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Central Coast Area Health Services

Central Coast Health



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93-94

A N N U A L R E P O R T

Caring for the Coast

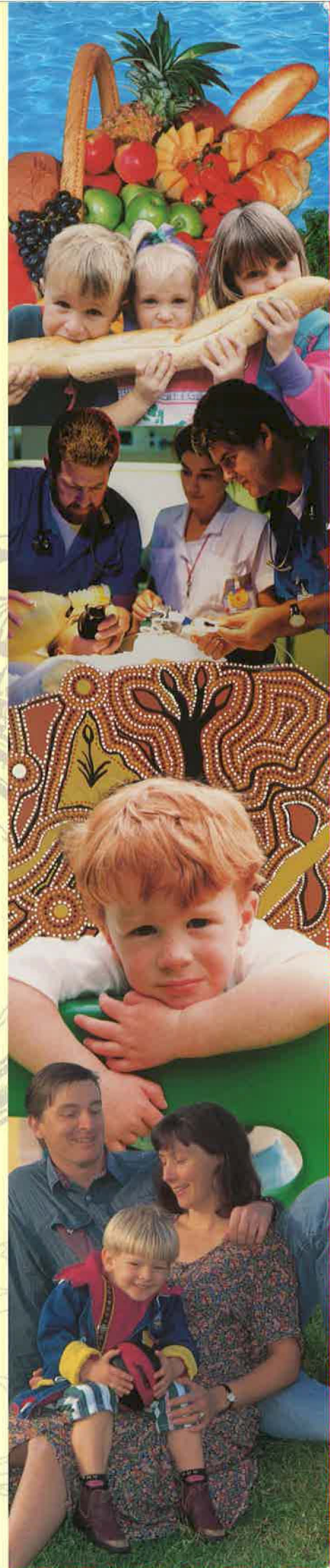
**CARING FOR THE COAST
CONTINUOUS QUALITY IMPROVEMENT**

**NOT
FOR
LOAN**

CENTRAL COAST
HEALTH

Librarian
&
Office

Annual
Report
1993-94



Cover art has been designed to incorporate the wide range of services already enhanced by the continuous quality improvement philosophy of the Central Coast Area Health Service.

Aboriginal art used with permission of Priscilla Goolagong (staff member).



Central Coast Area Health Service

50-94

THROUGH CARING FOR THE COAST
CONTINUOUS QUALITY IMPROVEMENT >

ANNUAL REPORT

Caring for the Coast

"The quality journey the Central Coast Area Health Service has embarked on has had many successes over the past year. All have been focused on meeting our patients', clients' and customers' needs. In this the 50th Annual Report, we have attempted to highlight our staff's commitment to quality service. As any organisation is only as effective as its staff, we at the Central Coast Area Health Service, are most fortunate in having a staff committed to improving our quality of service."

D.W. George, Chairman of the Board.



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CHARTER, MISSION, GOALS & VALUES

MISSION

To enhance the quality of life of the Central Coast community by improving their health status.

CHARTER

The Area Health Services Act 1986 defines the objectives of the Area Health Service as:

- ◆ To promote, protect and maintain public health and for that purpose to provide health services for the residents of its area.
- ◆ To achieve and maintain adequate standards of patient care and services.
- ◆ To adopt and implement all necessary measures (including systems of planning, management and quality control) as will best ensure the efficient and economic operation and use of resources in the provision of health services.
- ◆ To provide for the effective co-ordination of the planning, provision and evaluation of health services including services provided by the public and voluntary sectors.
- ◆ To establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services.

PRIMARY GOALS

MANAGEMENT

To manage resources effectively and efficiently, balancing and co-ordinating hospital and community services.

SERVICE DEVELOPMENT

To develop and ensure access to the range of services required to meet community needs.

PLANNING AND EVALUATION

To link planning and evaluation with service enhancement and monitoring of outcomes.

CULTURE

To engender a customer-focused culture concerned with delivering high quality services and valuing individual contributions.

COMMUNICATION

To establish improved communication channels, which facilitate communication, needs identification, provision of feedback and service promotion.

VALUES

EQUITY OF ACCESS

- ◆ We believe health care should be available to all.

CARING FOR EACH OTHER

- ◆ The care we provide for patients, clients and staff is based upon respect and concern for their wellbeing and, while acknowledging their rights, also takes into account their responsibilities.

WORKING TOGETHER

- ◆ Co-operation, teamwork and mutual understanding are cornerstones for working with each other and with the community.

VALUE FOR MONEY

- ◆ Value means to us:
 - high standards of care
 - appropriate and effective services
 - efficient use of resources
 - being accountable for what we do

RESPONSIVE TO CHANGING NEEDS

- ◆ We will respond to changing health needs by developing staff skills, enhancing services, introducing new techniques and technology, maintaining a balance of treatment and preventive services.

*"... just to see them
being able to move
around freely in the pool,
without the pain they
would normally be
experiencing, and to see
the improvement in their
mobility, really makes our
job worthwhile..."*



**CARING FOR THE COAST
THROUGH IMPROVED THERAPY FACILITIES > HYDROTHERAPY POOL FOR WYONG HOSPITAL**

NSW Health Minister, The Hon. Ron Phillips, M.P., opened the new hydrotherapy pool at Wyong Hospital in May 1994. More than \$350,000 was raised by the Wyong Hospital Auxiliary and the community to complete the project.

The hydrotherapy pool will now offer a greatly improved service for the people of Wyong and surrounds, who would have had to travel to Gosford or Newcastle for treatment.

COMMUNITY SERVED

The Central Coast has been served by an integrated Area Health Service under a single Board of Directors since 1976, when the area was selected by the then Minister for Health as a pilot site to improve the planning, coordination and integration of health services in NSW. Eventually, NSW was similarly organised into 23 Area Health Services under the Area Health Services Act, 1986. The principal objective set out in the Act is the promotion, protection and maintenance of the health of the communities served by each Area. Despite various changes within the NSW's organisation of health areas, the Central Coast has maintained its geographical definition and benefitted from 18 years of a continuous identity and focus.

The Central Coast Area Health Service comprises integration of treatment and care, prevention and education services providing a continuum of health services in a variety of physical settings. These services are provided through our four hospital sites and seven community health sector facilities.

The geographical area served by the Central Coast Area Health Service is comprised of the Local Government areas of Gosford and Wyong and is located between the Northern Sydney Area and the Hunter Area. It is bounded by the Hawkesbury River in the South and Lake Macquarie in the north and covers an area of 1844 sq. kms. The area is approximately 50 kms long and 40 kms wide with the majority of the population located within 15 kms of the coast. The most distinctive physical features of the

area are the waterways of Brisbane Water and Tuggerah Lakes and the agricultural hinterland of Mangrove Mountain and Kulnura.

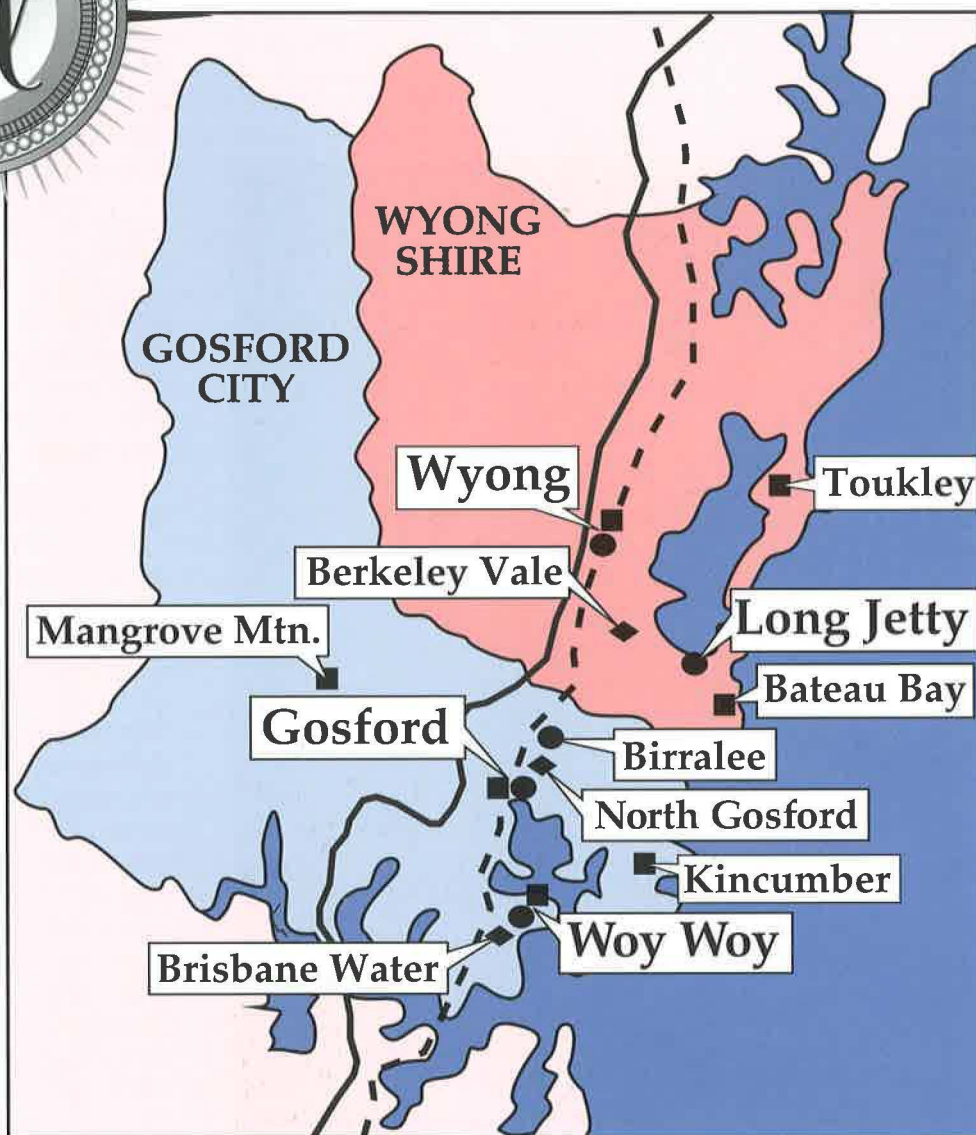
The Area has a total of 723 public hospital beds serving a population of approximately 250,000; 466 of these beds are located at Gosford Hospital. The Area is managed as an integrated service so that both staff and patients may move between facilities according to clinical and service needs.

The Community Health sectors provide clinical and ambulatory health care to the community as well as health promotional information, assistance, and activities. They work closely with the hospital based services in an attempt to provide seamless health care efficiently and effectively.

The Central Coast is a rapidly growing area with an expected population of 308,500 by the year 2001. The area is also rapidly developing as a major urban and industrial centre connected to Sydney by freeway (approx. 1 hours drive), with a community profile reflecting growing socio-economic needs.

Caring for the Coast

CENTRAL COAST AREA HEALTH SERVICE MAP



KEY	● Public Hospitals	— Freeway
	◆ Private Hospitals	- - Railway
	■ Community Health Centres	

PROMOTIONS, KEY EVENTS & ACHIEVEMENTS

The opening of the new Children's Ward in September 1993 was significantly enhanced by the generosity of the people and business houses of the Central Coast community. This followed the successful development and co-ordination of the Area's first direct mail fund-raising program which raised over \$275,000 - exceeding the initial target of \$100,000 by 175%. These funds supplemented NSW Health Department funding of \$1.4M,

enabling the refurbishment of the unit and the purchase of much needed equipment.

The outstanding success of the appeal was recognised by the Fund-raising Institute of Australia in awarding the Area's Public Relations & Marketing Department its 1994 National Award of Excellence for Donor Development and Fund-raising. Prior to the official opening of the ward, donors were invited to a Gala Open Day and tour of the new facilities and more than 1,200 people attended.

The Area's second major fund-raising project, launched in June 1994 is the Critical Care Appeal, which will benefit Gosford Hospital Intensive Care Unit, including neo-natal care, the Renal Unit, Cardiac Units, Diagnostic Cardiology plus the Emergency Departments at Gosford and Wyong Hospitals and Outpatients services at Woy Woy and Long Jetty Hospitals. At 30th June 1994, the Critical Care Appeal had raised over \$67,000.

In conjunction with the Critical Care Appeal, the community were informed of the operation of the Emergency Department in order to better orient them to the role of our acute care services. Enclosed with the direct mail material was a Critical Care Card which was designed to fit into a wallet or purse as a handy reference to emergency services and hospital phone numbers. On the inside of the card, space was available to list vital patient information and medical details to assist emergency departments in accessing acute care information, including special medical problems such as epilepsy, diabetes, allergies etc. This Critical Care Card and emergency department information was distributed to over 100,000 households on the Central Coast.



"The community response to the appeal was staggering. It's just so encouraging to know that we have so much support for the work we're doing."

KEY EVENTS 1993/94

- Implementation of campaign targeting under 18 illegal supply of cigarettes with the co-operation of retail outlets, Police, Schools, parents, and Local Councils.
- "Riding The Tiger" campaign launched to facilitate "manageable" adolescent risk taking. Combined with the "Drink, Drunk" Department of Health campaign.
- Domestic Violence media campaign launched targeting non-perpetrating men to be responsible for action against domestic violence.
- 90% level reached for all Central Coast Government primary schools adopting policies based on Cancer Council guidelines.
- CCAHS "SUNRAZE" Sun Protection policies adopted in senior level Central Coast Surf Lifesaving Clubs, plus at national level and in 250 Northern Territory Schools.
- Achieved over 40% restaurants on the Central Coast offering smoke free areas.
- Achieved all Central Coast Fitness Centres as "Smoke Free".
- One third of Central Coast high school canteens adopted a nutrition policy.
- Eucalyptus oil poisonings on the Central Coast halved.
- Launch of "Playing it Safe", a video and booklet for schools and pre-schools to promote safer playgrounds.
- Appointment of Divisional Medical Managers.
- Visiting Medical Officer Quinquennial Appointments negotiated.
- Accreditation received for Area Health Service.
- Appointment of VMO Orthopaedic Surgeon for Wyong Hospital.
- Appointment of Staff Specialist/Divisional Medical Manager of Obstetrics & Gynaecology.
- Appointment of VMO Neurophysiology Clinic.
- The first Aboriginal Health Liaison Officer for the Area was appointed.
- Teaching Hospital Affiliation Agreement signed with Newcastle University.
- Acceptance of CCAHS as pilot site for Human Resource Information System.
- Enterprise Agreements reached with staff covered by the Nurses Award, Hospital Secretaries Award and H.R.E.A. covered Awards.
- Members of Hospital Secretaries group negotiated Enterprise Agreement through a Workplace Committee and agreed on five year performance based contracts. A first in the State.
- Courtesy Bus established for Gosford Hospital Campus.
- Mental Health Co-ordinating Council endorsed with a Board Member to participate on the Council.
- Critical Care Appeal successfully launched.
- Children's Ward Appeal fund-raising target exceeded by 175%.
- Gosford Helipad officially opened.
- Wyong Stage IIA officially opened including the new Hydrotherapy Pool.
- New Children's Ward officially opened at Gosford Hospital.
- The Customer Focus Video "The First Time - An Introduction to Elective Surgery" launched by Director General N.S.W. Health, Mr John Wyn Owen.
- Corporate Plan for the Area completed.
- CCAHS received the National Award of Excellence from the Fund-raising Institute of Australia for the Children's Ward Appeal.
- Customer Focus Committee established to liaise with key community members and co-ordinate Area initiatives in customer service.
- Management rotation for senior administrative staff introduced.
- Cerner Laboratory Solution successfully implemented.
- Outstanding contribution by the Area Health Service staff in the January bushfire disasters.
- Presentation of long service certificates to 129 staff representing 1,765 years of service.
- Recruitment of 35 trainees under the Commonwealth Job Skills and Australian Traineeship Scheme to assist the long term unemployed.

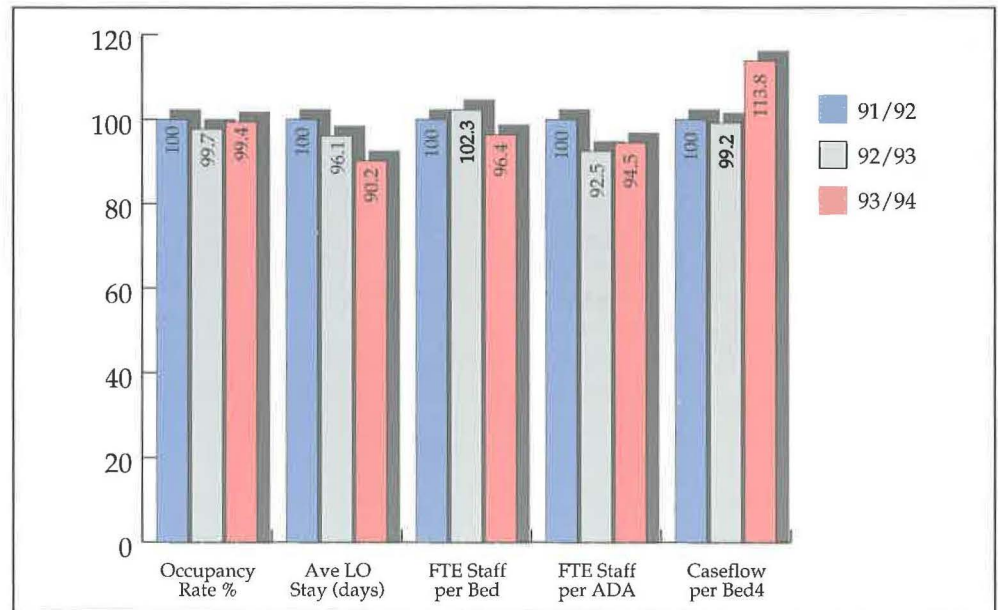
PERFORMANCE & HEALTH STATUS INDICATORS

KEY PERFORMANCE INDICATORS

	1993/94	1992/93	1991/92
ACUTE GENERAL HOSPITALS			
Admissions	48,235	40,393	34,565
Average Length of Stay (days)	4.6	4.9	5.1
Number of Operations	15,506	14,492	11,604
Number of Births	2,579	2,510	2,337
Total Bed Days	222,235	196,968	175,709
Bed Occupancy Rate (%)	86.6	85.1	87.1
Day Only Admissions	16,251	13,060	10,601
ALL SERVICES			
Non-Inpatient Occasions of Service	655,970	518,537	543,864
Daily Average of Inpatients	608.9	539.6	480.1
Adjusted Daily Average (ADA) ²	931.8	823.6	775.0
Staff Employed June 30 (FTE)	2,552.2	2,308.6	2,005.5
Gross Operating Payments (\$M) ³	127.1*	121.8	99.1
FTE Staff per ADA	2.74	2.80	2.59
Operating Cost per ADA (\$)	427.56	405.27	349.55

*Accrual adjusted to Cash to enable comparison with previous year.

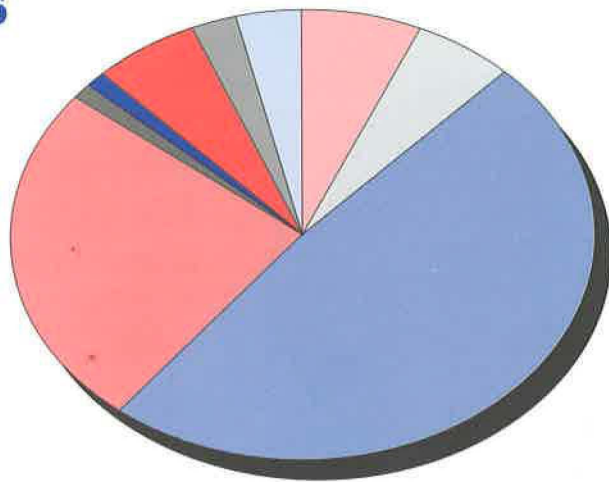
TRENDS IN PROGRAMS - KEY PERFORMANCE INDICATORS (1991/1992 = 100)



NOTES:

- Adjusted Daily Average adds the daily average of inpatients to the number of non-inpatient occasions of service weighted to a notional inpatient bed day workload.
- Gross Operating Payments exclude credits for managed fund rebates in all years. 1991/92 was calculated on a cash basis whereas 1992/93 and 1993/94 was calculated on an accrual accounting basis.
- Caseflow rate is a measure of patient throughput per available bed.

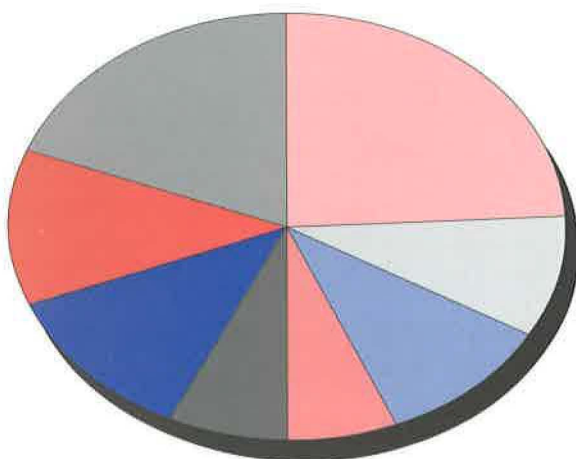
**PERFORMANCE &
HEALTH STATUS
INDICATORS**
CONTINUED



ADMISSIONS BY SPECIALTY

- Obstetrics 6.8%
- Neonates 5.5%
- Medical 48.7%
- Surgical 25.0%
- Acute Psychiatric 1.0%
- Rehabilitation 1.2%
- Paediatrics 5.8%
- Critical Care 2.3%
- Other 3.6%

SUMMARY OF NON-INPATIENT OCCASIONS OF SERVICE



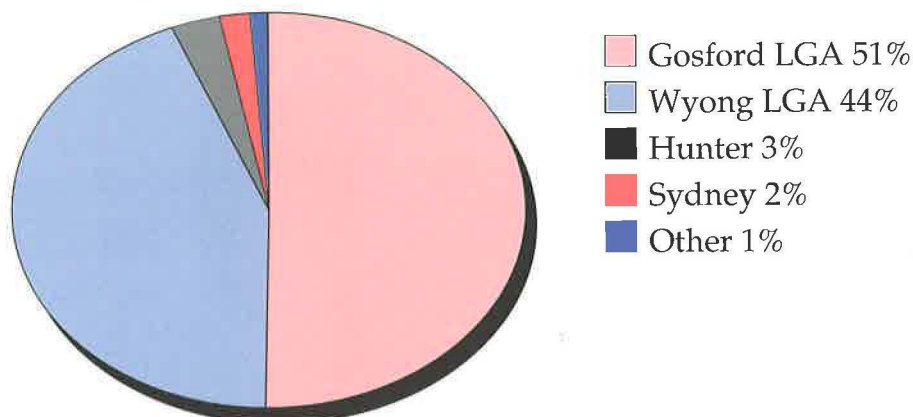
- Community Nursing 24.2%
- Paediatrics & Child & Family Health 9.4%
- Emergency Department 10.2%
- Diagnostic Services 6.4%
- Mental Health 6.8%
- Dental 11.9%
- Outpatients Clinics 12.1%
- Community & Other 19.0%

ACUTE HOSPITAL CATCHMENT JUNE - DECEMBER 1993

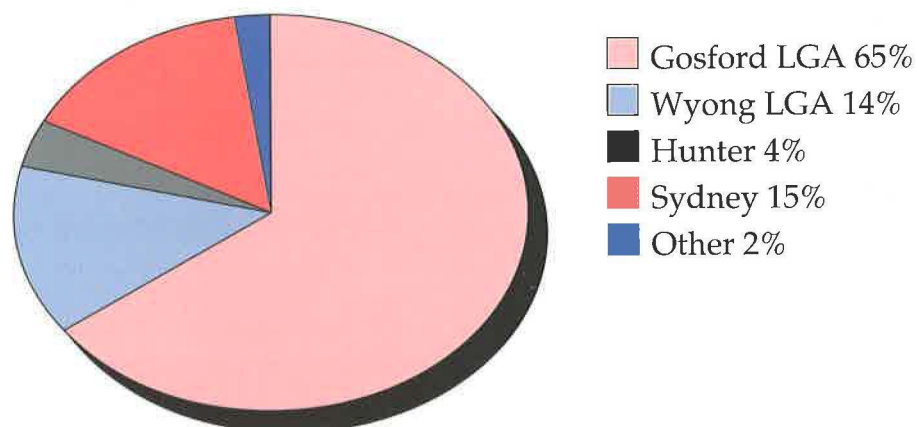
PERFORMANCE & HEALTH STATUS INDICATORS

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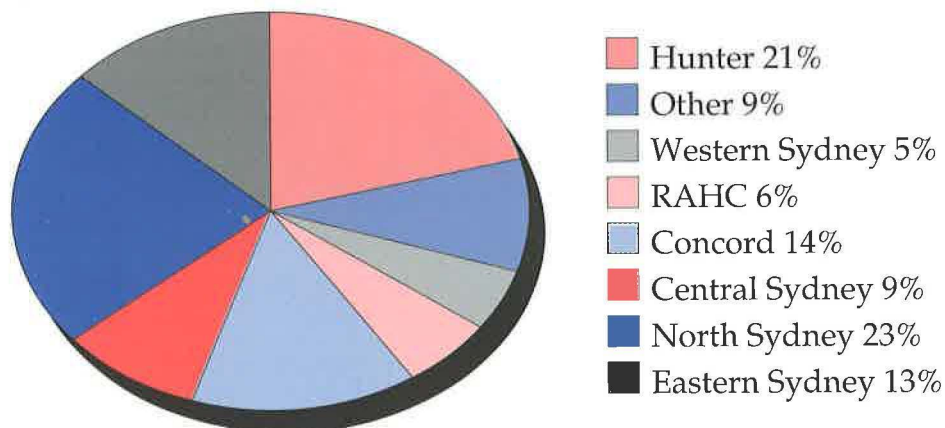
Where do patients of Central Coast hospitals come from?



Where do residents of the Central Coast go for treatment?



PUBLIC HOSPITAL SECONDARY OUTFLOWS ADMISSIONS OF CENTRAL COAST RESIDENTS - 1992/1993



MORTALITY

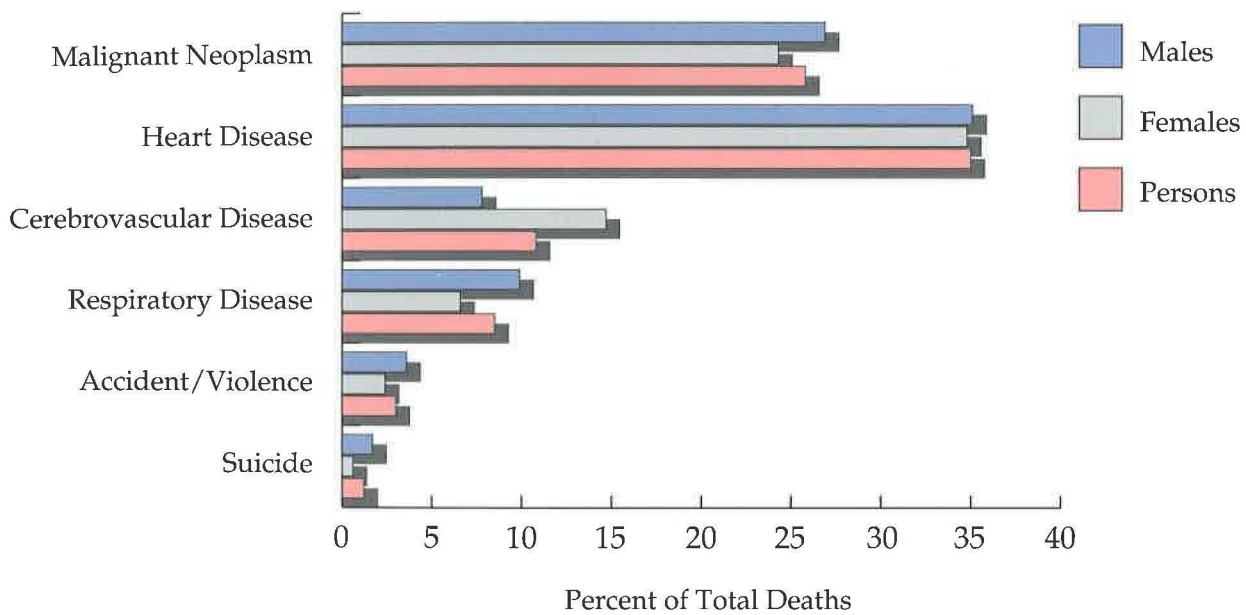
Mortality on the Central Coast is as expected for the age profile of the Area compared to NSW.

For males, mortality is 1.7% higher than expected, while female mortality is 3.6% lower. The overall standardised mortality ratio at 99.3 compares favourable to the State average of 100.0. However, when premature deaths are examined, the standardised mortality ratio (SMR) of 105.8 is 5.8% higher than the NSW average.

LEADING CAUSES OF DEATH

Data relating to the period 1987-1989 show that the six most common causes of death accounted for 84% of all deaths on the Central Coast.

LEADING CAUSES OF DEATH – CCAHS 1987-1989



Heart Disease accounted for 35% of all deaths in both males and females. Malignant Neoplasms were responsible for 27% of deaths in males and 24% of deaths in females. During 1988-1990, significantly higher age-standardised incidence rates were reported for melanoma in both males and females, prostatic cancer, and cancer of all sites combined.

Malignant neoplasm (SMR 107 in males, 105 in females) is one of the most preventable causes of premature death of residents of the Central Coast. However, given its long lead time and that most of the damage may have occurred in early childhood, preventative activities are directed to early detection.

CHAIRMAN'S REPORT



Professor Donald George

This year marks several milestones in the history of health on the Central Coast. Apart from this being the 50th Annual Report of the Central Coast Area Health Service (and its predecessor bodies), the Gosford Hospital Auxiliary also celebrates its 50th anniversary whilst the Pink Ladies mark 25 years of service. It is a time for reflection indeed on how much has changed and been accomplished over these years to make available improved health facilities but even more to recognise the people who have made it possible and to thank them for all their dedicated work. As we have been reminded by media coverage, 50 years ago saw the Normandy landings and 25 years ago a man on the moon - memorable events in the lifetimes of many of us.

But the point of looking backwards is primarily to provide a launching pad for the next 25 or 50 years of growth and response to ever expanding health needs. In 1991 the Area released its first Corporate Plan at a time when the new units at Gosford and Wyong Hospitals were still unopened. This year the second Corporate Plan has been developed by the Area Planning Committee and released by the Board for comment. It sets out the medium term priorities and strategies that the Area Health Service should adopt if it is to meet its Mission, of improving the quality of life of people on the Central Coast through delivery of responsive highly skilled and integrated health services, making best use of all resources.

Crystal ball-gazing is of course a somewhat hazardous activity and even short term planning has many uncertainties. For example, population predictions for the Central Coast for as shortly ahead as 2001 are a matter of dispute, with State planning figures being significantly lowered from 329,600 to 303,600 and recently again to 278,500. We have disputed these predictions (a view shared by Wyong Shire Council

where most of the growth is going to occur) but the concern is that such figures have an input on planning processes and financial allocations. When underestimated, as occurred previously, they disadvantage populations as the necessary health services are not available in time.

Factors other than finance though can limit the expansion of services and it is a disappointment to all concerned that the planned opening of Wyong Hospital's maternity delivery ward in October this year has been set back again. A review of all Central Coast obstetric services was commissioned from Professor Walters of Newcastle Medical School and received in December, 1993. Although suggesting that the clinical need for Wyong Obstetrics had not been demonstrated, and that the issue should be reviewed in five years' time, the Report did include recommendations for the staffing needs for optimal safety for mothers and babies, and these are the ones the Board has insisted be met for an earlier opening. The ongoing difficulty in recruiting anaesthetists (statewide) is a matter of considerable concern to the Board.

Fortunately it is possible to report much more favourable outcomes in most other areas of activity during the 12 months and some of these are listed in the C.E.O.'s Report. An event of particular pleasure was the signing of an agreement on 11 April 1994 with Newcastle University for Gosford Hospital to become a teaching hospital of the University's Medical School. The first appointment will be that of an Assistant Clinical Dean but over some years a range of joint appointments can be anticipated which will enhance the status of the Hospital and increase the all important research leading to improved health outcomes. On a personal note, this is a most satisfying conclusion to an association starting in 1975 when the Newcastle Medical School was first inaugurated. We also

"... it is a pleasure to acknowledge the outstanding contributions of so many different people, both staff and volunteers, without whom so little could be accomplished."

have strong links to the University's teaching and research through Miss Carter-Brown's ongoing membership on the Faculty of Nursing Board, and Dr R. Kennedy's membership on the Faculty of Medicine Board.

Little could be accomplished without the whole-hearted support of the Minister for Health and the Department under his control. During the year we had the pleasure of two visits by the Hon Ron Phillips, MP, once to open the Children's Ward on 23 September 1993, and again on 28 April 1994 for the purpose of opening Stage 11A at Wyong and the Gosford Helipad. On 20 May 1994 the new Director-General of Health, Mr John Wyn Owen made his first visit to the Central Coast to meet staff and view the facilities. We appreciate greatly such personal contact and record the Area's gratitude for the sympathetic consideration given to the health needs of our growing community.

In conclusion it is a pleasure to acknowledge the outstanding contributions of so many different people, both staff and volunteers, without whom so little could be accomplished. We are very proud of the high esteem in which they are held. Very warm relations have continued with the Medical Boards

and our local members of Parliament. Both have continued their keen interest in health matters and willingness to assist wherever possible. A special mention must be made of the contributions of the Chief Executive Officer, Mr Graham McGuinness and his Area Executive. The number of initiatives which have been launched and enthusiastically supported by staff at all levels is quite remarkable.

To my fellow Directors I can only say thank you for your time freely given and generous support of the Chair.

D.W. George,
Chairman, Board of Directors.



Back row (L to R): Barry Margin, Les Graham (Treasurer), Laurie Flynn, Barry Fullerton, Graham McGuinness (CEO). Front row (L to R): Mervyn Mote, Teresa Findlay-Barnes, Donald George, Janet Wakefield (Staff Representative). Inset (top): David Darnell. Inset (bottom): Alistair Watt.

CHIEF EXECUTIVE OFFICER'S REPORT

It is my pleasure to report on 1993/94 as yet another year of significant challenge and achievement and one on which the Area Health Service can reflect with considerable pride and satisfaction.

Whilst the scope of achievement will become evident through the reading of our Annual Report it is my difficult task to highlight some of the more significant events and, in so doing, record my appreciation to all who contributed to this very successful year.

Certainly, our continued program of service and facility enhancement would be prominent in most people's minds and some of the more notable highlights included:-

- the opening of our magnificent new children's ward,
- the new helipad at Gosford Hospital,
- the community supported hydrotherapy pool at Wyong Hospital,
- a new medical records department, nutrition department and training facility at Wyong,
- new outpatient clinics for both Gosford and Wyong Hospitals, and refurbishment of Medical Ward 1 at Gosford Hospital.

It is also important to report that, as a consequence of the relocation of our new children's ward, work commenced on the refurbishment of all of the medical wards at Gosford Hospital. It is planned that this work will conclude in June, 1995 by which time all of our medical wards will be of a standard befitting the expectation of our patients.

Concurrent with the construction of our new children's ward the Area embarked upon its first formal fund-raising appeal which proved to be an outstanding success. Indeed more than \$275,000 was raised which not only ensured the ward received the best of furnishings and equipment but

allowed for the establishment of a trust fund from which the future needs of the ward can be met.

It is appropriate that I also record the Area's appreciation of the marvellous efforts of our staff throughout the devastating January bushfires. The Area played a major role in terms of accommodating both nursing home residents and families evacuated due to the fires and in the care and support of fire-fighters and victims. Whilst the Government formally acknowledged our invaluable role, I would again wish to commend all of our staff who gave so willingly of their time and support throughout those difficult days.

The Minister's high priority to improving "Customer Focus" within the public health sector was equally matched by the Area's enthusiastic commitment to a wide range of innovative strategies. From the proclaiming of our facilities as Frown Free Zones, complemented by our now famous "smiley" badges, to the production of our "Introduction to Elective Surgery" video and the introduction of our free courtesy bus to service the busy Gosford Hospital campus, the Area can rightfully lay claim to be leading the State in this most important challenge.

Essentially "Customer Focus" is all about listening to our customers, be they patients or staff, and responding to their needs. In so doing the Area can and will lay the foundation for a more responsive quality service which must surely be our prime objective.

Another of our major accomplishments was the successful negotiation of new five year contracts for our Visiting Medical Staff. This followed a period of some unrest as a consequence of the Hungerford Decision and the important role of Dr Damien Dwyer, former Chairman of the Medical Council, in bringing the matter to a successful resolution should be acknowledged.

At the same time the Area was delighted to have secured the appointments of Dr Terry Vandeleur, Dr John Erikson and Dr Simon Roger as Medical Managers of the Clinical Divisions. I believe this has heralded in a new era of co-operation between the Visiting Medical Staff and the Area Health Service in terms of decision making and policy setting and it is the Area's firm desire to further develop and foster this relationship.

Staff specialist appointments as Divisional Medical Managers were Dr

May I conclude by recording my special thanks to Professor Don George, our Chairman for his invaluable support and guidance throughout the year and to his fellow Directors for their contribution and assistance.

As regards the staff of the Area Health Service, my fellow members of the Area Executive and our Visiting Medical Staff, I can only say thank you for your outstanding support and enthusiasm throughout the year. It has been a year of many successes and the credit must rest entirely with our staff whom I am proud to serve.

Graham McGuinness
Chief Executive Officer

The Hon. Ron Phillips, M.P. attends the "Bushfire Thankyou".



This was a function put on by the Area Executive to thank staff who assisted in the Bush fire crisis.

John Bardon, Dr Greg McDonald, Dr John Death and Dr Harin Dias.

Despite the busy schedules of all these appointees, they have been very generous in giving their time and commitment to these demanding roles.

The introduction of Enterprise Agreements became a reality and the Area was able to successfully negotiate agreements embracing more than 80% of its staff and further negotiations are continuing with the remainder of the staff. Of particular note was the fact that the Central Coast was the only Area Health Service to successfully negotiate five year performance contracts as a key component of the Agreement covering our Administrative and Hotel Service Managers. This not only reflects favourably upon the managers in terms of the pride and confidence they have in their own abilities but also upon the new work culture that exists within our Area Health Service.

PERFORMANCE AGREEMENT REPORT OF THE CHIEF EXECUTIVE OFFICER (CENTRAL COAST AREA HEALTH SERVICE) FOR 1993/94:

Strategic initiatives -

- ◆ significantly expanded Area-wide continuous quality improvement program;
- ◆ commissioned new and enlarged paediatric ward;
- ◆ initiated major refurbishment program for Gosford Hospital medical wards;
- ◆ implemented wide range of internal and external customer focus initiatives;
- ◆ commenced Area clinical services review.

Management accountabilities -

- ◆ exceeded patient throughput target;
- ◆ three Enterprise Agreements negotiated and approved;
- ◆ achieved favourable budget result;
- ◆ O.H.S Numerical Profile completed for all hospitals.

AREA MEDICAL STAFF EXECUTIVE COUNCIL REPORT



Dr Alistair Watt

Medical Staff Councils have continued to be active at Gosford, Wyong, Long Jetty and Woy Woy Hospitals during 1993/1994.

Our members (Visiting Medical Officers and Staff Specialists) have continued to work hard to meet the demands of the four busy hospitals. We are particularly grateful for the support of the Resident Medical Staff, Nursing Staff and the Allied Health Departments. There is an atmosphere of co-operation throughout our Area Health Service to provide a high standard of health care to our community.

I would like to report on three areas that our Medical Councils have been concerned with this year.

The first relates to the expansion of Wyong Hospital. Visiting Medical Officers have been appointed in the fields of Obstetrics, Orthopaedics, Paediatrics and provisionally in Urology. This enabled increased elective surgery to be performed at Wyong. However, further appointments in Anaesthesia and development of the infrastructure are required before after hours surgery and the safe opening of the Obstetric Unit are possible.

Secondly, a milestone in the progress of Gosford Hospital toward Teaching Hospital Status was reached in April 1994 with the signing of an agreement by the Central Coast Area Health Service Board and the University of Newcastle Medical School. Advertising for candidates for the position of Clinical Dean at Gosford Hospital is in progress. The immediate challenge of the successful appointee is to prepare Gosford Hospital for the influx of students expected in 1995.

Thirdly, the management of Clinical and Support Divisions within the Central Coast Area Health Service by a Triumvirate of Medical, Nursing and Business Managers has now been running with considerable success for

over a year. This has been a challenge for all parties and is requiring the acquisition of new skills. It has required Medical Managers to sacrifice time that was previously spent on clinical work or with their families. This contribution is acknowledged by the Medical Staff Council.

The Medical Staff Council Executive values the willingness of the Board and the Area Executive to listen to our point of view. The people of the Central Coast are fortunate to have an Area Health Service which is managed efficiently by a team which sets such high standards of care, communication and co-operation.

Lastly, I would like to thank my Council Executive colleagues for their support and the many other medical colleagues whose work guides the development of health care on the Central Coast.

Dr Alistair Watt,
Chairman, Area Medical Staff
Executive Council.

BOARD OF DIRECTORS

The Central Coast Area Health Service is administered by the Board of Directors. Members are appointed by the N.S.W. Minister for Health, with one staff representative elected by staff of the Area Health Service.

The Board rely heavily on the Area Executive staff to complete the day-to-day work of running the Area Health Service.

Name	ATTENDANCES 1993/1994	
	Ordinary Board Meetings	Special Board Meetings
Prof. Donald George, BSc, BE, PhD, (Syd); DEng Hon DSC, (New); AO, FTS. (Chairman)	10	3
Mr. Barry Margin (Vice-Chairman)	11	3
Mr. Leslie Graham, HDA (Treasurer)	6	2
Mr. Graham McGuinness BHA, Grad. Dip. PM & IR, AFCHSE CHE	11	3
Mr. Lawrence Flynn, School Teacher	10	3
Mr. Mervyn Mote	4	3
Mr. Barry Fullerton, Dip. Ed., B.Ed.	8	2
Ms. Teresa Findlay-Barnes, Grad. Dip. Soc. Comm.; Churchill Fellowship	7	2
Mrs. Janet Wakefield, RN, NUM.	11	3

The Board's role is to ensure the effective management of the Area Health Service in accordance with the Area Health Services Act (1986). The Act states that an Area Health Board is subject to the control and direction of the Minister, except in relation to the contents of a recommendation or report made by the Board to the Minister. The role of the Board includes making decisions on public relations, management, financial and investment procedures, cash flows, a myriad of decisions concerning service provision and many other matters.

Members of the Board are appointed on an honorary basis, receiving no payment for their services. The Board meets on a monthly basis with the Area Executive, and holds special meetings as needs arise. Individual members of the Board are also involved as chairpersons and/or members of various significant Area committees.

AREA EXECUTIVE

The Area Executive is responsible for Area policies and management strategies and to review the performance of the service as a whole. It is accountable to the Board of Directors.

Composition of the Area Executive is:

Chief Executive Officer

Mr Graham McGuinness BHA,
Grad. Dip. PM & IR, AFCHSE CHE

Deputy Chief Executive Officer

Dr Stephen Christley MB BS (Hons),
Grad. Dip. Paed., Dip (RACOG) Obs.

Area Medical Superintendent

Dr Rod Kennedy MB BS, DPH,
DHA, FRACMA, FAFPHM

Area Director of Nursing Services

Miss Roberta Carter-Brown OAM,
MBA, RGN, RMN, BA, DNA,
FCNA (NSW), FINA (NSW & ACT)

Director of Finance and Budget

Mr Phil Cowdery Cert. Acc.

DESCRIPTION OF FUNCTIONS:

Specific portfolio responsibilities of Area Executive members are outlined in the Area Organisation Chart.

The Chief Executive Officer is appointed by the Governor under the powers of the Area Health Services Act and is responsible for the management of the affairs of the Area Health Service.

The Director of Finance and Budget is responsible for the timely and accurate provision of financial data to the NSW Health Department, the Area Board, Area Executive, and the Divisional directorates; and to ensure that all financial reporting requirements are met.

The Area Medical Superintendent organises and co-ordinates medical services, controls medical recruitment, monitors clinical privileges and provides advice on medical policy to the Board and Area executive. The Area Medical Superintendent is also the Freedom of Information Officer.

The Area Director of Nursing Services provides advice to the Board and Area Executive on matters relating to nursing; is responsible for researching the workforce needs in

nursing and for undertaking reviews of nursing services; and is the Continuous Quality Improvement Co-ordinator.

The Deputy Chief Executive Officer is responsible for Strategic Planning, Health Outcome Analysis, Capital Works and Asset Management; and Business Planning and Performance throughout the Area.

During the year, the Operations Group was formed to support Divisions and Site Managers. Some of the issues addressed are flow of patient transport between sites; utilisation of operating theatres and clinics; co-ordinating after hours activities throughout the area; addressing clinical practice; and education of professional groups.

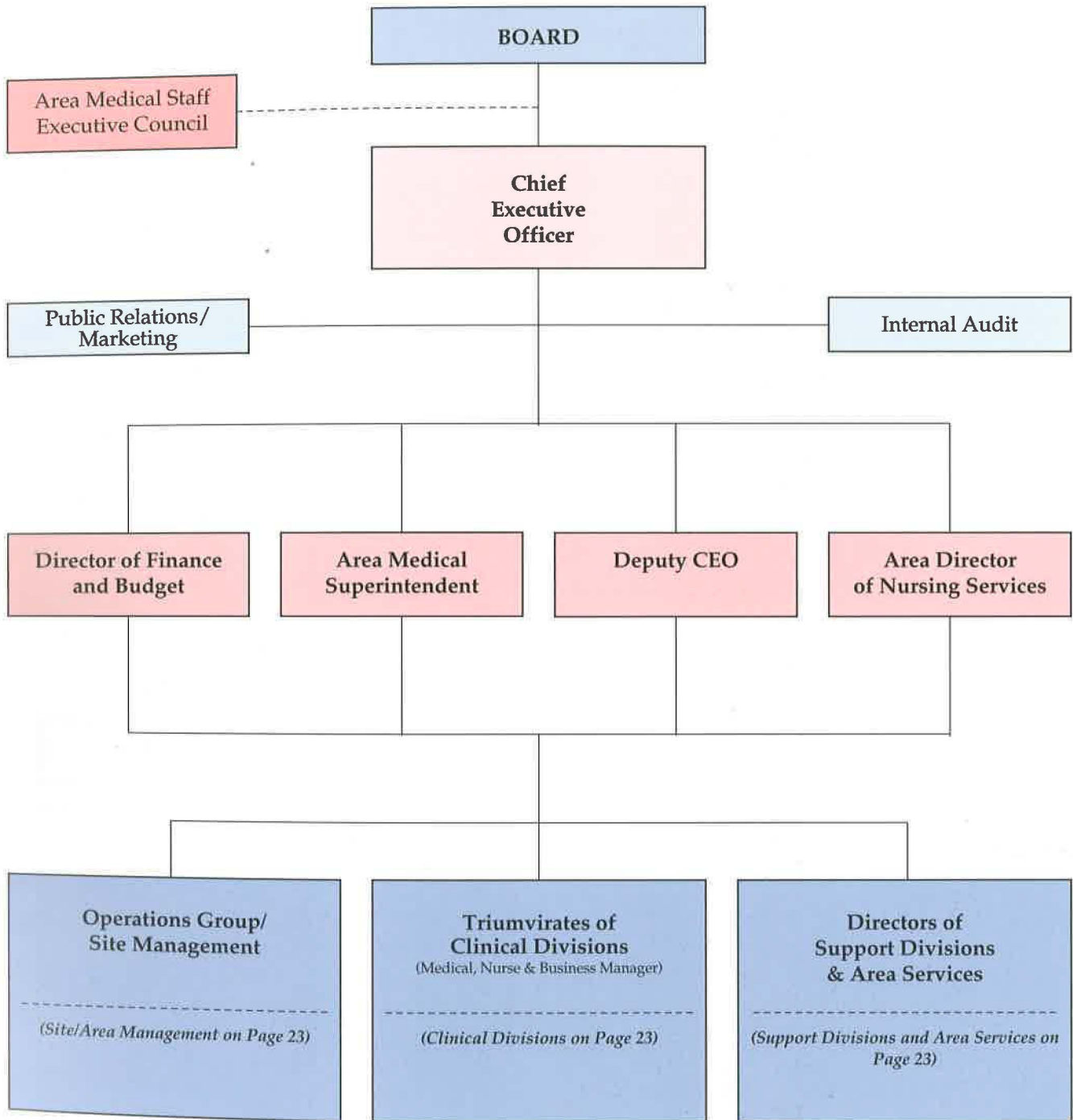
The membership includes the Director of Nursing/Executive Officer of Woy Woy, Director of Nursing/Executive Officer of Long Jetty, Director of Nursing of Wyong, Director of Medical Services of Wyong, Director of Medical Services of Woy Woy/Gosford, Director of Nursing of Gosford, Director of Corporate Services and Co-ordinator of Community Health Services.



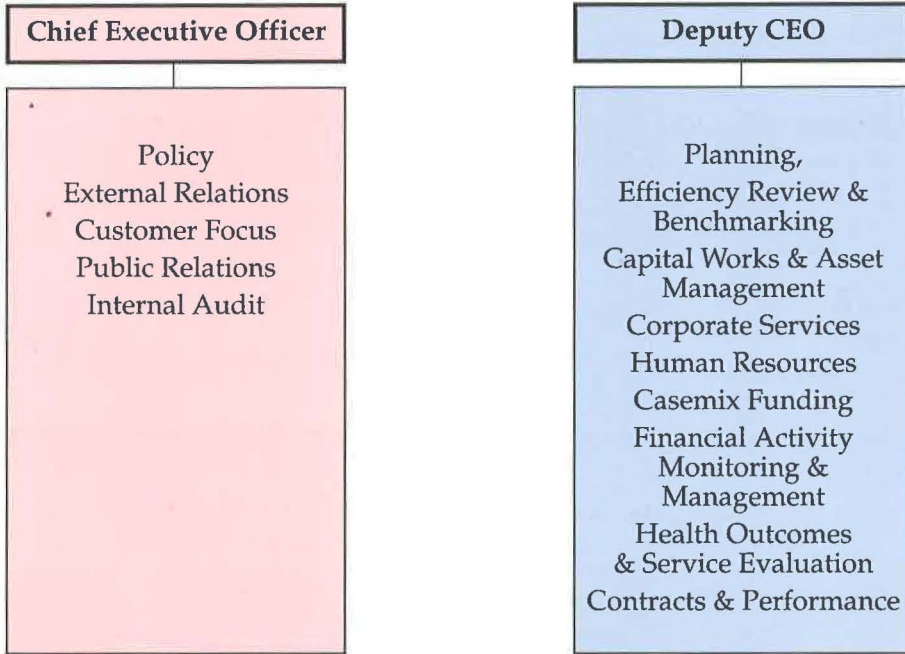
Area Executive (L to R): Stephen Christley, Phil Cowdery, Graham McGuinness, Roberta Carter-Brown, Rod Kennedy

AREA ORGANISATION CHART

ORGANISATIONAL STRUCTURE



**ORGANISATIONAL
STRUCTURE**



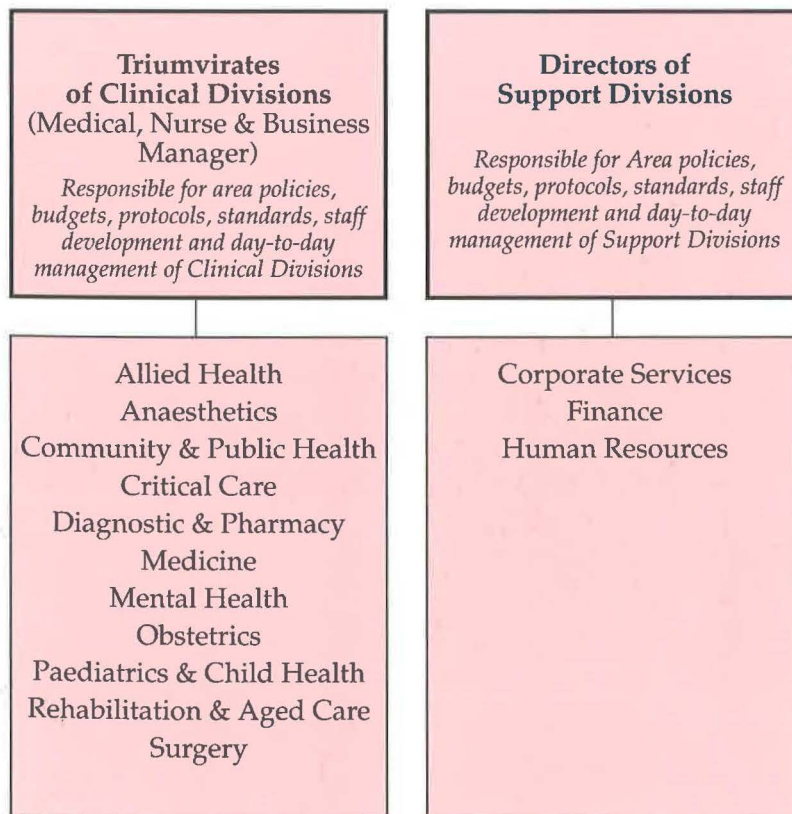
OPERATIONS GROUP/SITE MANAGEMENT

ORGANISATIONAL STRUCTURE

Responsible for co-ordinating and facilitating activities on the site/in the area



CLINICAL AND SUPPORT DIVISIONS



THE DIVISIONAL STRUCTURE

In July 1992, a divisional management structure was implemented throughout the Central Coast Area Health Service. This represented an innovative departure from traditional lines of authority, achieving a "flattening" of the previous management structure that encouraged greater clinician involvement in decision making.

In brief, the management team of each division is responsible to the Area Executive, by way of performance agreement, for:

- Division policy and planning
- Budget Management
- Personnel Management
- Resource Utilisation
- Service provision and development.

The clinical divisions, the major business units of the Area, are managed by a Divisional Medical Manager, a Divisional Nurse Manager, and a Business Manager (forming a triumvirate).

The major thrust of divisional management has been:

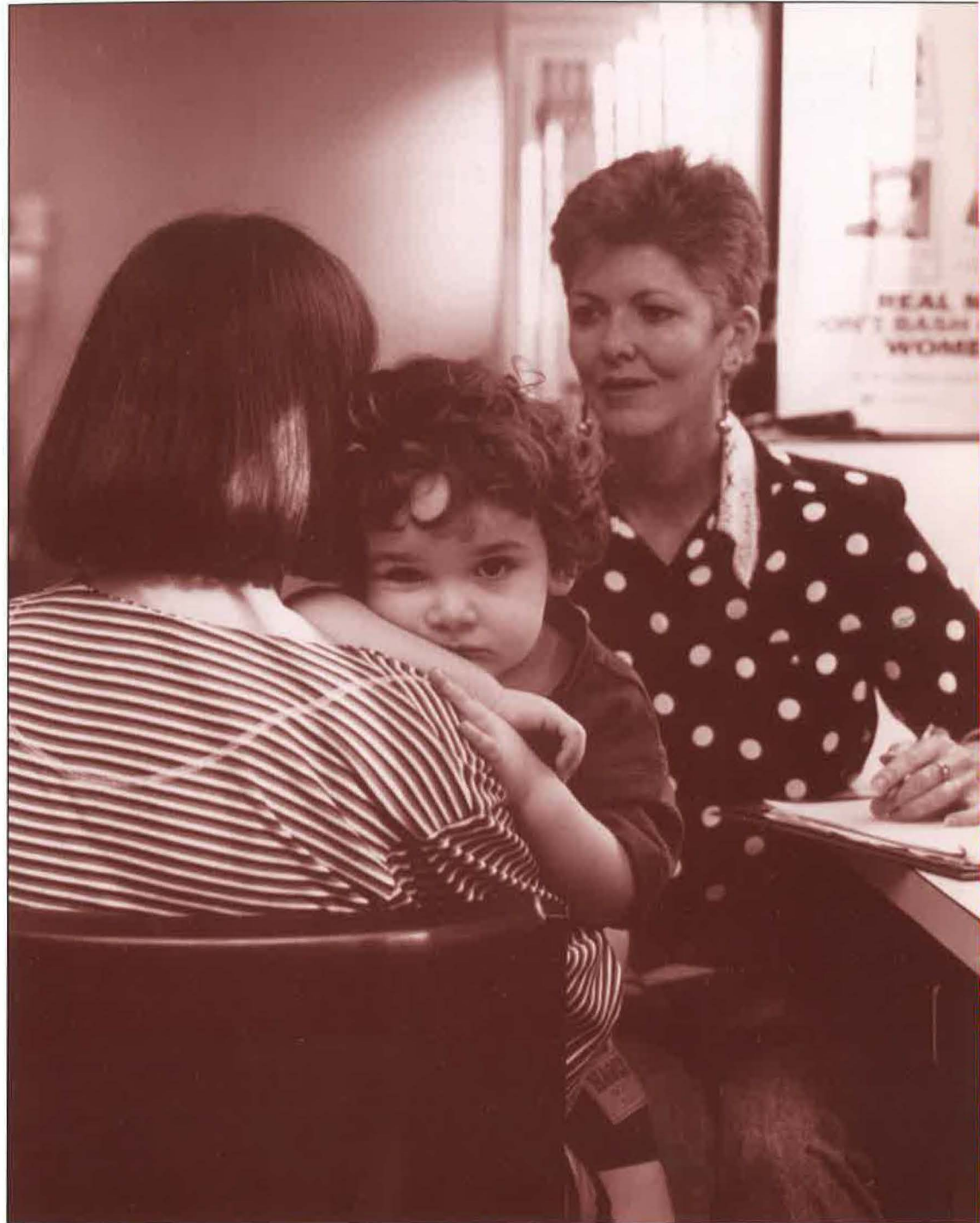
- the introduction of a divisional structure with the respective directorate (or triumvirate in the case of clinical divisions) being accountable to Area Executive;
- the introduction of divisional budgets for which each directorate is totally responsible; and
- the delegation of authority, responsibility or accountability to each division for their operational and financial management.

A key outcome of the management process is the requirement that each division prepares an annual business plan outlining projected activity, staffing and equipment requirements, operational goals, budget needs, performance standards, etc. This plan, submitted to the Area Executive, has formed the basis of performance agreements between the directorates and the Area Executive.

"... glimpses of the in-house production team involved in this year's annual report."



"... sometimes they just don't know where to turn to, so it's important for us to be sensitive to their needs as much as possible and to give them the support we can, to help them get through."



CARING FOR THE COAST THROUGH IMPROVED ACCESS TO INFORMATION > DOMESTIC VIOLENCE EDUCATION SERVICE

The Domestic Violence Coordinator is a new position introduced to provide the Area Health Service with a comprehensive education and referral service to meet the needs of victims of domestic violence and elder abuse.

The immediate aims of the service will be;

- to change staff and community attitudes toward victims of domestic violence, including victims' perceptions of their situation
- to increase access to information and services, including counselling, court support, police services and the courts
- satisfaction with interventions and service delivery

SIGNIFICANT COMMITTEES

BOARD COMMITTEES:

Patient Care Review Committee Chair: Teresa Findlay-Barnes:

- ◆ To monitor and respond to specific complaints from the community.
- ◆ Receives numerous letters of commendation and thanks.
- ◆ Refers complaints for personal response and amelioration/action as appropriate by the relevant department or division. Specific problems which may be highlighted by the committee are

also referred to divisions for ongoing customer focus and/or Continuous Quality Improvement projects.

Complaints are treated seriously and genuine shortfalls in service are readily admitted in responses to the complainant. Complaints are considered as an opportunity to improve the quality of services.

Representatives are from the Board, Area Executive, Medical Staff Council, Medical and Nursing Staff.

Complaints Presented to The Patient Care Review Committee 1993/94

No.	Complaint Category	%
33	Medical staff competency and/or procedures	17%
28	Nursing staff competency and/or procedures	14%
24	Nurses manner, attitude and/or communication	12%
17	Waiting Times	9%
11	Doctors manner, attitude and/or communication	6%
11	Staffing/services inadequate or inappropriate	6%
9	Waiting lists/theatre lists	5%
6	Premature or inappropriate discharge	3%
6	Other staff competency and/or procedures	3%
51	Other Issues	26%
196	Total	100%
	Complimentary Letters Presented to The Patient Care Review Committee 1993/94	447

Finance Committee:

Chair: Les Graham

- ◆ Is responsible for providing advice to the Board on all aspects of financial planning for the Area Health Service including the provision of an Annual Budget.
- ◆ To monitor the financial performance of the Area Health Service.

Representatives are from the Board, Area Executive and Finance Department.

Audit Committee:

Chair: Lawrie Flynn

- ◆ Facilitates a reporting mechanism to the Board of the effectiveness of relevant controls and action taken on Internal and External Auditors' findings.

Representatives from the Board, Area Executive, Finance Department, Internal and External Auditors.

Ethics Committee:

Chair: Professor Donald George

- ◆ Considers and makes recommendations upon research proposals following NHMRC guidelines.
- ◆ Considers ethical issues referred to it.
- ◆ Promotes awareness and education of ethical issues.

Representatives are from the Board, Area Executive, Director of Medical Services, Medical Graduate with research experience, Lawyer, Minister of Religion, and Layperson.

Research

The following research projects were underway or commenced in 1993/94 following approval by the Ethics Committee:

RESEARCH PROJECTS 1993/1994

SIGNIFICANT COMMITTEES CONTINUED

Description	Researcher	Date of Approval
Seclusion use in an acute psychiatric unit and its effect on resolution time of acute episodes. Completed	Andrew Caskin Central Coast Area Health Service	12 February 1992
Case Control Study to Identify Risk Markers for Asthma Morbidity and Mortality. Continuing.	Stephen Leeder Westmead Hospital	9 June 1993
Hospitalisation: A Window of Opportunity in Smoking Cessation. Continuing.	Dr Lyndon Bauer Central Coast Area Health Service	13 October 1993
A Randomised Double Blind Placebo controlled Multi-centre Parallel Group Study of Post-menopausal women with established osteoporosis related vertebral fractures. Completed.	Dr Michael Yeates Central Coast Radiology	9 March 1994
Alcohol Consumption in Sport - An Australian Perspective. Continuing	Christine Edwards, Cheryl Travers, Doug Tutt Central Coast Area Health Service	9 March 1994
A case control study of head injuries and injuries due to falls down stairs in infants 6-12 months of age. Continuing.	Ms Blogg, Dr Jane Elkington Department of Health	9 March 1994
Nurses Responses, Initiatives and Strategies in Regard to Suicide Continuing.	Graham Lane Clinical Nurse Specialist Central Coast Area Health Service	11 April 1994
Context and Correlates of non-fatal overdose among Heroin users. Continuing.	Dr Shane Darke National Drug & Alcohol Research Centre	11 May 1994
Collaborative Organisation RheathRx Evaluation (CORE) Continuing.	Dr F. Bates Central Coast Area Health Service	11 May 1994
The adjunctive effect of Transcutaneous Electrical Nerve Stimulation in reducing the requirement for narcotic (Morphine) post-Caesarean section in the first 24 hours post-operations Continuing.	Dr Harin Dias, Dr David York Dr David Riley, Mr Richard Williams Central Coast Area Health Service	11 May 1994

SIGNIFICANT COMMITTEES

CONTINUED

Area Planning Committee: **Chair: Professor Donald George**

- ◆ To provide advice to the Board on the health needs of the Area's population;
- ◆ To ensure mechanisms are in place to develop or facilitate access to services to meet these health needs;
- ◆ To determine priorities for the provision of services;
- ◆ To develop strategies to ensure an appropriate balance in the provision of resources for prevention and treatment services.

Representatives are from the Board, Area Executive, Community Health, Planning Unit and Medical Staff.

Medical Appointments Advisory Committee:

Chair: Professor Donald George

Formulates and maintains:

- ◆ A Definition of Terms prescribing the categories of appointments, and related conditions of services, offered from time to time;
- ◆ Specific policies and procedures for the consideration of appointment, re-appointment and determination of clinical privileges of Medical Practitioners and Dentists above the rank of Registrar;
- ◆ Specific policies and procedures for peer review in the conduct of investigations, or disciplinary actions, relating to complaints levelled at a Medical or Dental appointee;
- ◆ Specific review processes relating to the current fitness and confidence held in any appointed Visiting Practitioner or Staff Specialist.

As appropriate, Representatives from the Board, Area Executive, Medical Staff Councils, appropriate Medical Staff College or body,

associated Universities and appropriate Director of Medical Services.

Credentials Sub-Committee:

Provides advice to the Medical Appointment Advisory Committee on matters concerning clinical privileges of Visiting Practitioners and Staff Specialists.

Representatives include medical and dental qualified members of the Medical Appointments Advisory Committee.

House & Resources Committee:

Chair: Barry Margin

- ◆ Monitors the maintenance of Hospital and Area Health Service grounds, buildings and equipment;
- ◆ Makes recommendations to the Board on minor works and replacements;
- ◆ Considers and recommends on budget inclusions for works, equipment, replacement and maintenance;
- ◆ Monitors the activity of the Hospitals and its services;
- ◆ Performs other duties as may from time to time be determined by the Board.

Representatives are from the Board, Area Executive and Medical Staff Councils.

COUNCILS REPRESENTING MEDICAL STAFF:

Medical Staff Councils:

**Chairs: Dr Alistair Watt - Gosford
Dr. Peter Green - Long Jetty
Dr. Andrew Mahoney - Woy Woy
Dr. John Vaughan - Wyong**

- ◆ To provide advice to the Area Medical Staff Executive Council on medical matters relating to the Hospitals for which the Councils were established.

A Medical Staff Council for a Hospital is composed of all Visiting Practitioners appointed to the Hospital, all Staff Specialists employed by the Area Health Service to work at the Hospital and all Staff Specialists with a non-hospital based appointment providing services associated with the Hospital. The Area Medical Superintendent or relevant Director of Medical Services is eligible to attend Medical Staff Council meetings in a non-voting capacity.

Area Medical Staff Executive Council:

- ◆ To advise the Board on medical matters. This may include appropriate conditions of clinical practice, appropriate policies and practices regarding the clinical organisation of services, community health service needs, quality assurance programs, and the professional and ethical conduct of medical staff.
- ◆ To assist in the provision of efficient, effective and economic patient care services.
- ◆ To manage a continuing education program for its members.

The Area Medical Staff Executive Council is comprised of representatives from the Medical Staff Councils within the Area Health Service.

**NEW COMMITTEES
ESTABLISHED IN 1993/94:**

**Budget Methodology Committee:
Chair: Dr Stephen Christley**

- ◆ To develop and implement a philosophy of resource allocation which promotes efficiency across the Area Health Service, so that managers at the local departmental level can be more accountable and responsible for the output of that department.
- ◆ To prepare for the move towards output modified budgets and

prioritise shifts that will need to occur on a progressive basis in budget build-up and charging methodology.

- ◆ To create a system where Divisions receive a budget based on output to purchase appropriate resources from efficient external and internal providers. To achieve this outcome, various costs which have been traditionally centralised need to be "costed out" to the area where patient care actually occurs.

The committee first met in March 1994, and will continue to meet on a monthly basis.

Representatives are from Area Executive, Finance Department, Planning and Service Development Unit, and Business Managers.

Information Technology Committee:

Chair: Robert Wright

- ◆ To oversee the development and implementation of the Central Coast Area Health Service Information Technology (IT) strategy.
- ◆ To develop and maintain the Information Technology Strategic Plan for the Area.
- ◆ To interface with the Computer Services Department to consider major Information Technology proposals, bearing in mind the rationality, within an overall strategy, of the proposal, and its operational implications.

The committee held its first meeting in May 1994 and will continue to meet on a monthly basis.

Representatives are from Area Executive, Finance Department, Computer Services Department, Planning and Service Development Unit, Nursing, Corporate Services Department, and other key Area staff with an understanding of Information Technology issues.

SIGNIFICANT COMMITTEES

CONTINUED

The Bed Management Process Committee:

Chair: Mr Graham McGuinness

- ◆ To establish and co-ordinate strategies regarding the bed management and discharge process across the Area's hospitals. The committee is built upon the groundwork established by the Bed Management Continuous Quality Improvement Project completed in 1993.

Area Executive have a keen commitment to the implementation of realistic solutions to bed management.

The committee was formed in April 1994.

Representatives are from Area Executive, the Divisions of Medicine and Surgery (Medical Managers, Nurse Managers, and Nursing Unit Managers), Admissions, and After Hours Directors of Nursing.

IMPROVING QUALITY OF SERVICE

The journey along the quality improvement path has gathered momentum over the past year. At least three hundred staff have attended educational programs on Continuous Quality Improvement (CQI) and team leader training. Many project teams have been commenced to look at a number of processes throughout the Area which will improve patient, client, and staff services.

The outcomes to date of the Area's CQI training program are:

- ◆ 250 staff have completed awareness workshops
- ◆ 64 trained team leaders
- ◆ 80 projects initiated
- ◆ 22 CQI trained facilitators

The outcomes of CQI projects include:

- ◆ a reduction in discharge medication workload by 50% with annual savings of \$15,000
- ◆ provision of a Pharmacy and Pathology designated porter through internal rostering changes at no extra cost and increased efficiency/turnaround times
- ◆ a reduction in waiting times for child and family counselling
- ◆ a streamlined Area Health internal communication system (memos etc.)
- ◆ the implementation of procedures and equipment to reduce the rate of

needlestick injuries

- ◆ the introduction of steps to reduce the nursing shortfall for medical wards
- ◆ the standardisation of the nursing roster period with other Area Health employees
- ◆ the implementation of an evaluation and action plan for incident reporting
- ◆ the reduction of double assessment for Meals on Wheels by the Aged Care Assessment team and Community Nursing
- ◆ the reduction of wastage of "special drinks" in hospital menus
- ◆ an improved reporting process for surgical wards
- ◆ a reduction in the number of "non-attendance" at the Chest Clinic
- ◆ a shorter documentation time for community assessment in Occupational Therapy
- ◆ an improved "Customer" focus for Intensive Care Unit patients' relatives
- ◆ a reduction of wastage of enteral feeds
- ◆ a reduction in the number of stock pricing errors in the internal store

The Area underwent a focus survey for accreditation conducted by the Australian Council of Healthcare Standards (ACHS) to grant two year's accreditation.

IMPROVING QUALITY OF SERVICE CONTINUED

A closer liaison is now occurring with our quality assurance activities, continuous quality improvement and benchmarking which will all be incorporated into a quality program for the Area Service by the end of 1994. Moreover, these activities reflect the Area's commitment to enhancing awareness and responsiveness to the community's needs and expectations through "Customer Focus".

With many successes in quality improvement over the year a few are outstanding, firstly the video "An Introduction to Elective Surgery" has been of great interest to all the elective surgery patients who receive one to view two weeks prior to their elective surgery.

Secondly, our courtesy bus which is available for all hospital clients and staff members as a complimentary service has been a wonderful success. The bus runs continually between 8 a.m. and 4.00 p.m., Monday to Friday. The bus route commences at Gosford Railway Station and does a circuit around the hospital grounds with a pick up every 15 minutes at courtesy bus stops.

The new courtesy bus service has been a great success with over 1,200 people transported per month.



Consultation with the community is ongoing and customer focus dinners are arranged with staff members and different customer groups to discuss issues related to the aged, people with disabilities, children and youth, and general community views. These have been received with enthusiasm by the community and a number of suggestions have been made, which when implemented will improve service to our customers.

Seminars have also been held with staff involved in direct customer service, for example, clerical staff and patient service assistants to develop a more customer orientated culture and a sense of collegiality throughout the organisation. This was a two-way process between management and service personnel and again many ideas to improve customer service were generated.

The year also saw a renewed focus on effective Business Planning for Divisions and Departments, following a broad inclusion of staff in Business Planning training sessions. The demonstrable outcome of this process was a high quality of Divisional plans representing consultation with all staff and a sophisticated approach to efficient and strategic resource management.

The staff of the Area Health Service are to be commended on their commitment to our quality journey with its goal of best practise in all our services, ultimately benefiting the community of the Central Coast.

HUMAN RESOURCES

The Central Coast Area Health Service is the Coast's largest employer and retains a high profile and presence within the community.

Table 1 - CCAHS Staff as at 30.6.94 (full time equivalent)

Administration	234.31
Medical	130.30
Nursing	1068.60
Para-Medical and Community	432.60
Hotel Services	556.10
Medical and Nursing Support	116.70
TOTAL	2538.61

Table 2 - CCAHS Staff Comparison 1992/93/94 (full time equivalent)

1992	1993	1994
2065.10	2522.00	2538.61

ENTERPRISE AGREEMENTS

Since changes to the Industrial Relations Act in 1991, there has been a concentrated effort to move away from the traditional court based award system to a more flexible and open system incorporating the concept of enterprise bargaining. This has removed much of the adversarial approach associated with salary and award variations and replaced it with a process of negotiation and mutual agreement.

The Central Coast Area Health Service has now negotiated four enterprise agreements. These agreements cover Nursing Staff, Senior Nurse Managers, Support Services and Hospital Secretaries (senior administrative staff) representing in excess of 80% of staff.

The Agreement negotiated with the Hospital Secretaries (senior administrative staff) was conducted by way of a Works Committee of the Hospital Secretaries group to represent them in preference to a union and this Committee negotiated an agreement with Area Management.

The Central Coast Area Health Service was the first Area in New South Wales to sign an enterprise agreement with a Works Committee. This allowed for direct negotiations between management and staff and provided a platform for increased productivity and mutual trust.

The Area is continuing negotiations with the Craft Unions representing Trades Staff and the Australian Salaried Medical Officers Federation representing Staff Specialists. At the

time of writing this report, agreement had been reached locally with Trades Staff and it is anticipated that this will officially be recognised by the Minister and appropriate trade unions.

PERSONNEL POLICIES & PROCEDURES

As part of the Area's ongoing commitment of service to customers, information concerning policies and procedures is readily available to all staff.

A Human Resources Policy and Procedures Manual was produced in October 1993 and distributed to all Divisions and Departments throughout the Area. The manual included policies on - Recruitment and Selection, Equal Employment Opportunity, Training and Development, Performance Management, Grievance/Dispute Resolution, Industrial Relations and a Discrimination and Harassment Policy.

Policies and procedures will be reviewed on a regular basis to ensure they remain up-to-date and reflect any variations relevant to employment conditions.

EQUAL EMPLOYMENT OPPORTUNITY (EEO)

In keeping with the NSW Anti-Discrimination Act, 1977 and in particular, part IXA (Equal Opportunity in Public Employment), the Area's Equal Employment Opportunity Management Plan continues to spread the vision of equal opportunity for all staff.

Table 3 - Representation of Equal Employment Opportunity Groups (as at 31/3/94)

	Total Current	Employees %
Total Staff		
All	2879	
Men	732	25.43
Women	2147	74.57
EEO Respondents		
All	223	
Men	67	30.04
Women	156	69.96
Non English Speaking Backgrounds		
All	13	
Men	8	61.54
Women	5	38.46
Person With Permanent Disability		
All	11	
Men	6	54.55
Women	5	45.45
Aboriginals		
All	8	
Men	1	12.50
Women	7	87.50

Table 4 - Recruitment of Equal Employment Opportunity Groups (31/3/93 - 31/3/94)

	Total Current	Employees %
Total Staff		
All	550	
Men	162	29.45
Women	388	70.55
EEO Respondents		
All	70	
Men	27	38.57
Women	43	61.43
Non English Speaking Backgrounds		
All	6	
Men	4	66.67
Women	2	33.33
Person With Permanent Disability		
All	3	
Men	3	100.0
Women	0	0.0
Aboriginals		
All	4	
Men	1	25.00
Women	3	75.00

Table 5 - EEO Groups by Salary Levels (as at 30/6/94)

Salary Levels	Below CO1 < \$20127	CO to A&C Gd 1 \$20128-\$26438	A&C Gd 1 to 2 \$26439-\$29554	A&C Gd 3 to 5 \$29555-\$37401	A&C Gd 6 to 9 \$37402-\$48365	A&C Gd 10 to 12 \$48366-\$60457	Above A&C Gd 12 > \$60458	Total
Total Staff								
All	56	986	251	738	752	92	0	2875
Men	7	270	88	150	159	54	0	728
Women	49	716	163	588	593	38	0	2147
EEO Respondents								
All	10	103	27	34	44	4	0	222
Men	0	32	11	5	17	2	0	67
Women	10	71	16	29	27	2	0	155
NESB								
All	0	4	0	2	8	1	0	15
Men	0	1	0	0	6	1	0	8
Women	0	3	0	2	2	0	0	7
PWPD								
All	0	4	3	2	1	0	0	10
Men	0	3	2	1	0	0	0	6
Women	0	1	1	1	1	0	0	4
Aboriginal								
All	0	4	2	2	1	0	0	9
Men	0	0	1	0	0	0	0	1
Women	0	4	1	2	1	0	0	8

STRATEGIES

- ◆ Continue to communicate the principles of EEO throughout the Area Health Service.
- ◆ To ensure that the principles of EEO apply to the functions of Performance Management and Performance Appraisal systems.
- ◆ To continue the training of staff for Selection Committees in accordance with the Area's EEO Staff Selection Procedures.
- ◆ To introduce the process of Enterprise Bargaining into the Area Health Service in a manner which is free of bias and is applied equally to all staff.
- ◆ To attempt to increase the representation of Aboriginal people and people from a Non-English speaking background on the Staff of the Area Health Service.
- ◆ To ensure all Staff have equitable access to training and development opportunities.

INFORMATION & RESOURCE CENTRE

The Information & Resource Centre is a recent addition to the Division, having joined us in April 1994. The centre has been able to restructure its processes and procedures to meet the heavy demand from the Area's staff (its customers).

The Centre has chosen from the best available options to meet the needs of the majority of its customers. This was achieved through the installation and testing of the CD-ROM Network providing Area-wide access to end users of Medline, health planning, nursing and allied health research databases. In addition, membership of the Advisory Board Company's Council of International Hospitals, provides access to information and customer research on all clinical and administrative topics.

OCCUPATIONAL HEALTH, SAFETY & REHABILITATION

This service comprises three overlapping units which combine to meet the health needs of staff. The units are -

- ◆ Staff Health Clinic which provides the following services:-
 - ◆ initial assessment and follow-up of needle-stick injuries
 - ◆ hepatitis B vaccinations
 - ◆ rubella vaccinations and immunity testing/screening
 - ◆ tetanus injections for Maintenance staff
 - ◆ asbestos screening of Maintenance staff
 - ◆ hearing screening for specific staff
 - ◆ tuberculosis screening for targeted staff
- ◆ Safety Management/Accident Prevention which aims to ensure a safe workplace for staff, visitors and patients. Safety Management, as well as overseeing a safe working environment, investigates accidents in an endeavour to ensure corrective measures are introduced. In addition, staff are trained in correct lifting techniques to heighten awareness of manual handling and reduce the incidence of back injuries.
- ◆ Post Injury Management/Rehabilitation involves the active management of injured employees to return them to their pre-injury role as quickly as possible and thereby reducing costs to the Area Health Service.

The forthcoming employment of a part-time Occupational Health Physician and full time Registrar will complement each of these units and provide medical expertise which ultimately benefits staff, managers and the organisation.

H,
ON

HUMAN RESOURCES CONTINUED

"I never thought they'd get me onto a computer! But, it's great knowing that my career is both encouraged and supported through the training that's been made available to me."

TRAINING & DEVELOPMENT UNIT

The Training & Development Unit has continued to provide quality continuing education programs to staff of the Area Health Service.

During the year an additional general trainer was employed to complement the Training & Development Manager and to help with the demand placed on the Unit for training courses. As well, a computer training officer was employed to train staff in computer-based applications and the word processing trainer (from Computer Services) transferred to the Unit. All generalist and computer-based training now falls within the responsibility of the Training & Development Unit.

The unit offers a comprehensive collection of courses and services covering -

- ◆ Management
- ◆ Communication
- ◆ Self Management
- ◆ Occupational Health & Safety
- ◆ Computer Applications
- ◆ Special Courses, ie Bereavement Workshops, Understanding the Deaf and Hearing Impaired and Puppet Therapy
- ◆ Skills Analyses & Audits
- ◆ Departments' /Units' particular needs
- ◆ Career Counselling



WORK EXPERIENCE PROGRAMS

The Area Health Service acknowledges its role within the community with respect to providing work experience to school students and unemployed people.

The priority for providing work experience programs is -

1. School Students
2. Disabled People
3. TAFE College Students
4. Other training agencies

During the year, 137 people participated in active work experience programs throughout the Area Health Service.

JOB SKILLS

The Area Health Service remains committed to providing assistance to the long-term unemployed. A number of initiatives have involved the Area with the long-term unemployed with the most recent being the Jobskills Program.

The Jobskills Program is a program funded by the Department of Employment, Education & Training (DEET) where long-term unemployed are provided with 26 weeks on-the-job work experience.

The first intake of Jobskills trainees commenced on 5 July 1993 and involved 21 trainees placed within the Administrative, Domestic Services, Linen and Food Services areas of the organisation.

The second intake of Jobskills trainees commenced on 2 May 1994. This second group comprised 8 trainees and were placed in technical areas of the organisation - ie Print

Shop, Computer Services, Pathology, Audio-Visual, Physiotherapy and Nutrition.

As part of this initiative, the Area is investigating the feasibility of obtaining a Jobskills Licence from DEET and thereby become a broker within the Jobskills Program - our goal being to ultimately employ a greater number of long-term unemployed under the program.

The Training & Development Unit is responsible for the management of the Job Skills Program and organising the off-the-job training component in conjunction with TAFE.

JOB ROTATION

As a means of providing experience and additional skills to staff, a job rotation program was developed by the Area Chief Executive Officer.

The programme involves the rotation of staff within the Area Health Service Divisions and Departments. To date the program has proved to be a success, allowing staff to become involved in areas outside their particular specialities and broaden their skills base.

CUSTOMER SERVICE AND QUALITY

High levels of customer satisfaction were indicated in surveys of patients and other users of services conducted by Food Services, Printing Service, Domestic Services and Sterilising Services Departments.

Linen Service staff are developing a prototype patient gown which will improve comfort and modesty. Linen Service staff also improved the recovery of lost property in soiled linen.

Cordless telephones have been installed in all Gosford wards so that patients restricted to bed can receive phone calls from their family.

The Food Services Department have introduced a "continental" breakfast to align our menu with contemporary eating habits. This Department, by way of Quality Improvement Group analysis, established a mechanism for reducing the number of incorrect diet meals for patients.

Two staff of the Food Services Department received Employee of the Month Awards and another received the Quality Service Award.

Following the recommendations of a Quality Improvement Group, a dedicated portering service for Pathology and Pharmacy items was established to improve turnaround times for tests and drug prescriptions.

Re-usable "sharps" bins were introduced to replace disposable bins to achieve cost savings and reduce waste volumes.

KEY ACTIVITY INDICATORS

- ◆ 1.1 million meals served
- ◆ Inventory turnover 10.76 times
- ◆ 1.6 million kilograms of linen processed
- ◆ Value of Distribution Centre stock at year end - \$407,375
- ◆ 3000 computer Help Desk calls processed
- ◆ 350 PC's and 2000 telephone handsets maintained
- ◆ 835,000 sterile packs produced
- ◆ 4.7 million kilometres travelled by the vehicle fleet

REVIEW OF OPERATIONS

Oracle Financial and Cerner Pathology software are substantially implemented, which have been supported by hardware upgrades. The PC network has grown significantly during the year to meet the demand for timely quality data for decision-making. Electronic Mail, an Executive Information System and a Human Resource Information System are being planned.

Supply Department staff and other Managers have increased their participation on the NSW Health Peak Purchasing Council and on State Contract Management committees.

Retail Services have significantly improved net profit through cost control and business expansion. Gosford Hospital's Florist is now part of the Interflora network and the installation of vending machines has improved income. The staff of the Retail Services won a Gold Medal in the national "Great Aussie Pie" competition.

The Sterilising Service is planning the use of barcode technology to improve stock management.

Several external cleaning contracts have now reverted in-house to reduce costs and improve quality.

VOLUNTARY WORKERS & HOSPITAL AUXILIARIES

The Central Coast Area Health Service has enjoyed the generous support of the community in providing additional resources to meet the growing demand for health services.

The hospital auxiliaries are prominent in fundraising. The total raised for the year was \$110,928! We are also fortunate enough to have a large number of volunteer workers without whom we would not be able to run so many programs and services for the community. We value their contribution and thank them most sincerely.

Hospital Auxiliary Office Bearers -
1993-94

Ettalong Beach

Mrs Win Crawford, President
Mrs Rose Hozack, Secretary
Mrs Jean Dewar, Treasurer

Gosford

Mrs Marion Fripp, President
Mrs Margaret Smith, Secretary
Mr Alwyn Fripp, Treasurer

Hardy's Bay/Killcare

Mrs Phyl Woods, President
Mrs Shirley Battishall, Secretary
Mrs Mavis Broadhead, Treasurer

Gosford Hospital Auxiliary recently celebrated 50 years of service and fundraising.

Two of the long standing members, Charlotte Allmey (left) and Verlie Kirkby are pictured cutting the special cake made by Food Services for their meeting.

Kincumber

Mrs Betty Dunn, President
Mrs Roma Alexander, Secretary
Mrs Rona Healy, Treasurer

Long Jetty

Mrs Thelma Peck, President
Mrs Norma Hall, Secretary
Mrs Fay Mellish, Treasurer

Ourimbah

Mrs Dot Preston, President
Mrs Nola Donohue, Secretary
Mrs Elvy Foott, Treasurer

Pink Ladies

Mrs Netta Montgomerie, President
Mrs Yvonne Eames, Secretary
Mrs Dorothy Van Donk, Treasurer

Toukley

Mrs Marge Dobbins, President
Mrs Laura Wilson, Secretary
Mrs Margaret McDougal, Treasurer

Woy Woy Social Club

Miss Eileen Jones

Wyong

Mrs Peg Moloney, President
Miss Doris Colahan, Secretary
Mrs Sylvia Rowe, Treasurer

50
YEARS

25
YEARS

The Pink Ladies have just had their 25th anniversary. These ladies (and a few men) are responsible for around 20,000 hours of service each year, mostly in the wards of the hospitals.

Pictured are the retiring executive members for this year, Dorothy Van Donk (left), Yvonne Eames and Netta Montgomerie.



ALLIED HEALTH DIVISION

The departments within the Division of Allied Health have achieved a number of objectives over the last year which have resulted in improved patient-client care. Resource utilisation review and re-evaluation of customer needs were methods used to ensure increasing demands for services were met efficiently.

Commencing the International Year of the Family, the Social Work staff responded in a variety of innovative ways to the demands on their expertise. The bushfire emergency in January 1994 saw many Social Work staff work tirelessly to assist families during this difficult time. The needs of people in the community affected by grief and trauma were addressed in a variety of ways. Special protocols were established with the Gosford Coroner so that all victims of violence or families affected by suicide or trauma are directly offered support. Social work staff in the Child and Family Health Team developed a program to assist new parents with symptoms similar to post natal depression. The "Expectations of Motherhood" program was very well received when presented at the Family Therapy Conferences in Canberra and Newcastle.

- ◆ Nutrition staff developed performance indicators for women with gestational diabetes. This resulted in patients being seen within 48 hours of admission to the Maternity Ward and 88% of new patients educated when booked into the Antenatal Clinic.
 - ◆ The Psychology Department conducted an analysis of discharge data looking at referral type and length of therapy of community mental health clients; 58.2% of their caseload consisted of eating disorders (21%), anxiety disorders (19%) and major depression (17%). A bipolar trend in length of therapy
- was revealed with two thirds discharged within six weeks and one third requiring longer therapy of three to ten months. A follow-up study examining success rates in attaining therapy goals is being conducted.
- ◆ Speech Pathology surveyed waiting time from date of referral to date of assessment for acute dysphagic and dysphasic inpatients. A study to correlate total number of treatment occasions of service and improvement in acute and rehabilitation inpatients has commenced. Use of the Speech Pathology Minimum Data Set Computer Package will facilitate analysis of study results.
 - ◆ Podiatry refocused its service provision to predominately "high risk" primary foot care clinics to meet growing demand. As a community-based service, group education sessions were conducted to over 28 groups focussing on prevention and self management strategies.
 - ◆ Occupational Therapy developed a variety of information pamphlets and educational booklets to improve their customer's understanding of services provided and to empower clients in self management of their health and safety in the home environment.
 - ◆ Dietitians worked with doctors to inform them of nutrition services available and to improve liaison and feedback.
 - ◆ Speech Pathology, projects have been aimed at developing the knowledge of referral sources (e.g. doctors, pre-schools) of speech pathology services and evaluation of such early intervention services as consultation clinics.
 - ◆ Physiotherapy conducted a shoulder treatment outcome study and developed clinical indicators for treatment of collar bone fracture, total knee replacement and fractured neck of femur.

- ◆ A multidisciplinary education package was developed for chronic airways limitation patients.

A number of enhancements were received by Allied Health Departments resulting in improved services. Additional Psychologists have facilitated the introduction of special projects, e.g. general practitioners needs analysis for alcohol and other drug clients; an opiate treatment index survey; decreased waiting time for neuropsychiatric assessment; increased chronic pain management intervention; and innovative program development for psychiatric rehabilitation clients. Improved staff relief coverage in Social Work to "isolated" clinical areas has decreased disruption to services as well as seen an increase in numbers of client group treatments. Nutrition staff also received enhancement for relief staff coverage for clinical dietitians which has decreased staff stress and improved continuity of service delivery. Occupational Therapy and Physiotherapy staff enhancements to Wyong Hospital Rehabilitation Unit has increased quality and quantity of

therapy time per patient. The Physiotherapy Department has also focused on improving services at Wyong Hospital for the treatment of incontinence. In addition, the opening of the Hydrotherapy Pool at Wyong Hospital has allowed Physiotherapists access to a beneficial treatment facility for patients with musculoskeletal and neurological disorders.

KEY INDICATORS

New client registration in Social Work increased by 69.8% this year. Clients who received group treatment increased by 80.9%. Speech Pathology experienced an increase of 40% in treatment occasions of service, while Occupational Therapy experienced a 34.2% increase in treatment occasions of service. Podiatry Services experienced a 42.8% increase in new client registrations and a 23% increase in treatment occasions of service. The significance of the growing client base upon service provision is considerable since podiatry clients are long-term, recurrent users of the service.

Department	Direct Occasions of Service	Indirect Occasions of Service	Total Occasions of Service
Nutrition	13057	196	13253
Occupational Therapy	24836	80161	104997
Physiotherapy	115345	23205	138550
Podiatry*	10844		10844
Psychology**			
Social Work***	23948	26934	50882
Speech Pathology	13474	10216	23690
Total Occasions of Service			342216

NB: * Podiatry does not record indirect occasions of service

** Psychology statistics are reported to the service in which staff work

*** Social Work statistics are partially recorded by department and are also partially reported by service area.

DIVISION OF ANAESTHETICS

The Division of Anaesthetics identified in its Business Plan produced at the beginning of the financial year a number of items for focus during the year.

The Operating Theatre Issues Group has identified starting time for the first operation on each elective list as a key factor in increasing theatre utilisation. The division is at present encouraging competitiveness and is looking into an incentive scheme for consistently punctual starting times. The group is also concerned with changeover times and will be attempting to reduce the average turnaround time between cases. Sound management of these two factors should provide some increased capacity to treat a higher volume of patients as the average length of stay of patients falls.

Laparoscopic or "Keyhole" surgery was introduced early in the year and the procedures are now largely routine. These procedures consume more theatre time and are more expensive than traditional methods but result in a shorter hospital stay and generally speedier recovery for patients. On this basis the benefits are overwhelming.

The Acute Pain Service is running well and continues to expand. This service is now available in Obstetrics, Children's Ward and is currently being established in Wyong.

ACUTE PAIN SERVICE - KEY PERFORMANCE INDICATORS

Patients that received Patient Controlled Analgesia	544
Patients that received Continuous Opioid Infusion	108
TOTAL	652

Continuous Quality Improvement projects were undertaken in the last year in the areas of pre-medication and patient transfer from ward to theatre and theatre booking procedures. Changes have been implemented in the processes associated with premedication of patients. This project remains active and it is hoped that the outcome will be reduced disruption for staff & patients.

A tailor-made customer focus training program for theatre staff was initiated during the year and has been well received by staff.

Additional sessions are being taken up at both Wyong & Gosford Theatres with the appointment of Dr Hasn (Orthopaedic Surgeon), Drs Palmer & Docker (Obstetrician & Gynaecologists). The appointment of an additional Visiting Anaesthetist will enable further expansion at Wyong. It is hoped that this appointment will be possible prior to the end of the year.

Some additional Ear, Nose & Throat, Urology & Eye surgery sessions have been possible at Gosford in the last 12 months in order to reduce waiting lists. The combined waiting lists in these areas have reduced from 677 patients to 500 in the 12 month period.

An additional \$200,000 was provided by the Department of Health during June 1994 for the purchase of prostheses. The purpose of this funding was to assist in the reduction of waiting lists in areas where prostheses are required.

KEY INDICATORS

The activity measure used to assess performance is the number of procedures and not the number of admissions or patients treated. This is due to the fact that procedures are performed on outpatients as well as inpatients.

The Division's overall activity increased by 7.0%, despite the slight decrease (0.2%) in activity in Gosford Theatres. Activity in Wyong Theatres increased by 66.5%, with the increase in endoscopies particularly high at

91.1%. Although there has been a 3.8% decrease in endoscopies at Gosford, overall endoscopies have increased by 12.0%. The cost per endoscopy procedure is estimated to be \$93.*

DIVISION OF ANAESTHETICS
Key Performance Indicators 1993/94

	WYONG	GOSFORD	Divisional Total
Endoscopy Procedures	1,020	2,563	3,583
Caesarian Sections	0	436	436
Other Operations	1,593	9,905	11,498
Total	2,613	12,904	15,517

**DIVISION OF COMMUNITY
AND PUBLIC HEALTH**

The Division of Community and Public Health has experienced an exciting year in 1993/94. A very strong theme has again been the establishment of partnerships with other departments and services, from both within and outside the Central Coast Area Health Service.

The establishment of our Domestic Violence Co-ordinator exemplifies what can be achieved through collaborative action. The demand for presentations and training in the areas of domestic violence and elder abuse has been unprecedented, with the Domestic Violence Co-ordinator constantly working with other service providers in establishing interventions and strategies to address this major social problem.

Another theme this year has been the secondment of staff from various departments to our Health Promotion Unit. This program has provided a wealth of learning and experience for the individuals concerned. At the same time, it has allowed a health promotion focus and intervention strategy to be developed in the seconded person's area of interest. Significant progress has been made using "health promotion style" focus

in the areas of young people's access to tobacco and domestic violence. Programs targeting interventions rather than attempting to educate the victims are now very much a primary health promotion priority.

Adolescents of the Central Coast can now access an enhanced adolescent service team. Funding to continue the Youth Health Outreach Service was received, as were additional resources to establish an adolescent health facility at Gosford, and to address adolescent mental health problems.

Through the Commonwealth Dental Program, our service has expanded dramatically during the past 12 months. Additional dentists and support staff have been employed particularly to address emergency dental care. The outcome has been a dramatic decrease in waiting lists from 18 to 8 months. A partnership with the private sector has also been established, whereby patients who are in pain can be referred to a private practitioner of their choice to receive emergency dental work. The support of the participating private dentists is greatly appreciated.

With the appointment of our first Aboriginal Health Liaison Officer, we look forward to a far more responsive

* Note: costs per service exclude Visiting Medical Officers costs throughout the Clinical Divisional reports.

**CLINICAL
DIVISIONAL
REPORTS**
CONTINUED

servicing of our Aboriginal and Torres Strait Islander customers. The Officer is currently establishing links with the aboriginal community and aboriginal community support services, with the specific aim of identifying access difficulties and issues that will improve services to the Koori community.

Internal enhancements have also led to an improvement in our teams' capacity to maintain support services to people within their own homes. Throughout the year our Community Nursing Service, our Confused Elderly Program and Women's Health Service have each been enhanced with new staff.

Another major highlight has been the attraction of external funding to improve our Palliative Care Service. Demand for the full range of palliative care services, from medical specialist consultation services through to the Volunteers Day Care Program, had escalated to the extent that without new funding, problems were predicted. We now can provide a full range of services and look to the future with enthusiasm rather than concern.

Our first full year of providing a public methadone clinic at Gosford is now behind us. Staff have applied themselves with tremendous commitment in establishing and operating this service without any major hiccups. At the same time the Drug and Alcohol Team has introduced a hospital Drug and Alcohol Liaison Service to better service inpatients with alcohol or other drug related problems.

Our Chest Clinic is now resourced to fulfil a complete area wide chest clinic function including training and liaison with the private sector and other services. This again was a result of internal enhancement during 1993/94.

The Division now looks forward to its most exciting future with the appointment of a full time medical director during this upcoming year. In fulfilling the Health Department's and Central Coast Area's commitment to a positive health outcomes approach for its services, the expertise provided through this appointment will be a major step. All teams and services within the Division have embraced the Area Executive's lead in promoting a customer focus approach to service delivery. We look forward to a continual improvement in our services from a customer perspective as a challenge and a major commitment.

KEY INDICATORS

Non-Inpatient Occasions of Service (NIOOS) for the Division of Public and Community Health are 204,307. Comparison of this Division's activity levels is compounded by the inclusion of dental data this year. Dental flow inclusion means an increase of 12.9% compared with previous YTD. The large increase in HIV & Sexual Health Occasions of Service is a consequence of the change from counting on a time basis to the counting of heads. Methadone Clinic Occasions of Service are also high for this reason. Large decreases in Confused Elderly Occasions of Service are a consequence of changes in group counting. Cost per NIOOS is estimated to be \$33.

KEY INDICATORS	1993/94
Service	NIOOS
Alcohol & Other Drug	6173
Methadone Clinic	23985
Community Nursing	143599
Confused Elderly	120
Palliative Care	5520
Day Care Service	194
Adolescent Services	8232
HIV & Sexual Health	10575
Sexual Assault	3314
TOTAL	204307

DIVISION OF CRITICAL CARE

A number of significant activities occurred to improve the quality of service to our patients within the Critical Care Division.

Renal dialysis services have benefited from enhancement funds to provide acute haemodialysis service to critically ill patients in Intensive Care as well as to expand the in-centre Dialysis Unit. While the Renal Unit renovations will be finished later in the year, we have introduced additional dialysis shifts to allow more Central Coast residents to have dialysis close to home, rather than travelling to Sydney.

The Intensive Care Unit has also expanded its capacity to care for seriously ill patients by acquiring an additional ventilator and by opening two more beds in the high dependency area. The Unit is actively involved in data collection about its patients and their illnesses so that we can provide better and more cost efficient care. The Australian and New Zealand College of Anaesthetists have confirmed the Unit's commitment to quality care by giving it accreditation for specialist training.

Cardiac services will be improved by the appointment of an additional Specialist Cardiologist who will particularly assist in expanding echo cardiology services and developing pathways (care plans) for heart attack patients.

Emergency services at both Wyong and Gosford Hospitals have responded to the Minister for Health's emphasis on Emergency Departments by improving patients' and relatives' comfort facilities and directional signs in their departments using the "ideal" emergency department guidelines. Both departments' staff have been undertaking Customer Focus training to better respond to the concerns and

needs of patients. We are particularly pleased with the very high pass rate (93%) of Gosford and Wyong Hospitals' staff in the Trauma Nursing Core Course. This confirms our ability to give the very best of care for trauma victims.

The Critical Care Division is the focal point for the Area's community appeal. The generous donations of the people of the Central Coast will allow us to obtain the best equipment for monitoring and caring for our critically ill patients.

KEY INDICATORS

Admissions to the Division of Critical Care have increased by 11.7%, with particularly large increases occurring in the Intensive Care Unit (ICU)/Critical Care Unit (CCU) (24.9%) and Wyong Emergency Department (E.D.). (62.7%). Occupancy remains above 100%, at 146.9%. as there are no reported beds in E.D. The large decrease in Renal Unit occupancy is a consequence of the introduction of counting for renal beds. E. D. Occasions Of Service (OOS) show an increase of 29.2%, but, as reported this relates primarily to the change in counting practices, with OOS given to patients subsequently admitted now included.

Because of the differing nature of admissions to the Critical Care Division, costs have been estimated on a unit basis. Cost per patient treated is estimated to be: ICU/CCU \$1,251; Gosford E.D. \$431; Wyong E.D. \$314; per Renal admission \$114; per Woy Woy E.D. OOS \$17; per Echocardiography test \$38 and per Stress test \$64.

KEY INDICATORS	1993/94
Admissions	16195
Daily Average Inpatients	79.6
Bed Days	29064
Occupancy Rate	146.9%
Average Length of Stay	1.6days

DIAGNOSTIC AND PHARMACY DIVISION

The Division comprises the Departments of Pharmacy, Medical Imaging (Radiology), Pathology and Blood Bank.

These Departments supply the diagnostic and pharmacy requirements of the Clinical Divisions, which are continually increasing in volume and range of activities.

PHARMACY

This year Pharmacy established two sterile rooms for the manufacture of intravenous fluids, including oncology supplies. This has enhanced the department's ability to safely manufacture and deliver these vital supplies. This service will be expanded to locally produce a range of products with a short shelf life.

The introduction of a computerised inventory system has allowed for faster and accurate tracking of stock. This will vastly improve stock management and control.

The Department undertook various surveys and continuous quality improvement projects to improve its performance. As a result of these, pharmacists are more available on the wards to advise staff and patients, and also, patients being discharged are provided with medication profiles to help them understand and comply with their drug regimen.

Pharmacy issued approximately 316,000 drug items during the year and provided around 158,000 episodes of service (including medication chart rounds, physicians ward rounds, pain care ward rounds, drug information and technical advice and education).

MEDICAL IMAGING (RADIOLOGY)

The operations of the Medical Imaging Department have been extensively reviewed and restructured during the year. Many improvements were realised and a new position of Medical Imaging Department Manager was created and filled.

New services established during the year included a non-invasive Vascular Ultrasound Laboratory and a Neck Pain Clinic.

The patient alarm system was extended to the central processing area to further increase patient safety.

The Department performed 64,200 examinations during the year, including x-rays, ultrasounds, CT scans, mammograms, angiograms and other interventional procedures.

PATHOLOGY

During the year Pathology has experienced an increase in workload of approximately 15%, taking the total number of tests to nearly 1.5 million.

In October 1993 a Project Team was formed and worked for 9 months, to prepare and implement the Cerner computer system throughout the Pathology Department. The system will greatly enhance the Department's performance and eventually will enable pathology results to be received electronically on each ward. This will obviously provide a faster service for all of our patients.

A Microbiologist was appointed in June, 1993 and has greatly enhanced the microbiology and infection control activities.

The Pathology Departments both at Gosford and Wyong Hospital sites were accredited this year by the National Association of Testing Authorities and also the Therapeutic Goods Administration.

BLOOD BANK

Donors gave a total of 9,735 donations, which included 1,071 autologous donations (patients giving blood for their own operation).

At the annual certificate and badge presentation 80 donors were thanked for their outstanding donations:-

2 Donors	150 donations
3 Donors	125 donations
11 Donors	100 donations
27 Donors	75 donations
37 Donors	50 donations

We are receiving excellent co-operation from all local high schools, who arrange for their Year 11 and Year 12 students to donate in school hours. A total of 1,599 new donor enrolments were registered during the year.

The Blood Bank was recently accredited by the Therapeutic Goods Administration.

DIVISION OF MEDICINE

MEDICAL WARDS

The medical wards continue to provide inpatient service for wide ranging medical conditions.

The refurbishment program is well underway with the new 5th medical ward nearing completion. The ultimate plan when all medical wards are refurbished is to have nominated specialty wards.

INTERNAL AMBULANCE

The demand for this service remains constant, at a level of 10,811 trips for the year, transporting patients to Sydney, Newcastle, local testing centres and hospitals within the Central Coast Area Health Service.

BIOMEDICAL ENGINEERING

Clinics for patients with implantable cardioverters / defibrillators have been started. These patients have previously had to travel to hospitals in Sydney for these tests. New equipment has allowed the more comprehensive testing of patients and

the new computer based Equipment Management System will ultimately result in minimisation of both equipment "downtime" and costs associated with the repair and purchase of equipment.

NEUROPHYSIOLOGY

The past year has seen the implementation of many new tests performed in the department. This has been made possible because of new equipment and a new staff member. An additional part time Visiting Medical Officer in Neurology has also been appointed. The number of patients seen in the last 12 months was 50% higher than last year, with there being 522 inpatient occasions of service and 354 non-inpatient occasions of service provided.

RESPIRATORY INVESTIGATION UNIT

The past 12 months has been a period of settling into the new area which is a vast improvement for both staff and patients and has enabled an extended range of services. The number of occasions of service (at approx. 11,500 for the year) have remained stable however the range of tests has increased. Respiratory disturbances during sleep continues to be an area of focus for the unit with one technician having completed a course in sleep disturbances and polysomnography earlier this year.

KEY INDICATORS

Admissions increased by 4.7%, length of stay (7.0 days) increased by 3.5%- increasing occupancy to 89% and decreasing caseflow rate to 46.4%. Cost per patient treated is estimated to be \$1,285 and cost per occasion of service to be \$71.

KEY INDICATORS	1993/94
Admissions	3548
Daily Average Inpatients	102.1
Bed Days	37253
Occupancy Rate	89.0%
Average Length of Stay	7.0 days

... it's great seeing young people being creative and having fun performing at festivals and promoting health messages."



YOUTH HEALTH SERVICE

**CARING FOR THE COAST
THROUGH IMPROVED YOUTH HEALTH SERVICES >**

As part of Youth Health Week April '94, the Youth Health Service, Drug and Alcohol Team and the Health Promotion Unit took part in facilitating a performing arts project called "Riding the Tiger".

The "Riding the Tiger" metaphor derives from an Asian saying "Beware of riding the tiger unless you know how and when to get off." This promotes respect for those things in one's life that could potentially cause harm. In this project the tiger was alcohol, an influence in young people's lives.

The event coincided with the Youth Rock Beach Fest held in Youth Week at The Entrance in which groups of young people performed creative dance and song focusing on responsible use of alcohol.

The young people in this picture were from Kincumber and Wyoming Youth Centres and performed a rap song called "Can't trust it!".

DIVISION OF MENTAL HEALTH

In the past 12 months, the resources of the Division of Mental Health have increased by 15.5 full-time equivalent staff, through State Government Resource Allocation Formula funding and Commonwealth Transitional Funding. The main effect of this increased staffing is to provide a broader, more comprehensive service, particularly for the rehabilitation of the chronically mentally ill. From the clients' point of view, this will mean more options in their programs and extension of some programs to evenings and weekends. The Rehabilitation Services have consolidated to two groups serving the Gosford and Wyong Districts, providing an increased focus for clients in each District.

Residential Services have been expanded, with the purchase of a house in the Lakehaven area and planning is underway for a group of purpose-built apartments in the Gosford area.

The Mental Health Acute Care Service continues to provide a high quality, domiciliary service to clients with acute mental illnesses and their families on a 24 hour basis. Customer Satisfaction Surveys have shown a consistently high level of approval for this Service. The staff liaise very closely with other components of the Mental Health Service and community groups, to ensure smooth and consistent follow up of clients.

In the past twelve months the Acute Care Service has had an increase of 0.5 in nursing staff. This has allowed for three staff to be rostered on per shift. The nurse response time to referrals into the service has been decreased to within 2 hours.

Multi-disciplinary Mental Health staff work from six Community Health Centres throughout the Central Coast, to provide assessment, and case management in close co-operation with General Practitioners and other

community groups. Case management signifies attention to the total wellbeing of the client, with appropriate co-ordination of all services.

As the inpatient component of the Mental Health Services, Mandala Clinic provides assessment and appropriate care for people with acute psychiatric illnesses, with emphasis being placed upon smooth handover and follow up in the community. A Continuous Quality Improvement project is looking at further improving Discharge Planning.

The Mental Health Services continue to be committed to improving quality of mental health care and delivering accessible, comprehensive and integrated service in close co-operation with other community groups.

MENTAL HEALTH REHABILITATION SERVICES

Over the last twelve months there has been consolidation into two district groups serving the Mentally Ill of the Central Coast, with the increase of one (1) Psychologist, two (2) Occupational Therapists and four (4) Registered nurses. There has been a relocation of two (2) nurses from the Supervised group home into the district services and the employment of one (1) Enrolled nurse. The projected outcomes of these changes and enhancements are to:

- provide more intensive service to clients, families and significant others to reduce the re-admission to the acute sections of the Service,
- provide a seven day per week service, by more frequent contact with the team which will have an impact on the early discharge,
- increase the numbers of clients seen by the Mental Health service,
- increase the number of educative groups run by the Rehabilitation staff to clients, relatives and significant others,
- to effect change in the acceptance criteria to the Acute Care Service.

Mental Health Staff working in Non-Government Organisations:

Two nurses were appointed to work with Non-Government Organisations. The roles of these nurses are to develop management strategies for clients, to maintain their level of mental wellness, develop daily independent living skills by utilising the facilities provided by both the Mental Health Service and other Government and Non-Government agencies. The projected outcomes of these appointments are:

- to reduce the number of re-admissions to the Acute sections of the Mental Health Service.
- to maintain clients of the service living in supported accommodation.
- to provide clinical support to the residents living in the accommodation provided by the Non-Government Organisations.

Mental Health Support Staff:

Service development has included:

- the employment of a Clinical Nurse Consultant.
- a Senior Social Worker appointed to increase the individual counselling services
- and provide education, clinical supervision and support.
- a Social Worker employed as the Residential Co-ordinator for both districts, with the responsibility in the management of all the group homes in the Mental Health service, including the assessment of the residents, and conducting daily living programs in the houses. The role also involves communicating with other Government organisations in accommodation provision.

In the Community Health Centres, a nurse holiday reliever was established in both districts, to increase client volumes, reduce waiting times, and prevent inappropriate referrals.

KEY INDICATORS 1993/94

MENTAL HEALTH ACUTE CARE SERVICE

Number of new referrals	508
Number of re-referrals	784
Number of home visits	4358
Number of phone calls	2459

COMMUNITY HEALTH SERVICES

Number of new referrals	1168
Number of re-referrals	715
Number of discharges	1323
Number of Occasions of Service	10028
Number of phone counselling	8613
Service to unregistered persons	1659
Number of groups conducted	294
Number of participants in the groups	1613
Number of community groups	55
Number of current case loads (monthly average 671)	8062

REHABILITATION SERVICES

Living Skills Centre Staff

Number of New referrals	41
Number of re-referrals	9
Number of Occasions of Service	2327
Number of phone counselling	372
Service to unregistered persons	119
Number of groups conducted	808
Number of group participants	5575
Number of discharges	53
Number of current clients (monthly average 67)	805

RESIDENTIAL SERVICES

Number of new referrals	20
Number of re-referrals	8
Number of discharges	13
Numbers of Occasions Of Service	1795
Number of phone counselling	257
Service to unregistered persons	82
Number of groups conducted	272
Number of group participants	1482
Number of current caseload (monthly average 16)	196

WORK PROGRAMME SERVICES

Number of current clients (monthly average 32)	390
Number of discharges	28
Number of Occasions of Service	711
Number of phone counselling	74
Service to unregistered persons	50
Number of groups conducted	237
Number of group participants	1947

Admissions to Mandala have increased by 2.5% while occupancy has increased to 64.4%, 4.1% above previous year. Length of stay, at 13.3 days, is relatively unchanged. Activity in the community residences has remained stable with occupancy around 77.6%. Cost per Mandala patient treated is estimated to be \$3,449 while cost per community resident is \$27,662 and cost per non-inpatient occasions of service to be \$36.

KEY INDICATORS	1993/94
Mandala (inpatients)	
Admissions	484
Daily average inpatients	19.3
Bed days	7047
Occupancy rate	64.4%
Average length of stay	13.3 days
Day-patients Occasions of Service	531

DIVISION OF OBSTETRICS

There were 2,579 births for the year, an increase of 2.75% from 1992/93. Overall patients treated increased by 6.6% compared to the previous year.

The Community Midwife Program and early discharge for mothers continues to be promoted and is proving to be very popular with the community.

Dr John Palmer commenced in February 1994 in the new position of Staff Specialist / Divisional Medical Manager, and following the retirement of Mrs Gwen Bickley after nearly 20 years service to the Central Coast Area Health Service, Mrs Nicole Ovens commenced in May 1994 as Divisional Nurse Manager.

Nearing the latter part of the financial year, upgrading of staff skills was undertaken in preparation for the full commissioning of the Wyong Hospital Obstetric Unit.

KEY INDICATORS

Admissions increased by 4.3% after adjustments have been made for changes in counting practices. Length of stay decreased by 7.9% to 4.4 days (adjusted). Occupancy at Birralee and Wyong Maternity has remained steady at 44.6%. Caseflow rate is unaffected by counting changes and, at 61.5, has increased by 11.5%. Cost per patient treated is estimated to be \$1,809 (with the increase from last quarter due to inclusion of theatre costs) and cost per occasion of service to be \$29.

The number of Caesarian deliveries has increased by 8.7%. This brings the caesarian rate to 16.9% as compared with 12% in 1991/92.

KEY INDICATORS	1993/94
Admissions	5943
Daily Average Inpatients	43.9
Bed Days	25455
Occupancy Rate	73.4%
Average Length of Stay	4.0 days

**DIVISION OF PAEDIATRICS
AND CHILD HEALTH**

This year has seen the merger of Child & Family Health and Children's Ward with the creation of the Division of Paediatrics and Child Health in order to provide a co-ordinated approach to health care for children in our community.

The most significant aspect of the year was the move to the new Children's Ward facility in September 1993. Patients, parents and staff are delighted with their new environment which is more customer focused and has improved morale and motivation.

Child and Family Health is a developing part of the Central Coast

Area Health Service, providing a comprehensive range of services for families with children under 14 years. These services include health promotion, clinical surveillance, assessment, intervention, therapy and child protection for individual families and for the broader community.

1993-94 has been a challenging year as our local community has experienced the hardship of unemployment and job uncertainty and has placed a greater demand on child health services. New families attending for counselling services have increased by 25% over the last 12 months and 3900 new babies were registered in the child health clinics.

A highly successful new initiative during the past year has been the development of the "Expectations of Motherhood" groups by staff working in the Family Care Cottages. The program was designed for women experiencing depression or anxiety after the birth of their child. The program has been presented at Family Therapy Conferences in Canberra and Adelaide and to date over 80 copies of the program manual have been requested.

The Division looks forward to the coming year with enthusiasm and with a commitment to provide a quality service to the community.

KEY INDICATORS

Although admissions (Children's Ward) have increased by 9.4%, occupancy has decreased by 11.2% to 64.7% despite a 3.2% increase in length of stay to 2.4 days. Accordingly, caseflow rate has decreased by 17.4% to 97.6. Child Health non-inpatients occasions of service, currently at 80,560, are 46.5% above the previous financial year total. However, most of this increase would be a result of the change from counting on a time basis to counting heads for services such as immunisation. Cost per patient

treated is estimated to be \$659 and cost per non-inpatient occasion of service to be \$29.

KEY INDICATORS	1993/94
Admissions	2787
Daily Average Inpatients	23.3
Bed Days	8488
Occupancy Rate	64.7%
Average Length of Stay	2.4 days
Non-Inpatient	
Occasions of Service	80560

DIVISION OF REHABILITATION AND AGED CARE

The Divisional structure for the provision of Rehabilitation & Geriatric Services developed over the year by a change of name to Division of Rehabilitation and Aged Care, which reflects the wide scope of services and the appointment of a Divisional Nurse Manager. These fundamental changes, together with ever increasing demands for services provides the Division with many service and health delivery issues.

These issues were addressed by review and enhancement of services. The provision of a registrar in geriatric medicine and opening additional inpatient rehabilitation beds at Wyong Hospital has allowed for a much improved service to the Wyong Shire.

To assist in easing the transition of patients from hospital to the community, or other accommodation, the Division has received an enhancement for the creation of a Rehabilitation Liaison Officer. This position should assist with the linkages between the Health Service and other health providers, community and government agencies.

The services provided by the Aged Care Assessment Team have increased during the year and include assessment of Central Coast residents for community aged care packages (provision of hostel type services to people in their own homes). These

services are funded to community and other health agencies by the Commonwealth Government.

The outpatient rehabilitation programs for people who have suffered heart attacks, lung diseases, arthritis and back pain are continuing to expand. The coronary artery bypass graft outpatient referrals to cardiac rehabilitation, has increased by over 80% to over 100 clients during the year.

The Department of Geriatric Medicine has been involved in developing and promoting the Australian Nutrition Screening Initiative, a health promotion tool to increase awareness of the problem of nutrition in the elderly. It is estimated that 30% of over 60's living independently in the community are suffering from malnutrition.

The Aged Care Assessment Team is exploring the incidence of "elder abuse" on the Central Coast. Based on the outcome, the Team will co-ordinate the development of appropriate action plans.

The Division's inpatient services activity in the Rehabilitation Wards at Wyong and Woy Woy Hospitals has increased, and the length of stay has decreased by 2.1%.

To improve the patient care environment the Rehabilitation Unit at Woy Woy Hospital was substantially upgraded by the installation of air conditioning and new furnishings to the dining and communal area.

The Confused and Disturbed Elderly Unit at Long Jetty Hospital was reviewed as part of a state wide consultancy which looked at the efficiency and costs of care provision for confused and disturbed elderly people. The report is expected by September, 1994. The Unit maintains a high occupancy rate.

In March 1994, the Department of Veterans' Affairs devolved the

Rehabilitation Appliances Program (RAP) to the Area Health Services Program of Aids to Disabled Persons (PADP). An additional staff member has been engaged to administer this program locally.

The PADP committee meets regularly to monitor and review the service particularly for those clients who would suffer ongoing health and financial hardship if assistance under the program was not available.

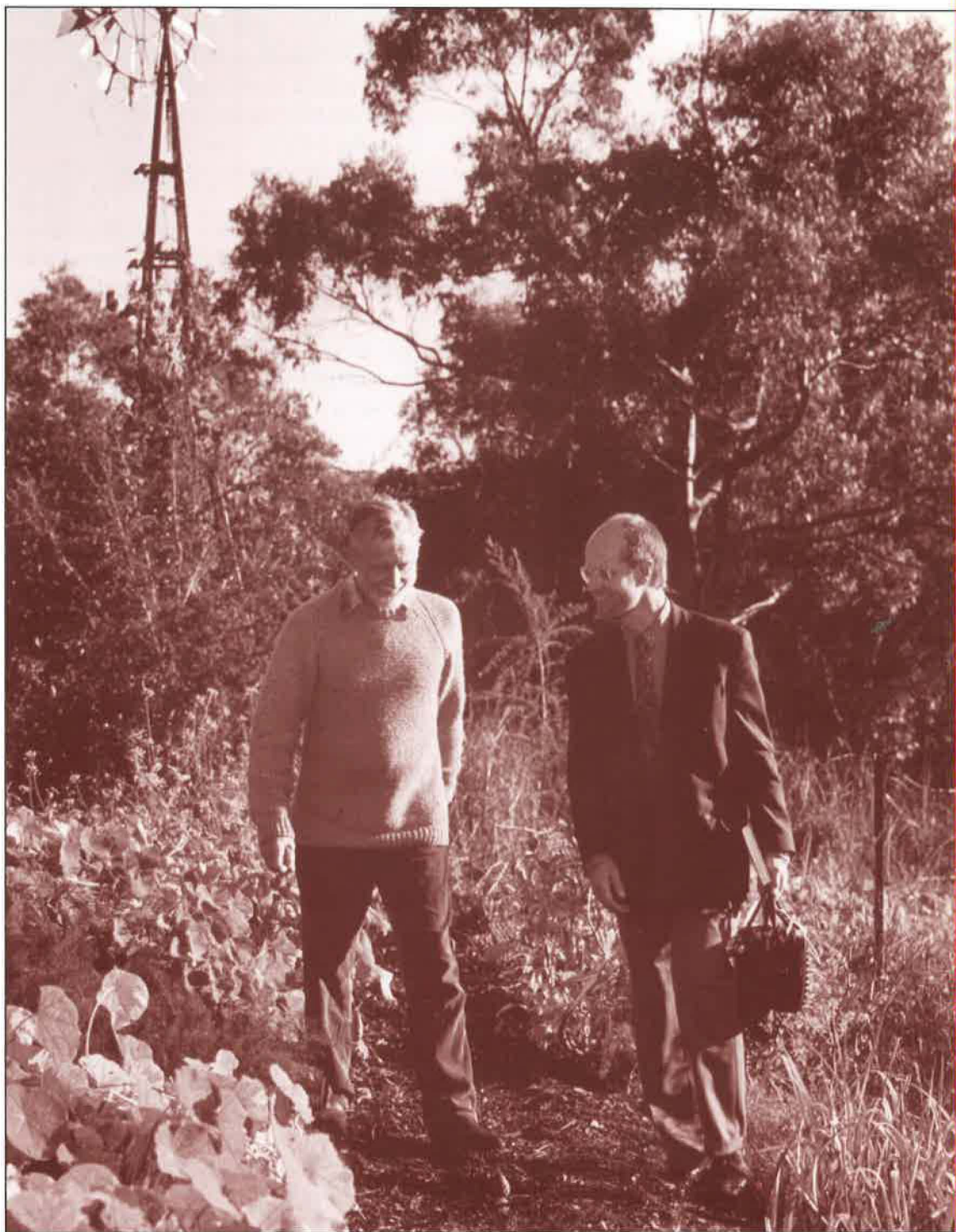
The Orthotic Department is being relocated on the Gosford Hospital campus. The opportunity will be available to plan substantially improved patient access and service areas as well as address staff health and safety issues.

The Divisional services were enhanced by the employment of a second psychologist and an additional secretary to the Department of Geriatric Medicine.

A wide ranging review into the incidence of Central Coast residents suffering various forms of dementia was conducted with major input from agencies and interested groups. The outcome of the review will become a community document to assist with planning appropriate health and community services. Support services for carers, respite care services and education about the disease are formidable issues to be addressed when it is estimated that over 20% of individuals over 80 years suffer various forms of dementia.

The Division can expect much greater demand for services for the elderly generally. It is expected that innovative programs will need to be introduced to provide adequate services for elderly people and for rehabilitation patients. Increased life expectancy will mean increased health services provision in the next 10 years and beyond.

*"You need to get out
into the environment,
where people live, and see
what they do, to really be
able to assess their
specific needs."*



**CARING FOR THE COAST
THROUGH IMPROVED COMMUNITY AGED CARE SERVICES >**

GERIATRIC MEDICINE

The Department of Geriatric Medicine has taken a further step in servicing the community by providing consultations in the patient's home when necessary.

This service is aimed at attaining the clearest possible assessment for the geriatric assessment team and also to help provide an accurate appreciation of the client's needs.

KEY INDICATORS

Activity in the Rehabilitation Wards has increased, with admissions up 11.4%, occupancy up 1.3% to 88.2%, length of stay up 1.5% to 20.6 days and caseflow rate constant at 15.6. Non-inpatient occasions of service (NIOOS), at 77,839 are 23.9% above the previous year. There has been little change in Confused and Demented Elderly (CADE) Unit activity and occupancy remains high at 98.5%. Cost per rehabilitation patient treated is estimated to be \$3,024 and cost per NIOOS to be \$36. Cost per CADE Unit patient treated is estimated to be \$37,676.

KEY INDICATORS	1993/94
Admissions	725
Daily Average Inpatients	48.4
Bed Days	17655
Occupancy Rate	88.2%
Average Length of Stay	20.6 days

DIVISION OF SURGERY

The Division of Surgery has had a rewarding year. Progress has been made in a number of areas that were defined as priorities in the inaugural Business Plan, produced at the beginning of the financial year.

Regular surgical audit is taking place with the assistance of Dr Andrew Lancaster as recommended by the Royal Australasian College of Surgeons.

The Surgical Division facilitated the production of the pre-elective surgery video called "The First Time". The decision to focus on patient education was identified in the Business Plan & this video forms part of the thrust for improvement in this area. The video has received great accolades from both patients given the opportunity to view the video prior to admission and from other Area Health Services where the video is to be used in much the same manner as it is locally.

The Surgical Quality Improvement Sub-Committee are meeting regularly

in order to ensure that the high standards are maintained. Patient education is a major focus of this committee. Divisional Quality Improvement activities included:-

- ◆ The development & evaluation of the Standards of Nursing Care for the Division of Surgery. The standards have been developed to fill the gap between the Division of Nursing policy & procedures & the standard of nursing care specifically expected within the Division of Surgery.
- ◆ Patient education leaflets. The development of specific education leaflets plus the "Welcome To Ward....." brochures in an attempt to streamline patient education & orientation process.
- ◆ Nursing documentation. Currently there is a review of five major areas of nurse documentation, the areas include; Patient Education, Fluid Balance, Wound Care, Hygiene & Pain Management. This Quality Improvement initiative will remain the committee's focus until significant improvements have been achieved.

Dr Terry Vandeleur was appointed as Medical Manager early in the year to complete the management triumvirate.

The appointment of a Critical Pathways Project Officer has now occurred. Over the next twelve months critical paths will be developed in key areas as pilot projects. Anticipated benefits of critical paths include quantification & standardisation of resources put into the selected procedure / diagnosis, a defined quality management process, reduced costs, reduced length of stay and improved outcomes. Evaluation will occur as an integral part of the project, if all goes as anticipated the anticipated benefits will be most evident.

Dr James Hasn was appointed Visiting Orthopaedic Surgeon for Gosford & Wyong Hospitals.

**CLINICAL
DIVISIONAL
REPORTS**
CONTINUED

Financially, the Division achieved a positive result with significant savings being made in Goods & Services in comparison to previous years.

KEY INDICATORS

The overall increase of 5.6% in the Division of Surgery's admissions masks the decrease in day surgical

admissions at Gosford Hospital. While overnight surgical admissions have increased by 7.9%, day surgical admissions have decreased by 11.0%. Occupancy in the short stay ward continues at the 60% level as compared with 87.6% in the general surgical wards. Occupancy in Wyong's surgical ward remains low at 60% despite the marked increase



A major customer focus project was the production of "The First Time" video which is aimed at allaying the fears of those about to come in for surgery with an informative personal glimpse into the procedures involved.

**Division of Surgery
Key Performance Indicators 1993/94**

	WYONG	GOSFORD	TOTAL
Divisional Total			
Day Only Admissions	641	2,994	3,635
Admissions	1,642	9,768	11,410
Total Treated	1,722	11,862	13,584
Bed Days	6,465	48,195	54,660
Daily Average	21.1	142.7	163.9
Occupancy %	60.1%	83%	79.7%
Average Length of Stay	3.8	4.1	4.0

**CLINICAL
DIVISIONAL
REPORTS**
CONTINUED

(34.6%) in admissions. However, a substantial number of these are endoscopy admissions, 39.3%, as compared with 19.9% at Gosford.

While length of stay in the Surgical Division shows a slight decrease (0.7%) overall, significant decreases have occurred in Gosford's short stay

(14.9%) and general surgical wards. The increase in Wyong's surgical length of stay relates to more complex surgery.

Cost per surgical patient treated, including costs incurred in theatre, is estimated to be \$1,241 at Gosford and \$1,220 at Wyong.

**HOSPITAL
REPORTS**

GOSFORD HOSPITAL

As the central administrative campus and the largest group hospital, issues pertaining to Gosford Hospital are largely covered in other reports throughout this Annual Report.

An extensive program of ward refurbishments in the older wing of the hospital has seen the opening of new and expanded outpatients clinics. Renovations to the general medical wards are also well underway.

Total number attending Gosford Clinics 1993/94

Ante-natal Clinic	8887
Genetics	96
Gynaecology	259
Pace Maker	497
Oncology	1976
Cystic Fibrosis	170
Staff Health	1616
Orthopaedics	6141
Pre-Admission	2525
Surgical	621
Ear Nose & Throat (from May 1994)	86

Medical and Nursing training and administration are co-ordinated from Gosford, and the respective reports follow:

MEDICAL CLINICAL TRAINING

The NSW Postgraduate Medical Council sets standards for training resident medical officers in their first two postgraduate years. These standards define the quality and variety of experience and supervision which must be obtained by a resident medical officer.

Rotating through the Gosford/Wyong/Woy Woy hospitals are 65 resident medical staff in their first two postgraduate years.

The implementation of these training requirements is via the Directors of Clinical Training; at Gosford this is Dr Marie Kearney; at Wyong Dr John Burrell, with teaching being provided by registrars, staff specialists and visiting medical officers.

The Postgraduate Medical Council accreditation team visits hospitals to ascertain the quality of training.

Gosford was visited in May this year and has been awarded a further three years accreditation for excellence in the provision of education and training of junior medical staff. Wyong commenced training junior medical staff in 1992. They are working towards a visit by the Postgraduate Medical Council's accreditation team in December this year.

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“... to see a mother and baby together, relaxed in their home environment, is one of the rewards reaped when working as a community midwife.”



COMMUNITY MIDWIVES

Community Midwives work as a team to provide comprehensive antenatal and postnatal care.

The midwives attend home visits to weigh babies, help with breast feeding and provide education regarding newborn screening.

**CARING FOR THE COAST
THROUGH IMPROVED SERVICES TO PARENTS >**

Gosford and Wyong medical personnel are actively involved as accreditors for the Postgraduate Medical Council.

Specialisation in training starts to occur with resident medical staff in their third postgraduate year. For many of the medical staff this means progressing towards a career in general practice. The wide variety of cases seen by all divisions within Central Coast Area Health Service is of particular training value to aspiring general practitioners. This wide variety of clinical cases is also recognised by many of the specialist colleges and Gosford is considered excellent training for future physicians, surgeons, anaesthetists, obstetricians and gynaecologists, orthopaedic surgeons, ear, nose & throat surgeons and paediatricians on rotations from teaching hospitals in either Sydney or Newcastle.

Other specialties such as accident and emergency and psychiatry receive all their training at Gosford. Geriatric medicine and rehabilitation medicine are accredited for part of their training at Gosford.

In 1994 we received approval from the Royal Australian College of Physicians to commence a training course for physicians at Gosford.

We have an excellent record in postgraduate examinations such a Diploma in Obstetrics and Gynaecology and specialist training in emergency medicine.

NURSING

The Nursing Division has had a busy and challenging year. Senior Nurse Managers entered into an enterprise agreement, which placed them in four salary bands. Within the enterprise agreement all Senior Nurse Managers were expected to develop

individual performance indicators which would be evaluated every six months and be related to incremental salary increases. All the senior nurses involved in this process are to be congratulated on how they met the challenge to set their performance indicators. The remaining nurses throughout the Area Health Service also entered into a performance agreement and their salary increases are linked to performance indicators of customer satisfaction, documentation reporting & value for money.

The nursing staff adapted to these changes in a most professional manner and the challenge of improving work performance in line with the indicators has been very well accepted.

Education programs for a number of specialised nursing areas have continued to expand. The midwifery education program has had a most successful year with the following graduands being successful in obtaining their midwifery certificates.

GRADUATED OCTOBER 1993

Balneaves, Nicole
Boillat, Yvone
Dickson, Susanne
Easy, Michelle
Gibson, Simone
Higgins, Darren
Klepzig, Melissa
Rodd, Sally
Saines, Shirley
Torry, Helen

GRADUATED FEBRUARY 1994

Clark, Amanda
Connolly, Jane
Fort, Maree
Groth, Leesa
Hoedt, Michelle
Hufton, Sally
Joel, Donna
Strickland, Clare
Tucker, Susan

GRADUATED JUNE 1994

Burrows, Nicole
Donnelly, Fiona
Forehead, Hugh
Garland, Angelina
Harden, Anne
Polley, Jennifer
Riach, Suzanne
Steinhardt, Shauna
Stevenson, Joyce
Stewart, Marilyn
Toohey, Jennifer

The Enrolled Nurse education program conducted in association with North Sydney TAFE College has again produced excellent results with the following graduands being successful.

GRADUATED OCTOBER 1993

Attrill, Madeline
Fewtrell, Demascus
Glover, Denise
Wade, Adana
Sparrow, Jackie

GRADUATED MARCH, 1994

Ardill, Jodi
Gill, Helen
Kirkpatrick, Leeanne
Lane, Ann Maree
Pearce, Kelly
Thorpe, Karen
Turnbull, Alecia

GRADUATED MAY 1994

Amos, Helen
Bell, Debbie
Bruderlin, Kathy
Carter, Graham
Eyb, Katrina
Jones, Robyn
Sheldrake, Jenny

"to know that we're contributing to the smooth running of the hospital system by providing a professional service in painting and signage really makes us proud."



Many of our nurses working in the Critical Care Units at the Central Coast Area Health Service have shown great interest in enhancing their skills. Ten nurses have successfully completed a six months College of Nursing course in the areas of Intensive Care, Coronary Care and Emergency Nursing.

The Central Coast Area Health Service is leading the way with the practical implementation of ANRAC in New South Wales with the development, implementation and evaluation of competency based assessment evaluation format for new nurse graduates. These standards introduced in 1986 by the Australian Nurse Registering Authorities define the requirements for the effective performance for a practitioner on entry into nursing in Australia.

WOY WOY HOSPITAL

This year the focus of activities for Woy Woy Hospital has revolved around customer service.

As with the previous year our goal was to continue to improve the patient care areas within the complex. With this in mind the staff formed a committee and developed a plan of action. During formation of the plan patients were surveyed and questioned for opinions and suggestions. Since then there has been a great change in the environment. To date the following outcomes have been achieved:-

- ◆ Replacement of furniture such as water comfort, fall prevention and height adjustable lounge and dining chairs. These chairs were trialled by patients prior to purchase and are extremely comfortable and supportive.
- ◆ Replacement of the floor coverings in the foyer and lounge rooms.

- ◆ Upgrading of the patient call system in the rehabilitation unit.
- ◆ Installation of an intercom to all external doors connecting to the nurses' work stations in both the General and Rehabilitation Units for after hours use.
- ◆ The refurbishment of the treatment room thus providing nursing staff with a needed functional area.
- ◆ The conversion of a room into a "Quiet Room".
- ◆ Introduction of a needle exchange program.

Educational programs were also conducted for all staff in customer service and continuous quality improvement. A rotational program for registered nurses in emergency care, was achieved through a placement arrangement with the Emergency Department at Gosford Hospital.

At present both the General and Rehabilitation Units are in the process of implementing diversionary therapy programs.

KEY INDICATORS

While occupancy, at 93.7%, has remained at its previous level, admissions have decreased 6.4% and length of stay, at 15.5 days, has increased by 10.9%. This change in activity pattern as compared to the previous financial year undoubtedly relates to patients awaiting nursing home placement. Data indicate that in the Medical Ward, nursing home patients increased by 83.3% and bed days by 112.7%, accounting for seven beds. Cost per patient treated is estimated to be \$1,610.

KEY INDICATORS	1993/94
Admissions	702
Daily Average Inpatients	30.9
Bed Days	11281
Occupancy Rate	93.7%
Average Length of Stay	15.5 days

“... they’re still loved,
they’re still being cared
for, they’re still
important... that’s what
we focus our service on in
palliative care, at a time
when families and clients
need us the most.”



Palliative Care Team members with a client at Long Jetty Hospital.

LONG JETTY HOSPITAL

Beautification of the grounds of the Hospital continues and the completion of an earth berm on Wyong Road to reduce traffic noise has benefited both patients and staff.

Upgrading of the Hospital’s fire facilities also continued throughout the year.

A mobile internal communication system has been installed in the Confused and Disturbed Elderly (C.A.D.E.) Unit to enhance the safety of both residents and staff.

The Hospital has been taking part in a sub-acute casemix project classifying different episodes of patient care into particular classes, which will provide an overview of the

mix of hospital services used. Future benefits from the project should include the setting of standards to measure best practice and ultimately the patient will benefit from the improvements in our efficiency and quality of care.

The holiday periods continued to remain a busy time for the After Hours General Practitioner Service, where outpatients are seen when local doctors’ surgeries are closed.

The Extended Day Care Unit also had a busy year and remains a focus for activity for the Long Jetty area.

Palliative Care, comprising of physicians, nursing and other staff continued to offer a very high standard of service to both inpatients and outpatients.

The Division of Long Jetty incorporates the Medical Ward, After Hours General Practitioner Service and Administration.

KEY INDICATORS

Activity levels in the Division of Long Jetty are consistent with the previous financial year. Admissions have increased by 0.3%, length of stay has increased by 0.7% to 10.7 days and occupancy remaining around 78%. The number of nursing home-type patients and their bed days was also similar to the previous year. There were 4057 non-inpatient occasions of service for the year. Cost per patient treated is estimated to be \$1,202 and cost per non-inpatient occasion of service is estimated to be \$31.

KEY INDICATORS	1993/94
Admissions	877
Daily Average Inpatients	25.6
Bed Days	9347
Occupancy Rate	77.8%
Average Length of Stay	10.7 days

WYONG HOSPITAL

Services have continued to increase throughout the year with Admissions in the Medical Wards increasing by 29%. The highlight of the year was the opening of the Hydrotherapy Pool building by The Hon. Ron Phillips, Minister for Health. The complex houses the Nutrition Department and the Medical Records Unit which outgrew its old premises within twelve months of being situated on the Hospital campus.

Other Stage IIA projects include quarters for the Resident Medical Staff which are one and two bedroom units and available for on-call Medical Officers.

The refurbished Outpatient Clinics and Endoscopy Unit which previously housed the Emergency Department, was commissioned in February this year and various disciplines are opening incrementally based on the needs of the community. Some admission procedures are also directly undertaken in the Unit for the convenience of intending patients. A small outdoor play area with play equipment has been incorporated for the benefit of small children attending the clinics with their family.

Dr J. Hasn, Orthopaedic Surgeon and Dr J. Palmer, Director of Obstetrics and Gynaecology have taken up appointments with the Area Health Service and attend the Outpatient Clinic.

A ten bed unit offering services in general medicine and gynaecology was opened for day surgical patients in April. It is hoped that in the near future we will be able to provide a broader based medical and nursing service on a day only basis.

Mr Jack Verhagen, Executive Officer of Wyong Hospital, was farewelled in April, after 19 years

dedicated service to the community and Area Health Service.

In line with the Area Health Service's policy relating to customer focus, on June 1 the Executive of Wyong Hospital initiated a seminar for front-line Clerical Staff from all Hospitals within the Area Health Service. The Seminar was specifically designed to heighten their awareness of the vital role they play as part of the team which provides customer service to patients, relatives and staff.

The Division of Wyong includes the Medical Wards, Outpatient Clinics and Administration.

KEY INDICATORS

Opening of additional beds and the changing role of Wyong Hospital has markedly altered activity in the Division of Wyong, i.e. medical ward admissions have increased 29%; length of stay has decreased by 4.7% to 7.6 days (excludes Wyong Day Unit); caseload rate has increased 7.5% to 34.2, while occupancy rate has decreased 3.1%. However, the nursing home-type patients need to be monitored, with data indicating there were five patients waiting nursing home placement accounting for 145 bed days. Cost per patient treated is estimated to be \$1,085.

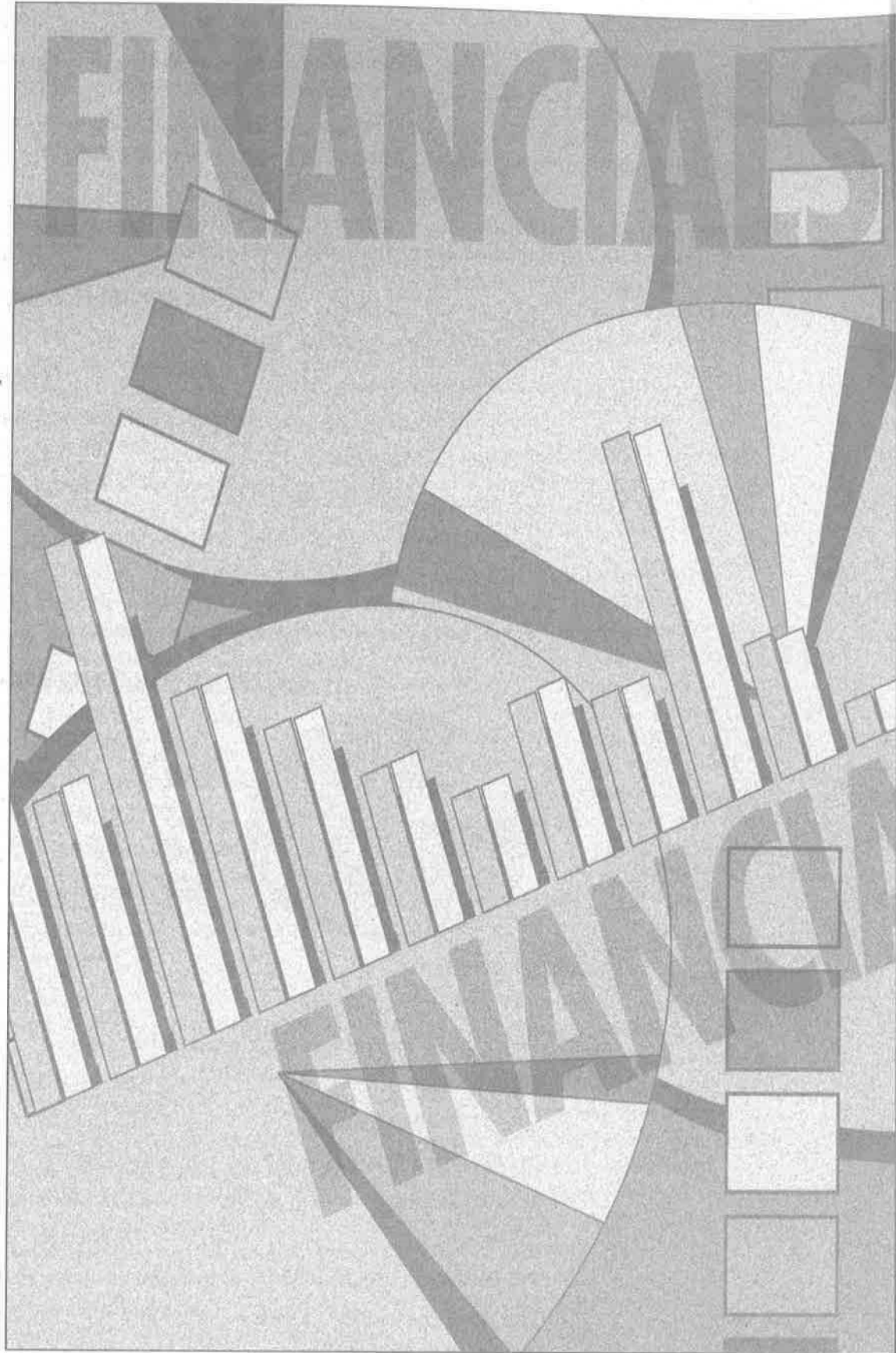
KEY INDICATORS	1993/94
Admissions	2049
Daily Average Inpatients	50.7
Bed Days	18485
Occupancy Rate	84.7%
Average Length of Stay	7.6 days



An outdoor play area near the Wyong Hospital Clinics has been installed for the benefit of families attending appointments.



**FINANCIAL
STATEMENTS**



The budget allocation provided by the Department of Health was received in early August 1993.

The agreed final payments budget totalled \$142,824,323.00 (Accrual), with a revenue budget of \$11,327,800.00 (Accrual).

Whilst the 93/94 allocation was framed on an accrual basis, it did not diminish the importance of effective cash management, and the area was required to continue to closely monitor cash performance.

93/94 RECURRENT BUDGET (GENERAL FUND)

The payments budget was as follows:-

1) Employee Related	\$ 99,656,149.00
2) Visiting Medical Officers	\$ 8,370,283.00
3) Goods and Services	\$ 23,988,389.00
4) Repairs, Maintenance and Renewals	\$ 3,749,502.00
5) Depreciation	\$ 7,060,000.00

The pie chart below indicates that 70% of total budget was spent on Employee related expenditure ie. Salaries & wages, superannuation, long service leave provision, annual leave provisions etc.

GENERAL & SPECIAL PURPOSE FUND PAYMENTS 1993/1994



The revenue budget was established as follows:-

1) Patient Fees	\$ 7,605,000.00
2) Intra Health Charges	\$ 2,070,000.00
3) Other User Charges	\$ 1,418,800.00
4) Interest	\$ 230,000.00
5) Other	\$ 4,000.00

Patient fees represented 67.1% of the total income secured.

The Area finished the financial year (93/94) with a budget surplus (cash) on payments of \$653,170.00.

The Area finished the financial year 93/94 with a budget surplus (cash) on revenue of \$767,519.00.

MATTERS OF SIGNIFICANCE

ORACLE FINANCIAL SYSTEM

1993/94 was a very busy year as we commenced using the Oracle Financials software from 1st July 1994 as well as starting monthly accrual accounting.

The decision to implement Oracle was taken for the following reasons:-

1. Monthly accrual accounting was required from 1 July 93 and the previous financial system (Hosfin) was not able to provide the functionality.
2. The life of the Hosfin product was limited as the Department of Health had advised that support for Hosfin would not be provided after 30 June 94.
3. The Department of Health had offered to fund 80% of the capital costs of the implementation of a new financial system.
4. Oracle was the Department's preferred choice for Area Health Services.
5. The implementation of accrual accounting would allow data to be captured correctly for the calculation of costs based on casemix.
6. There would be potential savings with the state wide adoption of a vendor catalogue which would allow negotiation of better pricing across the state.

The Division of Finance is especially grateful for the support from the Computer Services Department during the implementation of the project. The hardware platform chosen was a Sequent which suited Oracle well but was totally different to the computers that the Area already had acquired. This made the computer staff's job more difficult and necessitated them undertaking additional training.

ACCRUAL ACCOUNTING

Accrual Accounting was introduced on a monthly basis from 1 July 93. This was a requirement of the Department of Health who were following a new policy of the State Government.

Accrual accounting is normal commercial business accounting and is concerned with matching expenses with the accounting period they were incurred in. Prior to commencing accrual accounting the Area had been on cash accounting for approximately 20 years.

The effect of the commencement of accrual accounting has had a significant impact on the Finance Division.

The divisions and departments who rely on financial reports to analyse their performance to budget have found that the change to accrual accounting has meant initial problems. However, as familiarity with the system has grown the problems have been resolved. To assist the customer departments, a series of training courses were organised called Accounting for Non-Accountants which helped in the understanding of key concepts.

UNIT BUDGETING

1993/94 was the second year of unit and divisional budgeting covering salaries, goods and RMR. It was considered the final transitional stage in the introduction of decentralised budgeting. To enhance the recognition of service costs provided within the Area, it was decided to levy certain charges to user departments. These included the likes of drugs, CSSD, telephones and printing. The highlight of the financial year were the divisional results which produced an excellent overall 0.86% favourable variation to budget (table below). This was due to good budgeting and financial management. An incentive was

DIVISION OF FINANCE

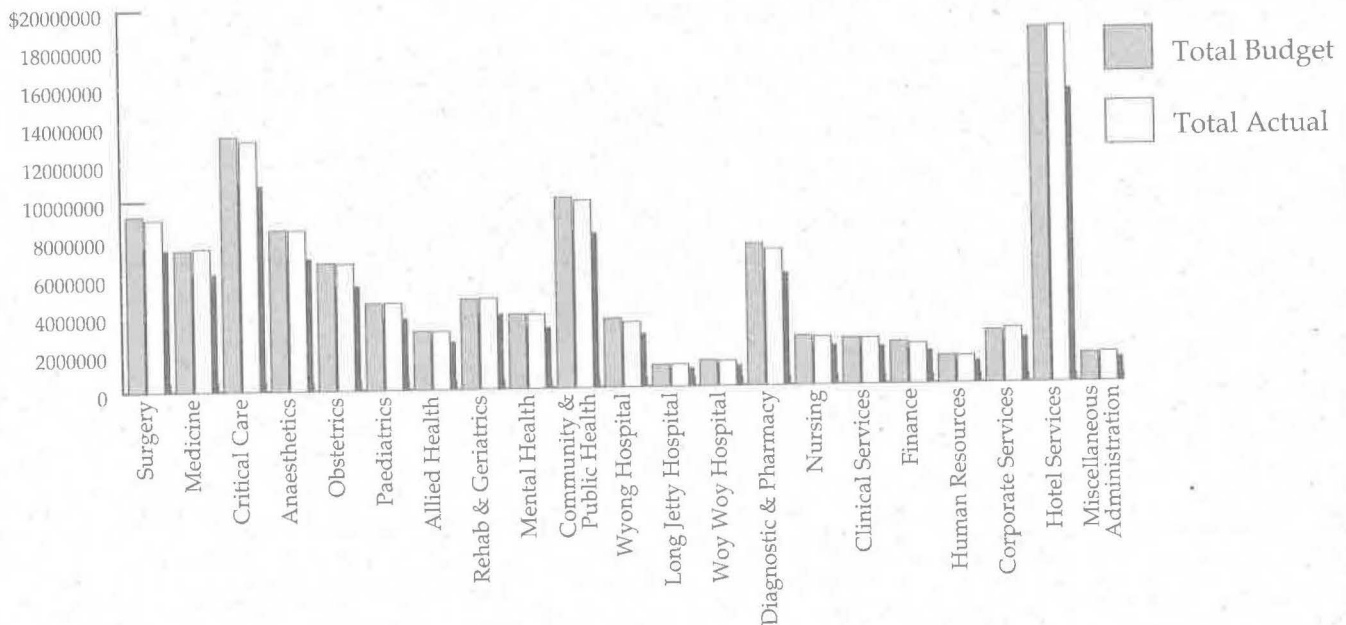
given to divisions this year to identify those management initiatives undertaken which resulted in genuine savings. This was well received and provided a mechanism for some divisions to direct end of year approved saving to worthwhile projects, which they could not normally afford.

Unlike Hosfin and MiMate, Oracle provided the ability to centralise the storage and reporting of data. The reporting capabilities far exceeded what was previously attainable. With the help of Business Managers, Finance was able to develop reports that were more meaningful than ever before. The impact that accrual

accounting had on divisions was dramatic. So much so that 2 day training courses have been conducted on accounting principles. By the end of 1993/94 departments were coming to terms with this business accounting approach, giving us high hopes for 1994/95.

We wish to thank the support given by Business Managers and Department Heads for the successful outcomes achieved in 1993/94. With this triumph, unit and divisional budgeting is set to expand in 1994/95 to include other intra Area charging, certainly surpassing our expectations.

YTD JUNE 1994 SALARIES, GOODS & RMR BUDGET TO EXPENDITURE



FINANCIAL POSITION

The Financial Statements included in the Annual Report have been prepared using accrual accounting principles.

The combined General Fund and Special Purpose and Trust Fund Operating Statement for the year

ended 30 June 1994, reveals an accrual net operating cost of service of \$126,817,000. The budgeted net cost of service was \$128,983,000.

The Area's total assets exceed \$166.543 million while its liabilities total \$25.675 million. The net worth of the Area is approximately \$140.868 million. (Total Equity).

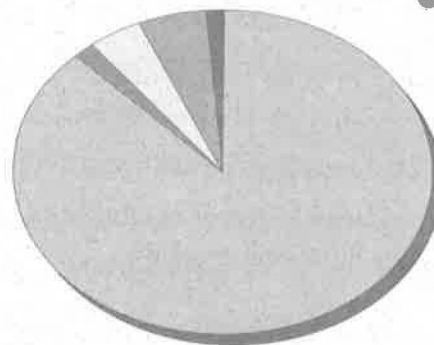
DIVISION OF FINANCE

EXPENDITURE

The Central Coast Area Health Service received funding under eight health programmes:-

Program 1.1	Public Health Regulatory Services	\$ 426,458.00
Program 1.3	Health Promotion & Education	\$ 787,174.00
Program 2.2	Services specifically for Drug & Alcohol Dependant Persons	\$ 562,267.00
Program 2.3	Support for Area Health Services & Public Hospitals	\$ 125,265,504.00
Program 2.5	Dental Health Services	\$ 2,409,782.00
Program 2.6	Aboriginal Health Services	\$ 30,446.00
Program 2.8	Services mainly for Mentally Ill	\$ 5,995,348.00
Program 2.9	Services mainly for the Aged & Disabled	\$ 7,347,344.00
		<hr/>
		\$142,824,323.00

GENERAL FUND BUDGET PROGRAMS



- Pub Hosp Serv P2.3
- Dental P2.5
- Psychiatrically Ill P2.8
- Aged & Disabled P2.9
- Other Programs

The above pie chart indicated that the Central Coast Area Health Service spends 87.7% of its allocation on acute hospital and community health services (Program 2.3). A further 5.1% was spent on program 2.9, while 4.2% was spent on program 2.8.

Included in the above programme allocation was funding for a number of specific projects and enhancements:-

1. CAPITAL DRIVEN ENHANCEMENTS

Funds provided by the Department of Health in 93/94 for recurrent expenditure associated with the continued development of services at Gosford and Wyong totalled \$3,000,000.00.

The remaining funds of \$4,500,000.00 have been allocated in:-

- 94/95 \$ 2,500,000.00
- 95/96 \$ 2,000,000.00

2. SERVICE IMPROVEMENT FUNDS

Funds totalling \$200,000.00 were provided for the following:-

- On call Sexual Assault Medical Service \$ 67,000.00
- Establish Drug & Alcohol Liaison Service \$ 48,000.00
- New & Additional Outpatients clinics at Gosford & Wyong \$ 45,000.00
- Employ Domestic Violence Co-ordinator \$ 40,000.00

3. SERVICES FOR THE PSYCHIATRICALY ILL

Funds of \$150,000.00 were provided to establish a Mobile Treatment Team and to develop a consultative liaison psychiatric service.

4. PROGRAM & ENHANCEMENT FUNDING

Including funds:-

- 1.3 Injury prevention program \$ 90,000.00
- 2.2 National & State campaign against drug abuse \$ 92,300.00
- 2.3 Aboriginal HIV/STD Seminars \$ 6,200.00
- Youth Health Outreach Team \$ 78,000.00
- Youth Health Homeless Youth \$ 125,000.00
- Casemix/DRG Funds \$ 65,000.00
- Costs associated with bush fire disaster \$ 120,660.00
- 2.6 Aboriginal Health \$ 30,446.00

EFFICIENCY GAINS

Savings required to be achieved in 93/94 totalled \$1,129,000.00. Savings were spread across the following programs.

Program 1.1 Public Health Services	\$ 5,000.00
Program 1.3 Health Promotion	\$ 9,000.00
Program 2.3 Area Health Hospital Service	\$ 1,039,000.00
Program 2.5 Dental Services	\$ 28,000.00
Program 2.9 Aged & Disabled Services	\$ 48,000.00
	\$1,129,000.00

This target was achieved through initiatives set by the Area in consultation with Divisional and Departmental Managers.

REVENUE OVERVIEW

The Revenue Department during 1993/94 underwent a significant transformation.

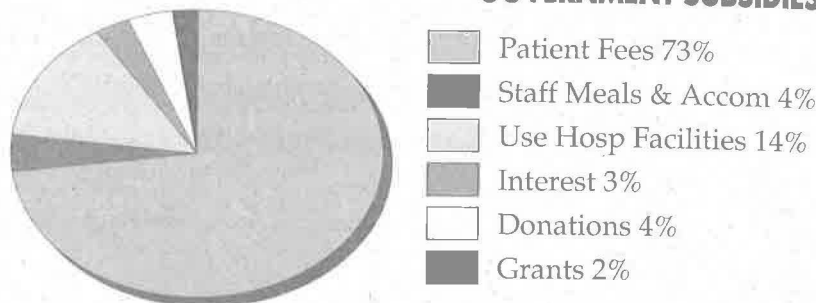
As a result of numerous recommendations a significant number of policy,

DIVISION OF FINANCE

procedural and system maintenance improvement strategies were implemented. During the 1993/94 financial year there was an 8% fall in Fees raised for Chargeable Accommodation, however, there was an 18% increase in Fees raised for Diagnostic Procedures carried out.

New Veteran Affairs arrangements introduced in 1993/94 significantly reduced the level of chargeable accommodation fees raised. The private patient ratio for 1993/94 (27.4%) showed continual decline on the result obtained for 1992/93 (29.8%).

GENERAL & SPECIAL PURPOSES FUND; REVENUES EXCLUDING GOVERNMENT SUBSIDIES 1993/1994



CAPITAL FUNDING OVERVIEW

During 93/94 the Department of Health by way of Special Grants, provided the following funds

· Gosford Hospital Stage 3 Development	\$1,000,000.00
· Wyong Hospital Stage 2 Development	\$652,000.00
· Oracle Financial System	\$382,000.00
· Cerner Pathology Laboratory System	\$1,971,692.00
· Minor Equipment Dental	\$20,000.00
· Gosford Hospital Mobile Image Intensifier	\$90,000.00
Funds provided totalled	\$4,115,692.00.

RESPONSE TO MATTERS RAISED BY AUDITOR-GENERAL IN OUTGOING AUDIT REPORTS

All matters raised in previous years by the Auditor-General have been resolved.

CONSULTANCY FEES

CONSULTANCY FEES PAID IN THE FINANCIAL YEAR ENDED 30 JUNE 1994

Consultancy fees costing more than \$30,000.00 are as follows:

Consultant's Name	Nature of Consultancy	Amount Paid
Coulson & Associates Pty. Ltd.	Total Quality Improvement	75,000.00
The number of consultants engaged during the year costing less than \$30,000.00 were 29.		90,867.82
Total amount paid to Consultancy firms was		165,867.82

**OVERSEAS
TRAVEL AND
CONFERENCES**

To study in areas of Anatomical Pathology relevant to the C.C.A.H.S. pathology service	34,629.95
US Canadian Academy of Pathology	10,040.20
6th International Conference for Infectious Diseases – Prague, Czechoslovakia	9,979.33
American Society of Haematology	7,275.16
Professional Education Seminars – Fiji	1,921.12
Trauma team leader – Victoria Hospital, London, Canada	20,433.30
Conference – Society for Anaesthetists – Canada	3,540.64
American Geriatrics Society Annual Scientific Meeting Los Angeles USA	2,843.76
Conference attendance American Society of Regional Anaesthesia	4,778.90
International Congress of Radiology – Singapore	
International Symposium – New Dehli	11,856.01
8th IUVDT Regional Conference	2,984.82
Study examples of fine needle aspiration cytology Study Specialised Histopathology areas of GI tract pathology, breast pathology, bladder/prostate pathology & skin pathology.	53,972.79
Total	164,255.98

CERTIFICATION OF ACCOUNTS

Pursuant to Section 45F(1B) of the Public Finance and Audit Act 1983, we declare on behalf of the Board of the Central Coast Area Health Service that:

- (i) the financial statements of the Central Coast Area Health Service for the year ended 30 June 1994 have been prepared in accordance with the requirements of Australian accounting standards, the Public Finance and Audit Act, 1983 and its regulations, and the Public Hospitals Act, 1929 and its regulations;
- (ii) the financial statements exhibit a true and fair view of the financial position and transactions of the Area Health Service; and
- (iii) there are no circumstances which would render any particulars in the accounts to be misleading or inaccurate.

S CHRISTLEY
Acting Chief Executive Officer

P COWDERY
Director of Finance & Budget

Dated: Friday, August 12, 1994

**INDEPENDENT
AUDIT REPORT****INDEPENDENT AUDIT REPORT
CENTRAL COAST AREA HEALTH SERVICE**

To Members of the New South Wales Parliament
and Members of the Board

Scope

I have audited the accounts of the Central Coast Area Health Service for the year ended 30 June 1994. The preparation and presentation of the financial statements, consisting of the statement of financial position, the operating statement and the statement of cash flows together with the notes thereto, 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 to Members of the New South Wales Parliament and Members of the Board based on my audit as required by Sections 34 and 45F(1) of the Public Finance and Audit Act 1983. My responsibility does not extend hereto an assessment of the assumptions used in formulating budget figures disclosed in the financial statements.

My audit has been conducted in accordance with the provisions of the Act and Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. 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 presented fairly in accordance with the requirements of the Public Finance and Audit Act 1983, and Australian accounting standards, so as to present a view which is consistent with my understanding of the Central Coast Area Health Service's financial position, the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion, the financial statements of the Central Coast Area Health Service comply with Section 45E of the Act and present fairly in accordance with applicable accounting standards the financial position of the Service as at 30 June 1994 and the results of its operations and its cash flows for the year then ended.



P. G. Thomas, ACA
Assistant Auditor-General

(duly authorised by the Auditor-General of New South Wales under Section 45F(1A) of the Act)

SYDNEY

10 October 1994

**OPERATING
STATEMENT**

CENTRAL COAST AREA HEALTH SERVICE

**COMBINED GENERAL FUND AND SPECIAL PURPOSES AND TRUST FUND
OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 1994**

	Notes	Actual 30/6/94 \$000	Budget 30/6/94 \$000	Actual 30/6/93 \$000
Expenses				
Employee Related	3	102,798	99,860	96,597
Visiting Medical Officers		8,156	8,370	8,113
Goods and Services	4	23,569	24,301	22,731
Repairs, Maintenance and Replacements (Minor Items)	2(e), 5	4,655	3,863	5,202
Depreciation	2(f), 14	7,888	7,060	6,699
Total Expenses		147,066	143,454	139,342
Revenues				
User Charges	6	12,070	11,614	16,276
Donations and Industry Contributions	7	156	153	14
Other	8	276	277	968
Total Revenues		12,502	12,044	17,258
Gain/(Loss) on disposal of assets Abnormal Items	9 10	(88) 7,835	- (2,427)	(99) -
Net Cost of Services		126,817	128,983	122,183
Add Government Contributions				
NSW Health Department Cash Payments	2(i)	119,202	119,202	107,233
NSW Health Department Capital Appropriation	2(l)	4,141	4,141	7,323
State Acceptance of Superannuation Liability	2(b)	7,299	7,299	6,184
		130,642	130,642	120,740
Add				
Industry Contributions/Donations - Increased Service Potential		451	553	1,620
		451	553	1,620
Surplus for Year		4,276	2,212	177
Accumulated Surplus/(Deficit) at the beginning of the year		136,592	-	89,743
Transfers to/from Reserves		-	-	46,672
Accumulated Surplus/(Deficit) at the end of the year		140,868	0	136,592

The accompanying notes form part of these statements.

**STATEMENT OF
FINANCIAL
POSITION**

CENTRAL COAST AREA HEALTH SERVICE

**COMBINED GENERAL FUND AND SPECIAL PURPOSES AND TRUST FUNDS
STATEMENT OF FINANCIAL POSITION AS AT 30TH JUNE 1994**

	Notes	Actual 30/6/94 \$000	Budget 30/6/94 \$000	Actual 30/6/93 \$000
Current Assets				
Cash	11	7,534	4,815	5,537
Receivables	12	1,929	3,372	3,372
Inventories	13	2,575	2,240	1,740
Other		-	-	-
Total Current Assets		12,038	10,427	10,649
Non-Current Assets				
Property, Plant and Equipment	14	154,505	142,534	147,929
Total Non-Current Assets		154,505	152,961	147,929
Total Assets		166,543	(4,893)	158,578
Current Liabilities				
Creditors and Advances	15	8,137	5,636	6,339
Provisions for Employee Entitlements	16	15,418	14,670	13,691
Total Current Liabilities		23,555	20,306	20,030
Non-Current Liabilities				
Provisions for Employee Entitlements	16	2,120	1,950	1,956
Total Non-Current Liabilities		2,120	1,950	1,956
Total Liabilities		25,675	22,256	21,986
Net Assets		140,868	130,705	136,592
Equity				
Accumulated surplus/(deficit)	17	140,868	130,705	136,592
Asset Revaluation Reserve	17	-	-	-
Total Equity		140,868	130,705	136,592

The accompanying notes form part of these statements.

**STATEMENT OF
CASH FLOWS**

CENTRAL COAST AREA HEALTH SERVICE

**COMBINED GENERAL FUND AND SPECIAL PURPOSES AND TRUST FUNDS
STATEMENT OF CASH FLOWS FOR YEAR ENDED 30 JUNE 1994**

	Notes	1994 \$000	1993 \$000
Cashflow from Operating Activities			
Payments			
Employee Related		(100,777)	(87,512)
Suppliers and Other Services		(27,091)	(36,934)
		(127,868)	(124,446)
Receipts			
User Charges		11,995	16,455
Donations and Industry Contributions		451	1,466
Other		1,984	968
		14,430	18,889
Net Cash Used on Operating Activities	21	(113,438)	(105,557)
Cashflow from Investing Activities			
Purchases of Property Plant and Equipment		(8,151)	(10,378)
Proceeds from the sale of Property, Plant and Equipment		1,383	1,121
Total Net Cash Used on Investing Activities		(6,768)	(9,257)
Net Cash Outflow from Operating and Investing Activities		(120,206)	(114,814)
Government Funding			
NSW Health Department Cash Payments		119,202	107,233
NSW Health Department Capital Appropriation		4,141	7,323
Net Cash Provided by NSW Health Department		123,343	114,556
Net Increase/Decrease in Cash		3,137	(258)
Opening Balance		4,397	4,655
Closing Cash Balance		7,534	4,397
Cash and its Equivalents have been Included in the Statement of Financial Position as Follows:			
Cash		7,534	5,537
Current Borrowings (Overdraft)		-	(1,140)
Closing Cash Balance (Cash and Cash Equivalents as above)		7,534	4,397

The accompanying notes form part of these statements.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS 30 JUNE 1994

1. The Area Health Service Reporting Entity

The Central Coast Area Health Service comprises all the operating activities of the Hospital facilities and the Community Health Centres under the control of the Area. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or donor, are nevertheless controlled by the Area.

2. Summary of Significant Accounting Policies

The Area's Financial Statements have been prepared in accordance with applicable Australian Accounting standards, the requirements of the Public Finance and Audit Act 1983 and its regulations and the requirements of the Public Hospitals Act, 1929 and its regulations.

The Operating Statement and Statement of Financial Position have been prepared on an accrual basis and, except where stated, under the historical cost convention. The Statement of Cash Flows is prepared on a cash basis using the direct method.

Budgets were framed on an accrual basis for the first time in 1993/94 and these figures have been included for comparative purposes in the financial statements presented.

All amounts are rounded to the nearest one thousand dollar and are expressed in Australian currency.

Other significant accounting policies used in the preparation of these financial statements are as follows:

(a) Employee Entitlements

These include estimated amounts expected to be paid to employees for their prorata entitlement to long service and annual leave (including annual leave loading) and are accrued annually at current pay rates having regard to the period of service. These amounts have been dissected between current and non-current portions based on past experience. (Refer Note 16 Employee entitlements exclude the value of voluntary services provided.) Note 22 refers.

(b) Superannuation Benefits

The cost of superannuation is included as an operating expense. However, as the Central Coast Area Health Service liabilities for Superannuation are assumed by the State, the Area Health Service accounts for the liability as having been extinguished resulting in non-monetary revenue described as Acceptance by State of Superannuation liability.

(c) Use of Outside Facilities

The Area uses a number of facilities owned and maintained mainly by the local authorities in the area to deliver community health services; no charges are raised by the authorities.

(d) Acquisition of Assets

The cost method of accounting is used for all acquisition of assets. Cost is determined as the fair value of assets given up at the date of acquisition plus costs incidental to the acquisition.

(e) Repairs and Maintenance

Repairs and Maintenance costs and minor renewals (items less than \$5,000) are expensed as incurred. Maintenance costs include expenses on periodic overhaul of major items of plant, machinery and equipment.

(f) Depreciation

Depreciation is provided on a straightline basis against all depreciable assets so as to write off the depreciable amount of each depreciable asset as it is consumed over its useful life.

Details of depreciation rates for major asset categories are as follows:

Buildings	2.5%
Electro Medical Equipment	
– Costing less than \$200,000	10.0%
– Costing more than or equal to \$200,000	12.5%
Computer Equipment	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	33.3%
Furniture, Fittings and Furnishings	5.0%

NOTES

- (g) **Patient Fees**
Patient fees are derived from chargeable inpatients and non-inpatients on the basis of rates specified by the NSW Health Department from time to time.
- (h) **Use of Hospital Facilities**
Specialist doctors with rights of private practice are charged a facility fee for the use of hospital facilities at rates determined by the NSW Health Department and are based on fees collected.
- (i) **NSW Health Department Cash Payments**
Cash payments have been made by the NSW Health Department on the basis of the net allocation for the Area as adjusted for approved supplementations mostly for employee enterprise agreements and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the operating result on the basis that the allocation is earned in return for the health services provided in 1993/94 on behalf of the Department.
Prior to 1 July 1993, the NSW Health Department effected payment on a Gross Operating basis and all General Fund operating revenues received were lodged with the Department.
- (j) **Inventories**
All inventories have been valued at the lower of cost and net-realizable value, and have been classified as current assets based on expected use. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.
Obsolete items are disposed of in accordance with instruction issued by the Department of Health.
- (k) **Property, Plant and Equipment**
- (i) Land and Buildings are valued by independent valuers at 5 yearly intervals. Generally, land is valued on the basis of existing use and buildings on the basis of depreciated replacement cost.
 - (ii) Land and Buildings which are owned by the Health Administration Corporation or the Crown and administered by the Area are deemed to be owned by the Area and are reflected as such in these financial statements.
 - (iii) Physical assets costing less than \$5,000 in value are expensed in the year of acquisition.
 - (iv) Donated physical assets are capitalised and brought into account at fair market value if such value is \$5,000 or more [see (iii) above].
 - (v) The recoverable amount test required under AAS10, Accounting for the Revaluation of Non Current Assets is deemed by the NSW Health Department to be inappropriate as the service potential of assets is generally not dependent on their ability to generate net cash inflows.
- (l) **NSW Health Department Capital Allocations**
Capital Allocations made in the 1993/94 year have been treated as revenue in these financial statements being brought to account after the Operating Result.
- (m) **Research and Development Costs**
Research and development costs are charged to expense in the year in which they are incurred.
- (n) **General Fund Revenues**
The NSW Health Department implemented a policy of net appropriation with effect from 1 July 1993 with all revenues earned now being retained at an Area level and, with Department of Health Cash Payments, applied to offset the expenses incurred.
- (o) **Reserves**
The Department of Health has varied its policy on Group Services and no longer requires the dissection of Accumulated Surplus/Deficit balances into further components for Asset Replacement Reserves. Accordingly, all values have been transferred to Accumulated Funds.
- (p) **Accumulated Leave Provisions**
Under the Leave Mobility provisions applicable in the Government Sector from May 1993, the Area receives moneys equivalent to the value of employee leave transferred. Note 16 reflects the values involved.
- (q) **Equity**
Consistent with NSW Department of Health advice, balances formerly recorded as Opening Equity, Accumulated Surplus/Deficit and Reserves (both Asset Revaluation and Asset Replacement) were transferred to Accumulated Funds as at 1 July 1993.
- (r) **Comparatives**
Prior to 1993/94 separate Operating Statements and supporting notes were prepared for the General Fund and Special Purposes and Trust Funds. Such figures have been aggregated to provide 1992/93 comparatives.

NOTES

3 Employee Related Expenses

Employee related expenses comprise the following:-

	1994	1993
	\$000	\$000
Salaries and Wages	85,321	76,403
Enterprise Agreements/Awards	-	2,843
Long Service Leave [see note 2(a)]	1,113	2,572
Annual Leave [see note 2(a)]	7,306	6,996
Redundancies	129	-
Workers Compensation Insurance	1,630	1,599
Superannuation [see note 2(b)]	7,299	6,184
	<u>102,798</u>	<u>96,597</u>

4 Goods and Services

a) Expenses on Goods and Services comprise the following:-

Food Supplies	2,502	2,269
Drug Supplies	4,138	3,949
Medical & Surgical Supplies	4,944	4,232
Special Service Departments	3,516	2,805
Fuel, Light & Power	1,906	1,757
Domestic Charges	1,680	1,520
Administrative Expenses	4,883	6,199
	<u>23,569</u>	<u>22,731</u>

b) Administrative expenses include:-

Consultancies		
- Operating Activities	166	174
External Audit Fees		
- Audit Work	73	27
Travelling - Overseas Fares	164	40
Staff Training & Development	351	286
Provisions for Bad & Doubtful Debts	119	34
Rental of Premises	140	202
Fees/other benefits paid to Area Board members excluding payments made in the nature of normal employee salary or payments made in accordance with conditions applied to Visiting Medical Officers in general are disclosed hereunder:		
Reimbursement of travelling expenses	2	5
	<u>2</u>	<u>5</u>

5 Replacements, Maintenance and Repairs

Expenses on replacements, maintenance and repairs comprise the following:-

Renovations and Additional Works	-	2,112
Replacements and Additional Equipment less than \$5,000	2,665	1,429
Repairs and Maintenance	1,990	1,661
	<u>4,655</u>	<u>5,202</u>

NOTES**6 User Charges**

User charges comprise the following:-

Patient Fees [see note 2(g)]

Staff - Meals and Accomodation

Use of Hospital Facilities [see note 2(h)]

Other

1994	1993
\$000	\$000

7,428	11,206
400	391
1,435	3,201
2,807	1,478

12,070	16,276
---------------	---------------

7 Donations and Industry Contributions

University Commission grants

Grants - Newcastle University

- Other

-	14
156	-

156	14
------------	-----------

8 Other Income

Other income comprises the following:-

Interest Revenue

Sundry Revenue

276	628
-	340

276	968
------------	------------

9 Disposal of Assets

Cost or value

1,627	1,332
-------	-------

Less Accumulated Depreciation

154	112
-----	-----

Written Down Value

1,473	1,220
-------	-------

Less Proceeds from Sale

1,385	1,121
-------	-------

Gain (loss) on sale

(88)	(99)
-------------	-------------

10 Abnormal Item

Revenues

Adjustment relates to the correction of the valuation placed on buildings in a prior period while the buildings were still under construction.

This adjustment relates to 1992 Opening Equity.

The adjustment is for Stages 2 & 3 buildings as well as ground improvements (Car Park) Stage 3.

9,458	0
-------	---

Losses

Adjustment relates to the correction of the valuation placed on plant and equipment which were valued under incorrect principles.

This adjustment relates to 1992 Opening Equity.

(1,623)	0
---------	---

Total Abnormal Item

7,835	0
--------------	----------

11 Current Assets-Cash

Cash on Hand

10	8
----	---

Cash at Bank

7,428	5,169
-------	-------

Funds on Deposit

96	360
----	-----

7,534	5,537
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NOTES

12 Current Assets – Receivables

	1994	1993
	\$000	\$000
(a) Patient Fees-Compensable	1,384	1,404
Other	442	345
	<u>1,826</u>	<u>1,749</u>
Less Provision for Bad and Doubtful Debts	21	19
	<u>1,805</u>	<u>1,730</u>
Prepayments	123	89
Other	1	1,553
	<u>1,929</u>	<u>3,372</u>
(b) Bad debts written off are as follows:-	112	148

13 Current Assets – Inventories

Drugs	534	629
Medical & Surgical Supplies	1,089	715
Food & Hotel Supplies	110	108
Engineering Supplies	148	212
Other (including goods in transit)	694	76
	<u>2,575</u>	<u>1,740</u>

14 (a) Property, Plant & Equipment

	Land	Buildings	Construction	Plant &	Other	Total
	\$ '000	\$ '000	In Progress	Machinery	\$ '000	\$ '000
			\$ '000	\$ '000		\$ '000
Cost or Valuation						
Balance 1 July 1993	8,655	123,890	2,622	16,485	4,561	156,213
Revaluation Adjust. [see note 2(k)(i)]	–	9,458	–	(1,623)	–	7,835
Capital Expenditure/ Donations [see note 2(k)(ii) & (iii)]	–	2,148	374	3,147	2,482	8,151
Transfer to RMR Expense	–	–	(49)	–	–	(49)
Transfers	–	1,887	(2,531)	573	71	–
Disposals	–	(135)	–	–	(1,492)	(1,627)
Balance 30 June 1994	8,655	137,248	416	18,582	5,622	170,523
Depreciation						
Balance 1 July 1993	–	5,871	–	1,664	749	8,284
Charge for the year [see note 2(f)]	–	4,779	–	2,360	749	7,888
Adjustment for disposals	–	(12)	–	–	(142)	(154)
Transfers	–	–	–	(37)	37	–
Balance 30 June 1994	0	10,638	0	3,987	1,393	16,018
Carrying Amount 30 June 1994	8,655	126,610	416	14,595	4,229	154,505

NOTES

- (i) Land & Buildings include land owned by the NSW Health Department & administered by the Area [see note 2(k)(ii)]
- (ii) Land & Buildings were valued by Mr Robert Glover A.V.L.E (VAL) Registered Valuer on 1 January, 1992 [see note 2(k)(i)] Mr. Robert Glover is not an employee of the Area.
- (iii) Plant & Equipment, other than motor vehicles, were valued by the Area on 30 June, 1992 on the basis of depreciated replacement cost [see note 2(k)(i)]
- (iv) Property, Plant & Equipment, other than land, have been depreciated from not later than the month following acquisition.
- (v) Discussions have been held with organisations as necessary and agreement has been reached in terms of reporting assets in the appropriate entity's statement of financial position.

15 Creditors

	1994 \$000	1993 \$000
(a) Bank Overdrafts	-	1,140
Patient Trust Accounts	.9	6
Accrued Salaries & Wages	1,454	1,145
Trade Creditors	5,332	2,587
Private Practice Trust Funds	929	892
Capital Works	66	-
Other Creditors	347	569
	8,137	6,339

16 Provisions

	Opening Balance 1/7/93 \$'000	Provision Entitlements for the year \$'000	Transferred In \$'000	Payments during the year \$'000	Closing Balance 30/6/94 \$'000
Employee Annual Leave [see note (a)]	6,924	8,772	77	7,306	8,467
Employee Long Service Leave	8,723	1,247	214	1,113	9,071
Total	15,647	10,019	291	8,419	17,538
(a) Current	13,691				15,418
(b) Non-current	1,956				2,120
	15,647				17,538

17 Equity

	Accumulated Funds		Asset Revaluation	
	1994 \$000	1993 \$000	1994 \$000	1993 \$000
Balance at beginning of year	136,592	89,574	0	46,672
Operating result for the year	4,276	177	0	0
Surplus on revaluation of non-current assets	0	169	0	0
Transfers (from) Revaluation reserves	0	46,672	0	(46,672)
Total	140,868	136,592	0	0

NOTES

18 Contingent Liabilities

a) Insurance Legal Claims

Since 1 July 1989, The Area has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Area all sums which it shall become legally liable to pay by way of compensation or legal liability if sued. As such, since 1 July 1989, no contingent liabilities exist in respect of liability established to deal with the insurance matters that were above the limit of insurance held or were verdicts against the State. That solvency Fund will likewise respond to all claims against the Area. Hence, the Area has no contingent liabilities in respect of insurance or legal matters.

b) Visiting Medical Officers Superannuation

The Commonwealth's Superannuation Guarantee Administration Act (SGAA) took effect from 1 July 1992. The extent of liability under the Act for NSW Health for Visiting Medical Officers is subject to clarification with the Australian Taxation Office.

c) Sessional Visiting Medical Officers Superannuation

For the period 1 July 1993 to 31 January 1994, the Department, by agreement with the Australian Medical Association, withdrew at least 5% from normal hourly rates paid to Sessional VMO's with moneys either being lodged to the credit of approved superannuation funds or held in the General Fund. The Department's position is that no superannuation guarantee charge liability exists in respect of NSW Health entities for any Visiting Medical Officer since 1 July 1992 and a judicial decision will be sought on this position.

d) Nursing and Other Staff

The Industrial Relations Commission issued a judgement on a leave dispute, known as the "Hospay Dispute", in 1993. The implementation of the judgement has been the subject of intensive system wide consultation.

The matter is to be finalised although it is expected that minimal costs will be incurred except where affected staff have received less than their full annual leave entitlements, and this has not been fully offset with "surplus" ADOs.

e) Enterprise Bargaining

Framework "Heads of Agreement" documents designed to facilitate enterprise bargaining at the Area Health Service level for staff specialists, support staff, administrative staff and maintenance staff were signed in June by the Director-General and the relevant unions, including the Health and Research Employees Association (representing support staff), the Australian Salaried Medical Officers Federation (representing staff specialists), the Hospital Officers Association (representing senior managers) and the various maintenance unions. The framework provides for a 9% increase in 3 instalments - 3% in January 1994, 3% in July 1994 and 3% in July 1995. The agreements will expire on 30 June 1996 and the second and third instalments are subject to the development of performance related objectives and the subsequent achievement of those objectives.

The annual cost of the agreement to be paid in 1994/95 is assessed at \$ 1,611,502 and will be the subject of an increased allocation from the NSW Health Department.

f) Contractual Building Claim

Currently the Area is involved in a disputed claim with a construction firm who is pursuing the matter through the Supreme Court. It is the opinion of the project management consultant that the claim will be found to be unsubstantiated. However, it should be noted that the plaintiff has filed a claim for \$500,000.00.

19 Capital Works in Progress

	1994	1993
	\$000	\$000
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	0	84
Total Capital Expenditure Commitment	0	84

20. PROGRAM STATEMENT

NOTES

PROGRAM DESCRIPTIONS

PROGRAM 1.1 - Public Health - Regulatory Services

OBJECTIVE: To maintain and improve public health and environmental health standards

PROGRAM 1.3 - Health Promotion & Education

OBJECTIVE: To improve the level of awareness of individuals and the community concerning the benefits of a healthy lifestyle

PROGRAM 2.2 - Services Specifically for Drug & Alcohol Dependent Persons

OBJECTIVE: To reduce the incidence of drug and alcohol abuse and related problems and assist in the rehabilitation of addicted persons

PROGRAM 2.3 - Support for Area Health Services & Public Hospitals

OBJECTIVE: To ensure a comprehensive and accessible range of health services and a high standard of patient care for the community

PROGRAM 2.4 - External Health Services

OBJECTIVE: To assist groups and agencies external to the Department of Health providing health and support services to the public

PROGRAM 2.5 - Support for Dental Health Services

OBJECTIVE: To ensure a comprehensive and accessible range of dental health services

PROGRAM 2.6 - Services Specifically for Aborigines

OBJECTIVE: To raise the health status of Aborigines

PROGRAM 2.8 - Services Mainly for Psychiatrically Ill

OBJECTIVE: To ensure that an adequate standard of patient care is provided to the psychiatrically ill, to encourage their integration in the community and reduce the incidence of psychiatric illness.

PROGRAM 2.9 - Services Mainly for the Aged & Disabled

OBJECTIVE: To ensure that an appropriate health service for the aged and disabled is provided, consistent with the nature of the individual's health care needs

	Program 1.1		Program 1.3		Program 2.2		Program 2.3		Program 2.5		Program 2.6		Program 2.8		Program 2.9		Total General Fund		Special Purpose and Trust		Total	
	1994	1993	1994	1993	1994	1993	1994	1993	1994	1993	1994	1993	1994	1993	1994	1993	1994	1993	1994	1993	1994	1993
Total Operating Expenses	383	348	741	762	477	402	129,650	121,279	2,242	1,862	23	0	5,521	4,952	7,517	6,033	146,554	135,638	512	3,704	147,066	139,342
Revenue	0	0	91	0	0	0	10,785	12,111	0	0	0	0	160	117	641	927	11,677	13,238	825	4,020	12,502	17,258
Gains/(Loss) on Disposal of Assets	0	0	0	0	0	0	(88)	(99)	0	0	0	0	0	0	0	0	(88)	(99)	0	0	(88)	(99)
Abnormal items	0	0	0	0	0	0	(7,835)	0	0	0	0	0	0	0	0	0	(7,835)	0	0	0	(7,835)	0
Net Cost of Services	383	348	650	679	477	402	111,118	109,267	2,242	1,862	23	0	5,361	4,835	6,876	5,106	127,130	122,499	(313)	(316)	126,817	122,183
NSW Health Dept Cash Payments	388	349	647	693	514	417	103,746	108,455	2,255	1,861	30	0	5,357	4,895	6,265	5,137	119,202	121,807	0	0	119,202	121,807
NSW Health Dept Capital Appropriation	0	0	0	0	0	0	4,141	07,323	0	0	0	0	0	0	0	0	4,141	7,323	0	0	4,141	7,323
NSW Health Dept Funding	388	349	647	693	514	417	107,887	115,778	2,255	1,861	30	0	5,357	4,895	6,265	5,137	123,343	129,130	0	0	123,343	129,130
Total Assets	0	0	0	0	0	0	166,543	158,578	0	0	0	0	0	0	0	0	166,543	158,578	0	0	166,543	158,578

NOTES**21 Reconciliation of Net Cash used in Operating Activities to Operating Result**

	Year Ending 30-Jun-94 \$'000	Year Ending 30-Jun-93 \$'000
Net cost of Services	(126,817)	(122,183)
Industry Contribution/Donations		
Increased Service Potential (cash component only)		
Adjustment for Items		
Depreciation	7,888	6,699
Provision for Employee Entitlements	1,891	3,042
Provision for Doubtful Debts	2	(116)
Acceptance by Crown of Liability for Superannuation	7,299	6,184
Donations and Industry Contributions	451	1,620
Loss (Gain) on Disposal of Assets	88	99
Assets Written off to Expense	49	-
Opening Equity Adjustment	(7,835)	33
(Increase)/Decrease in Receivables	1,443	179
(Increase)/Decrease in Inventories	(835)	(479)
Increase/(Decrease) in Creditors	2,938	(635)
Total Net Cash Used on Operating Activities	(113,438)	(105,557)

22 Voluntary Services

It is not possible to quantify the monetary value of voluntary services provided to the Area Health Service. Voluntary services are provided by a wide range of people and community groups including Hospital Auxiliaries, Bus Drivers, Pink Ladies and other groups.

23 Restricted Assets

The Area Health Service's financial statements include the following assets which are restricted by externally imposed conditions, e.g. donor requirements.

The assets are only available for application in accordance with the terms of the donor restrictions.

	\$'000	
Critical Care Appeal Fund Raising Trust	67	Service enhancement
Children's Ward Fund Raising Trust	205	Service enhancement

24 Related Party Disclosures

NOTES

(a) The following entities are considered to be related parties :

- Grawill Motors Pty. Limited of which Mr. L. Graham is a director and has a substantial financial interest.
- G. Margin & Sons Pty. Limited of which Mr. B. Margin is a director and has a substantial financial interest.

(b) Name of Related Party	Description of Transaction	Terms and Conditions	Class of Related Party	Value of Transaction 1994 \$'000	Value of Transaction 1993 \$'000
Grawill Motors Pty. Limited	Purchase & service of motor vehicles	Normal commercial terms & conditions at Government Contract.Prices	Director related Entity	959	458
G.Margin & Sons Pty. Limited	Purchase of Soft Drinks	Normal commercial terms & conditions	Director related Entity	80	51

ACCESS, PRINCIPAL LOCATIONS & INFORMATION

ACCESS & PRINCIPAL LOCATIONS

Area Executive Unit
Holden Street, Gosford, 2250.
Postal Address: P.O. Box 361,
Gosford, 2250.
Telephone: (043) 20 3220
Office Hours: 8.30 a.m. – 5.00 p.m.

Gosford Hospital
Holden Street, Gosford, 2250.
Postal Address: P.O. Box 361,
Gosford, 2250.
Telephone: (043) 20 2111

Wyong Hospital
Pacific Highway, Kanwal, 2259.
Postal Address: P.O. Box 357,
Wyong, 2259.
Telephone: (043) 93 8000

The Entrance/Long Jetty Hospital
Wyong Road, Killarney Vale, 2261.
Telephone: (043) 34 8888

Woy Woy Hospital
Ocean Beach Road, Woy Woy, 2257
Telephone: (043) 43 8444

Birrilee – Post Natal Unit
Cnr Pacific Highway & Kinarra
Avenue,
Wyoming, 2250.
Telephone: (043) 20 3501

Community Health Centres:
Hours of operation:
8.30 a.m. to 5 p.m. Monday to
Friday

- Gosford
Stephen Street, Gosford, 2250
Telephone: (043) 20 3311

- Wyong (Kanwal)
Pacific Highway, Kanwal, 2259.
(in the grounds of Wyong
Hospital).
Telephone: (043) 93 8270
- Toukley
Hargraves Street, Toukley, 2263.
Telephone: (043) 96 5111
- Bateau Bay
Yakkalla Street, Bateau Bay, 2261.
Telephone: (043) 32 5255
- Mangrove Mountain
RMB 1640 Nurses Road,
Mangrove Mountain, 2250.
Telephone: (043) 73 1249
(Restricted hours of operation)
- Kincumber
Rear of Kincumber Shopping
Village,
Kincumber, 2251.
Telephone: (043) 69 2355
- Woy Woy
Ocean Beach Road,
(adjacent to Woy Woy Hospital).
Telephone: (043) 43 8432

INFORMATION

Enquiries on any aspect of the
Central Coast Area Health Service
may be directed in the first instance
to the Public Relations Officer,
telephone (043) 20 3221.

CAPITAL WORKS & ASSET MANAGEMENT

This financial year saw the establishment of an individual unit co-ordinating Capital, Works, Maintenance Department and Asset Management. The new structure will improve existing processes of planning, documentation and co-ordination between Department of Health, Group Hospitals and Departments for all capital infrastructure and funding.

The Capital Works Program has seen many projects completed which improve the quality of health service delivery, workflows and overall facility amenity.

The Maintenance Department construction includes:

- the completion of the new Children's Ward at Gosford Hospital (September 1993)
- the refurbishment of the Out-patient Clinic at Gosford Hospital (completed March 1994)
- the construction of Wyong Hospital Endoscopy and Out-patient Clinics (completed March 1994)
- The commencement of redevelopment of the old

Children's Ward to a new Medical Ward (April 1994, due for completion October 1994)

- The expansion and additions to our Renal Unit.(commenced February 1994)

The Maintenance Department has also completed numerous minor refurbishments and attended to approximately 45,000 general and preventative maintenance jobs.

External contractors were engaged to:

- finalise Wyong Stage 2A Development including hydrotherapy pool, office accommodation for Medical Records and Nutrition Department and Doctors accommodation (completed May 1994)
- construct an emergency helipad at Gosford Hospital. (completed June 1994)

The year saw the retirement of Mr Kerry Mullins (Deputy Engineer), Mr Bob Bagshaw (Clerk), and Mr Harry Jackson (Electrician). In excess of 50 years service was achieved between these staff and we wish them well.

SENIOR EXECUTIVE SERVICE OFFICERS

	92/93	93/94
No of SES Positions	4	4
Levels of Positions		
SES Level 5	1	1
SES Level 3	(vacant)	1
SES Level 1 (one with financed loading)	2	2
No of Positions Filled by Women	1	1

WAITING TIMES

Accurate audited waiting lists information is not available for June 1994. The position as at the end of August 1994 on Department of Health benchmarks for waiting lists is as follows:

Re: Benchmark no.1: Less than 15% patients waiting between six and twelve months:

Result as at 31/8/94: 11.69%

Re: Benchmark no.2: Less than 5% patients waiting longer than twelve months:

Result as at 31/8/94: 6.21%

(As at the end of September 1994, this benchmark was achieved)

Re: Benchmark no.3: Less than 4% patients categorised as "urgent" waiting longer than one month:

Result as at 31/8/94: 2.2%

FREEDOM OF INFORMATION

PERIOD	NO. OF APPLICATIONS REC'D	NO. OF APPLICATIONS CARRIED FORWARD	OUTCOME OF APPLICATIONS			REVIEWS AND APPEAL			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	0-21 days	22-25 days	>36 days
89/90	17		16	1		1			\$435	16	1			
90/91	41		40		1				\$990	41				
91/92	49	1	45		2				\$1140	47				
92/93	131	6	114	9	4				\$3180	124	2			
93/94	Gos 163	9	143	10	2				\$5409.20			139	9	8
	Wy'g 26		25	1					\$525			25	1	

CODE OF CONDUCT

The Minister for Health has approved the Code of Conduct and Ethics for all staff working in the New South Wales Health Care System.

This Area Health Service has adopted the Code as documented in Circular 91/100, with some slight changes under the heading of "Outside Employment".

INTRODUCTION

The people of New South Wales have a right to expect that all Government services are conducted with efficiency, impartiality and integrity. This obligation demands that all Health System staff perform their duties at a high standard and that there not be, nor seem to be, any conflict between their private activities and their official duties.

Some of the requirements which come under this Code of Conduct and Ethics are the subject of specific provisions of various Acts and Regulations. Some are generally acknowledged conventions which reflect community expectations of people employed in government services. Others are particular applications of general principles which are considered appropriate and necessary to ensure that integrity is maintained within Government employment. If there is any conflict between the Code and the provisions of any Act or Regulation, the latter provisions prevail.

CONFLICT OF INTEREST

Staff should act in the general public interest and not in the interest of themselves or any other individual and they should be able to show that they have done so. In particular, official information should not be used to violate any confidentiality or privilege, or to gain improperly any kind of benefit or advantage of any person.

Staff should disclose in writing to

a senior officer any pecuniary or other definite interest held by them which could lead to a potential conflict between personal interest and official duty.

Staff who exercise a regulatory, inspectional or other discretionary function in relation to members of the public should notify a senior officer when dealing with relatives and close friends and, wherever possible, disqualify themselves from the dealing.

Staff should be aware that Section 8(i) of the ICAC Act includes in the definition of Corrupt Conduct "any conduct of a public official or former public official that involves the misuse of information or material that he or she has acquired in the course of his or her official functions, whether or not for his or her benefit or for the benefit of any other person".

MISUSE INCLUDES:

- (i) Speculation in shares on the basis of confidential information about the affairs of the business or of proposed Government actions.
- (ii) Seeking to take advantage for personal reasons of another person on the basis of information about that person held in official records.
- (iii) Gossiping on the basis of personal or other information held in official records, including medical records.

Acceptance of Gifts or Benefits

Staff must not directly or indirectly demand or receive from any person or organisation any gift, gratuity or remuneration of any kind, in respect of services performed, or to be performed, whether during working hours or not, in connection with their positions in the Health System. An offer of a gift should be politely declined and any unsolicited gift be promptly and publicly returned.

PERSONAL AND PROFESSIONAL BEHAVIOUR

Staff should refrain from any form of conduct, in relation to other staff or the public, intended to cause any person offence or embarrassment.

In the performance of their duties staff:

- should not wilfully disobey or wilfully disregard any lawful order given by any person having the authority to make or give the order.

In cases of dispute, staff may appeal to the Chief Executive Officer against being required to carry out the order. However, as far as possible, they should comply with the order until the Chief Executive Officer decides on the appeal.

- should observe the strictest practices of honesty and integrity, and avoid conduct which could suggest any departure. This may include a duty to bring to notice dishonesty on the part of other staff.
- should ensure their work is carried out efficiently, economically and effectively, and that the standard of work reflects favourably on their organisation.
- should follow the policies of their organisation, whether or not they approve of these policies. Should an extreme situation arise in which a staff member finds a policy at major variance with his or her personal views, the matter should be discussed with a senior officer, the Department Head, Regional Director or the Chief Executive Officer with a view to having the situation resolved. If that is not possible, the staff member should consider requesting transfer to another position in which the conflict does not arise, or, as a last resort, resigning.

- must not seek to influence any person in order to obtain promotion, or other advantage.

FAIRNESS

Staff should deal with issues or cases in a consistent, prompt, fair and non-discriminatory manner.

Public Comment and Disclosure of Official Information

Other than in the course of duty, or when called to give evidence in court, staff should not disclose or comment on matters relating to official business or government policies. This is particularly so where:

- i) a new policy is proposed or a policy is under review;
- ii) a comment is made as an employee rather than as a private citizen; or
- iii) it might be inferred that a comment made is made by a person purporting to have specialised direct or official knowledge of the matter which is the subject of the comment.

Staff are, however, not prohibited from disclosing information which is either the subject of public knowledge or would be given to any member of the public seeking disclosure of that information.

Use of Facilities and Equipment

Staff should ensure that resources, funds, staff or equipment entrusted to them, are used effectively and economically in the course of their duties and not otherwise.

Unless permission has been granted, officers and employees must not use for private purposes the services of other officers and employees or official facilities. Where there are specific directions on the use of official facilities for private purposes or conditions for their use, these must be strictly complied with.

RISK MANAGEMENT & INSURANCE ACTIVITIES

Risk Management and Insurance is the responsibility of our Occupational Health and Safety Unit, which reports to the Director, Division of Human Resources.

During the year the responsibility for Public Liability, Property, and Miscellaneous Insurance policies was given to the Unit. This was done to provide a reduction in exposures and implement accident prevention strategies in these areas. These strategies are in addition to those in existence in Workers Compensation, Motor Vehicle and general Staff Health.

As the Workers Compensation Managed Fund again showed a deficit for the year, an active program of Injury Prevention and post-injury management was initiated in the latter part of the year. The key

elements in these programmes was the development of a strategic plan for prevention and management which includes nine (9) objectives to reduce injuries, claims and costs throughout the Area Health Service. In addition, new and revised Policies have been implemented in Occupational Health and Safety, and Rehabilitation.

Workers Compensation claims have not increased in proportion to the significant increase in the numbers of staff within the Health Service. The 93/94 fund year is in a favourable situation at this point in time. Active Injury Management, Rehabilitation and Injury Prevention through increased consultation with, and the activity of, all Managers and employees, is the central objective to achieve a surplus in the Managed Funds for 94/95.

CENTRAL COAST AREA HEALTH SERVICE - NGO PAYMENTS 1993/94

NGO PAYMENTS

The following is a listing of Non-Government funding provided to Central Coast groups through the NSW Health Department:

ARAFMI Central Coast Branch	Mental Health Program (Program 2.8)	\$51,700	Mutual support services for members, families and carers of the mentally ill.
Central Coast Community Women's Health Centre Ltd	Women's Health Program (Program 2.7)	\$257,400	Clinical, counselling and health education services for women in the Central Coast area.
Central Coast A & D Assessment and Referral Centre	Drug and Alcohol Program (Program 2.2)	\$91,800	Assessment, referral, counselling and education services focused on alcohol and other drugs for the Central Coast.
Central Coast A & D Assessment and Referral Centre	Drug and Alcohol Program (Program 2.2)	\$32,713	Assessment, referral, counselling and education services focused on alcohol and other drugs for the Central Coast. (Funded through the Central Coast Area Health Service).
Central Coast Hospice Palliative Care Foundation	Community Services Program (Program 2.7)	\$14,500	A medical/nursing service for patients dying of cancer on the Central Coast. (Funded through the Central Coast Area Health Service).
Central Coast Hospice Palliative Care Foundation	Community Services Program (Program 2.7)	\$19,500	A medical/nursing service for patients dying of cancer of the Central Coast.
Family & Youth Support Services of Wyong Shire	Women's Health Program (Program 2.7)	\$51,900	Child sexual assault adolescent offenders project.
Gosford City Community & Information Service Ltd	HACC Program (Program 2.9 - HACC)	\$58,600	Centre based respite for dementia sufferers.
Kamira Farm	Drug & Alcohol Program (Program 2.2)	\$138,700	A residential rehabilitation service for women and their children. The service provides accommodation for up to 10 women and six children.
Lifeline Central Coast Counselling Service	Drug and Alcohol Program (Program 2.2)	\$8,850	A 24 hour telephone crisis counselling, face to face counselling service and crisis intervention.
Positive Support Network Inc.	AIDS Program (Program 2.3 - AIDS)	\$25,800	Care and support for people with HIV/AIDS on the Central Coast.
Transitional Enterprises Inc.	Mental Health Program (Program 2.8)	\$33,800	Supported accommodation, living skills training, respite care and outreach service for people with mental illness.

PUBLIC RELATIONS AND MARKETING

The Public Relations and Marketing Department incorporating Public Relations, Fund-raising, Marketing, Art & Design and the Audio Visual Unit has developed as a dynamic and effective part of the promotion and enhancement of the corporate identity of the Area Health Service. The department, which is directly responsible to the Chief Executive Officer, co-ordinates public relations, community liaison, corporate information and promotion, both internally and publicly. The department has had the responsibility for the planning, design, implementation, and co-ordination of the successful Children's Ward and Critical Care Appeals.

As part of the Area's public relations the department co-ordinated the official openings of the new Children's Ward at Gosford Hospital, the opening of Wyong Hospital Stage 2a extension and Hydrotherapy Pool and the launch of Gosford Hospital Helipad.

The department undertook a key role, together with the Chief Executive Officer, of initiating and establishing over 35 specific customer focus projects.

The Department's Art and Design Unit provides Area-wide creative

project consultancy from initial concept through to finished art and production, utilising innovative Apple Macintosh hardware and software.

The Art and Design Unit promotes the Area's Corporate Identity and image through the in-house production of effective and cost-efficient printed materials, displays, presentations and corporate projects. The Unit provides creative concept consultancy; illustrations and graphics design and layout; and professional presentation materials including slides, overheads, stickers, booklets, leaflets and posters.

The Department's Audio-Visual Unit co-ordinates the Area's medical, public relations and corporate photography, as well as producing all corporate video projects. Video productions for 1993-94 have included "The First Time" elective surgery video and "Caring For The Coast" orientation video which have both been enthusiastically received.

The Audio-Visual Unit works in conjunction with the Art & Design Unit with the production of professional posters, displays and presentation materials. The Unit also acts as a consultant for the purchase of audio-visual equipment and corporate video productions.

ACKNOWLEDGEMENT

ANNUAL REPORT COMMITTEE

The Area Executive of the Central Coast Area Health Service wishes to acknowledge the commitment and efforts of the Annual Report Committee in the planning and preparation of this, the 50th Annual Report of health services provision for the Central Coast. Their hard work is much appreciated.

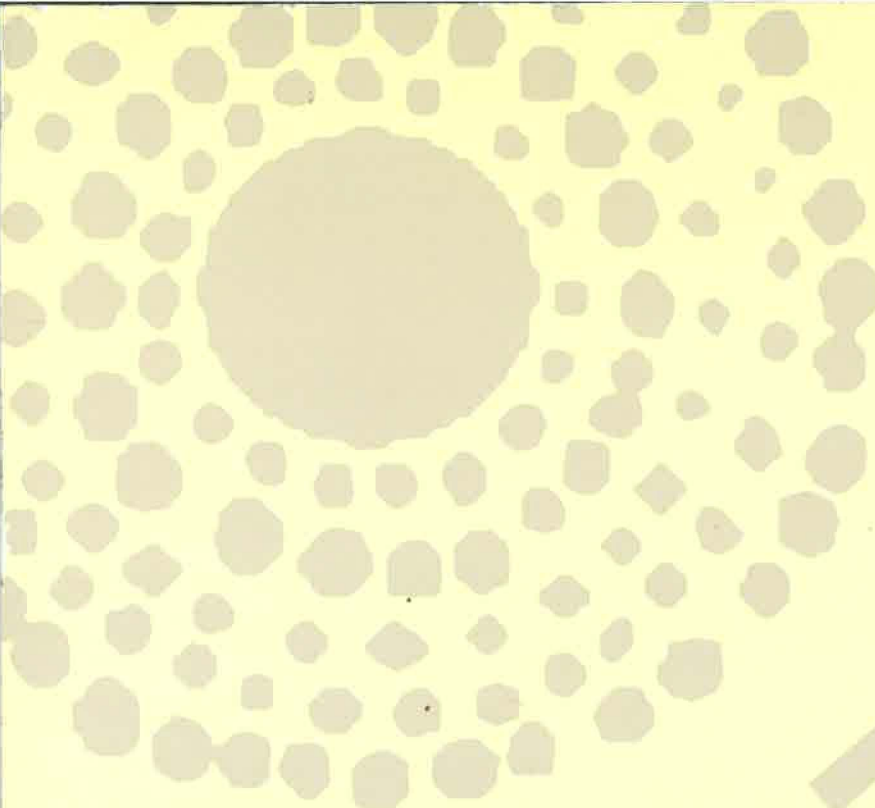
Committee Members:

B Carter-Brown (Chair-person)
K Carroll (minute secretary)
M Taylor & M Henson (Art & Design),
D Livingstone (Public Relations),
P Holloman & S Aldrick (Audio-Visual)
D Linnen (Finance)
B. McLeod (Occupational Therapy),
K Mullins (Maintenance),
P Drielsma (Area Exec. Admin)

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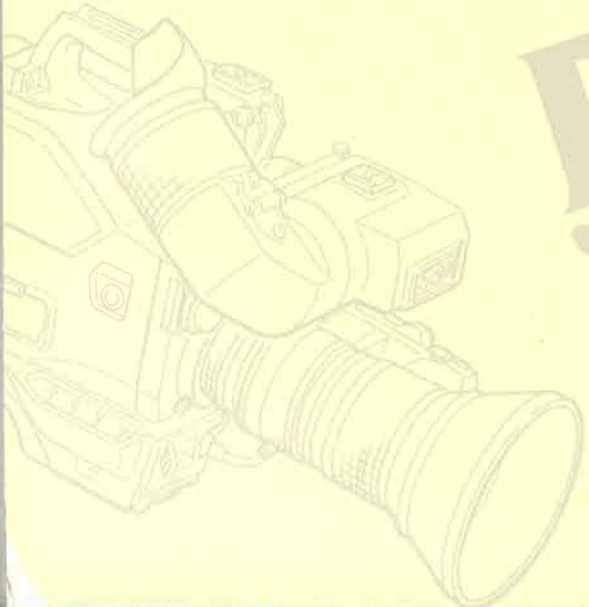
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