strategic activities and to commence planning processes within the Area Health Service.

The key issues identified in the Corporate Planning exercise highlighted funding and staff recruitment and retention as its highest priorities whilst other important issues identified, focussed on development of effective communication channels, improved bed utilisation, achieving Teaching Hospital Status, improving data systems, development of a Corporate Image and review of both the organisational structure and the Community Health program. The Senior Executive has engaged local media consultants, Central Coast Media, in an exciting exercise to improve its Corporate Image and internal communication systems.

The efforts of staff from all areas, especially needs to be commended. The need to supply more services to our growing population in a difficult financial environment has meant that all divisions must "manage smarter" and with greater efficiency. Our population provides additional challenges due to its high proportions of young and elderly and with the effects of the recession, greater demands are being placed upon all services.

In keeping with the above, issues such as staff training, staff development and the structural efficiency principle have become more important. Inservice programs have escalated for Nursing staff in particular whilst simultaneously nursing personnel and other staff are participating in more professional development and post graduate programs than ever before. In an effort to improve training opportunities and improve retention of staff, a Staff Development Officer will be appointed as soon as possible. It is also pleasing to note that unlike previous years, retention of both nursing, R.M.O. and allied health staff has improved and this fact alone will favourably impact on our major upcoming challenge of successfully recruiting staff for the new developments at Gosford and Wyong.

The lunchtime Forums of Deputy Chief Executive Officer, Graham McGuinness continue to be well attended with opportunities provided for all staff to keep abreast of current Senior Executive decisions and the Area's Strategic thinking. Similarly, Nursing forums have been initiated by Bobby Carter-Brown, Area Director of Nursing, and they too have proven very popular.

The granting of one year Accreditation Status with a subsequent focus survey measuring our ability to improve areas particularly in quality assurance and quality improvement has been a considerable achievement. We are currently awaiting advice as to whether "full 3 year accreditation" has been granted for the Area Health Service. Full accreditation was also granted by the Post Graduate Medical Council for the training of Junior R.M.O.'s.

Our Emergency Department was described as the "Jewel in the Crown" during our recent ACHCS Accreditation Survey, and this was supported by full accreditation being awarded by the College for Emergency Physicians for the training of A.&E. Registrars.

Advances in accreditation have also been gained from specialist colleges in terms of a second Obstetric Registrar training position, as well as initial Anaesthetic and Orthopaedic registrar positions.

Dr. Rod Kennedy, the Area Medical Superintendent has accepted the additional role of Medical Officer of Health and has established the Public Health Unit located at West Gosford. The Public Health Unit has to date placed great emphasis upon establishing liaison with many other health related agencies, acquiring quality computer hardware and software, training staff, and establishing various data collection systems as a basis for the identification

and monitoring of local health issues, with a view to determining priorities and implementing Public Health actions.

Obstetric and Midwifery Services have seen major changes with respect to the appointment of Community Midwives, and the establishment of delivery services at North Gosford Private Hospital. The concept of Community Midwives, when fully developed, will provide women with greater accessibility of services, and a wider range of options regarding choice of antenatal care and delivery, together with the inbuilt safety of tiered General Practitioner and Specialist care as necessary.

The Senior Executive wish to reiterate their gratitude to staff from all divisions in maintaining high quality patient and client services.



Delighted staff receive the 3 years Accreditation Certificate  
awarded by Postgraduate Medical Council  
*L to R Marie Kearney Director of Clinical Training*  
*Kathy Cristofani, Lyndon Beaver Resident Medical Officers*  
*Paul Davies Senior Medical Librarian*



## Medical Council Report

Within our Area Health Service each Hospital Medical Council over the past year has continued in their role of giving medical guidance to non-medically trained administrators within the Area Health Service. The recommendations are considered at Board and Sub-committee level and provide a useful framework on which to develop or improve Hospital and Health Care services. Medical Council recommendations often have to be tempered because of finite health resources and because they may be at variance to recommendations from other health care professionals and Department of Health policy directions. Over the past twelve months Medical Councils' recommendations have been heeded, perhaps more than in years before and we are looking forward to this trend continuing. The Medical Councils have representatives on a range of board and administrative sub-committees. An expansion in the number of these sub-committees may have increased time spent in committee, but has also improved communication to and from doctors leading to improvement in quality patient care. Within the constraints of tight budgeting and recognising its role in all areas of our communities' health, the Area Health Service has maintained a strong commitment to in-patient services and Medical Council is appreciative of that fact.

The evolution of our Area Health Service has accelerated with the establishment of new services and improvement of those existing. Medical Council has contributed to the development of the Corporate Plan which outlines the future direction of our Area Health Service.

The road to teaching hospital status at Gosford is being planned with significant input from Medical Council representatives. This will be a gradual process likely to see University appointments in the Area Health Service within the next five years.

Medical Council has embraced the philosophy of quality improvement and our Quality Improvement sub-committee led by Dr. Fraser Bates has initiated programmes which will lead to improvements in clinical care. As doctors we constantly strive to ensure that the highest standards of clinical care are maintained. We are committed to self evaluation and peer review and are enhancing mechanisms through our sub-committee which allows us to do this most effectively.

The Central Coast's high ratio of elderly people produces a great demand for services to the terminally ill.

The Palliative Care Team, now based at Long Jetty Hospital, has proven most worthwhile with all Central Coast doctors finding the team to be valuable allies in caring for their terminally ill.

Medical Council is particularly proud of Dr. Brian Shaw's leadership and Dr. Philip Deane's dedication in the area of Palliative Care. Our aged population was served for many years by Dr. R. Hughes, Director, Geriatric Service until May, 1991 when he resigned. A warm farewell was extended to Dr. Hughes and similarly a warm welcome will greet two new Geriatricians who will replace Dr. Hughes later in the year.

HIV infection and the disease of AIDS continues to threaten our community and though HIV infection is a small part of the clinical problems to be seen in our new Sexual Health Service, we are fortunate to welcome Dr. David Plummer as Director of Sexual Health, as he has extensive experience in matters pertaining to HIV infection.

Dr. Plummer is also the Area Health Services' first Clinical Microbiologist, providing advice on infective illness and anti-microbial usage.

The decision to develop a Methadone Maintenance Clinic on the Gosford Hospital Campus has been opposed by the Medical Council for many years on the grounds that it was not convinced that this form of therapy has proven successful in the rehabilitation of narcotic addiction. However it is recognised that as a harm reduction program which not only affects

the methadone clients but indeed the wider community also in terms of lower crime rate, controlled treatment, improved opportunity for medical intervention, reduction in potential high HIV/AIDS risk behaviour and improved rehabilitation opportunities, the development of the program is justified.

The beginning of the year saw at least two thousand five hundred people on surgical waiting lists and as a result of this an extra \$700,000 was advanced by the Department of Health to improve inpatient services in an attempt to reduce the waiting list. Post-surgery beds at Woy Woy Hospital, Extra Day Surgery and extra VMO appointments were funded with this money. As a consequence activity levels at Gosford Hospital increased significantly, but unfortunately had little effect on the waiting list because of other factors. Local population increases, less referrals out of the area and extra VMO appointments have added more patients to the waiting lists despite a high activity level. Medical Council regrets that our waiting lists will continue to grow until next year when some of the pressure will be relieved as new beds are commissioned at both Gosford and Wyong hospitals. Potentially an extra 3,000 surgical admissions per year will be accommodated when this occurs. As always Medical Council will continue to lobby for extra in-patient services so that patients are not left on waiting lists for an excessive amount of time.

Medical Council wishes to farewell a number of doctors who have resigned or retired from the Central Coast Area Health Service. We would like to express our thanks to them for the service they have provided and good wishes for the future. They are:

<b>Dr. R. Hughes</b>	-	GERIATRICS
<b>Dr. G. Rickarby</b>	-	CHILD PSYCHIATRY
<b>Dr. E. Lennon</b>	-	RADIOLOGY
<b>Dr. E. Smith</b>	-	RADIOTHERAPY
<b>Dr. H. Searle</b>	-	DENTISTRY
<b>Dr. R. Clarke-Jones</b>	-	DERMATOLOGY
<b>Dr. J. Tibbetts</b>	-	MEDICAL ADMINISTRATION
<b>Dr. N. O'Connor</b>	-	PSYCHIATRY

Medical Council also wishes to welcome to the Area Health Service the following doctors:

<b>Dr. B. Cranney</b>	-	WYONG HOSPITAL VISITING GP
<b>Dr. W. Grennall</b>	-	WYONG HOSPITAL VISITING GP
<b>Dr. V. Khanna</b>	-	WYONG HOSPITAL VISITING GP
<b>Dr. V. Nair</b>	-	WYONG HOSPITAL VISITING GP
<b>Dr. J. Bramston</b>	-	WOY WOY HOSPITAL VISITING GP
<b>Dr. A. Mahoney</b>	-	WOY WOY HOSPITAL VISITING GP
<b>Dr. J. Morton</b>	-	ORTHOPAEDIC SURGEON VMO
<b>Dr. W. Johnston</b>	-	OTOLARYNGOLOGIST VMO
<b>Dr. J. Turner</b>	-	CONSULTANT CLINICAL GERIATRICIAN
<b>Dr. J. Denham</b>	-	CONSULTANT RADIOTHERAPIST
<b>Dr. E. Willstead</b>	-	CONSULTANT DERMATOLOGIST
<b>Dr. J. Goldsmith</b>	-	ANAESTHETICS VMO
<b>Dr. D. Plummer</b>	-	DIRECTOR MICROBIOLOGY/SEXUAL HEALTH
<b>Dr. G. Yip</b>	-	DIRECTOR RADIOLOGY
<b>Dr. A. Lancaster</b>	-	ASSISTANT DIRECTOR OF MEDICAL SERVICES

Finally, Medical Council wishes to express its commitment to maintaining the highest standard of patient care that can be provided to our community within the Central Coast Area Health Service.

Dr. Andrew L. Salmon  
CHAIRMAN, MEDICAL COUNCIL



## **Health Service Development**

### **Admitting Office**

Greater demands from the Emergency Department and increased Operating Theatre activity have both contributed to the chronic bed shortage that places enormous strain on the Admitting Office.

Stage III developments at Gosford and Stage II at Wyong has allowed Admitting staff hope that the chronic critical bed shortage will soon be alleviated. However, in the meantime, balancing elective admissions from waiting lists and leaving sufficient capacity to cope with demand for emergency admissions is the ever present challenge.

Andrew Lancaster

ASSISTANT DIRECTOR OF MEDICAL SERVICES

### **Adolescent Service**

This year has been characterised by steadily increasing demands on our service. Waiting lists in some sectors are averaging 6-8 weeks. Health Department statistics indicate that the Central Coast has the second highest growth rate (14.5%) of young people in the state. Together with the large numbers the problems they are presenting with are of greater complexity.

#### **Achievements**

- a streamlined assessment procedure for crisis or priority referrals. This of course means larger delays for other referrals.
- maintaining a quality service in the face of scarce personnel resources.
- community support and development of services to youth especially in accommodation, and work training programmes.
- providing a more specialised tertiary service dealing with more complex or chronic problems plus providing consultation and support to the proliferation of community based youth workers.
- closer liaison with Education Departments in assessment of referrals for the Emotionally Disturbed Units.

#### **New Initiatives**

- membership of the new Central Coast Youth at Risk Committee, which aims to look at the rationalisation of youth services and lobby for more support of existing services.
- participation in the development of the Young Pregnant Women's Information booklet.
- development of new programmes for young people suspended from school or at risk of suspension through Helping Early Leavers Programme.
- development of a new Medium Term Accommodation Service in the Wyong Shire.

### **Service Trends**

More referrals have been noted in certain problem category areas:

- acute suicidal assessments
- chronic medical illnesses such as Muscular Dystrophy, Juvenile Rheumatoid Arthritis
- psychiatric illness where residential placement poses monumental difficulties
- drug and alcohol abuse referrals
- sexual assaults
- eating disorders

### **Outcomes**

The consistent high rate of referral indicates that consumer demand remains active for our services. The period between initial referral and assessment gives me grave doubts as to whether this public confidence is well placed. I anticipate complaints regarding the speed of response in service delivery.

### **Reflections**

Given the growth of the adolescent population on the Central Coast and the fact that there has been no increase in staffing in over 4 years, I have serious doubts about our ability to respond to the mental health needs of the population we are supposed to be serving.

Reg Davjs

SERVICE DIRECTOR

### **Biomedical Engineering**

The year saw the recruitment of an extra staff member. This has allowed the expansion of services offered by this Department into several areas which were previously dependent upon external contractors.

The Engineer's expertise in radiography has seen equipment down time reduced in many instances and has provided large cost savings.

Stage 3 equipment funding allows instrumentation to be purchased which will enhance both equipment reliability and patient safety in the radiology area.

The extra staffing has allowed the Department the opportunity to research, design and build specialised equipment for the Department of Respiratory Physiology. The "in-house" design of this equipment freed large sums of money which would have been dedicated for the purchase of commercial equivalents.

The gathering of data from local, Federal and overseas sources allowed us to identify several defects or possible hazards in equipment and techniques. These reports were communicated to relevant staff in most cases.

Pacemaker activity increased by 10% during the year and has resulted in longer clinics. At this stage, temporary external pacemakers are implanted at Gosford and the Clinics function as a performance/longevity checking facility.

This Department is currently investigating the possible future installation of permanent pacemakers at Gosford Hospital.

John Shonk

BIOMEDICAL ENGINEER

### **Blood Bank**

Blood Bank collected 9,185 donations from 4,286 donors, maintaining a 'self-sufficient' situation.

#### **Achievements:**

120% increase in Autologous collections

10% increase in Fractionating rate

#### **Present Position:**

While remaining successful in recruiting new donors, we continue to lose an equivalent number of regular donors. In order to achieve an adequate increase in donations, to meet increasing transfusion requirements, we recognise the need to undertake specific public relations activities, by personal contact, with sources of potential donors.

Lesley A. Cotton

NURSING UNIT MANAGER

### **Central Sterile Supply Department**

A new sterilising process being introduced into the new C.S.S.D. in 1992 has necessitated staff members in the past twelve months to undertake a special training course to obtain the license required to operate these machines.

Four staff were selected to attend the sterilisation technology course; these people are progressing with excellence. The same high standard of service has been maintained throughout a very full year.

Margaret Stallard

MANAGER

### **Chaplaincy Department**

The appointment of the first full-time Chaplain to the Service was made on March 1, 1990. The charter of this Chaplain Co-ordinator is to establish a functioning Chaplaincy Service.

A Chaplaincy Service normally transcends any conception of the normal parish clergy visiting patients from their own parish. A Chaplaincy Service envisages the Chaplain being an integral part of the therapeutic healing process within the institution.

It is pleasing to report that in June 1991 six members of the clergy were appointed to serve as Ward Chaplains.

The Department is still in the embryo stage. The period of gestation needs to continue in order to develop a healthy, accepted and therapeutically productive Chaplaincy Service on the Central Coast.

Neville Kirkwood

CHAPLAIN CO-ORDINATOR

### **Child and Family Health**

The Central Coast is so often seen as an aged area, however we need to recognise that 22.5% of the population are within the child health range of 0-14 years.

#### **Achievements**

The Parenting Educator has developed an excellent manual for parent education which has streamlined our services in this area.



Night classes for Preparation for Parenthood have been a great success and more are planned given sufficient staff time.

A representative is in the State Policy Planning Committee for Early Childhood Services.

We are jointly planning the 1992 State Health Conference.

A social worker presented a paper on Interventions in post-natal depression at the Australian and New Zealand Family Planning Conference.

The appointment of a team leader and a senior social worker in the Child and Family Health Counselling Team has permitted more organised services and better planned in-service as well as career structure in this area.

### **New Initiatives**

Early Childhood Services have implemented standardised surveillance programmes for infants and toddlers.

The New Family Care Cottage at Kanwal should improve services to 0-5 years so problems do not escalate.

Outreach social worker enables clients to access services through local community centres. The Target population is young single parents in outlying areas without transport, and parents on probation and parole.

The Asthma Nurse has visited schools to increase teacher awareness of asthma.

The paediatric nurses care for increasing numbers of infants and children with disabling conditions in the home and at the physically handicapped units.

### **Outcomes**

A client satisfaction survey of families who presented with behavioural/emotional difficulties showed: 94% saw the problem as having been resolved or partially resolved, 98% would recommend our service to others.

### **Present Position in Relation to Services**

- Staffing unchanged despite increasing population and thus we are often seeing more urgent or chronic problems requiring greater level of intervention.
- The schools and early childhood services serviced by the camp nurse have had to be absorbed by other staff.
- Parent Adjustment Programme or post-natal depression groups are always well attended in the Cottage, but need the backup of mothercraft beds. This would lessen the need for social admissions to Children's Ward where there is a risk of illness to be added to the already present difficulties.

Jill Feather

SERVICE DIRECTOR

### **Community Nursing**

The demand to be innovative in this year of diminished resources has resulted in a year of change, progress, innovation and achievement.

### **Services Provided**

- Generalist and domiciliary care provided by registered nurses and health services aides.
- Occasions of service by nurses 136,958, health service aides 18,954.
- Total new referrals 4,314 with average of 11.8 every day of the year.
- Productive 25.22% turnover was achieved.
- Total kilometres travelled 694,979.



- Specialist services — Confused Elderly, Continence Promotion, Stomalthrapy, Diabetes Education, Rehabilitation, Women's Health.
- Extended Day Care.

### **New Services**

Through H.A.C.C. funding we have appointed a Continence Promotion Nurse.

### **Initiatives**

The area hosted the inaugural quarterly N.S.W. State Community Nurse Administrators Forum.

### **Achievements**

Significant contribution has been made to the development of the National Minimum Data Set. Continued liaison with U.T.S. Kuringai for research, information exchange has been very beneficial.

### **Expansion**

Clinical projects relevant to nursing practice include:

- leaders in applying nursing diagnosis
- current leg ulcer management trends
- updating in the care of H.I.V./A.I.D.S. clients
- review all documentation

Ilze Jaunberzins

DEPUTY DIRECTOR OF NURSING (COMMUNITY)

### **Day Care**

The Day Care Department is run by a small group of quiet achievers.

Special transport has been streamlined to work with all departments utilising the service, with a positive outcome.

The Shopping Buses continue to provide a regular fortnightly service to the aged, frail and/or isolated in our community.

The eighteen sessions of Aged Day Care held throughout the Central Coast each week are run very successfully by a group of hard-working volunteers.

In fulfilling the aims of the continuance of quality service in Day Care, the staff offers regular workshops which the volunteers may attend. These not only help to update and revise their skills, but give an interesting and rewarding challenge to the carers, hosts, hostesses and drivers.

In order to maintain a high level of care and training in the centres, the staff have attended many seminars, workshops and courses during the year.

The Diversional Therapist offers a varied range of activities and crafts to the clients and volunteers.

The use of recycled material is encouraged whenever possible, this helping both the environment, as well as the budget.

Tricia Semmens

CO-ORDINATOR

## Dental Department

As indicated in the appended statistics, there has been a further increase during the past year in demand for emergency dental treatment. Indeed, the Dental Department is of necessity now mainly able to offer only relief of pain and a denture service.

Allowing for a population increase, this situation is mostly a reflection of the present unemployment situation and it seems unlikely that a return to a comprehensive dental service would be possible without (a) an increase in resources and/or (b) the economic situation improving.

The new Dental Clinic building at Wyong Hospital should be completed by year's end and if funding is available to staff this new facility, Wyong Shire residents will be better served for dental attention.

### Adult (Gosford Hospital) Clinic

Increase in new patient registrations	33%
Increase in relief of pain patients	43%

### Pensioner Dental Scheme

Increase in applications per service (Wait List)	27%
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### School Dental Service

Increase in attendances	25%
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Tony Ellerton

DIRECTOR

## Diagnostic Cardiology

This Department has continued to expand its services. Overall there was an 8% increase in the number of ECGs recorded. The major increase was 78% by the Pre-Admission Clinic. Outpatients totalled 14% and peripheral hospitals 10%. The Cardiac Stress Testing facility continued its important investigative role in Cardiac Rehabilitation with 17% increased usage. Recently an Ambulatory (Holter) Monitoring Service on in-patients was commenced by this department.

The ECG Service to Wyong Hospital was totally changed this year so that all ECGs are now mounted and reported there whilst the patient is in hospital. Previously ECGs were sent to Gosford for mounting and reporting after the patient had been discharged. The hospital is now serviced regularly three days per week.

A new reporting system was commenced in Gosford for Surgical in-patients within twenty-four hours. Also the reporting of ECGs performed in Accident and Emergency has improved. The Echocardiography Service is now run part-time five days per week instead of twice a week.

Glenys Hill

CHIEF E.C.G. TECHNICIAN

## Drug & Alcohol Service

### Aims of the Service

1. To provide Drug & Alcohol services to the Central Coast Community in the areas of prevention, assessment and management to people where addiction and dependency is a problem.
2. To provide support for relatives and friends of people who are addicted or have problems with substances or dependent behaviour.
3. To provide education programmes to the Central Coast community and to promote the notion of healthy communication in relationships.

This service has continued to liaise and consult with other departments and agencies throughout the year. Support and liaison has been provided to the Education Department and the local schools on the Central Coast. The staff of the clinic have also needed to upgrade HIV education to all people using this service. This is part of the Harm Reduction Policy of the present Government.

The education component of our work has included the general practitioners' training scheme, Gosford Family Support Service and staff at The Entrance High School. Staff of this clinic continue working with the young traffic offenders programme. All participants are referred by the court. This service has liaised with many other departments of Central Coast Hospitals, as well as providing a workshop and education programme for recovering addicts. Liaison has continued with allied drug rehabilitation clinics and detoxification units in Sydney and Newcastle.

The Drug and Alcohol Quality Assurance Programme has been implemented and is working effectively. The early identification of hazardous drug use programme is packaged and in its final stages of preparation pending acceptance of senior management .

The education programme for nursing staff continues . The focus is on drug and alcohol assessment, the dynamics of addiction and referral procedure.

Keith Taylor

TEAM LEADER

### **Emergency Department**

In the year 1990-91 the Emergency Department had a further 8% increase in activity.

Significant developments for 1991-92 will include:

- Expansion of the FACEM training programme and increasing registrar positions
- The commissioning of Wyong Hospital Emergency Department
- Expansion and integration of the Department Quality Assurance Activities, particularly utilising clinical indicators
- Planning the redesign and expansion of the Emergency Department at Gosford Hospital.

Greg McDonald

DIRECTOR

### **Health Promotion**

Outstanding achievements in the year were the state wide work on Smoke-Free Areas in Licensed Clubs and the state leadership role in School Nutrition.

This Unit received special Health Department funding to conduct the Licensed Clubs work across N.S.W. and it is an outstanding example of a variety of health promotion techniques brought to bear on a topic.

School Canteen nutrition work has achieved market penetration not seen anywhere in Australia before. 85% of primary schools have moved towards healthy canteens and school activities in the last two years.

Projects with exciting potential for the future are the joint study with Newcastle University



seeking simple, low cost ways to increase the number of older women having Pap Smears, the research with N.S.W. University into alcohol consumption among footballers, and the solid base we have for extending injury prevention.

There has been increased concentration on effective public communication via our local media analysis project and the next year will see greatly improved research and planning capacity.

Douglas Tutt  
DIRECTOR

### **HIV & Sexual Health Service**

This year has seen the launch of new services seeded by the Health Department as part of the National HIV Strategy. The appointment of an HIV Co-ordinator to develop services and co-ordinate HIV education was followed by the establishment of a part-time Sexual Health Service and Needle and Syringe Exchange Outreach Service. These services are closely integrated to provide:

- Education/consultation re: HIV and other sexually transmitted disease and related prevention issues (both to community groups/individuals and health services.)
- Prevention strategies targeting "at risk" behaviour eg unsafe sexual behaviour, the sharing of used needles and syringes, needle-stick injuries and exposure to health care workers.
- Treatment of sexually transmitted disease, including medical monitoring and management of people with HIV infection.
- Support services for people with HIV and other sexually transmitted disease eg counselling, support groups, advocacy.
- The Sexual Health Service has been particularly fortunate to have secured the appointment of Dr David Plummer who is Medical Director (Venereologist and HIV Specialist) as well as Medical Microbiologist for the Area Health Service. The service was officially launched by Minister Phillips on July 31, 1991 and is running 3 busy weekly clinics.

Paul Drielsma  
CO-ORDINATOR

### **Hospice Palliative Care Service**

During the year the Service base was transferred to Long Jetty Hospital. Additionally the Service negotiated the use, one day per week, of Lavender Cottage in the grounds of Peninsular Nursing Homes at Umina. As a result patients and carers now have the choice of attending Day Centres situated at Wyong Hospital, Long Jetty Hospital and at Lavender Cottage, where the Day Centre Staff and some 28 volunteers offer support, friendship and relaxation/meditation classes.

Referrals to the Service during the year amounted to 508 patients, an increase of 14% over the previous year. This increase reflects the increase in numbers of elderly citizens on the Central Coast, the increase in population of the Central Coast, and the increase in incidence of cancer as a cause of death. Staff of the Service have been able to continue to offer quality care in spite of the increase in workload.

The Service again applied unsuccessfully for funding for a Bereavement Counsellor for the Service. We see the lack of bereavement services throughout the Central Coast generally, and within the Hospice Palliative Care Service specifically, as a significant health risk and so will continue making submissions for funding of this position.

Brian Shaw  
DIRECTOR



## **Infection Control Department**

Infection control statistics within the Area Health Service retained stability over the past twelve months. Whilst the number of infections due to multi-resistant antibiotic strains of organisms remained constant within hospitalised patients, the incidence although displaying slight fluctuations did not increase. This factor indicates a controlling influence over hospital acquired (nosocomial) infection which can occur between patients or between staff and patients.

Ward handwashing, (the major method of containment of hospital acquired infection) was emphasised with a successful "Handwashing Week" carried out in conjunction with I.C.I. where staff from all departments were offered further instruction and re-enforcement on current handwash techniques. This accepted handwash procedure was developed into a Quality Assurance Audit to permit Supervisors and Nursing Unit Managers to carry out their personal assessment of handwash technique on members of their own departments.

The Infection Controller Newsletter (distributed every two months throughout the Area Health Service) from the Infection Control Department, informing on Infection Control matters, was well supported and continued to assist in the dissemination of information as a means of maintaining compliance to policies, and retaining standards in infection control.

Manuals to aid in Infection Control were modified and updated, with the Domestic Services Infectious Cleaning Manual being completed, and the Infection Control Manual still in the throes of re-structuring around the Blood and Body Substance Precautions Model of Care (BABS). A Quality Assurance Audit to measure staff understanding of the procedure for Blood and Body substance Precautions, by assessing staff ability to apply the principles to their daily practice was also developed, and is currently being trialled.

The Infection Control Department would like to thank all the other departments in the hospital for their hard work and co-operation over the past twelve months. This input has been a determining factor in maintaining a high standard in the control of infection, within the Central Coast Area Health Service. After all, infection control IS teamwork!

Marilyn Davis/Beattie

ADON INFECTION CONTROL

## **Information and Resource Centre**

The value of hospital libraries and resource centres to health professionals has increased significantly over the last few years. Our Information and Resource Centre now provides information resources for: immediate patient care problems; diagnosis of difficult cases; interpreting and evaluating findings; developing treatments and management protocols; information on new drugs; staff training and patient education.

Online searches of medical and health databases has increased 25% this year, a total increase of over 130% in 3 years. Embase, the major European medical database and other health science databases are searched regularly through the Dialog system.

This year a new and significant information service has been introduced in the form of monthly information updates for all departments and teams. These updates provide staff with a review of the world's literature in their areas of work and interest each month.

Books were purchased over the last year to comply with the requirements of the Postgraduate Medical Council for the training of junior medical officers, assisting the hospital in gaining accreditation for that training.

This years achievements have been marked by:

- Continued saving of more than 50% in the cost of books by direct ordering from overseas suppliers.
- Continuing upgrade of the book collections.
- Purchase of a CD-ROM drive and Medline on CD-ROM to provide cheaper and better Medline searches.
- Appointment of representatives from Clinical Services and Community Services to the Resource Centre Committee.
- The Senior Librarian's appointment to the position of Chairman of the National Committee on Hospital Library Standards.

Paul Davies

SENIOR LIBRARIAN

### **Medical Imaging Department**

There was a modest increase in the number of examinations undertaken by the Department when compared with the previous year, but the number of dedicated and complicated procedures has shown a dramatic increase as indicated in the table below:

	1989-90	1990-91
Total Examinations	49,603	49,708
CT	434 (4 months)	2,106
Ultrasound	1,659	2,242

During the year, close attention has been given to departmental expenditure and where possible plans have been formulated to ensure the economical operation of the Department.

The appointment of Dr Yip, Director of Medical Imaging, resulted in a corresponding reduction of VMO Radiologists' hours.

The current x-ray facilities at Gosford and Wyong Hospitals will be enhanced towards the end of next year with the commissioning of the new Medical Imaging Departments.

Included in the enhancements will be a colour doppler ultrasound unit that will enable detailed examination and evaluation of the vascular system.

A Mammography Unit will also be installed at Gosford Hospital and it will be a valuable aid in the diagnosis of breast disease.

A Digital Subtraction Angiography Unit is included in the new equipment at Gosford Hospital. The unit will provide for diagnosis and interventional radiological procedures that, until now, have been sent to teaching hospitals in Sydney or Newcastle.

New general and screening rooms will also be available in the new Department which is likely to be fully functioning in April/May, 1992.

Stewart Horner

CHIEF RADIOGRAPHER

### **Medical Record Department**

This past year has seen a greater focus on the morbidity data collection and data quality requirements for accurate coding and statistical generation. The Department of Health reviewed 250 medical records in March 1991 focusing on coding and documentation quality. The Medical Record Department directed

considerable resources into addressing the results of the study. In the interests of more accurate data collection the computerised system of patient transfer to outlying group hospitals was changed to a formalised discharge procedure.

As part of the Quality Assurance process, a major project to standardise hospital forms used in the medical record was initiated. This along with access to Desktop Publishing equipment has professionalised the forms in the medical record. This is an ongoing project.

Another issue the Department dealt with was the introduction of the Adoption Legislation on April 2, 1991 which gave adoptees and their birth parents access rights to their medical record information. This has reactivated access requirements to some of the old birth records and birth registers, many applications for information going back as far as the 1950's.

Sue Stone

ADMINISTRATOR

### **Mental Health Services**

Services have continued to develop according to the policy of providing accessible, integrated and comprehensive services. The Work Programme has become more integrated with the Living Skills Centres' programmes, which in turn are providing more community-based activities.

Staff are involved with the Mental Health Interagency Group, with representatives of all community organisations working with the mentally ill on the Central Coast and the activities for Mental Health week in 1990 were successfully co-ordinated by this group.

Community Health Centre-based staff provide case managership for patients requiring follow-up, in close consultation with local Medical Officers. Mandala Clinic continues to operate effectively and there has still been no need to refer patients out of the area since the opening of the new building, apart from a small number of people requiring long-term institutional care, facilities for which are still lacking in this area.

Transitional Enterprises, the private company established with interested members of the community, has continued to develop alternative accommodation and recreational programmes, together with a paid work programme.

John Bardon

DIRECTOR

### **Neurophysiology**

Patient numbers have risen 5% from last year. 50% of patients are children. In-patient requests have risen over the past year. This is probably due to having a V.M.O. in Neurology thereby heightening the awareness of diagnostic EEG.

Lorraine Johnson

NEUROPHYSIOLOGY TECHNICIAN

### **Nutritional Department**

There have been major changes in the department this year with new staff, a new name, introduction of a computer system and expansion of services into new areas. No wonder we have a reputation of being "progressive"!!!



The computer system for menu processing and diet orders has been fully implemented at Gosford Hospital. This has resulted in major changes for the technical staff who have had to master keyboard skills. The system allows for hospital menus to be tailored to individual patient needs. It provides up to date reports and enables us to track patients on nutritionally inadequate diets.

Although we have dropped the "dietetics" in our name to make it easier to say there is still plenty of dietetics being practiced. The clinical dietitians have continued to cope with a heavy workload while starting to provide an outpatient service to the Sexual Health Clinic as well as the Antenatal Clinic which is identifying increasing numbers of mothers with gestational diabetes.

The Community Nutrition Team have stepped up their involvement with the media.

"Radio Rudi" went to air during the Community Radio test broadcast with a variety of up-beat songs and nutrition snippets.

The "Caring for Children" project is almost complete with the pooling of almost two years work in a user friendly book for cooks and directors of Day Care Centres. We have received funds from the NSW Department of Health to promote the resource statewide in the coming year.

Primary school canteens have continued to be a target for the team in conjunction with the Health Promotion Unit. This project will be extended to High Schools next year.

The highlight for the year would have to be the Hospital Review. The Dietitians demonstrated that Health Promotion can be colourful and fun. "Cop-a-Banana!"

Claire Nicholson

DIETITIAN -IN -CHARGE

## **Occupational Therapy**

The major challenge for the past year has been to continue to provide a quality service while coping with staffing shortages resulting from recruiting difficulties and budgetary restraints. In contrast to the shrinking health dollar, we have experienced increased demands for our services with increasing waiting periods for service provision.

### **Achievements**

- Introduction of a non-attendance policy for outpatient paediatrics improved efficiency in scheduling of appointments.
- Improvements of in-patient discharge referral procedure to O.T. at Wyong Hospital.
- Development of a behaviour specific treatment programme for residential Mental Health clients.

### **New Initiatives**

- Establishment of a treatment protocol for the treatment of lymphoedema in Outpatient Rehab.
- Feasibility study of computerisation of the Equipment Loan Pool.

### **Outcomes**

- A Quality Improvement Audit of equipment loss from the Equipment Lending Pool found that only 1.2% were lost. Strategies to reduce loss and increase accountability were introduced. Evaluation at Woy Woy Rehab of splinting effectiveness revealed a 100% compliance rating with successful intervention in 90% of cases treated during the evaluation period.
- Identification of required performance indicators for disabled persons requiring Off-Road Driving Assessment in line with RTA regulations.

### **Present Position in Relation to Service:**

- 14.8% decrease in staff
- Effects of decreased staffing:
  - 15.5% decrease in community and outpatient service provision
  - 12% decrease in individual in-patient treatments
  - 7 to 14 days waiting period minimum for adult outpatient and community O.T. services
  - 3 to 4 months waiting period for outpatient paediatric O.T. services

Brenda McLeod

OCCUPATIONAL THERAPIST IN CHARGE

### **Pathology**

For the year under review, the Department processed 1,204,770 tests, an increase of 2.5%.

The Microbiology Department underwent extensive renovations and refurbishing and is now fully functional under the direction of a staff specialist Microbiologist appointed in 1991.

Early this year the Department was granted full accreditation as a Category 1 Medical Testing Facility by the National Association of Testing Authorities Australia.

Current services are constantly under review and as resources become available, these services are being expanded to cater for the Stage 3 development.

It is hoped that more medical specialists and scientific staff will be appointed to achieve our objectives. The implementation of laboratory computerisation is eagerly awaited. After many delays, the Department of health is committed to have this Department fully operational by the end of 1991.

Richard Haskell

DIRECTOR

### **Personnel**

For the past few years, the Area Health Service has been subjected to some tight budgetary constraints. This has resulted in a number of sacrifices being made by some sections in particular and all staff in general. Recognising this fact, over the last twelve months, this Department has been particularly interested in developing and promoting recognition/reward schemes for staff, including:

- Employee of the Month Award
- Sick Leave Incentive Scheme
- Staff Suggestion Competition
- Congratulatory Letters
- Letters of Appreciation and Reward
- Significant Birthday Letters
- Years of Service Badges
- Personalised Pens — Welcoming New Staff
- Self Development Courses
- Job Rotation opportunities

Apart from the above and the normal duties associated with the Personnel Department, considerable energy has been spent in the following areas:

- Formulating an Equal Employment Opportunity (EEO) Management Plan
- Occupational Health & Safety Services
- Developing a Performance Management System
- Structural Efficiency Principle (SEP) Research

Martin O'Malley  
MANAGER

### **Pharmacy**

We have had to respond to the areas increased activity trends highlighted by reduced bed stay, high occupancy rate and acute patient mix. Demands on drug supply function necessitated withdrawal of clinical services to Surgical Wards for much of the year, as staffing levels were inadequate to fulfil all duties.

#### **Major initiatives**

- implementation of Antibiotic restrictions with commensurate optimisation of drug therapy
- implementation slow I.V. push protocol for drug administration
- ratification by the Drug Committee for process of review of new drug therapy
- computer generated reports to establish drug usage patterns and to assist in Nursing and Medical quality assurance activities

The present position in relation to service is one of expected increased productivity and drug cost control associated with Dept. of Health requirements.

Clinical Pharmacy is continually promoted with improved patient outcomes such as reduced re-admission rates, reduced drug misadventure and notification of adverse drug reactions; being the desired objective.

Ross F. Linsley  
DIRECTOR

### **Physiotherapy**

Increasing referrals in all aspects of the service have been experienced. In the previous twelve months, 42,894 treatments were received by outpatients and 50,581 by in-patients.

The Hydrotherapy Pool was closed for two months earlier this year to allow for essential repair work but is now fully operational.

With the increased awareness of Incontinence there have been many more people referred to the department for treatment of this problem. Specialised equipment which assists in the strengthening of pelvic floor muscles has been purchased.

The Hand Therapy Unit in the Health Services Building at Gosford is now well recognised as a specialised unit receiving increasing referrals for hand therapy from Orthopaedic and Hand Surgeons.

Physiotherapy students from Cumberland College of Health Sciences attended throughout the year for their clinical units, as did many high school students on work experience.

Janice Redford  
CHIEF PHYSIOTHERAPIST

### **Podiatry**

Due to increased staffing, the Podiatry Department has been able to reduce and stabilise waiting periods for both in and out-patients at the majority of clinics. Areas of rehabilitation and paediatrics have also benefited accordingly with services able to be recommenced at Henry Kendall, East Gosford and



## Glenvale Physically Handicapped Units.

Various Quality Assurance activities carried out in the past year have also resulted in improvements in administration and management of the department.

Raymond Howe

ACTING CHIEF PODIATRIST

## Planning Unit

The Planning Unit has completed a number of activities this financial year.

The Area's first Corporate Plan has been compiled and has been published both as a detailed document and a summary overview. Several workshops were held to ensure that input from key groups associated with the Area Health Service was incorporated into the Plan and to engender a sense of commitment to the Plan and its implementation.

The Unit successfully applied for and received funding for casemix activities. These grants, obtained under the Commonwealth's Casemix Development Program, enabled the Area to undertake certain casemix activities and so become better prepared for the proposed introduction of funding on a casemix basis in 1993. Specifically these activities were: a Cost Modelling Study, which provided costs on a Diagnosis Related Group basis, allowing the Area to compare its efficiency with that of other Areas; and a Data Quality Study which involved a review of medical records, in terms of documentation and coding, to determine the improvements necessary to ensure treatments are accurately allocated to Diagnosis Related Groups. The Unit will be undertaking a third study, Domiciliary Care Casemix, in the next financial year.

The Unit has developed and refined the Area's monthly activity reporting system. This has enabled the Area's Executive to better monitor trends in activity levels and performance and so take appropriate action where necessary.

The Planning Unit has collated the Area's Property Register and updated property values so that the Area's assets can be better managed.

The Unit also acts as a resource centre providing assistance and consultation in regard to statistics, data analysis, research methodology, survey instrument design and aspects of quality assurance. These activities should contribute to the continuing development of the Area's research capacity.

Karen Walder

PLANNING MANAGER

## Psychology Department

Due to the legislation brought into effect last year all our psychologists are now registered with the N.S.W. Registration Board. Staffing levels have been very stable, with no new appointments and only 1 resignation (after an 18 months secondment).

The 1990 Mental Health Act came into effect this year, introducing two new treatment options for people with mental illness, Community Counselling Orders and Community Treatment Orders. Mr Cidi Olujie has been appointed Deputy Director of our Health Care Agency to facilitate administration of the Act.

With the commencement of the HIV/Sexual Health Service this year our staff were trained to provide pre/post test counselling to assist the service. We are also collecting data on sexual dysfunction referrals being seen by our psychologists.

Close liaison continues with the Universities of Sydney, N.S.W. and Newcastle, with provision for formalised supervised placement of post-graduate Masters students.

For our own staff, formalised system of supervision and co-consultancy has been implemented, with documented guidelines.

Outcome studies are currently being conducted in the following areas:

- neuropsychological assessment battery
- cognitive — behavioural depression groups
- anxiety management groups
- STEP

Pat Davies  
DIRECTOR

### **Rehabilitation & Geriatrics**

The Geriatric Assessment Service assessed 1471 clients of whom 550 were placed in nursing homes and hostel placement was recommended for 357. Dr Ray Hughes after 14 years service resigned to take up his new position at Broken Hill. We now look forward to the appointment of a replacement Geriatrician for the team.

The Confused & Disturbed Elderly Unit was established at the beginning of 1991 and now has 16 residents. There has been a slow turnover of patients with some patients requiring further placement in a nursing home and one patient improving, such that he could return to live in the community.

Programmes offered by the rehabilitation department continue with a Cardiac Rehabilitation Programme and the Back School being almost continuous. Eighty four new patients started in the Cardiac Rehabilitation Programme at Gosford and 29 patients at Wyong. In this year 142 patients attended the Back Schools held at Gosford and Wyong. Other programmes include Respiratory Rehabilitation, Arthritis Education and Breast Cancer Education.

The frequency of Amputee Clinics held at Wyong has doubled. General out-patients continue to be seen at Gosford and at Wyong centres.

The Central Coast Area Health Service continues to be an accredited rehabilitation provider under Workcover and so we see a steady stream of referrals from industry for rehabilitation prior to return to work.

It is hoped that with the appointment of a geriatrician there will be an expansion of both in-patient and out-patient geriatric services to better serve our community, which has a large and increasing geriatric population.

Peter C. Gale  
DIRECTOR

### **Respiratory Physiology**

The new member of staff has eased the workload and enabled us to increase the number of patients tested. The breakdown of in-patients and out-patients is approximately 27% in-patients, 73% out-patients. The other not so obvious benefit is the increase in time available for tasks other than testing patients. The main improvement in these areas have been an improvement in administration, particularly with respect to Quality Assurance and future planning. Attendance at the Annual Scientific Meetings of the Aust. & N.Z. Thoracic Society and the Aust. & N.Z. Society for Respiratory Science AGM led to improvements in patient treatment and equipment choices.

The Thoracic Society concurred with our current policy and procedure for the equipment currently in use. However concern was expressed that a Body Plethysmograph would be better for measuring lung volumes than our current Closed Circuit Helium technique which cannot be effectively sterilised.



The Helium technique provided more problems later in the year when C.I.G. informed us of their decision no longer to supply Medical Quality Helium, due to lack of demand, and our only alternative is now to use Industrial grade gas available through our maintenance department. For the reasons outlined above I have applied for enhancement funding to purchase a Body Plethysmograph within the next twelve months.

On a brighter note the software for dissecting the database of clinical and biographical information on the department's computer is now functional and is providing useful information on demographics and patient trends. This should prove even more useful when the Hospital achieves teaching status. Toward the end of the year a fax card was installed on the computer which enables us to send results direct to other hospitals or physicians rooms when information is needed urgently, and it allows us to receive data on patients transferred to this area from another.

The increasing reliance of the department on computerised information processing is being closely monitored and it is apparent that any further increase in productivity would require a second terminal off the existing system since the current terminal is in use 8 hours per day (sometimes 12).

Gary Nolan  
SENIOR TECHNICAL OFFICER

## **Sexual Assault Centre**

### **Referrals**

The Sexual Assault Centre (SAC) has seen an increase in the number of referrals received each month. The total number of adult referrals was 157 and the total child referrals 184.

### **Staffing Situation**

During the past twelve months the SAC has experienced a high staff turnover. Staffing levels for counselling were reduced at the end of January, 1991 from two full-time counsellors and one part-time counsellor to one part-time counsellor. One full-time position (the Co-ordinator) was filled almost immediately. This situation left the service without adequate counselling for the next five months.

### **Restructuring of the SAC**

We are initiating many changes to make the service more efficient:

- Draft policy developed on registration of referrals
- Case allocation method revised to monitor counsellor workloads
- Client information sheets implemented for easy access of information
- Administrative procedures undergoing review
- Implementation of a client waiting list
- Filing system streamlined
- Development of a pamphlet on SAC to give to clients.

### **Residential Camp**

A residential camp for young women between the ages of 15 and 18 years was planned and run in June. Camp participants were referred from the SAC and the Child Sexual Assault Unit of the Women's Health Centre. A successful application for funding was made through the Women's Health Centre for this project. The aim of the camp was to remove the isolation encountered by many young women who have been victims of child sexual abuse or sexual assault and to assist them build supportive peer networks. This was accomplished through a series of structured workshops and recreational activities. The evaluations received indicated that the camp was successful in achieving its aim.



## **Conclusion**

The SAC service efficiency has been severely retarded by the lack of counselling staff, minimal secretarial cover and the increase in the number of client referrals. As a result, responses to client needs have been inadequate. In addition, consultation with other community groups has been limited and participation in community education programs has not taken place.

It is envisaged that with further restructuring and an increase in staffing levels the SAC will become more efficient and effective.

Cheryl McCoy  
CO-ORDINATOR

## **Social Work**

The Social Work Department continued to provide a wide range of services, not only in the form of individual support and counselling but through the provision of group activities such as the Mastectomy Rehabilitation Group and the Cardiac Programme.

Relatives and persons suffering from diabetes, arthritis, strokes, back pain and Alzheimers disease have also been assisted with regular group programmes.

Counselling is now available in the Sexual Health Service for sex related problems, and a support group for HIV positive people and their carers has been established.

During this year the Area health Service formalised a Career Structure for the Department, upgrading four senior positions, including Deputy Director of Social Work Services. These changes have had a very positive effect on the service by ensuring the appropriate supervision of staff and by promoting quality assurance activities.

Dorothy MacLean  
DIRECTOR

## **Speech Pathology**

The past year has been a challenging one for the Speech Pathology department, with a continued increase in referrals and resultant increases in waiting lists. Despite these demands, every effort is being made to continually evaluate our service and investigate alternative service delivery options.

Achievements and initiatives for the year include:

- active utilisation of the modified barium swallow procedure, with excellent working relations with the Radiology department and Ear, Nose and Throat specialists.
- distribution of a seasonal newsletter to various community bodies, to educate the community about speech and language development and issues relevant to communication.
- involvement in the Speech Pathology NSW Minimum Data base project, which will provide valuable information on our caseload characteristics.

Narelle Wynter  
CHIEF SPEECH PATHOLOGIST

## Quality Assurance

In keeping with the energetic focus of 1989-90, the pursuit of quality has intensified over the last 12 months. As mentioned in last year's report the Central Coast Area Health Service (C.C.A.H.S.) was awarded twelve months Accreditation status in March 1990. The successful achievement of Accreditation status, whilst acknowledging the excellent provision of patient care and service delivery, signified that the quality assurance process required further development and expansion if it were to meet all the Australian Council on Healthcare Standards (A.C.H.S.) requirements. The A.C.H.S. noted that the C.C.A.H.S. focused carefully and effectively on the needs of its community. They were impressed with the enthusiasm and commitment of our staff as well as the high standard of service that was maintained within the face of tight financial constraints.

The Accreditation Survey highlighted those aspects within the Quality Assurance (QA) programme that needed to be addressed prior to the focus survey scheduled for July 1991. They emphasised the need for each department to have a formal and functioning unit based QA Programme that focused on outcomes and indicators of "quality customer service". Considerable effort and energy at departmental level has seen this recommendation implemented, along with an increase in the level of departmental commitment, as evidenced by the increase in activity outcomes ably demonstrating the excellence of care/service delivery.

The preparation for the Focus Survey allowed the C.C.A.H.S.'s QA programme to address those issues necessary to ensure successful achievement of full accreditation status. The focus survey was held on July 17-18, 1991 and once again the Accreditation team were impressed by the tangible air of quality that encompassed the actions and attitudes of all our staff and services. They noted that significant improvement had occurred in Quality Assurance and commended the staff on their very obvious commitment to excellence. At the time of writing this report the official results of the focus survey are not available.

A patient satisfaction survey was undertaken by the C.C.A.H.S. Quality Assurance Committee in October 1990 in an attempt to ascertain a base line of customer satisfaction on which to base future QA planning. The survey encompassed all the hospitals of the C.C.A.H.S. The results of the survey provided a data base that allowed us to develop our own concurrent questionnaire for the on-going monitoring of patient satisfaction. The questionnaire will be distributed to all patients across the C.C.A.H.S. on discharge to facilitate feedback and suggestions on how we can improve the multitude of services we offer.

Customer satisfaction is also the main focus of many departmental QA programmes with staff continually looking at ways to improve customer service provision, both to internal and external customers. This has culminated in an improvement in customer service to our patients and between the various departments.

The Nursing Division has focused its QA programmes on ways to improve the delivery of care and clinical practice while concomitantly attempting to formulate ways to encourage better communications links to improve customer service. Medical Quality Improvement (QI) has also expanded with the various sub-committees addressing relevant and specific QA issues. The Medical QI committee will also oversee the Clinical Indicator programme to be commenced in 1992.

Quality Assurance in the Support and Hotel Services has significantly increased with departments adopting the quality philosophy with "gusto" which is reflected in the high quality of service provided. These departments are also focusing on Customer satisfaction surveys to ensure they are meeting customer needs. In the Clinical Services the number of activities have significantly expanded with demonstrable improvements. An increase in staff participation and commitment has occurred resulting in improved patient services.

The C.C.A.H.S. is committed to providing excellence in health care delivery, evidenced by the pursuit of the continuous quality improvement ethos through the formal QA programme in place throughout all the area health services.



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has achieved this with the co-operation and support  
of the

**Central Coast Area Health Service  
Board of Directors and  
Senior Executive Officers.**

On your behalf we thank them.  
You Can Save and Borrow at Competitive Rates  
It is your Credit Union

**... Use it Wisely**



## **Facility Development**

### **Gosford Stage 3 and Wyong Stage 2 Major Redevelopments**

As mentioned in earlier sections these major redevelopments will increase Central Coast Area Health Service beds by 38% and provide modern and well-equipped patient treatment services to residents of the Central Coast. Both redevelopments will be commissioned in 1992.

Gosford Stage 3 includes a new Obstetrics Unit with a Natural Birthing Room, new Orthopaedic and Surgical Wards, Medical Imaging Department, Critical Care Wards, Central Sterilising Service, a new Chapel and Admissions Department.

Wyong Stage 2 comprises a new Accident and Emergency Department, Operating Theatres, a Medical Ward, an Obstetrics Ward, a Surgical Ward and an expanded Rehabilitation Ward together with clinical and other support services.

### **Methadone and Sexual Health Service**

Planning has commenced to construct a Methadone Clinic in Holden Street. It is also intended to house the Sexual Health Service in the same building which will be completed in early 1992.

### **Warehouse**

Construction is underway at West Gosford of a new warehouse to service the Area Health Service. Transferring our Central Store to this new facility will release space for expansion of Engineering Workshops, Sewing Room, Domestic Services and the Surgical Block Receiving Kitchen.

The warehouse is due for completion in October 1991.

### **Stage 3A Gosford**

The Department of Health has approved the retention of funds resulting from the difference between the Gosford Stage 3 capital works allocation and the subsequent contract price for the redevelopment.

These funds will be deployed in the following projects:

- conversion of the current Maternity and Labour Wards to a new Paediatric Ward
- establishment of a Day Surgical Unit
- minor alterations to existing wards and Accident & Emergency
- upgrading electrical supply to the older sections of the hospital
- renovations to improve accommodation for clinical support services
- minor expansion of 'hotel' services.

### **Board of Fire Commissioners**

Alterations and renovations to Long Jetty Hospital, together with the installation of Fire Smoke Detector Systems bring us in line with the recommendations laid down in the Board of Fire Commissioners Report and compliance with Accreditation Survey Report.

### **Wyong Dental Clinic**

Construction is underway of a Dental Clinic in the grounds of Wyong Hospital to service the needs of clients in the Northern Area. It is anticipated that construction will be completed by late October 1991.

### **Cook/Chill Conversion**

Work was completed for the conversion of the existing kitchens at Gosford, Woy Woy, Wyong and Boronia Court to accommodate our new cook/chill food production service. This conversion will provide a more efficient and effective system of meal service production and plating and delivery system.

### **Pathology**

Major renovations and refurbishment of the existing Pathology Department level 2, were undertaken and completed. This work has enhanced the laboratories and facilities provided for the Histopathology and Microbiology disciplines.

### **Minor Works**

Alterations, refurbishment's and minor works have been undertaken in the Laundry, Sexual Health Service, Drug & Alcohol Referral Centre, Audio Visual Dept., Operating Theatres, Medical Administration, Maternity, Wyong Child Care Cottage, Bin Washing Area, Birralea, Gosford Earley Childhood Centre, Matrons Cottage Long Jetty, Occasional Care Cottage Gosford, PABX room Gosford, Nursing Administration.



The opening of The Sexual Health Service  
*L to R* Chris Hartcher *Member for Gosford*  
Ron Phillips *Minister for Health Services Management*  
David Plummer *Director Sexual Health Service*

## **Department of Medicine**

### **VISITING PHYSICIANS**

#### **Visiting Endocrinologist**

Darnell, David Bruce MBBS, FRACP

#### **Visiting Gastroenterologists**

Dwyer, Damien Francis MBBS, FRACP

Dowsett, John Francis MBBS, FRACP, DDU

Thomas, Mark Donald MBBS, FRACP

#### **Visiting Cardiologists**

Bliss, David William MBBS, BSc, FRACP

Woods, John MBBS, FRACP

Bates, Fraser McLean MBBS, FRACP

#### **Visiting Neurologist**

Crimmins, Denis Stephen MBBS, FRACP

#### **Visiting Rheumatologist**

Baume, Robert MBBS, FRACP

#### **Visiting Respiratory Physicians**

Foster, Keay MD, BS, MD, MRCP (UK), FRACP

Duggan, Christopher MBBS, FRACP

#### **Visiting Haematologist**

Robilliard, John MBBS, FRACP, FRCPA

#### **Visiting Associate Physicians**

Arndt, Douglas Vernon MBBS, DTM&H, DM&S, FRACGP

Minogue, Francis John MBBS

#### **Nuclear Medicine — Consultant Physician**

Choy, Daniel MBBS, FRACP

#### **Renal Medicine — Consultant Renal Physician**

Collett, Paul MBBS, FRACP

Mahony, John MBBS, FRACP

#### **Department of Surgery — Visiting General Surgeons**

Andrews, Colin John MBBS, FRACS

Caska, Paul MBBS, FRCS(Ed), FRCS, FRACS

Connolly, John Anthony MBBS, FRCS (Eng), FRACS

McLellan, George Malcolm Roger MBBS, FRACS

Summerhays, Colin Frances MBBS, FRACS, FRCS(Eng)

#### **Visiting Associate General Surgeons**

Ahluwalia, Ajit Kumar MBBS, FRCS

Hurley, Raymond OBE, MBBS

#### **Department of Anaesthesia — Visiting Anaesthetists**

Bain, Roderick Graham MBBS, FFARACS, FFARCS (Eng)

Clark, Marta MBBS, MUDr, DA.(UK) LMSSA (UK), LRCP, MRCS, FFARACS

Curtis, Stefan MBBS, FFARACS

Dicks, Ian Thomas MBBS, FFARACS

Goldsmith, John Charles, BSc, MBChB, FFARACS (commenced May 1991)

Harris, Phillip MSc, MBBS, FFARACS



Knox, John Stewart MBBS, FFARACS  
Lewis, William MBBS, FFARACS  
McGuinness, Robert Thomas MBBS, FFARACS  
Temperley, David Harold MBBS, FFARACS  
Watt, Alastair William MBBS, FFARACS

#### **Visiting Associate Anaesthetists**

Reid, Ian Daer MBChB (Ed)  
Schulze, John MD, Dip.RACOG

#### **Department of Dentistry — Visiting Dental Surgeons**

Aulsebrook, Wayne BDS  
Hickey, Francis Adrian BDS  
Hunter, Frank BDS  
Searle, Howard BDS (resigned June 1991)  
Sullivan, Michael BDS  
Young, Peter BDS

#### **Department of Dermatology — Consultant Dermatologist**

Cooper, Alan James BS, MBBS, FACD, Dip.ABD  
Willsteed, Elizabeth Mary, MBBS (Hons), FACD (commenced October 1990)

#### **Visiting Dermatologist**

Clarke-Jones, Robert David Howell MBBS, DDM, FACD (resigned January 1991)

#### **Department of Paediatrics — Visiting Paediatricians**

Erikson, John MBBS, FRACP(Paed)  
Hong, James Chee-Seng MBBS, FRACP  
Pendergast, James Peter MBBS, FRACP

#### **Department of Pathology — Consultant Pathologist**

Schweitzer, Peter MBChB, FRCPA

#### **Department of Psychiatry — Visiting Psychiatrist**

Smith, Sandra MBBS, MRCPsych.

#### **Department of Radiology — Visiting Radiologists**

Anderson, Kenneth MBBS, D. Obst., RCOG, DDR  
Bobby, Philip MBChB, DRACR  
Lennon, Evan Austin MBBS, FRACR, FRCR  
Lingard, Douglas MB, ChB, FRACR  
Mackley, Kevin John MBBS, MRACR  
Melville, Gordon MBBS, FRACR  
Mylne, Graham Edward MBBS, DMRD, (Edin) FRCP(Can)  
Stokes, John MB, Chb, DDR, FRACR

#### **Department of Radiotherapy — Consultant Emeritus Radiotherapist**

Hambly, Colin MBBS, DDR, FRACR

#### **Consultant Radiotherapist**

Smith, Edwin MBBS, DMRT, FRACR, FRCP(c), FRCR (Lon), (retired July 1991)  
Mallik, Raj MBBS, DMRT, SFR, FRCR  
Denham, James William MD, FRCR, FRACR (commenced May 1991)

**Department of Obstetrics & Gynaecology — Consultant Obstetrician and Gynaecologists**

Hewson, Alan Donald MBBS, FRCOG, FRCS (Ed),FRACOG

**Visiting Obstetricians & Gynaecologists**

Caska, Peter MBBS, MRCOG, FRACOG

Catt, Malcolm Francis MBBS, FRCDGG, FRACOG, DDU

Hyland, Paul Douglas MBBS, MRCOG, FRCS (Ed),FRACOG

Morton, David Charles MBBS, FRCOG, FRACOG, DDU

Teoh, Engsan MBBS, MRCOG, FRACOG

Tucker, Malcolm BSc, MBChB, FRCOG, FRACOG

**Visiting Associate Obstetricians & Gynaecologists**

Malley, John Douglas Gilchrist MBChB, D.Obst, RCOG

**Department of Oncology — Consultant Oncologist**

Levi, John MBBS, FRACS

**Department of Ophthalmology — Visiting Ophthalmologists**

Davies, Ian Charles MBBS, FRACO, FRACS

Douglas, Raymond Lindsay MBBS, DO(Lon)

Hall, Peter BSc, MBBS, FRACO, DO

O'Leary, Bernard MBBS, FRACS, FRACO

Scobie, Michael Andrew MBBS, DO(Lon), FRCS(Ed),FRACS, FRACO

**Facio-Maxillary Surgery — Consultant Facio-Maxillary Surgeons**

Coren, Alfred John BDS (Syd), FDSRCS (Eng), FFDRCS (Ire)

Mitchell, Robert MDS (Syd), FRACDS (OMS)

**Orthopaedics — Visiting Orthopaedic Surgeons**

Morton, John Charles MBBS, FRACS (commenced October 1990)

O'Malley, David Francis MBBS, FRCS (Ed)

Stokes, Ian BSc, MBBS, FRACS

Wije-Tunga, Lucien Sydney MBBS, FRACS

**Oto-Rhino-Laryngology — Visiting Ear, Nose and Throat Surgeons**

Deves, James MBBS, FRCS (Ed), FRACS

Johnston, William Andrew Craig MBBS, FRACS (commenced February 1991)

Salmon, Andrew MBBS, FRCS, FRACS

Vandeleur, Terence Joseph MBBS, FRACS

**Urology — Visiting Urologists**

Farebrother, Trent Douglas PHC, MBBS, FRACS

Ruthven, Stephen BSc, MBBS, FRACS

**Vascular Surgery — Visiting Surgeon**

Bourke, Bernard MBBS, FRACS, DDU

**Child Health — Visiting Child Psychiatrists**

Marrable, Harvey MB ChB, FRANZCP, MRC.Psych,DCH, DPM

Rickarby, Geoffrey MBBS, FRANZCP, Member Fac.of Child Psych. RANZCP (resigned March 1991)

**Consultant Clinical Geneticists**

Turner, Jillian MBChB, FRCPC, MRCPE (commenced May 1990)

Colley, Alison Fiona MBBS, FRACP (commenced August 1991)

### **Gosford Hospital — Visiting General Practitioners**

Ahluwalia, Ajit Kumar MBBS, FRCS  
Ahluwalia, Kanta Kumari MBBS  
Arndt, Douglas Frederick MBBS, Dip. Obst, RACOG  
Arndt, Eileen MBBS, Dip. Obst, RACOG  
Arndt, Fred MBBS, Dip. Obst, RACOG  
Earp, Barry James MBBS, Dip. Obst, RCOG  
Earp, Lesley Robyn MBBS  
Feather, Robert Hartley MBBS  
Foo, Koh Fhoon MBBS  
Green, Peter Lewarn MBBS, Dip. Obst, RCOG, D.Av.M  
Gross, Richard MB, ChB.  
Gupta, Radhey Shayam MBBS  
Gupta, Usha MBBS, DGO  
Harrison, Patricia MBBS, MRCS, LRCP, Dip. Obst, RCOG  
Kwong, Andrew Yiu-Man MBBS  
Lee, Charles William MBBS, Dip. Obst, (Auck)  
Low, Kenneth Henry MB, ChB  
Lucas, James Patrick MBBS, Dip. Obst, RCOG  
McCarthy, Geoffrey Francis MBBS  
Mohan, B.N. Chandra MBBS  
Pradhan, Kishore Chandrakant MBBS, Master Gen. Surgery  
Pradhan, Suchita MBBS, Dip. Anaest  
Pragasam, Edwin Deva MBBS, MS  
Ransom, Lawrence Alfred MBBS  
Raymond, Arthur Wilmot MBBS, FRACGP  
Reid, Gavin BSc (Med), MBBS  
Shaw, Christine Mary MBBS  
Spinks, Russell Brent MBBS, Dip. Obst, RCOG  
Trayner, Robert Ross MBBS (Lon), MRCS (Eng), LRCP (Lon)  
Whiteman, Ian Arthur MBBS  
Wood, Helene MBBS, FFARACS

### **Affiliated Medical Officers (Obstetrics)**

Anderson, Stuart MBBS, Dip. RACOG  
Carroll, Dianne MBBS, DRCOG  
Douglas, Karen MBBS, Dip. RACOG/RACGP  
Earp, Barry James MBBS, Dip. Obst, RCOG  
Henderson, Margaret MBBS, DRCOG  
Hogbin, Peter MBBS, Dip. RCCOG, Dip. RACOG  
Hurley, Raymond OBE, MBBS  
Lucas, James Patrick MBBS, Dip. Obst, RCOG  
McCredie, Robert MBBS, FRACGP, Dip. Obst, RCOG  
Schulze, John MD, Dip. RACOG  
Spinks, Russell Brent MBBS, Dip. Obst, RCOG  
Strumberg, Joachim MBBS, Dip. Obs, RACOG

### **Long Jetty Hospital — Visiting General Practitioners**

Allport, William Joseph MBBS (resigned July 1991)  
Badami, K. Suresh MBBS  
Bhaga, Mohan BSc, MB, ChB  
Doukakis, Anthony MBBS, DA (UK)



Falken, Lynette Nativida MB, ChB  
Godden, Phillip MBBS  
Green, Peter Lewarn MBBS, Dip. Obst, RCOG, D.Av.M  
Janes, Neil David MBBS, Dip, RACOG (from August 1991)  
Khoo, Teik Beng MBBS, D.Av.M  
Klineberg, Bruce MBBS, FRACGP  
Lee, Kin Lun MBBS  
Macauley, Bruce MBBS  
Mackley, Kevin John MBBS, MRACR  
Miller, George MBBS, Dip. Anaest, Dip. Obst, RACOG  
Minogue, Francis John MBBS, BA  
Orgias, Eric, PhD, MB, ChB, Dip. Obst, FRACGP  
Pragasam, Edwin Deva MBBS, MS  
Scullin, Julian MBBS  
Singh-Panwar, Promila MBBS, MD  
Singh-Panwar, Thakus MBBS, MD  
Smeeth, Peter Leslie MBBS  
Stewart, James Randal MBBS, MRCP, MRACGP (from August 1991)  
Trayner, Robert Ross MBBS, MRCS, LRCP  
Walsh, Desmond Michael MBBS  
Wood, Daryl MBBS

**Affiliated Medical Officers**

Findlay, Wilmet Helena MBBS  
Joshi, Shreekrishna MBBS  
Liau, Timothy MBBS, FRACGP  
Loh, Vivian MBBS

**Woy Woy Hospital — Visiting General Practitioners**

Barrow, Douglas MBBS  
Barry, John MB, ChB, BAO  
Bramston, Jeremy, MBBS (from February 1991)  
Burke, Anthony MB, ChB, MRCP  
Burton, Mark MBBS, Dip. RACOG  
Caska, John Pius MBBS  
Chaugule, Sanatkumar Bhimarao MBBS  
Fogarty, John MBBS  
Goldstein, Leon MB, ChB  
Harkness, Randall MBBS  
Harrison, John Reginald MA, MB, ChB, MRCP, DTM&H  
Harrison, Patricia MBBS, MRCS, LRCP, Dip. Obst, RCOG  
Ivits, Anthony MBBS  
Jones, Peter MBBS, Dip. Obst, RCOG  
Kam, Simon MBBS  
King, David MBBS  
Koh, Peter MBBS, FRCS (Edin)  
Low, Kenneth Henry MB, ChB  
Mahoney, Andrew John MBBS (from February 1991)  
Mala, Pasupulet MBBS  
Martin, Raymond MBBS  
Molesworth, Roger MBBS, Dip. RACOG  
O'Hara, Peter John MBBS, DCH (UK)

Paszkowski, Janusz MBBS, FRACGP  
Peachey, David MBBS  
Pradhan, Kishore Chandrakant MBBS, Master Gen. Surgery  
Pradhan, Suchita Kishore MBBS, Dip. Anaest  
Reid, Ian MBBS (Edin)  
Royal, Janet MBBS  
Stott, Geoffrey MBBS  
Tarrant, Christopher MBBS, Dip. RACOG  
Wai-Shing, Harvey MBBS, RNZCGP  
Wild, John Martin MBBS

**Wyong Hospital — Visiting General Practitioners**

Cranney, Bradley Stephen MBBS (from February 1991)  
Fermanis, Tas George MBBS  
Godwin, Rowan MBBS  
Grennall, William James MBBS (from February 1991)  
Joshi, Shreekrishna MBBS  
Khanna, Virendra Kumar MBBS (India), (from February 1991)  
Liauw, Timothy MBBS, FRACGP  
Lim, Meng Aun MBBS, MRCOG, FRACOG  
Loh, Vivian MBBS  
McCarthy, Geoffrey MBBS  
Mikula, Dusan Pavol MD(MUDr.)  
Nair, Velappan Rajasekharan, MBBS (Calcutta), FRCS (Edin), (from February 1991)  
Oxley, Howard MB, ChB  
Phadke, Mohan MBBS  
Phillips, John Richard MB, ChB.  
Roehrich, Eckard MD  
Smith, Nicholas MB, ChB.  
Vaughan, John Edward Bph, MBBS  
Whyte, Geoffrey Ian MBBS, BSc

**Affiliated Medical Officers**

Pragasam, Edwin Deva MBBS, MS  
Shean, Warren MBBS

## Donations for the year 1990/1991

	\$
Mr H.T. Anderson	200.00
Anonymous	530.02
Apex Club of East Gosford	4,000.00
"A" Riding District Nursing Co-ordinating Committee	925.00
Banque National Eli-Lilly Aust. Pty Ltd	1,133.00
Mrs Gwen Barnes	20.00
Mr Baxter	5.00
Baxter Hardware	100.00
Mr C.G. Beard	50.00
Bellbird Committee	2,000.00
Mr T. Birch	1,291.60
Blacktown & Mount Druitt Community Health Services	20.00
Bristol-Myers Company Pty Ltd	500.00
Mr & Mrs E.J. Brown	100.00
Mrs J. Brown	30.00
R.P. Brown	200.00
Mrs E.A. Bryant	50.00
Mr F. & Mrs S. Buckley	25.00
G.F. Cairns	50.00
Central Coast Classic Motor Cycle Club	1,000.00
Central Coast Community Chest Ltd	1,500.00
Central Coast Cystic Fibrosis Group	3,000.00
Chapman A.I. Estate of	17,288.70
Chapman A.I. & E.H. Estate of	20,018.96
Chapman E.H. Estate of	3,091.95
Chapman P.	20.00
Community Nursing	10.00
Country Women's Association of NSW	30.00
Country Women's Association of NSW — Northcumberland	50.00
Roy Davies	20.00
Mrs A. Dawson	10.00
Electricity Commission of NSW	161.58
Erina High School	400.00
The Ettalong Beach Hospital Auxiliary	1,754.00
Feldene	41,552.70
Fenton Maria, Estate of (Public Trustee)	35,223.11
Mr A. & Mrs J. Forbes	50.00
Mr Donald E. Forbes	100.00
Dr K. Foster	3,399.71
Mr L. Foubister	50.00
Mrs Glanz	10.00
L. Goldwater	30.00
J.C. & P.M. Goodwin	200.00
Mr Harry Gordon	100.00
Gosford AUSSI Adult Swimmers	4,184.19
Gosford Bowling Club	700.00
Gosford City Bowl	335.50
Gosford Friendly Helpers	100.00
Gosford Hospital Auxiliary	6,300.00



	\$
Gosford Market Place Shopping Centre	2,495.00
Gosford Revue Committee	1,300.00
Gosford RSL Women's Bowling Club	50.00
Gosford Scottish Country Dance Group	60.00
Gosford Senior Citizens Social Club	500.00
Gosford South Telephone Exchange	900.00
Grace Bros. — Central Coast Fair	10,000.00
Mrs Kerrie Guest	80.00
Gwandalan Women's Bowling Club	900.00
Mrs L. Haines	30.00
Halekulani Women's Bowling Club	2,454.33
Hardy's Bay/Killcare Auxiliary	1,300.00
Mr N.W. Hayter	100.00
R. Heal	50.00
Henry Kendall High School — Interact Social Club	250.00
Henry Kendall High School — P & C Association	50.00
L.A. Hill & P. Baldwin	20.00
Mr Joseph Holden	20.00
Mr J. & N.J. Holden	50.00
S. & N. Holden	10.00
Mrs Hudson	10.00
ICI Pharmaceuticals (Ms Gillian Grills)	70.00
Mr & Mrs L. James	20.00
P. Jex (Friends & Staff of Wyong Hospital Revue Co.)	3,534.46
Mr & Mrs E. Johnson	20.00
Mr & Mrs J. Kaderle	300.00
Kincumber Hospital Auxiliary	5000.00
Lakes Rotaract	1,000.00
Mrs M.M. Lane	200.00
John Loughmans	20.00
E. Leves	36.00
Lioness Club of Gwandalan	420.00
Lioness Club of Wyoming	2,000.00
Lions Club of Budgewoi	1,350.00
Long Jetty Hospital Auxiliary	7,750.53
Mrs M. Low & Family	50.00
J. & J.L. McCall	20.00
Mrs Rose McColl (in memory of John McColl)	100.00
Mrs Pauline McGuinness	25.00
Mrs M. Martin & Mr & Mrs B.P. Dawson	40.00
Mr Harry Medlicott	1,200.00
Richard Miles	5.00
Mr & Mrs Mock	20.00
Narcotics Anonymous Group	40.00
Mr John Nixon	300.00
NSW Baptist Homes Trust	300.00
Mrs F. Oates	50.00
M. O'Malley	190.75
Open Heart Foundation — Central Coast Branch	409.20

	\$
Order of the Eastern Star — Gosford Chapter No.86	285.00
Order of the Eastern Star — The Entrance Chapter No.508	75.00
Mrs Enid Orren	396.00
Ourimbah Hospital Auxiliary	2,500.00
Mr V. Patulmy	200.00
P.C. Traders	1,250.00
Mr R. Phillips	20.00
Physiotherapy Fun Run/Walk	833.00
Pink Ladies Auxiliary (Gosford)	1,500.00
Pink Ladies No.2 Account (Wyong)	744.00
Point Clare Pre-School	460.00
Police & Community Golf Day	5,000.00
Pretty Beach-Wagstaff Progress Association	50.00
Public Trustee - Estate of Maria Fenton	35,223.11
Mrs Radford	100.00
E.J. Rankin	30.00
Mr & Mrs W. Reedman	25.00
Richards Medical & Co.	354.00
Mr & Mrs B. Roach	10.00
Rotary Club of Gosford North	300.00
Rotary Club of Terrigal	3,000.00
Mr A.H.L. Russell	46.60
Mr & Mrs O. Ryan	50.00
Peter Ryan Sales	160.00
St David's Anglican Fellowship	240.00
Mr J. Samuel	20.00
San Remo Walking Club	50.00
Mrs M. Saunders	6.00
R. Schaefer	20.00
D. Smith	30.00
R.I. & E.S. Snedden Builders	105.00
Mr R.M. Sommerville	100.00
Mr R.B. Souter	100.00
South Bouddi Peninsula Community Association	50.00
South Woy Woy Progress Association	100.00
Mrs Spies	80.00
Mrs J. Spratt	870.00
E.N. Stewart	200.00
Mr & Mrs H. Sunadim	50.00
Mr Lewis Sunton	50.00
J.N. & E. Sydenham	30.00
Mrs R.V. Taylor	100.00
Terrigal Women's Bowling Club	108.25
The Entrance Ladies Social Darts Club	200.00
The Entrance & District Arts & Crafts Markets	50.00
Mr Tibbetts	20.00
Toukley & District Chamber of Commerce	600.00
Toukley Uniting Church Women	100.00
Toukley Uniting Indoor Bowls	75.00

	\$
Training Academy Security	200.00
Tuggerah Lakes Hospital Auxiliary	16,000.00
Tuggerah Lakes Memorial Club Fishing Club	380.00
Umina Beach Women's Bowling Club	30.00
Umina High School — School Council	100.00
H. Walpole	50.00
Mrs Mollie Walker	75.00
J. & H. Walker-Smith	50.00
Mr J. Warburton	30.00
K.J. & E.M. Warwick	400.00
Leonie Wiercry	20.00
Mrs Wendt	20.00
Mr A. Wenham	50.00
Wesford Pty Ltd	60.00
Mrs Wilde	5.23
Mr Alan Woodhurst	50.00
Woy Woy Catholic Ladies' Club	100.00
Woy Woy Emergency Medical Services Pty Ltd	1,400.00
Woy Woy Ettalong/Hardys Bay RSL	500.00
Woy Woy Hospital Social Group & Umina Hoy Group	450.00
Woy Woy Rehab Unit	479.00
Wyong Hospital Ladies' Auxiliary	40,000.00
Wyong RSL Sub-Branch	3,200.00
Wyong RSL Women's Bowling Club	25.00

## Gifts in Kind

2nd/17th Royal Battalion
Big W
Brisbane Water Physiotherapy
Country Women's Association — Erina Vale
Country Women's Association — Long Jetty
Davistown RSL Women's Auxiliary
Demasius
Mrs D. Frost
Gosford High School
Henry Kendall High School
K-Mart
McDonalds — Terrigal
Mr J. McDonald
Mater Dei College
Vicki & Brett Ritchie
Telecom
Miss Rose Toby and Mr Fred Dwyer
"Toys in Wood"
Mrs C. Whinfield
Woolworths
Woy Woy Lions Club



## Schedule of Statistical Data for The Year Ended June 30, 1991

	1991	1990	1989
<b>BED CAPACITY</b>			
Total beds as at June 30, 1991	562	562	562
General hospital bed number	558	558	558
<b>PATIENT DETAILS</b>			
<b>In-patient</b>			
Number in hospital as at July 1, 1990	470	467	526
Admissions during the year 32,664	30,535	28,827	
Total patients treated	33,134	31,002	29,353
Number in hospital as at June 30, 1991	481	470	467
Bed days of in-patients treated	180,849	181,408	178,991
Number of operations	11,512	10,021	9,843
<b>Babies</b>			
Number of live births	2,993	3,037	2,864
Bed days of newly born babies	12,525	15,548	14,668
<b>Outpatients</b>			
Number registered	109,564	125,449	126,378
Total occasions of service	521,815	611,998	713,745
Number of operations	1,444	1,553	1,744
<b>Average</b>			
Daily average of in-patients	495.5	497.0	490.4
Adj. for outpatients & babies	287.6	312.7	376.2
Adjusted daily average (A.D.A.)	783.1	809.7	866.6
Average stay of in-patient's (days)	5.5	5.9	6.1
Bed occupancy rate (%)	88.8	89.1	87.9
<b>Staffing details</b>			
Staff employed June 30, 1991 (F.T.E.)			
Nursing	851.8	809.7	779.9
Medical and Support Staff	469.3	427.4	413.1
Other	636.1	623.1	635.8

## Freedom of Information Statistics

Coast Area Health Service

Period	No. of Applications Received	Outcome of Applications			Reviews and Appeals			Fees Received	Processing Time		
		Granted in full	Granted in part	Refused	No. of Internal Reviews Finalised	No. of Ombudsman Reviews Finalised	No. of District Court Reviews Finalised		0-30 days	31-45 days	Over 45 days
1/7/89-31/12/89	6	5	1		1			\$150	5	1	
1/1/90-30/6/90	11	11						\$285	11		
1/7/90-31/12/90	14	14						\$345	14		
1/1/91-30/6/91	27	26		1				\$645	27		

## Finance Committee Report

The Financial Statements and Statistical Data which follow this report reflects the Board's responsibilities in the management of financial services of the Area Health Service.

The presentation of reports reflects a consolidation of data representing the Gosford Hospital, Woy Woy Hospital, The Entrance/Long Jetty Hospital, Wyoming Hospital (Birrilee Unit) and Wyong Hospital, together with the Central Coast Community Health Service.

The reports will also show the continued growth in the area both financially and statistically.

### Budgets

On July 13, 1990, the General Fund Recurrent Budget for 1990/91 was received. As in previous years, separate expenditure and revenue budgets were received for each of the Programmes listed below:

- Program 1.1 Public Health Regulatory Service
- Program 1.3 Health Promotion and Education
- Program 2.2 Services for Drug & Alcohol Dependent Persons
- Program 2.3 Support for Area Health Service & Public Persons Hospital
- Program 2.5 Support for Dental Services
- Program 2.8 Support for Psychiatrically Ill
- Program 2.9 Support for Aged & Disabled

### Budget Flexibility

1990/91 marked the continuation of Global Budgeting for Area Health Services/Public Hospitals and involved line item flexibility between:

1. Salaries & Wages, V.M.O.'S and Goods & Services
2. Superannuation remained a protected budget line item, in view of the volatility of contributions and contributors
3. The allocation nominated for R.M.&R. again represented the minimum level of expenditure required. The allocation could be increased by transfers from other budget items, but not reduced.

### Productivity Savings

In 1990/91, all portfolios were required to achieve further productivity savings. The savings target for the Central Coast Area Health Service in 1990/91 was \$918,000.

### Enhancement/ Growth Funding

Advice was received with the allocation letter that specific funds were made available for Enhancement/Growth Funding with specific funds being provided for the following:

	\$
1. Woy Woy Post-Surgical Beds (Orthopaedics)	414,800
2. V.M.O. Appointments	495,000
3. Day Surgical	108,300
4. Continence Advisory Service	48,600
5. Paediatric Therapy	90,300
6. Respiratory Tech & Biomedical Engineer	66,000
Total Enhancement/Growth Funds received in 90/91	<b>1,245,000</b>

### Special Funding

Funds were specifically provided for the following:

	\$
1. Safe Living & Skin Cancer Prevention	91,500
2. S.T.D. Campaign Funding	10,000
3. Structured Programmes for new graduates	66,600
4. Nurse Recruitment	20,840
5. Neo Natal Funding	20,000



6.	Dev. Case Mix Studies & D.R.G. Funding	81,907
7.	Aids Study Grant	25,000
	Capital driven recurrent monies for the Cade Unit at Long Jetty Hospital	450,000

### Capital Funds

The Department of Health provided finance by way of special grants to enable the following projects to be completed:

1.	<b>Major Hospital Dev.</b>	\$
	Gosford Hospital Stage III	19,500,000
	Wyong Hospital Stage II	7,000,000
2.	<b>Hospital Building Infrastructure</b>	
	Final Upgrade	32,000
	Asbestos Removal Program	36,000
3.	<b>Mental Health Services</b>	
	Cade Unit — Long Jetty Hospital	727,000

### Recurrent Operating Payments

#### Payments

- *Salaries & Wages*  
Expenditure on Salaries & Wages during the year totalled \$66,914,285 and represented 70.36% of total payments. Last year we spent \$59,665,901. The variation of \$7,248,384 represents an increase of 12.2%. Award costs included in the above totalled \$3,087,250.
- Superannuation*  
Superannuation payments decreased by \$356,564 to \$2,907,519 and represented 3.06% of total payments. Receipts from contributors were applied to payments this financial year, hence the reduction in expenditure in 90/91.
- Payments to Visiting Medical Officers*  
Payments made to Visiting Medical Officers totalled \$5,995,543 or 6.3% of total payments.
- Goods and Services*  
Payments for Goods and Services totalled \$17,108,614 representing 17.99% of total payments. This was an increase of \$769,856 from the previous year. Increase in patient activity contributed to the increase in payments.
- Repairs, Maintenance and Renewals*  
R.M.&R. reflected payments of \$2,178,297 or 2.29% of total expenditure.

### Receipts

- Patient Fees*  
Revenue from Patients Fees rose from \$11,070,772 in 89/90 to \$11,653,458 in 90/91. This represented an increase of \$582,686 or 5.26%.
- Recoveries and Other Receipts*  
Revenue from both sources totalled \$1,441,732.  
Revenue paid to the Department of Health in 90/91 totalled \$13,095,190.

## Appreciation

The continued support shown for the service by the people of the Central Coast by way of donations is most encouraging to the Board of Staff.

A full list of donations received during the year is published in the accompanying pages of this report.

The Financial and Statistical Reports for all sections of the Central Coast Area Health Service follow and I ask that you accept these as a true and fair record of transactions for the year ended June 30, 1991.

Director M. Mote

TREASURER

## General Fund (CONSOLIDATED ALL PROGRAMMES)

Balance Sheet as at June 30, 1991.

1990		1991
\$		\$
	<b>Current Assets</b>	
6,496	Cash on Hand	6,886
96,747	Bank	0
0	Other	5,058
<b>103,243</b>		<b>11,944</b>
	<b>Non-Current Assets</b>	
	<b>Fixed Assets at Cost</b>	
33,820,145	Land & Buildings	62,696,936
9,735,100	Plant & Equipment	10,824,624
2,800,622	Motor Vehicles	2,819,352
46,355,867		76,340,912
<b>46,459,110</b>	<b>Total Assets</b>	<b>76,352,856</b>
	<b>Current Liabilities</b>	
0	Bank	33,525
127,996	Other	0
<b>46,331,114</b>	<b>Net Assets</b>	<b>76,319,331</b>
	<b>Accumulated Funds</b>	
35,403,164	Balance 1/7/90	46,331,114
8,493	Add Surplus/(Deficit) for Year	3,172
10,946,178	Fixed Assets acquired during the year	29,985,045
	<b>Accrued Salaries &amp; Wages</b>	
1,285,984	- Current Year	1,285,984
(1,312,705)	- Previous Year	(1,285,984)
<b>46,331,114</b>	<b>Balance at June 30, 1991</b>	<b>76,319,331</b>

N.R. Boyce

CHIEF EXECUTIVE OFFICER

P. Cowderly

DIRECTOR FINANCE-BUDGET

## General Fund (CONSOLIDATED ALL PROGRAMMES)

Statement of Financial Operations for the Year Ended June 30, 1991

	1990	1991	1991	1991
	Actual	Actual	Budget	Var.
<b>Payments</b>	\$	\$	\$	\$
Salaries & Wages	57,577,589	63,827,035	63,323,981	503,054 U
Awards	2,088,312	3,087,250	3,087,250	0
<b>Total Salaries &amp; Wages</b>	<b>59,665,901</b>	<b>66,914,285</b>	<b>66,411,231</b>	<b>503,054 U</b>
Superannuation	3,264,083	2,907,519	2,908,140	621 F
Payments to V.M.O.'s	6,427,491	5,995,543	6,001,000	5,457 F
Goods & Services	16,338,758	17,108,614	16,908,859	199,755 U
Replacement, Main & Repairs	2,250,425	2,178,297	2,178,200	97 U
<b>Gross Operating Payments</b>	<b>87,946,658</b>	<b>95,104,258</b>	<b>94,407,430</b>	<b>696,828 U</b>
Add Deficit from Last Year	1,321,762	1,313,269		
Less Subsidy (Govt. Cash Payments)	87,955,151	95,107,430		
Accumulated Deficit	1,313,269	1,310,097		
<b>Receipts</b>				
Patient Fees	11,070,772	11,653,458	12,257,000	603,542 U
Recoveries	1,998,696	1,122,798	1,085,000	37,798 F
Other	344,763	318,934	350,000	31,066 U
	<b>13,414,231</b>	<b>13,095,190</b>	<b>13,692,000</b>	<b>596,810 U</b>
Less Receipts transferred to Dept. of Health	<b>13,414,231</b>	<b>13,095,190</b>		
<b>Balance in Receipts Account</b>	<b>0</b>	<b>0</b>		

## General Fund (CONSOLIDATED ALL PROGRAMMES)

Statement of Financial Operations for the Year Ended June 30, 1991

1990	Receipts	1991
\$		\$
11,070,772	Patients Fees	11,653,458
2,343,459	Other Receipts	1,441,732
<b>13,414,231</b>	<b>Total Operating Receipts</b>	<b>13,095,190</b>
87,955,151	Government Assistance, Subsidy & Spec. Grants	95,107,430
<b>101,369,382</b>	<b>Sub Total</b>	<b>108,202,620</b>
13,414,231	Less Transfers of Revenue to Dept. of Health	13,095,190
87,955,151	Total Government Assistance	95,107,430
<b>87,955,151</b>	<b>Total Net Receipts</b>	<b>95,107,130</b>
	<b>Payments</b>	
59,665,901	Salaries & Wages	66,914,285
3,264,083	Superannuation	2,907,519
6,427,491	Payments to Visiting Medical Officers	5,995,543
16,338,758	Goods & Services	17,108,614
2,250,425	Replacements, Main & Repairs	2,178,297
<b>87,946,658</b>	<b>Gross Operating Payments</b>	<b>95,104,258</b>
1,998,696	Less Recoveries	1,122,798
<b>85,947,962</b>	<b>Net Operating Payments</b>	<b>93,981,460</b>
(8,493)	Cash (Surplus) Deficit for Year	(3,172)



## Combined Source & Application of Funds Statements

General Fund & Special Purpose and Trust Fund

	1990/91	1989/90
<b>Source of Funds</b>	\$	\$
State Government Subsidy	95,107,430	87,955,151
Patients Fees	11,653,458	11,070,772
Other Receipts	318,934	344,763
Recoveries	1,122,798	1,998,696
Other	37,688,434	11,432,361
<b>Total</b>	<b>145,891,054</b>	<b>112,801,743</b>
<b>Application of Funds</b>		
Salaries & Wages	66,914,285	59,665,901
Superannuation	2,907,519	3,264,083
Payments to Visiting Medical Officers	5,995,543	6,427,491
Goods & Services	17,108,614	16,338,758
Replacements, Maintenance & Repairs	2,178,297	2,250,425
Other	37,349,590	10,100,445
Department of Health	13,095,190	13,414,231
Surplus	342,016	1,340,409
<b>Total</b>	<b>145,891,054</b>	<b>112,801,743</b>

## Special Purpose and Trust Funds

Statement of Financial Operations for Year Ended June 30, 1991

	1991	1990
	\$	\$
<b>Balance as at July 1</b>	<b>0</b>	<b>1,711,998</b>
Add Receipts		
Interest	914,179	863,356
Donations	4,054,342	3,128,167
From Government	27,580,400	8,036,000
Private Practice Trust Funds	1,880,398	1,786,841
Other	3,259,115	636,162
Sub Total	37,688,434	16,162,524
<b>Balance as at June 30, 1991</b>	<b>0</b>	<b>1,130,615</b>
	<b>37,688,434</b>	<b>17,293,139</b>
<b>Balance as at July 1</b>	<b>1,130,615</b>	<b>0</b>
<b>Less Payments</b>		
Buildings	28,876,791	7,311,521
Plant & Equipment	1,089,524	2,073,071
Private Practice Trust Funds	1,819,228	1,646,005
Other	64,141	6,262,542
	31,849,684	17,293,139
<b>Balance as at June 30, 1991</b>	<b>4,708,135</b>	<b>0</b>
	<b>37,688,434</b>	<b>17,293,139</b>

## Central Coast Area Health Service — Gosford Hospital

Special Purpose & Trust Fund — Balance Sheet as at June 30, 1991

Assets	1990/91	1989/90
	\$	\$
Commonwealth Bank — I.B.D.	1,000.00	1,000.00
"    "    — Bank Bills	0	999,905.44
"    "    — I.B.D.	50,000.00	50,000.00
"    "    — (M.M.C.A. & Bank)	4,506,129.05	3,228,548.85
St. George — Pulse Rate	272,121.80	246,517.53
	<b>4,829,250.85</b>	<b>4,525,971.82</b>

### Represented by:

#### Liabilities

Sundry Trust Funds	4,783,060.91	4,482,712.58
Patients Amenities Account	45,999.98	43,069.28
Public Cont & Trust Fund 189.96	189.96	189.96
	<b>4,829,250.85</b>	<b>4,525,971.82</b>

## Central Coast Area Health Service — Diagnostic Specialist Account

Special Purpose & Trust Fund — Balance as at June 30, 1991

Assets	1990/91	1989/90
	\$	\$
Commonwealth Bank — Bank	202,006.22	140,836.37
<b>Represented by:</b>		
<b>Liabilities</b>		
Diagnostic-Other	25,787.98	389.35
Accumulated Funds	176,218.24	140,447.02
	202,006.22	140,836.37

## Central Coast Area Health Service — Woy Woy Hospital

Special Purpose & Trust Fund — Balance as at June 30, 1991

Assets	1990/91	1989/90
	\$	\$
Commonwealth Bank — Bank	21,827.71	8,530.92
— Term Deposit	113,499.45	103,407.87
	135,327.16	111,938.79
<b>Represented by:</b>		
<b>Liabilities</b>		
Sundry Trust Fund	135,327.16	111,938.79

## Central Coast Area Health Service — Long Jetty Hospital

Special Purpose & Trust Fund — Balance as at June 30, 1991

Assets	1990/91	1989/90
	\$	\$
Commonwealth Bank — I.B.D.	122,000.00	122,000.00
— Bank	24,239.17	664.49
	146,239.17	122,664.49
<b>Represented by:</b>		
<b>Liabilities</b>		
Sundry Trust funds	146,239.17	122,664.49



## Central Coast Area Health Service — Wyong Hospital

Special Purpose & Trust Fund — Balance as at June 30, 1991

Assets	1990/91	1989/90
	\$	\$
Commonwealth Bank — I.B.D.	117,000.00	85,000.00
"      "      — Bills	—	30,254.82
"      "      — Bank	78,219.03	36,042.62
	195,219.03	151,297.44

### Represented by

#### Liabilities

Sundry Trust Funds	195,219.03	151,297.44
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## Central Coast Area Health Service — Wyoming Hospital

Special Purpose & Trust Fund — Balance as at June 30, 1991

Assets	1990/91	1989/90
	\$	\$
Commonwealth Bank — I.B.D.	21,925.67	24,114.39
"      "      — Bank	12,313.32	29,134.75
	34,239.99	29,134.75

### Represented by

#### Liabilities

Sundry Trust Funds	34,238.99	29,134.75
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## Schedule of Statistical Data for the Year Ended June 30, 1991

	1990/91	1989/90
<b>Bed Capacity</b>		
Total beds as at June 30, 1991	562	562
General hospital bed numbers	558	558
<b>Patient details</b>		
<b>In-patient</b>		
Number in hospital as at July 1, 1990	470	467
Admissions during the year	32,664	30,535
Total patients treated	33,134	31,002
Number in hospital as at June 30, 1991	481,	470
Bed days of in-patient's treated	180,849	181,408
Number of operations	11,512,	10,021
<b>Babies</b>		
Number of live births	2,993	3,037
Bed days of newly born babies	12,525	15,548
<b>Outpatients</b>		
Number registered	109,564	125,449
Total occasions of service	521,815	611,998
Number of operations	1,444	1,553
<b>Average</b>		
Daily average of in-patient	495.5	497.0
Adj. for outpatients & babies	287.6	312.7
Adjusted daily average (A.D.A.)	783.1	809.7
Average stay of in-patient (days)	5.5	5.9
Bed occupancy rate (%)	88.8	89.1
<b>Staffing details</b>		
Staff employed at June 30, 1991 (F.T.E.)		
Nursing	851.8	809.7
Medical and Support Staff	469.3	427.4
Other	636.2	623.1

## Property Report

Properties Owned/Leased by Central Coast Area Health Service or Health Administration Corporation.

### Gosford Area

*Site:* Bounded by Holden Street, Ward Street, Cape Street North and Racecourse Road, Gosford — Used for Hospital and Health Service delivery and staff accommodation (excluding 2 Ward Street)

59, 61, 63, 65, 67 Holden Street — Mandala Psychiatric Unit

69, 71 Holden Street — Health Services Use

73 Holden Street — Sexual Health Unit

75 Holden Street — Kalinda Mental Health Living Skills Centre

79 (part) Holden Street — Leased for staff accommodation

87 Holden Street — Staff Accommodation

93/97 Holden Street — Staff Accommodation

21 Beane Street West — Staff Accommodation

23 Beane Street West — Child Care Centre

33 Beane Street West — Drug Referral Centre

39 Beane Street West — Vacant land awaiting Health Services use

70 Faunce Street — Leased for staff accommodation

102 Faunce Street West — Diabetics Education Centre

13 Ward Street — Mental Health Group accommodation

15, 17, 19 Racecourse Road — Hospital staff and visitors car park

2/33-35 Young Street, West Gosford — Warehouse

58 Showground Road — Health Service delivery

3 Apollo Close — Distribution Centre

“Roma”, Albany Street, East Gosford — Leased for Day Care Centre and Palliative Care Services.

*Site:* Corner Pacific Highway and Kinarra Avenue, Wyoming — Used for Hospital and Health Service delivery.

### Wyang Area

*Site:* Pacific Highway, Kanwal — Used for Hospital and Health Service delivery.

4 Jennings Street, Wyong — Mental Health Day Activity Centre and Early Childhood Services Centre.

210 Pollock Avenue, North Wyong — Leased for Mental Health Group accommodation.

### The Entrance/Long Jetty Area

*Site:* Wyong Road, Killarney Vale — Used for Hospital and Health Service delivery.

*Site:* Wyong Road, Killarney Vale — Used for Hospital and Health Service delivery.

*Site:* On corner Yakkalla Street and The Entrance Road, Bateau Bay — Health Centre

### Woy Woy Area

*Site:* Corner Ocean Beach Road and Kathleen Street, Woy woy — Used for Hospital and Health Service delivery.

### Toukley Area

*Site:* Hargraves Street, Toukley — Leased for Health Centre.

### Kincumber Area

*Premises:* Avoca Drive, Kincumber — Health Centre

### Mangrove Mountain Area

RMB 1640 Mangrove Mountain — Health Centre



# Accounting Principles

## 1. Basis of Accounting

In accordance with the requirements of the Department of Health a Modified form of cash accounting is used.

All transactions, apart from Salaries and Wages, are recorded on a cash paid and received basis.

Accrual accounting is applied in the case of Salaries & Wages.

## 2. Transactions not included in Published Accounts

As a consequence of the use of cash accounting, the following have not been included in the Published Accounts:

	\$	\$
a) Patients Fees — Debtors	1,318,684	
Estimated Doubtful Debts	13,186	1,305,498
Outstanding in excess 30 days		358,360
Bad Debts Written-off for year		
	Prior years	
	90/91	
	46,870	137,945
b) Value of Stock		1,527,295
c) Sundry Creditors	2,394,868	
30 days	Nil	2,394,868
d) Long Service Leave	9,270,000	
Annual Leave	4,620,000	13,890,000

The above amounts shown for Long Service Leave and Annual Leave are based upon estimates indexed from the '89 year as requested by the Department of Health. The said amounts are unable to be verified by normal audit procedures.

e) Loans & other Long Term Liabilities	Nil	
f) Consultancy Services		
Under \$30,000		
1. Biomedical Waste Incinerator	18,333	
2. Stores Warehouse Construction	29,066	
3. Methadone Clinic	4,180	51,579
Over \$30,000		
1. Project Title. Central Coast Area Health Service		
Re-development	Gosford Stage III	
	Wyang Stage II	
Organisation Engaged		
Capworks Management Pty. Ltd. Sydney		
Actual Cost for year —	Gosford Stage III	55,366
—	Wyang Stage II	25,500
		80,866
2. Project Title. Central Coast Area Health Service		
P.A.B.X. Development		
Organisation Engaged		
Hyde-Rizzo & Assoc. Pty. Ltd.	37,300	

## 3. Budget Figures

The initial budget figures are the approved allocation by the Department of Health. Any variations to the budget figures are approved and notified by the Department of Health. All budget figures and variations are subject to the normal audit procedures and reconciled with the Finance Branch of the Department of Health at the year end.

#### 4. Fixed Assets

a) Land & Buildings

The value of Land and Buildings is based on cost.

b) Plant, Furniture & Equipment

Valued at original purchase price in accordance with the requirement of the Department of Health. No provision for Depreciation is made. Additional Plant, Furniture and Equipment purchased is capitalised, but replacements are written off in the year they are purchased.

c) Motor Vehicles

Have been revalued to reflect the cost thereof.

#### AUDITOR-GENERAL'S OPINION

I have audited the accounts of the Central Coast Area Health Service for the year ended 30 June 1991. The preparation and presentation of the financial statements and the information contained therein is the responsibility of the Board of the Area Health Service. My responsibility is to express an opinion on these statements based on my audit as required by Sections 34 and 45(1) of the Public Finance and Audit Act 1983.

I conducted my audit in accordance with the provisions of the Act and the Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatements. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are in accordance with the requirements of the Public Hospitals Act 1929 and the Regulations, thereunder, and Australian accounting concepts and standards, where applicable, so as to present a view of the Central Coast Area Health Service which is consistent with my understanding of its operations.

In my opinion, within the confines of the cash basis of accounting described in Note 1, the financial statements consisting of:

- the General Fund Operating Statements and Balance Sheet;
- the Combined Funds Statement;
- the Special Purposes and Trust Fund Operating Statement and Balance Sheets;
- the Patient and Staffing Statistics; and
- the Notes to the Financial Statements;

- (i) comply with the provisions of the Public Hospitals Act 1929 and the Regulations thereunder;
- (ii) are in accordance with the accounts and records of the Central Coast Area Health Service and the Statements of Accounting Concepts and Accounting Standards, where applicable; and
- (iii) are consistent with my understanding of the financial operations of the Central Coast Area Health Service.

Also in my opinion:

- (i) the requirements of the Commonwealth Government in respect to the provision of free hospital treatment as far as they affect the financial statements have been observed; and
- (ii) the requirements of the Department of Health NSW relating to the accounts and audit of public hospitals have been observed.

K.T.FENNELL BA FCPA  
DEPUTY AUDITOR-GENERAL

SYDNEY

14 October 1991

## Record of Patients and Diseases

Condition	No. of admissions for:*	
	July 1989 to June 1990	July 1990 to June 1991
<b>1. Respiratory</b>		
Chronic Obstructive Airways Disease	911	935
Childhood Asthma	513	996
Adult Asthma	476	759
Bronchitis	289	291
Pneumonia	597	654
<b>2. Cancers</b>		
Cancer of the Breast	96	111
Cancer of the Lung	162	250
Cancer of the Prostate	143	166
Cancer of the Brain	29	33
Cancer of Uterus ( <i>including cervix &amp; ovary</i> )	28	64
Leukaemia	91	85
Lymphoma	103	136
Myeloma	50	59
<b>3. Cardiac</b>		
Acute Myocardial Infarction	671	767
Congestive Cardiac Failure	589	713
Left Ventricular Failure	671	705
Arrhythmias	984	1162
Angina	848	1011
Chest Pain	635	765
<b>4. Infectious Diseases</b>		
Acquired Immunodeficiency Syndrome (AIDS)	4	8
Hepatitis	26	48
Methicillin-resistant Staphylococcus Aureus (MRSA)	122	173
<b>5. Gastrointestinal</b>		
Stomach Ulcers	292	268
Duodenal Ulcers	178	203
Other Ulcers	216	330
Diverticular Disease	324	381
Gallstones	391	488
Gastroenteritis	454	646
<b>6. Injuries</b>		
Fractures	1713	1796
Lacerations	790	824
Burns	65	72
Motor Vehicle Accidents	522	451
Suicide Attempts by Overdose	67	112
Other Overdoses ( <i>accidental</i> )	528	624
Skateboard accidents	34	32
Roller-skate accidents	16	15
Accidents while skiing ( <i>snow</i> )	2	3
Accidents involving Early Childhood Conveyance	1	1
Accident involving wheelchair	5	2
Accident involving Surfcraft	12	16
Fall from Play Equipment	62	82
Fall from Cliff	2	4
Fall from Chair or Bed	118	117
Fall from Tree	16	23
Fall from Trampoline	19	12
Combat Sport Accident	3	6
Rugby Football Accident	89	89



Other Football Accident	31	49
Hockey Accident	2	1
Squash Accident	6	8
Basketball and similar Accidents	18	11
Cricket and similar Accidents	17	12
Gymnastics Accidents	1	4
<b>7. Other Conditions</b>		
Cerebrovascular Accidents	426	479
Chronic Renal Failure	201	190
Benign Prostatic Hypertrophy	353	403
Osteoarthritis	173	299
Incomplete Miscarriages	234	210
Ectopic Pregnancies	48	42
Other Miscarriages	84	80
<b>8. General Procedures</b>		
Fracture Reductions	938	932
Joint Replacements	182	225
Transurethral Prostatectomies	176	186
Mastectomies	30	38
Dilation and Curettages ( <i>D&amp;C</i> )	868	812
Sterilisations — male	28	30
Sterilisations — female	172	149
Circumcisions	187	143
Routine Renal Dialysis	2692	2500
<b>9. Maternity Procedures</b>		
Lower Segment Caesarean Sections	376	340
Inductions	1192	1050
Forceps Deliveries	474	399
Breech Deliveries	67	64

\* Only patients admitted (more than 4 hours stay) are included.

## Volunteers

Again, sincere thanks to our marvellous volunteers, the work that you do and the equipment that you buy benefits patients, clients and staff and is greatly appreciated.

If anyone would like to join the group of people we would be happy to provide you with details and find an area that would suit you. Please ring Dorothy Livingstone at Gosford Hospital on 20 3221 for details on volunteer's jobs that are available, or for contact numbers for the various hospital auxiliaries on the coast.

## Hospital Auxiliary Office Bearers 1990-91

### A-Riding Co-ordinating

#### Committee

President: Mrs M. Smedley  
Secretary: Mrs N. Hadden  
Treasurer: Mrs N. Hadden

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President: Mrs G. Morgan  
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#### The Entrance/Long Jetty

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Secretary: Miss E. Jones

#### Wyong

President: Mrs P. Moloney  
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Phil Preston *Has been an Ourimbah Auxiliary member for over 40 years*