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Central Coast Health



E019 598 734

Area Health Service

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S H I P S I N C A R E

Annual Report

1996

AREA HEALTH

NOT FOR LOAN

LIBRARY SERVICES
CENTRAL COAST HEALTH



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LIBRARY SERVICES
CENTRAL COAST HEALTH

RAECO

Cover

Partnerships develop through the care and understanding between patients and staff in every aspect of the healthcare service we provide. *Irene shares a moment with Toni Hendy, Clinical Nurse Consultant.*

Prof Donald George
Chairman of the Board

Mr Jon Blackwell
Chief Executive Officer

HISTORY AND MISSION

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OUR HISTORY

The Central Coast Area Health Service was established by an Act of Parliament, the Area Health Services Act of 1986. The Central Coast Area Health Service provides the Gosford and Wyong Local Government Areas with public hospital and community health services. Health services on the Central Coast had their beginnings with the establishment of the 30-bed Gosford District Hospital in 1945. Today the Central Coast Area Health Service is a fully integrated service comprised of four hospitals and seven community health centres.

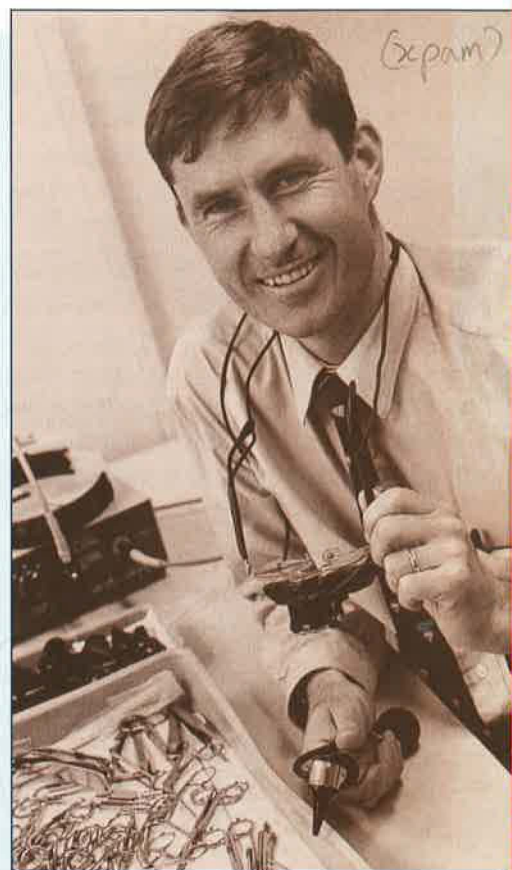
OUR MISSION

TO PROMOTE AND ENHANCE THE HEALTH AND WELL-BEING OF THE PEOPLE OF THE CENTRAL COAST

We will provide quality health care in partnership with the community and other health care providers.

KEY TARGET AREAS

- **IMPROVING THE HEALTH OF THE COMMUNITY**
- **EQUITY AND ACCESS**
- **QUALITY OF SERVICE**



*Dr Bill Johnston,
Accredited ENT Registrar*

OUR VALUES

QUALITY

is operating at the highest standards of safe, ethical work practices and demonstrating continuous improvement in all areas.

EFFECTIVENESS

by selecting the best services to produce the best health outcomes.

EFFICIENCY

by ensuring our activities optimise resource use.

CARING FOR THE COMMUNITY

by promoting health and giving total commitment to an individual's well-being, while recognising their rights and responsibilities.

CARING FOR STAFF

is caring for the health of our staff and developing a culture of respect, trust, equal opportunity and open communication for all.

INTEGRATION

by providing clear pathways through the health and community systems by ensuring collaboration, consultation and communication.

EQUITY OF ACCESS

through maximising equitable access to comprehensive health services.

RESEARCH AND TEACHING

by achieving an environment that promotes personal development, learning and research.



PROFILE

THE POPULATION

The population of the Central Coast in June 1997 was estimated to be 279,475. From 1986 to 1991 the Central Coast population grew by 20.9% (NSW 6.6%) and from 1991 to 1996 the growth was 13.0% (NSW 4.9%). While growth rates generally are slowing, the Central Coast remains one of the fastest growing areas in the State.

The Central Coast continues to have a high proportion of people aged 65 and over compared with the State average (Central Coast 16.7%, NSW 12.7%) and a slightly higher proportion of children aged 0 to 14 (Central Coast 22.1%, NSW 21.0%). While the Central Coast population continues to grow, the birth rate, in keeping with the rest of the State, is slowly declining (1995 Central Coast 14.8 births per 1,000 population, NSW 14.2). Over the last few years the number of births to Central Coast residents has been stable at around 3,800 p.a.

The two main causes of death of Central Coast residents continue to be cancer and heart disease, accounting for half of the 2,359 deaths registered during 1995. Over half of these deaths were males (54%). For males, the main causes of death were cancer (31%), heart disease (22%), stroke (10%) and respiratory disease (9%). For females, the main causes of death were cancer (24%), heart disease (21%), stroke (15%), other circulatory disease (10%) and respiratory disease (9%).

CORPORATE GOVERNANCE

Membership of the Board of Directors comprises the Chief Executive Officer who is appointed by the State Governor, the Staff Representative who is elected by the staff and other Directors who are appointed by the Minister for Health. The Board is subject to the direction and control of the Minister for Health and Directors' positions are

Hospitals (total beds 756)

Gosford	462	(Medical 123, Surgical 160, Day Surgical 15, Intensive Care 12, Cardiac 36, Paediatric 38, Mental Health 30, Endoscopy 5, Renal 11, Obstetrics 32)
Wyang	156	(Medical 60, Surgical 30, Rehabilitation 30, Obstetrics 14, Day Surgical 6, Short Stay 10, Endoscopy 6)
Woy Woy	79	(General 33, Rehabilitation 20, Orthopaedic 10, Birralee Nursing Pre-Placement Type 16)
Long Jetty	33	(General 33)
Non Acute Facilities	26	(CADE 16, Mental Health Residences 10)

Performance and Activity

	96/97	95/96
Inpatients		
Admissions	56,399	56,630
Average Length of Stay (days)	4.2	4.2
No. of Operations	16,717	18,031
No. of Births	2,589	2,611
Occupied Bed Days	234,551	237,396
Bed Occupancy Rate (%)	91.3	90.8
Same Day Admissions	22,485	21,710
Daily Average of Inpatients	621.4	673.3
Non Inpatients		
Non-Inpatient Occasions of Service	670,304	645,145
Dental Flows Equivalents	49,544	79,709
All Services		
Adjusted Daily Average (ADA)	835.3	860.2
Staff Employed June 30 (FTE)	2,631	2,626
Budgeted Gross		
Operating Payments (\$Million)	153.6	147.2
FTE Staff per ADA	3.15	3.05
Operating Cost per ADA (\$)	476.05	467.55
Cost per Patient Treated (\$)	2,027.46	1,959.99

honorary. The Board of Directors is responsible for the overall direction and oversight of the Area Health Service with responsibility for management of day-to-day

operations and administration delegated to the Chief Executive Officer and Area Executive.

H I G H L I G H T S

IMPROVING THE HEALTH OF THE COMMUNITY

- **A Health Outcomes Council** supported by several Expert Advisory Groups was established to develop recommendations for services in Diabetes, Cardiovascular Disease and Cancer. A draft plan for Diabetes was completed and draft plans for Cardiovascular Disease and Cancer are nearing completion.
- **Woy Woy Hospital** celebrated its 25th anniversary by holding a walkathon, fair and dinner dance during October and November 1996. The celebrations were organised by staff and volunteers with guests including former staff members.
- **The Mental Health Plan**, Community Health Planning Framework and "Health Promotion Strategies to the Year 2000" planning document were produced through a collaborative process. The plans highlight challenges, opportunities and strategies to achieve future goals.
- **Continued efforts** by the Area's Health Promotion Unit saw the number of tobacco retailers prepared to sell to minors fall to the lowest rate in Australia (from 8% last year to less than 5%).
- **The number of people** taking part in the "Active Over 50's" health promotion program doubled during the year. The program which is run in association with the private fitness industry on the Central Coast now has approximately two thousand people over the age of fifty taking part in physical activity at thirty different venues. The program assists participants to keep flexible and mobile and reduces the risk of injuries from falls and improves heart health.

EQUITY AND ACCESS

- **A partnership was established** between the CCAHS and the Central Coast Aboriginal & Torres Strait Islander Health Advisory Committee. This resulted in the development of the Area's Aboriginal Health Strategic Plan. The Area Health Service's first Aboriginal Board Member was appointed.
- **Wyong Hospital** surgical services covering orthopaedics, gynaecology and general surgery were expanded into a 24 hour service in January 1997.
- **The Area Health Service** maintained record activity levels including a 3.6% increase in same day admissions and a bed occupancy rate of 91.3%.
- **As a result** of consumer focus group discussions procedures for accessing Mental Health Services were restructured to provide access to clinical staff 24 hours per day.

CONCERNS

- **The suicide rate** on the Central Coast remains high even though additional resources have been directed into suicide prevention. More staff appointments have been made to assist in reducing the suicide risk of specific target groups and research programs have been expanded to determine effective prevention strategies.
- **Occupational Health and Safety's** poor performance in previous years has led to a significant increase in Worker's Compensation premiums. Manual Handling has again been the largest single contributing factor to the number of Worker's Compensation claims representing 45% of all claims. A "Safety Management System" has been implemented and training and education of staff expanded. A Manual Handling Pilot Project conducted at Woy Woy Hospital to assist reduce manual handling injuries has been completed and will be implemented Area wide.

QUALITY OF SERVICE

- **The Area Health Service** came in on budget. The total cash budget on payments was \$158.4 million.
- **A \$3m capital works program** to construct new community health centres at Long Jetty and Lakehaven as Stage 1 of its Community Health Services Program was successfully negotiated with the NSW Health Department.
- **Major works were completed** to the Physiotherapy Department, Medical Ward 3, Medical Ward 4 and the Mortuary at Gosford Hospital. Additions and renovations were completed to Palliative Care at Long Jetty Healthcare Centre. All projects were completed on time and within budget.
- **The Area Health Service** subscribed to the new Australian Council of Healthcare Standards "Evaluation and Quality Improvement Program" (EQulP) and implemented the Improving Performance standard.



YEAR AT A GLANCE

IMPROVING THE HEALTH OF THE COMMUNITY



OBJECTIVE

To identify and target health priorities of the Central Coast Community.

MAJOR GOALS

- Development of a Health Promotion Strategic Plan.
- Establish a Health Outcomes Council and identify Area issues and form appropriate Sub-Committees.
- Develop an Area Mental Health Strategic Plan
- Introduce the "Save Our Kids Smile" Dental Program to all schools.
- Completion of Mental Health Plan, Aboriginal Health Plan & Community Health Planning Framework.

EQUITY AND ACCESS



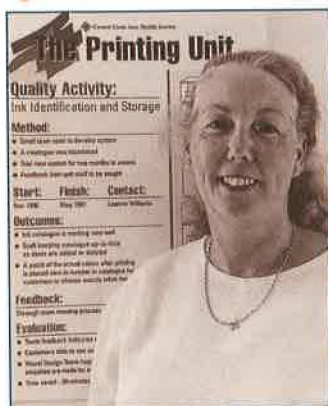
OBJECTIVE

To identify inequalities in health status and access to health services on the Central Coast and to develop and implement strategies to overcome these inequalities.

MAJOR GOALS

- Continue Aboriginal cultural awareness training for all front-line staff.
- Continue the implementation of the Central Coast Disability Services Plan.
- Implement the NSW Action Plan on Dementia.
- Establish collaborative mechanisms with agencies involved in care of children with special needs.
- Appoint a Postnatal Depression Project officer to identify issues, priorities and strategies.

QUALITY OF SERVICE



OBJECTIVE

To conduct quality improvement programs for all clinical and non-clinical services.

MAJOR GOALS

- 65% of Ministerial correspondence responded to within two weeks of receipt.
- Complete Assets and Capital Investment Strategic Plan.
- Operate within the budget.
- Data coding of separations to meet DOH timeliness and accuracy benchmarks.
- Develop an Area OH&S and Rehabilitation plan and performance indicators.
- Develop an Area Training and Development Strategic Plan.
- Continue implementation of Area Quality Plan.

RESULTS

Health Promotion Strategic Plan developed and implementation commenced.

Health Outcomes Council established and sub – committees have been formed for Diabetes, Cardiovascular Disease and Cancer.

Draft of Mental Health Strategic Plan compiled.

100% of eligible schools participating in SOKS program, 69% of eligible children consenting to be screened.

Plans finalised and implementation commenced.

RESULTS

Training sessions being conducted and ongoing.

Strategies currently being implemented.

Strategies implemented include training of GPs and Aged Care staff and approval of a Psychogeriatrician position.

Early Intervention Co-ordination Project established.

Position appointed and strategies identified.

RESULTS

88% of Ministerial correspondence responded to within two weeks of receipt of correspondence.

Draft plan available. Plan expected to be finalised and endorsed by the Board in September 1997.

The Area came in on budget. The total cash budget on payments was \$158.4 million.

The Area Health Service met monthly targets.

Plan completed. Performance Indicators were implemented. There has been an improvement in return to work rates.

Plan completed. This will form part of the Area Health Strategic Plan for 1997-2000.

Significant progress was made in the implementation of the Australian Council on Healthcare Standards EQulP Program.

FUTURE DIRECTION

- Undertake population based health improvement activities in skin cancer prevention and physical activity.
- Develop preventative and early intervention approaches which target men's health
- Continue to develop, promote and improve existing processes for the management of suicide risk.
- Develop an Area Health Plan as a strategic framework for implementing health improvement.
- Increase the participation of Aboriginal people in the development, planning and delivery of health services.

FUTURE DIRECTION

- Establish and implement best practice principles in the management of elective admissions.
- Develop and promote partnerships for integrated secondary and community-based services including post acute and ambulatory care; early discharge; hospital in the home and shared care.
- Increase the availability of an appropriate range of palliative care services for people with advanced disease.
- Develop Area Health Service protocols in relation to management of victims of crime at points of entry to the health system.

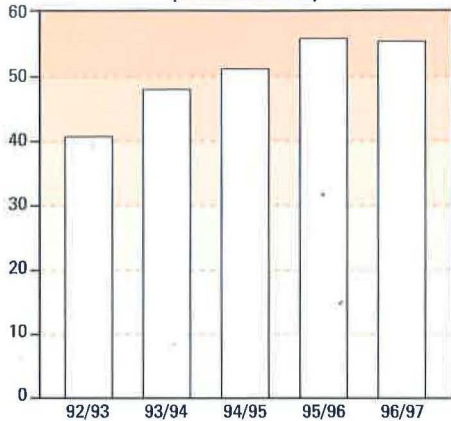
FUTURE DIRECTION

- Implement a funding model for health care facilities based on casemix.
- Improve injury management of occupational illness or injury.
- Ensure health information systems, plant, equipment and technology are Year 2000 compliant.
- Establish mechanisms which involve the community in key aspects of health service decision making.
- Develop and implement the Area Health Service Research Plan which takes into account the stage of development of the Area Health Service research capacity.
- Implementation of improved bed management practices and work processes to reduce access time and restricted access periods.



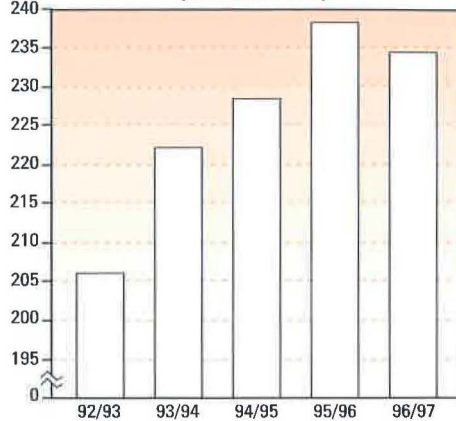
KEY PERFORMANCE RESULTS

**ADMISSIONS
(THOUSANDS)**



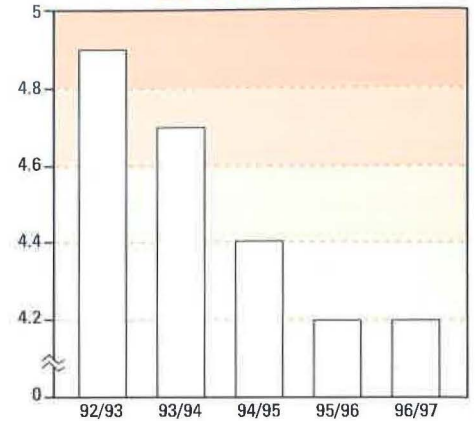
1996/97 saw a 1.9% increase in Admissions (excluding the additional Waiting List Reduction Program last year) continuing a trend of increasing hospital admissions.

**OCCUPIED BED DAYS
(THOUSANDS)**



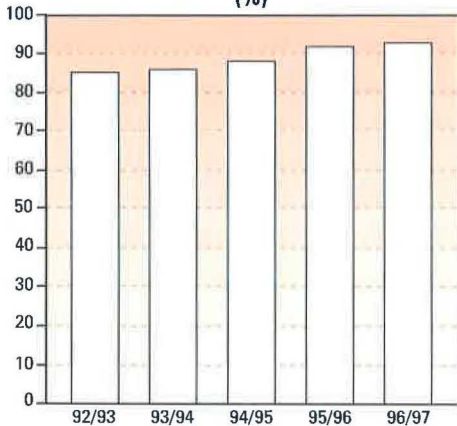
1996/97 saw a slight decrease in the Occupied Bed Days, due to the completion of the NSW Government Waiting List Reduction Program and an increase in Day Surgery.

**AVERAGE LENGTH
OF STAY (DAYS)**



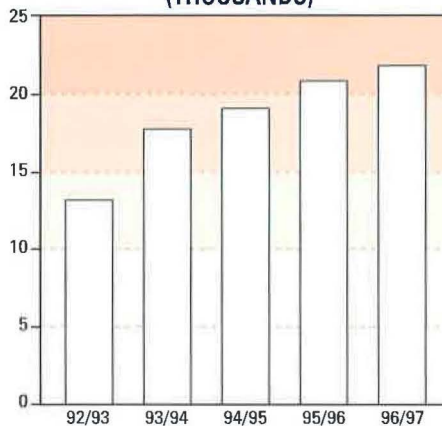
Average Length of Stay remained steady at 4.2 days.

**OCCUPANCY RATE
(%)**



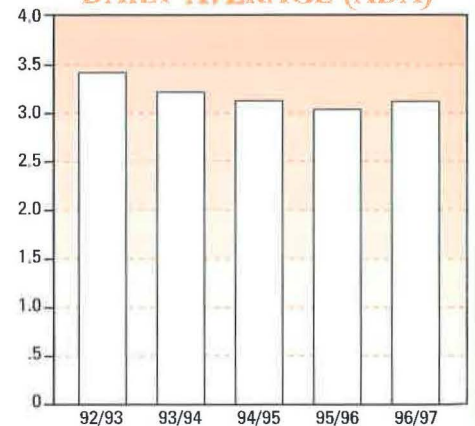
Occupancy Rates continued to rise to this year's peak of 91.3%

**SAME DAY ADMISSIONS
(THOUSANDS)**



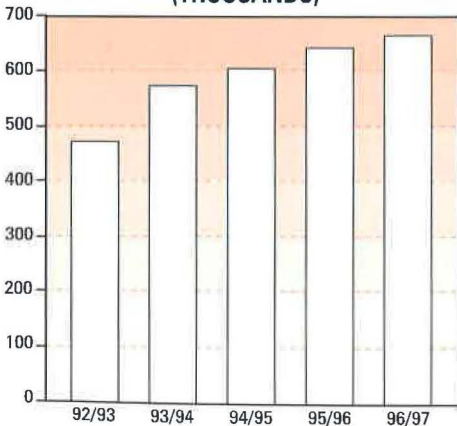
Same Day Admissions continue to increase. This year's increase was 3.6%

**FTE STAFF PER ADJUSTED
DAILY AVERAGE (ADA)**



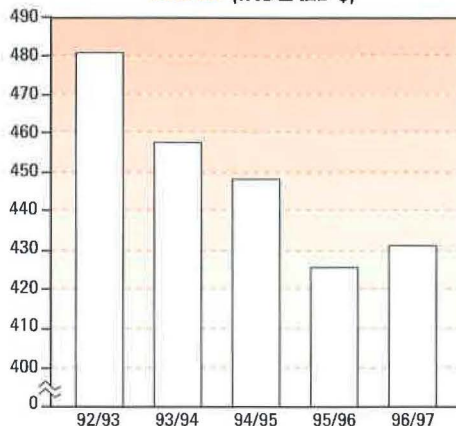
FTE Staff per ADA increased slightly due to a decrease in ADA caused by a decrease in Bed Days and an increase in Day Only Patients of 3.6%.

**NON-INPATIENT
OCCASIONS OF SERVICE
(THOUSANDS)**



There is a continuing trend for increasing NIOOS.

**OPERATING COST PER
ADA (INDEXED \$)**



Operating Cost per ADA increased due to an increase of \$6.4 million in operating costs and, as mentioned above, a decrease in ADA.

NSW HEALTH DEPARTMENT BENCHMARKS**Gosford Emergency Department**

Emergency Department Information System (EDIS)

	Target	Actual
Benchmark 1 – T1 – Resuscitation (% seen by Medical Officer within 2 mins)	95%	95%
Benchmark 2 – T2 – Emergency (% seen by Medical Officer within 10 mins)	80%	78%
Benchmark 3 – T3 – Urgent (% seen by Medical Officer within 30 mins)	70%	74%
Benchmark 4 – T4 – Semi Urgent (% seen by Medical Officer within 1 hour)	70%	84%
Benchmark 5 – T5 – Non Urgent (% seen by Medical Officer within 2 hours)	85%	92%
Benchmark 6 – Access Block (% admitted within 8 hours of seeing Medical Officer)	90%	86%

Emergency Department Benchmarks were generally achieved. Benchmark 2 fell 2% below target due to data classification issues which are being reviewed. Benchmark 6 was 4% below target due to seasonal peaks and the difficulty of transferring out nursing home type patients because of the shortage of nursing home beds on the Central Coast.

Area Waiting List Benchmarks

	Target	Actual
Benchmark 7 – Per 1000 = (Urgency 1 & 2 patients waiting >30days)	6	3
Benchmark 8 – Per 1000 = (Urgency 3 patients waiting >12 months)	21	41
Benchmark 9 – Per 1000 = (Urgency 3 patients waiting >6 months)	100	120
Benchmark 10 – Per 1000 = (Patients delayed due to no doctor, bed or Operating Theatre)	5	8
Benchmark 11 – Greater than 54% (% elective surgery performed day only)	54%	54.33%

The Waiting List Benchmarks were not all fully achieved, however, enhancement funding has been successfully negotiated for the 1997/98 year to address this issue.

Day Only Benchmarks

	Target	Actual
Code 001 Cataract Extraction +/- IOL	78%	82%
Code 042 Arthroscopy	90%	85%
Code 036 Release of Carpel Tunnel	83%	89%
Code 004 Cystoscopy	81%	84%
Code 027 Biopsy of Breast	67%	74%

All Day Only Benchmarks were achieved excluding Arthroscopy which was 5% below target. The Arthroscopy result is being reviewed. It is expected that the result was influenced by patients presenting with multiple conditions requiring additional procedures or patients undergoing bilateral Arthroscopy.

LETTER OF APPRECIATION

I'm sitting in Intensive Care Unit 1 with the whooshing and buzzing of the most reassuring machinery imaginable. My Dad is right now relying on "life support".

I feel an enormous desire to pay my respects and give thanks to an incredible group of people. The medical staff at Gosford Hospital.

The care, time, patience and genuine concern of absolutely every person we have seen is overwhelming, comforting and reassuring – even in the most hopeless situation.

My praise for how well co-ordinated and orchestrated the care has been simply cannot be high enough. The hours worked by the staff and consistency of concern and attention is almost unbelievable. Also unbelievable is the fact that our Dad is not going to make it. This strong opinion has not altered the care and time given to Dad at all.

*Thank you,
from the bottom of our hearts.*

The "S" Family

The Area Health Service received 499 letters of appreciation this year. The letters were circulated to all the relevant staff and to the Patient Care Review Committee which is a committee of the Board.

There were also 203 letters and telephone calls of complaint. Patients and their relatives are encouraged to make staff aware of any issues of concern as soon as they arise so that action can be taken promptly to resolve the issue. However, should formal complaints be received, each matter is investigated and reviewed and a response is given. The complaint is then discussed at the Patient Care Review Committee and a report is given to the Board. Where appropriate, strategies are put in place to address the issue.



REPORT OF THE CHAIRMAN & CHIEF EXECUTIVE OFFICER

1996/97 was another active year for the Area Health Service.

BOARD MEMBERSHIP

For the first time in several years the Board of Directors has again returned to full strength with the appointment of new directors. Of particular pleasure is the appointment of Ms Veronica Graf as the Area Health Service's first Aboriginal Representative on the Board. Other new Directors include Mr Michael Kelaher, Mr Carl Smith, Mrs Pamela Sainsbury, Mr Richard Hagan, Ms Rhonda Baldock and Ms Ann Conning the staff elected representative.

AREA EXECUTIVE MEMBERSHIP

It was with regret that the resignation of Dr Stephen Christley was received. Stephen has accepted the challenge to take up the position of Chief Executive Officer of the Northern Sydney Area Health Service. We thank Stephen for his valuable contribution to the Area Health Service during his time with us. The Board welcomes the appointment of Mr Jon Blackwell as Chief Executive Officer and acknowledges the efforts of Dr Vasco de Carvalho who ably fulfilled the role of Acting Chief Executive Officer until Jon's appointment.

We have also had a change of Corporate Services Director with Mr Stephen Walker leaving for a position in Adelaide and being replaced by Mr Ron Robinson. We wish Stephen well and welcome Ron into a challenging role.

STRATEGIC PLANNING

Various strategic plans were completed to assist and guide development of specific health services. The Mental Health Plan, Aboriginal Health Strategic Plan, Community Health Planning Framework and Health Promotion Strategic Plan were completed and are at varying stages of implementation. The newly formed Health Outcomes Council has developed a draft Diabetes plan and is close to completing draft plans for Cardiovascular Disease and Cancer.

HEALTH PROMOTION

Our health promotion efforts have been successful in minimising the number of tobacco retailers willing to sell to minors (under 5%). The number of people taking part in the Health Promotion Unit's "Active Over 50's" program doubled during the year. The program, which is run in association with the private fitness industry on the Central Coast, now has approximately two thousand people over the age of fifty taking part in physical activity at thirty different venues. The program assists participants to keep flexible, mobile and reduces the risk of injuries from falls and improves heart health. Also 100% of eligible schools are participating in the Save Our Kids Smiles dental program with 69% of eligible children consenting to be screened.

DENTAL HEALTH

In response to the cessation of the Commonwealth Dental Program, the strategic planning tool "Program Budgeting and Marginal Analysis" (PBMA) was utilised to determine how best to re-allocate the Dental Service resources to maximise health outcomes for dental patients.

ACTIVITY

The Area Health Service maintained a record level of activity (excluding the waiting list reduction program numbers of the previous year) including a 3.6% increase in same day admissions and a bed occupancy rate of 91.3%. Overall admissions rose 1.9%.

Not all of the NSW Health Department waiting list benchmark targets were met, however, an additional \$12.1 million enhancement funding has been successfully negotiated to address these issues in 1997/98.

ABORIGINAL HEALTH

The Area Health Service has a growing number of strategic partnerships with other organisations. The partnership with the Central Coast Aboriginal & Torres Strait Islander Health Advisory Committee facilitated the development of the Aboriginal Health Strategic Plan. Also two Mental Health Liaison staff have been appointed to improve access to services by members of the Aboriginal community.

WYONG HOSPITAL

Wyong Hospital surgical services covering Orthopaedics, Gynaecology and General Surgery were expanded into a 24-hour service in January 1997.

The opening of the Obstetrics Unit for low risk mothers and babies was rescheduled until the second half of 1997 due to the delays in recruiting an adequate number of medical staff to provide a safe service.

FINANCIAL PERFORMANCE

It is very pleasing to report that the Area Health Service met its budget on payments of \$158.4 million.

PATIENT CARE IMPROVEMENTS

Some of the older sections of Gosford Hospital received a much needed upgrade this year. Major works were completed to Medical Ward 3, Medical Ward 4 and the Physiotherapy Department and a new Mortuary opened. Additions and renovations to the Palliative Care Service at Long Jetty Healthcare Centre were also completed.

PACIFIC LINEN

The Area Health Service has completed negotiations with the Hunter Area Health Service to form a joint venture for the supply of Linen. Pacific Linen will provide the Area Health Service with linen commencing in the second half of 1997. It will replace the Gosford Hospital Linen Service which has obsolete equipment and high maintenance costs.

OCCUPATIONAL HEALTH & SAFETY

Poor performance in Occupational Health and Safety in previous years has led to a significant increase in Worker's Compensation premiums. Manual Handling has again been the largest single contributing factor to the number of Worker's Compensation claims, representing 45% of all claims. A "Safety Management System" has been implemented and training and education of staff expanded. A Manual Handling Pilot Project conducted at Woy Woy Hospital to assist reduce manual handling injuries has been completed and will be implemented Area wide.

QUALITY PROGRAM

The Area Health Service subscribed to the new Australian Council on Healthcare Standards, "Evaluation & Quality Improvement Program" (EQulP), and implemented the Improving Performance standard. The remaining five standards will be progressively implemented. A focus Accreditation survey is scheduled for October 1997 and a further two years accreditation is anticipated.

SUICIDE RATES

The suicide rate on the Central Coast continues to be of concern. Additional staff have been appointed to assist reduce the suicide rate of specific target groups. Research programs have been expanded to assist and determine more effective prevention strategies.

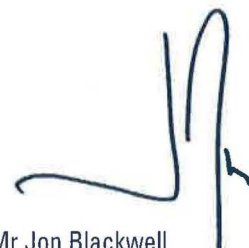
APPRECIATION

In the complex provision of public health services there are always many people to thank. We wish to acknowledge our sincere appreciation to:

- Each member of staff
- The Visiting Medical Staff, particularly the chairs of the Medical Staff Councils Dr Jim Rogers, Dr Deo de Wit, Dr Jim Hasn, Dr Colin Summerhays and Dr Campbell Tiley (Deputy).
- The Auxiliaries, Pink Ladies & Volunteers
- The Area Executive
- The Board of Directors
- Our local State and Federal Members of Parliament
- The Director General of the NSW Department of Health and
- The NSW Minister for Health



Professor Donald George
Chairman of the Board



Mr Jon Blackwell
Chief Executive Officer



BOARD OF DIRECTORS

CHAIRMAN



Professor Donald George AO *Bsc, BE, PhD.(Syd), DEng(Hon)(Newc), FTSE, C Eng, FIE Aust, FIEE, FIMechE, FAIP, Professor Emeritus*

Former Vice Chancellor Newcastle University

Age: 70 **Appointment:** 1/8/94 – 31/7/98

Committee Chair:

Ethics Committee, Medical Appointments Advisory Committee

External Appointments:

Deputy Chairman, Board of Trustees, Asian Institute of Technology, Bangkok; Chairman, Aged and Disabled Support Services (Wyong Shire); Chairman, Central Coast Community Care Association; Treasurer, Palliative Care Foundation; Chairman, Newcastle Newspapers Pty Ltd Advisory Board.

Board Meetings Attended: 11

VICE CHAIRMAN



Mr Paul Tonkin

LLB; Grad Dip LP

Solicitor, Partner in Tonkin Drysdale Partners

Age: 30 **Appointment:** 1/8/94 – 31/7/98

Committee Chair:

Health Outcomes Council

External Appointments:

Founding President of the Peninsula Chamber of Commerce 1990. President of the same body to date; Chairman of Employment Transactions Australia Inc.

Board Meetings Attended: 11

TREASURER



Mr Michael Kelaher

B. Pharm.

Managing Director Kelvest Pty Ltd

Age: 54 **Appointment:** 6/8/96 – 6/8/2000

External Appointments: Nil

Board Meetings Attended: 6

BOARD MEMBERS



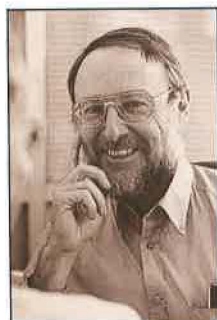
Mr Jon Blackwell

MA

Appointed: 30/6/97 30/6/2002

Portfolios:

Public Relations, Internal Affairs, Population Health & Planning



Mr Bryan Wilson

SAB, JP

Central Coast Coroner

Age: 50 **Appointment:** 1/8/94 – 31/7/98

Committee Chair: Audit Committee

External Appointments:

Chairperson, Central Coast Access Committee

Board Meetings Attended: 9



Dr Stephen Christley

MB BS(Hons), Grad Dip Paed, Dip(Obst) RACOG

Chief Executive Officer

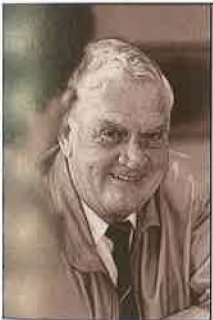
Appointment: Appointed as CEO, Northern Sydney Area Health Service 3/3/97

BOARD MEMBERS**Mrs Pamela Sainsbury**

Administration Officer

Age: 50 **Appointment:** 6/8/96 – 6/8/2000**External Appointments:** Director Central Coast Community Care Association**Board Meetings Attended:** 9**Ms Rhonda Baldock**

Hostel Supervisor

Appointment: 6/8/96 – 6/8/2000**External Appointments:** Director Central Coast Community Care Association**Board Meetings Attended:** 9**Mr Richard Hagan****Age:** 60 **Appointment:** 6/8/96 – 6/8/2000**Committee Chair:**Area Planning & Resource Committee,
Board Liaison Committee**External Appointments:**Vice Chairman, Central Coast Hospice
Palliative Care Foundation Incorporated,
Vice Chairman, Central Coast Community
Care Association**Board Meetings Attended:** 9**Ms Teresa Findlay Barnes***Grad. Dip. Soc. Comm, Churchill Fellow 91*Manager of Family and Youth Support Services of
Wyong Shire Inc.**Appointment:** 1/8/94 – 31/7/98**Committee Chair:** Patient Care Review Committee**External Appointments:** Secretary, NSW Family Support
Services Association; Vice President, National
Association of Services Supporting Australia's Families;
President, ITRAC Wyong Shire Family Resource Centre;
President, Old Peoples Welfare Council, Kiah Lodge;
Member, Ministerial Advisory Committee re Reform to
Substitute Care**Board Meetings Attended:** 5**Ms Veronica Graf**Branch Manager, NSW Aboriginal Land
Council – Sydney and Newcastle Region**Appointment:** 1/3/97 – 31/7/98**External Appointments:**

Chairperson, Yerin Aboriginal Health Services Inc.

Board Meetings Attended: 2**Mr Carl Smith***B.Sc. Dip. Ed, Dip. Teaching, Grad.Dip.App.Sc.
(Health Information Management)*

Clinical Information Manager

Age: 40 **Appointment:** 6/8/96 – 6/8/2000**Board Meetings Attended:** 10**Ms Ann Conning***RN, CM, Grad.Dip (Nursing), WHN (Cert NSW),
FPA NP (Aust), JP, Quality Management (Cert III)*

Manager, Women's Health

Appointment: (Staff Elected Representative)
6/8/96 – 6/8/2000**External Appointments:**Chairperson C.C. Health Reference Group,
Peninsula Women's Health Centre
Management Committee**Board Meetings Attended:** 9**In Attendance at Board Meetings**Members of the Area Executive; Dr Jim
Rogers, Chairman of the Area Medical
Staff Executive Council; Dr Deo de Wit, Deputy
of the Area Medical Staff Executive Council;
Dr Colin Summerhays, Chairman of the Area
Medical Staff Executive Council (1996);
Dr Campbell Tiley, Deputy of the Area Medical
Staff Executive Council (1996); Dr Jim Hasn,
Chairman of the Wyong Medical Staff Council;
Mr Les Graham, Board Member appointment
expired on 30/9/96.



AREA EXECUTIVE

CHIEF EXECUTIVE OFFICER



Mr Jon Blackwell

MA

Appointed: 30/6/97 30/6/2002

Portfolios:

Public Relations, Internal Affairs,
Population Health & Planning

AREA DIRECTOR OF MEDICAL SERVICES



Dr Vasco de Carvalho

MBBS, FRACMA

Portfolios:

Medicine, Critical Care, Diagnostics
& Pharmacy, Woy Woy Hospital,
Long Jetty Healthcare Centre,
Clinical Services Administration

Acting CEO: 3/3/97 – 29/6/97

Acting Area Director of Medical Services:
Dr Robert Spark 3/3/97 – 29/6/97



Dr Stephen Christley

MB BS(Hons), Grad Dip Paed,
Dip(Obst) RACOG

Chief Executive Officer

Appointment: Appointed as CEO, Northern
Sydney Area Health Service 3/3/97

DIRECTOR OF FINANCE & BUDGET



Mr Philip Cowdery

Cert. Acc

Portfolios:

Finance, Pay Office, Revenue,
Accounts Payable

AREA DIRECTOR OF NURSING



Miss Roberta Carter-Brown

OAM, Hon.DEd. MBA, BA, RGN, RMN, DNA,
DNE, FCNA (NSW), FINA (NSW & ACT)

Portfolios:

Surgery, Anaesthetics, Paediatrics and
Child and Family Health, Obstetrics,
Wyong Hospital, Quality Resource Unit

DIRECTOR OF CORPORATE SERVICES



Mr Ron Robinson

B.A.(Hons), M.A., Grad Dip Urban
& Regional Planning

Portfolios:

Corporate Services, Capital Works
& Asset Management, Human Resources

Appointed: 11/10/96

Previous Director of Corporate Services:
Mr Stephen Walker resigned on 16/8/96

CO-ORDINATOR OF
COMMUNITY HEALTH SERVICES

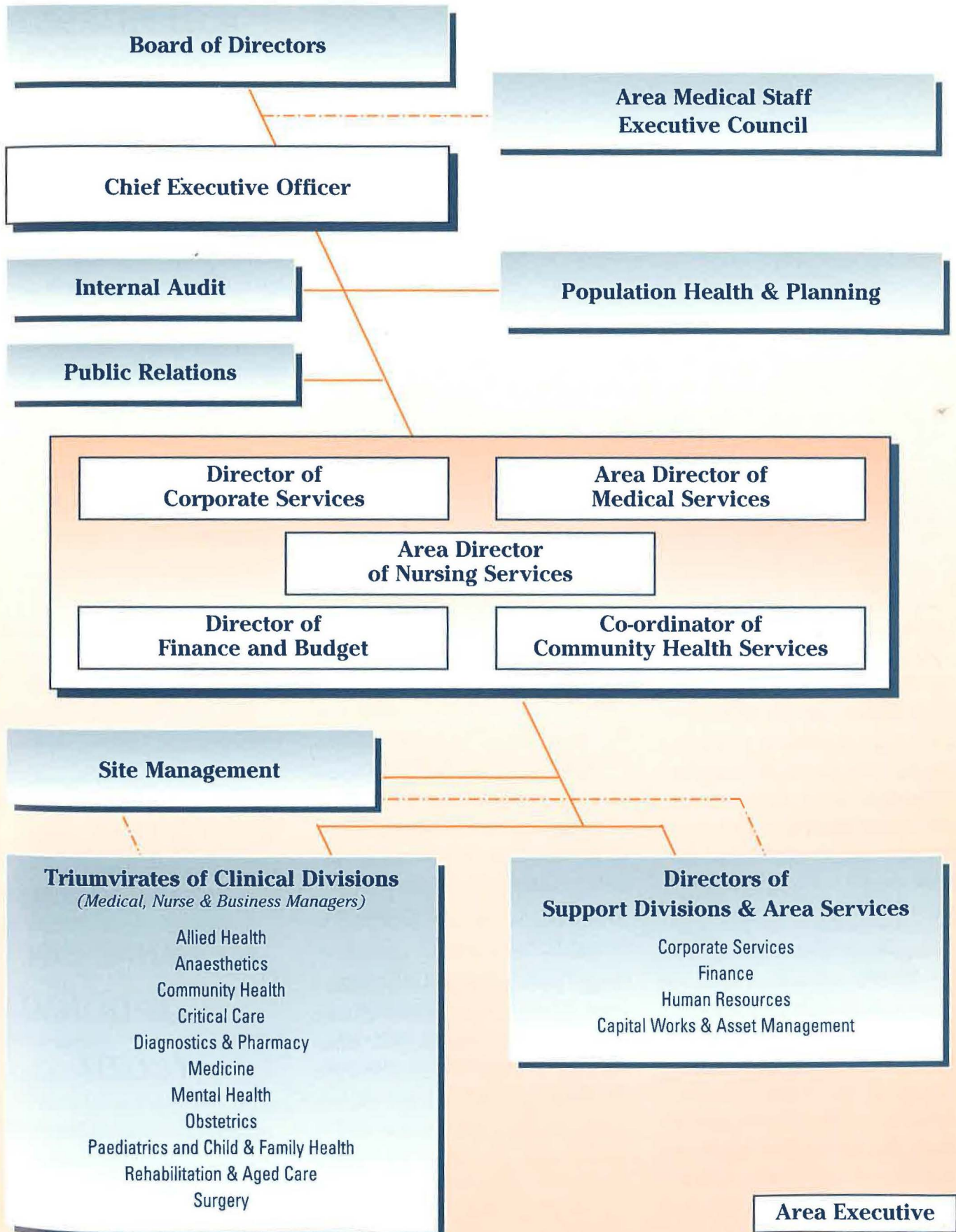


Mr Paul Warwick

Portfolios:

Community Health, Allied Health,
Aged Care & Rehabilitation and
Mental Health

ORGANISATION CHART





CLINICAL DIVISIONS

Allied Health

BUSINESS ACTIVITY

The Division of Allied Health incorporates the Departments of Nutrition, Occupational Therapy, Physiotherapy, Podiatry, Social Work, Psychology and Speech Pathology. Services are provided in both the hospital and community settings.

MAJOR GOALS AND OUTCOMES

Improve access to outpatient physiotherapy services.

Access to the Physiotherapy services for non-acute conditions has been improved with the commencement of assessment clinics at Wyong and Gosford Hospitals.

To develop an occupational therapy student resource package.

With the Area Health Service gaining teaching hospital status the Occupational Therapy Department has developed a comprehensive resource package for all university students within this discipline. This ensures a consistent educational experience across the Area Health Service. A student fieldwork Evaluation Form has been developed to provide feedback to clinical supervisors. An evaluation process has been included to provide feedback to student supervisors.

To improve nutrition within specific target groups.

Members of the Community Nutrition Team played an integral part in the development of two major projects. One was on breast feeding and the other on eating disorders. The complex issues involved in prevention and treatment have required a collaborative approach from a broad range of health

professionals. Barriers to breast feeding and factors affecting eating disorders have been identified. Action plans to address these issues will now be developed.

Assist in the establishment of a Child Health Assessment Team.

The Speech Pathology and Physiotherapy Departments instigated the formation of the Child Health Assessment Team (CHAT). In conjunction with Child & Family Health and Occupational Therapy Departments the multidisciplinary CHAT Team was established in February. The project will be evaluated after six months.

To strengthen child protection measures.

All staff involved with Child Protection are undertaking special training with the Child Protection Council in regard to the new Interagency Guidelines.

With the introduction of more extensive protocols for child protection the number of children being referred for medical examinations increased by 80%.

To identify the allied health needs of the Aboriginal Community.

The Psychology Department worked with the Aboriginal Health Worker to identify and start addressing the needs of the Aboriginal Community.

To improve information provision to Speech Pathology clients.

Speech Pathology developed information sheets for parents on a comprehensive range of child communication and feeding difficulties. This provides a high standard of information to all clients.

KEY ISSUES/EVENTS

For Heart Week, seminars were conducted for staff by the Community Nutrition Team on the theme 'Maintain a Balance'. The Team encouraged exercise and low fat eating for a healthy heart and launched the 'Winter Weight Loss Competition'.

A three-month project was commenced in April to trial assessments for child speech and communication difficulties. Data from these projects are currently being evaluated. It is anticipated that early intervention will lead to faster resolution of difficulties.

FUTURE DIRECTION

- Automate the Division's statistical information system.
- Reduce waiting times in the Podiatry Clinics through the Podiatrist and technical assistant working in tandem.
- Introduce screening of patients on admission to identify those with malnutrition.

"It's truly wonderful to have such a devoted team"

Extract from Letter of Appreciation from Mrs W

Anaesthetics & Operating Theatres

BUSINESS ACTIVITY

The Division comprises the departments of Operating Theatres, Anaesthetics, Endoscopy and the Acute Pain Service. There are six theatres at Gosford Hospital and two theatres at Wyong Hospital. Both Gosford and Wyong Hospitals have one endoscopy procedure room.

MAJOR GOALS AND OBJECTIVES

Expand after hours surgery at Wyong Hospital.

Wyong Hospital surgical services covering orthopaedics, gynaecology and general surgery were expanded into a 24 hour service in January 1997.

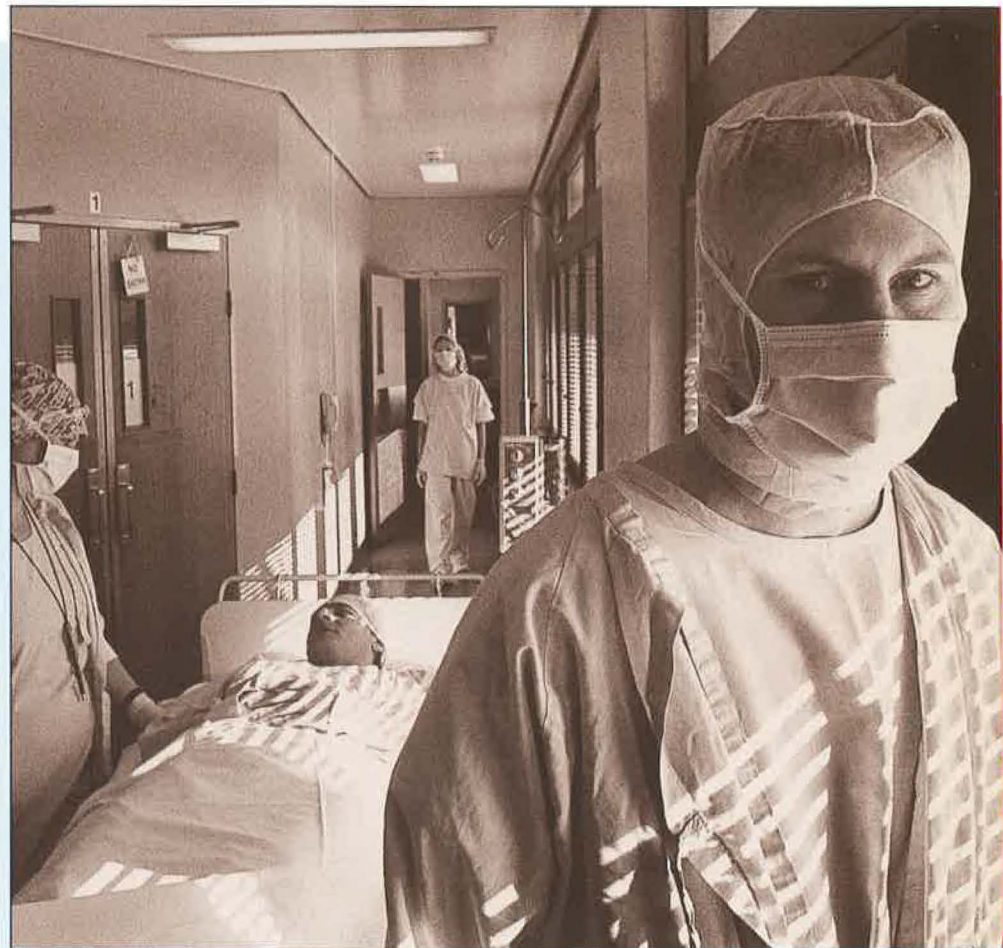
The expansion marks a major milestone for the Division given the recruitment difficulties including a national shortage of anaesthetists and operating room nurses.

To implement clinical indicators (benchmarks).

Clinical Indicators developed by the Australian Council on Healthcare Standards (ACHS) have been implemented for both Day Surgery and Anaesthetics allowing improved monitoring of services.

Improve the appearance of the Gosford Operating Theatre reception area.

Over a number of weekends local artists, school children and staff volunteers painted a mural in the Operating Theatre reception area to brighten it up for patients and staff. The project was actively supported by local businesses with donations of materials.



Anaesthetic Nurse, Ashley Walter, and colleagues prepare a patient for anaesthetic induction.

To meet new infection control standards.

A five year sterilisation enhancement program was commenced in June 1997 with a major increase in the inventory of sterilisable instruments and camera systems. The new equipment will allow compliance with the new Infection Control Standards.

To plan for future service needs.

Following an external review in late 1996, the Department has formulated a long-term human resources plan to provide anaesthetic staff coverage for the current and expanded configurations of operating sessions and facilitate education and training of registrars, residents and interns.

Promote research and education within Anaesthetics.

A Clinical Nurse Consultant position (half time) was appointed to the Operating Theatres to promote clinical standards, education, research and the role of the Acute Pain Service.

A Nursing Unit Manager position in Anaesthetics was established as a conjoint appointment between the Area Health Service and the University of Newcastle to promote nursing research and education in Anaesthetics.

KEY ISSUES/EVENTS

With the completion of the previous year's Department of Health's Waiting List Reduction Program, admission rates returned to pre Waiting List Reduction Program levels.



The Division was honoured to stage the only Australian training session for American orthopaedic surgeon Dr Fred Beuchel. The training session on joint replacement surgery was attended by public and private sector surgeons from the Central Coast and other areas.

The teamwork within theatres and the ongoing support extended by visiting anaesthetists and surgeons and staff has been exemplary. The Anaesthetics Triumvirate takes this opportunity to thank each one for their support.

FUTURE DIRECTION

- Implementation of the Priority Access Strategy of the NSW Health Department.
- In conjunction with other divisions, develop a questionnaire covering all aspects of surgical patients' care from pre-admission through to discharge.

"Be proud of these dedicated people"

Extract from
Letter of Appreciation
from Ms W

Community Health

BUSINESS ACTIVITY

The services provided by the Division include Community Nursing (General, Diabetes, Stomatherapy, Continence), Dental, Aboriginal Health, Sexual Health/HIV AIDS, Sexual Assault, Adult Day Care, Extended Care, Women's Health, Alcohol and Other Drugs, Chest/TB Clinic, Dementia Care, Domestic Violence, Child Protection and Palliative Care.

MAJOR GOALS AND OBJECTIVES

To improve Aboriginal Health.

The Central Coast Aboriginal Health Strategic Plan was developed and was officially launched by Dr Andrew Refshauge, Deputy Premier, Minister for Aboriginal Affairs and Minister for Health in July 1997.

A major project titled 'Identifying and Responding to Substance Abuse Issues in an Heterogeneous Aboriginal & Torres Strait Islander Community' was commenced.

To improve the health of target groups.

The Youth Health Service in collaboration with Mental Health and Alcohol and Other Drug Services commenced the 'Young People with Psychiatric Illness – Intervention and Assessment' project which is part of the National Youth Suicide Prevention Initiatives.

The HIV and Sexual Health Services Strategic Plan was developed. An increase in the number of HIV patients on combination therapies has resulted in an improvement in client health and a reduction in the use of hospital-based services.

The Women's Health Service continued to implement and evaluate the Central Coast Women's Health Strategic Plan.

Community Nursing was successful in receiving funding from the Nurses Registration Board of NSW to undertake a research project to evaluate the current methods of wound management.

The Chest Clinic in conjunction with the Department of Juvenile Justice completed a research project to determine the prevalence of TB amongst residents of Juvenile Justice Centres.

A Child Protection needs analysis was completed and resulted in the Central Coast Child Protection Interagency being re-established.

The General Practitioner Drug and Alcohol Project continued into the second phase and has received very positive feedback from the Division of General Practice. Plans for a domiciliary detoxification service were finalised.

To implement the Disability Plan Planning:

All new plans and refurbishments are signed off by the Disability Committee as being disability friendly prior to work being undertaken. Department of Community Services and Area Health Service therapy providers have developed co-ordinated plans for improving services. Workshops have been conducted between the Mental Health Service, Department of Community Services, Department of Housing and Department of Education to identify improvement opportunities in service delivery across departments.

Policies:

New policies have been implemented regarding inpatient care for people with a developmental disability. Recruitment practices have been broadened to improve opportunities for people with a disability.

Training:

The Anaesthetics, Surgical and Obstetrics Divisions have participated in disability awareness training and this is being provided progressively across all services.

Facilities:

Disability parking across all campuses has been improved and universal signage installed. Gosford Hospital buildings and the Wyong Dental Clinic have had ramps installed to allow for improved disability access. Renovations to Stephen Street have significantly improved disability access and safety at Gosford Hospital.

Services:

The Child Health Assessment Team and its assessment protocol has been established. The Mental Health Division has facilitated and funded the resource centre called OASIS for the consumers of mental health services. The Aged Care Assessment Team and Coast Link (a Non Government Organisation providing services to the disabled) have been successful in attracting funding for the establishment of a Respite Care Centre. This supports people with disabilities and older people and their carers and can provide assistance in brokering respite care.

To implement the Ethnic Affairs Priority Program

Access and equity to services for people of Non English Speaking Background (NESB) were improved through a number of strategies. Cross cultural sensitivity training sessions were provided for staff and these have assisted in fostering a more sensitive



Veronica Coote, Physiotherapist Aide, and "Jacko", a Henry Kendall High School student, share a moment of victory, after making a strike during ten pin bowling.

service environment. Improved access to interpreter services was achieved in collaboration with the Hunter Area Health Service and the establishment of a local panel of interpreters for the Central Coast. Training was also provided to staff on how to effectively access the interpreter service and 199 occasions of service occurred this year. Funding was successfully negotiated for a part-time NESB Liaison Officer who will be recruited during the second half of 1997.

KEY ISSUES/EVENTS

The NSW Health Department project, developing and implementing a Community Health Information Management System commenced.

A Community Health Service Planning Framework has been developed. The document provides a strategic framework

for the future directions of community services to the year 2001.

A wound care seminar titled 'Towards 2000', with local and interstate speakers, was organised by the Community Nursing Service. The seminar was attended by nurses from both the Public and Private sectors.

The strategic planning tool "Program Budgeting and Marginal Analysis" (PBMA) was used to determine how best to reallocate the Dental Service resources to maximise health outcomes when the Commonwealth Dental Health Program ceased.

FUTURE DIRECTION

- Continuation of the implementation of the Community Health Information System.
- Implementation of the Community Health Strategic Plan.



Registered Nurse, Linda Tisdale, a Critical Care Course student is guided by Anne Coote, CNC, in caring for a critically ill patient.

Critical Care

BUSINESS ACTIVITY

Provision of Intensive Care, Cardiac, Cardiac Diagnostics and Emergency Services

MAJOR GOALS AND OUTCOMES

To integrate inpatient and outpatient cardiac services.

The cardiac rehabilitation service was expanded to embrace the continuum of care framework. The development and implementation of a variety of access options for rehabilitation resulted in increased attendance and decreased waiting lists.

Further develop Clinical Pathways.

A new clinical pathway for cardiomyopathy has been developed and existing cardiac pathways are currently being evaluated.

To meet Department of Health Emergency Department waiting time benchmarks.

The Emergency Department at Gosford Hospital has been consistently rated with the second or third highest activity level in the state. Despite this high activity waiting times in the Emergency Department were kept well below the state average.

To raise community awareness of maintaining a healthy heart.

In conjunction with the National Heart Foundation 'Heart Week' Program, the Cardiac Unit ran a very successful Heart Week campaign. The Area Health Service won first place awards from the National Heart Foundation for highest fundraising (in NSW) and health service promotion. Promotions included shopping centre displays, a winter weight loss competition, seminars for staff and free cholesterol testing.

KEY ISSUES/EVENTS

The Department achieved a further five year re-accreditation for full medical training by the College of Emergency Medicine.

Due to an increase in demand a second transoesophageal echocardiography session was introduced.

Three clinical drug trials were undertaken through the Emergency and Cardiac Departments which resulted in improved outcomes for cardiac patients.

State of the art Advanced Life Support training equipment was purchased to assist ongoing resuscitation technique training for medical and nursing staff.

Two medical staff successfully completed Part 1 of the Emergency Department Fellowship through the College of Emergency Medicine while four others completed Part 2. This maintains an exceptional record at the Area Health Service.

Ten nurses successfully completed the Critical Care Course run by the Area Health Service. The course continues to assist to address the issue of a state-wide shortage of critical care trained nurses. A number of these graduates continued tertiary education completing the Contemporary Issues of Advanced Nursing Practice course run in conjunction with the University of Newcastle.

FUTURE DIRECTION

- Commence development of a Trauma Registry in the Emergency Department.
- Further develop the Critical Care Management Plan.
- Review the Area Health Service Disaster Plan.
- Conduct further clinical drug trials.

Diagnosics & Pharmacy

BUSINESS ACTIVITY

Pathology, Medical Imaging and Pharmacy services.

Pathology Department

MAJOR GOALS AND OUTCOMES

To improve the level of service at a reduced cost.

Biochemistry analysers were installed at Wyong and Gosford laboratories. The analysers are faster, offer an extended test menu and show improved running costs.

To establish strategic partnerships.

The Pathology Department formed a strategic partnership on a trial basis with the Institute of Clinical Pathology and Medical Research at Westmead. The primary purpose of the partnership is for the referral of pathology testing but it is expected that there will also be benefits from joint purchasing agreements, staff training and consultation.

KEY ISSUES/EVENTS

A new Mortuary was commissioned at Gosford Hospital in September 1996 with improved facilities for relatives and staff.

Major renovations were completed on the Anatomical Pathology laboratory.

Efficiency gains were created by tight control over purchasing, staffing changes and the installation of new analysers with cost savings being directed towards upgrading of equipment.

FUTURE DIRECTION

- The Pathology Department will operate as an independent business unit known as the Central Coast Area Pathology Services (CCAPS) commencing in July 1997.

Medical Imaging Department

MAJOR GOALS AND OUTCOMES

To pursue centre of excellence in clinical training.

The Medical Imaging Department at Gosford Hospital has been accredited as a Clinical Training Centre for Radiographers for five years by the Australian Institute of Radiography.

To be an accredited Breast Screening Service.

The Breast Screening Program has been accredited for quality of service by the National Cancer Preventative and Control Unit of the Commonwealth Department of Health and Family Services.

To implement immediate test reporting.

The department has installed a digital dictation system and linked barcode film bag identification to enhance report turn around time. This has enabled radiology reports to be made available to referring doctors as soon as patients are x-rayed.

Pharmacy Department

MAJOR GOALS AND OUTCOMES

To improve patient comfort and communication.

Refurbishment of the Pharmacy Department waiting room has resulted in a more attractive and comfortable area for outpatients. The redesign has also improved communication between patients and staff without compromising security.

To improve stock control procedures.

Improved stock control procedures have resulted in a 67% decrease in expired stock compared to the previous year representing a saving of \$13,058.

KEY ISSUES/EVENTS

Turnaround times for outpatient and discharged patient's prescriptions have been reduced from an average of 120 minutes in 1995/96 to an average of 73 minutes this financial year.

External drug costs per bed day have increased by \$0.69 to \$20.19 which equates to an increase in total drug expenditure of \$161,840.

FUTURE DIRECTION

- Develop proposals for the establishment of a community liaison service, to improve outpatient services and to support 'hospital in the home' programs.
- Implementation of an Emergency Department clinical pharmacy service.
- Establish a full clinical pharmacy service to the expanded Oncology Clinic.



Medicine

BUSINESS ACTIVITY

The provision of acute and sub-acute medical services, Biomedical Engineering, Internal Ambulance, Respiratory Physiology and Asthma Educator services.

MAJOR GOALS AND OUTCOMES

To complete the refurbishment of a further two Medical Wards at Gosford.

The scheduled refurbishment of a further two Medical Wards was completed on time and they were occupied before the winter peak activity. Patients and staff are delighted with the dramatic improvement in their environment.

To improve the continuum of care for Renal patients.

The Renal (Haemodialysis) Unit was transferred from the Division of Critical Care to the Medical Division to enhance the integration of Renal Services.

To improve specialist Medical Services within the Division.

The process of sub-specialisation continues to be developed particularly in Renal Neurology and Oncological Medicine.

To improve the services provided by the Internal Ambulance.

A review of the Wyong internal transport usage on the weekend was commenced with results yet to be evaluated.

FUTURE DIRECTION

- To integrate outpatient and inpatient Oncology Services.
- To develop ward sub-specialisation in Respiratory Medicine.
- To expand Renal Services to Wyong.

Mental Health

BUSINESS ACTIVITY

The Division of Mental Health provides inpatient, outpatient and community services to people on the Central Coast who have a serious mental illness.

MAJOR GOALS AND OUTCOMES

To reduce the incidence of suicide.

The Suicide Safety Network was initiated by the Central Coast community to address the increase in numbers of suicides in recent years. A mental health nurse was appointed to provide training and advice to hospital staff. Also a suicide intervention worker was appointed for twelve months to provide increased support and follow up primarily from the Emergency Departments for people who have attempted suicide.

The Young People With Psychiatric Illness (YPPI) program was expanded through a Commonwealth Government research and evaluation grant. Mental Health, Youth Health and Alcohol & Other Drug Services implemented an integrated program for the reduction of suicide risk in young people with psychiatric illness.

To improve access to services.

As a result of consumer focus group discussions procedures were restructured to provide access to clinical staff 24 hours per day.

To prepare a Mental Health Strategic Plan.

A Mental Health Strategic Plan was prepared and sets out the service development strategies from 1997 to the year 2001.

To expand mental health services for specific target groups.

Permanent and project positions have been created for mental health workers to provide new or expanded services in the following areas:

- specific assessment and follow up services in aged care
- development of better services for dual diagnosis drug and alcohol clients
- improved access to services by members of the Aboriginal community
- mental illness prevention and early intervention, and
- prevention programs for pre-school children, pre-adolescent children and their families.

KEY ISSUES/EVENTS

Collaboration with non-government organisations involved in mental health remains a high priority for the Area Health Service. The Central Coast Community Consultative Group continues to provide co-ordination of joint activities between the Area Health Service and non government organisations.

A series of family education seminars in collaboration with the Association for Relatives and Friends of the Mentally Ill (ARAFMI) supplemented the ongoing family support and information meetings at Mandala Clinic.

The General Practitioner Attachment Scheme in collaboration with the Division of General Practice is continuing. Two GPs spend one half day per week for ten weeks learning to deal with psychiatric and other mental health issues.

FUTURE DIRECTION

- Further develop mental health promotion with a particular focus on a 'defeat depression' campaign
- Further develop suicide prevention services
- Commence evaluation projects and research activity focusing on health outcomes

Obstetrics

BUSINESS ACTIVITY

To continue to promote the health and well-being of women, their families and the community through the provision of a quality multidisciplinary maternity service.

MAJOR GOALS AND OUTCOMES

To expand Preparation for Parenthood Classes

In response to a patient satisfaction survey the Community Midwife Service has commenced presenting Preparation for Parenthood classes for their own patients at both Gosford and Wyong Hospitals. This has improved the continuum of care for patients under the care of Community Midwives.

To increase the percentage of women breast feeding

A breast feeding educator was appointed and overall breast feeding rates among patients of the Area Health Service have improved by 13%. There was also a 6% increase in the number of babies being exclusively breast fed, i.e. with no complementary feeds.

To reduce the incidence of Postnatal Depression

Postnatal education and debriefing sessions were introduced to postnatal women in response to recommendations of the Area Health Service's Postnatal Depression Advisory Committee.

FUTURE DIRECTION

Commence an Obstetrics Service for low risk mothers and babies at Wyong Hospital.

Integrate the Antenatal Clinics at both Gosford and Wyong Hospitals with the inpatient services to improve the continuity of care.

Install a large bath in the Gosford Hospital Delivery Suite to assist in pain relief.

Introduce a 'Familiar Community Midwife Program' so that patients will be cared for by the same Community Midwife.

“You renewed my faith in human nature and our hospital system”

Extract from Letter of Appreciation from Mr C



Donna Heaton, Student Nurse, in Children's Ward monitors the progress of Karlar while her concerned Mum, Hela, looks on.

Paediatrics and Child & Family Health

BUSINESS ACTIVITY

The Division provides a paediatric inpatient service and a range of child and family health services.

MAJOR GOALS AND OUTCOMES

To improve the management of Postnatal Depression/Parenting.

Training sessions were held for all staff to increase their skills in the identification and management of Postnatal Depression.

To promote the continuation of breast feeding.

A three year program was developed to promote breast feeding throughout the hospital and community settings. Non-government agencies, such as Nursing Mothers, are an integral part of this program.

To continue the Ward Granny scheme.

The second year of the scheme has seen an increased number of volunteer grannies who assist in the emotional support of children and their families.

To develop a home visiting program.

A home visiting program was commenced in conjunction with the Department of Community Services for specific parents with new infants. Child and Family Health staff are participating as members of the reference group as well as making home visits.

KEY ISSUES/EVENTS

Preliminary information from the Australian Childhood Immunisation Register shows the Central Coast to be a leading area for up to date child immunisation. An innovative program for Year 7 and 10 student immunisation was successfully introduced this year.

FUTURE DIRECTION

- Further develop strategies to increase immunisation rates.
- Increase support to parents with children who have high medical needs through the provision of home and centre based respite services.

Rehabilitation and Aged Care

BUSINESS ACTIVITY

To give Central Coast disabled people and their carers the advice, support and treatment they require. These services are provided through the Department of Geriatric Medicine, Rehabilitation, Aged Care Assessment Team(ACAT), Program of Appliances for Disabled People/ Rehabilitation Appliance Program (PADP/RAP) and Orthotics.

MAJOR GOALS AND OUTCOMES

To improve access to respite care for carers in the community.

A joint activity between Coastlink Respite Centre and the Aged Care Assessment Team was successful in providing a program to link carers in the community with available respite beds at all hours and identify gaps in service provision.

To increase the availability of nursing home beds on the Central Coast.

Through successful lobbying 100 more aged care places were approved for the Central Coast by the Ageing and Disability Department.

To improve access to cardiac rehabilitation.

Two new follow-up options were provided for patients after discharge. These include evening education seminars and home visits by Community Nurses.

To improve production of orthotic devices.

A new oven was purchased enabling faster processing of orthoses and improved quality of products.

KEY ISSUES/EVENTS

A display for Orthotics Awareness Week was held in the main foyer at Gosford Hospital including information and photos from the Podiatry, Physiotherapy, Occupational Therapy and Rehabilitation Departments.

A Staff Specialist in Rehabilitation (part-time) was successfully recruited enabling improved patient access to rehabilitation services.

FUTURE DIRECTION

- Continue streamlining of processes in the Program of Appliances for Disabled People and Rehabilitation Appliance Program.
- Develop a co-ordinated care model for patients' rehabilitation and aged care services.

Surgery

BUSINESS ACTIVITY

Surgical services are provided in the specialities of Ear Nose and Throat (ENT), Faciomaxillary, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery, Urology and Vascular Surgery.

MAJOR GOALS AND OUTCOMES

To upgrade the Day Surgical Facilities.

Stage 1 of the renovations, which covered the majority of the building works, was completed ahead of schedule by the Maintenance Department and reopened in May. The second and final stage is scheduled for January 1998.

To expand the clinical pathways program into non surgical disciplines.

An Area Pathway Steering Committee was formed to oversee the development of clinical pathways across the Area Health Service. Surgical staff assisted other divisions in training and project work.

To incorporate the Continuum of Care framework to the Fractured Neck of Femur clinical pathway.

The Fractured Neck of Femur clinical pathway was expanded to include Surgery through to Rehabilitation.

To meet Department of Health benchmarks for 'day only' admissions.

Five of the six benchmarks were achieved for day surgery with the exception being Arthroscopy which was 5% below the benchmark. The Arthroscopy result is being reviewed. It may be found that because of the Central Coast's higher proportion of aged population, patients here may undergo bilateral arthroscopy or other procedures at the same time.

To reduce surgical patients time in hospital.

The Division streamlined admission procedures and reviewed admission protocols in conjunction with surgeons on the various types of surgery. Monitoring of the improvements is continuing.

To reduce the number of cancellations made by Day Surgery patients.

An analysis of Day Surgery information revealed a high number of patients failed to keep their appointments for which no reason was available. A three month survey was commenced in May by the Day Surgical Ward staff and the results are yet to be finalised and evaluated.

KEY ISSUES/EVENTS

The year marked the passing of an era with the retirement of one of the Coast's pioneering surgeons, Dr John Connolly. In paying tribute to Dr Connolly, fellow general surgeon Dr Colin Andrews recalled the respect accorded to Dr Connolly by doctors who had passed through the Coast's training system many years earlier. Dr Connolly will continue to contribute to the Area Health Service through his Emeritus Consultant appointment.

The Surgical Triumvirate and Nursing Unit Managers extend their appreciation to all staff and Visiting Medical Officers for their ongoing contributions and professionalism in the treatment of patients.

FUTURE DIRECTION

- To achieve new Department of Health best practice targets for surgery including waiting times and day surgery rates.



HOSPITAL SITES

Gosford Hospital and Clinical Services Administration

BUSINESS ACTIVITY

Site Management of Gosford Hospital consists of a Director of Medical Services and a Director of Nursing who are responsible for co-ordination of the hospital including the resolution of cross Divisional issues and bed management.

Departments include Medical Administration, Nursing Administration, Outpatients Clinics, Bed Allocations, Medical Records, Pink Ladies Volunteer Service, Nurse Education and Discharge Planning.

MAJOR GOALS AND OUTCOMES

To improve bed management.

An action committee representing all Divisions and Hospital Sites was established to monitor,

review and improve bed utilisation throughout the Area Health Service. Current projects include reviewing the admission processes for emergency and elective patients and the development of a bed management information system. The system will report on a regular basis on bed utilisation, factors affecting bed supply, performance against benchmarks in elective surgery and Emergency Department waiting times. The information will aid decision making in improving bed utilisation.

To improve the effectiveness of the Medical Records Department.

A comprehensive review was undertaken of the Medical Records Department and generated recommendations for process improvements. Process changes have been commenced especially in the coding of medical records where Department of Health requirements have increased significantly.

To review the functioning of the Bed Allocations Department.

An extensive review of the Bed Allocations Department was completed. To improve the management of waiting lists it was

determined that the waiting list co-ordinator and clerks will be transferred to the Theatres Booking Office.

To improve after hours security at Gosford Hospital.

Access to the Hospital after 9.00pm was restricted to the Emergency Department and all other entrances locked. The effectiveness of this strategy is currently being reviewed.

FUTURE DIRECTION

- Pursue best practice guidelines in bed management and elective surgery.
- Extend the facilities and services of the Oncology Clinic.

KEY PERFORMANCE INDICATORS

Elective surgery cancellations due to no bed available
(cancellations/scheduled admissions).

1996/97	0.015 %	We achieved a very low rate of cancellations of elective surgery this year.
1995/96	Not Available	

Nursing Turnover Rates

The retention of nurses in the Area Health Service was higher than the State average. Turnover rates were *(to the end of March):*

	Area Health Service	NSW
RNs	1.42%	1.50%
ENs	0.29%	1.57%

Outpatient Clinics

Waiting Times:

Pre-Admission Clinic Average less than 30 minutes

Orthopaedic Clinic Average less than 60 minutes

Waiting Lists:

Pre-Admission Clinic Nil. All seen 7 to 10 days prior to surgery.

Orthopaedic Clinic Nil. All seen as required.

HOSPITAL WIDE CLINICAL INDICATORS

All are within the Australian Council of Healthcare Standards (ACHS) benchmarks.

Indicator	Actual	ACHS Threshold
CI.2 Pulmonary Embolism rate	0.26%	0.2 – 0.8%
CI.3 Unplanned Re-admission rate	3.87%	2.4 – 4.8%
CI.4 Unplanned Return to O.T.	1.05%	0.8 – 1.2%
CI.5a Wound Infection rates		
– Clean Wounds	3.9%	<4.1%
– Contaminated	4.4%	<7.9%
CI.5b Bacteraemia rates	0.13%	<0.3%

Long Jetty Healthcare Centre

BUSINESS ACTIVITY

Long Jetty Healthcare Centre serves the north eastern area of the Central Coast. It provides a range of inpatient and outpatient services for clients ranging from babies to geriatric clients living in this catchment area.

Services provided within the centre include a 33-bed Community Hospital for sub-acute medical, palliative care and post surgical patients; 'Terilbah', a 16-bed residential care unit for the care of elderly residents, Confused and Disturbed Elderly (CADE) Residents; and Outpatient services including Physiotherapy, Podiatry, Extended Day Care, Early Childhood Centre, Palliative Care Headquarters, Dementia Care Day Centre, Wyong Community Access Centre, After Hours Outpatient General Practitioner Medical Services.

MAJOR GOALS AND OUTCOMES

To improve the Occupational Health and Safety Numerical Profile score.

The score improved 3% to 68% indicating improved compliance to Occupational Health & Safety standards.

To develop a multidisciplinary Quality Plan for the Long Jetty Site.

An ongoing plan is being developed which involves all disciplines within the centre.

KEY ISSUES/EVENTS

Two new Visiting Medical Officers were appointed to the staff. They were Dr Ameeta and Dr Seshadrinathan Anant.

FUTURE DIRECTION

- *Refurbishment of General Ward.*
Funding from the Department of Health has been approved for the refurbishment of the General Ward and is scheduled for completion in 1998.
- *Community Health Centre.*
The Bateau Bay Community Health Centre will be relocated to new facilities on the Long Jetty Healthcare Centre site. This will centralise health services in the north eastern area of the Central Coast.

Wyong Hospital

BUSINESS ACTIVITY

Wyong Hospital Site Management administers the day-to-day operations of the hospital and co-ordinates with all other Divisions and Services on matters relating to Wyong Hospital. Site Management is responsible for activity and budgets relating to Medical Wards, Surgical Wards, the Rehabilitation Ward, Outpatient Clinics, the Emergency Department and Administration. Activity and budgets for Anaesthetics, Obstetrics, Corporate Services, Diagnostics and Allied Health are reported under those Divisions.

MAJOR GOALS AND OUTCOMES

Open a Short Stay Surgical Ward
A Short Stay surgical ward which functions Monday to Friday was opened in April 1997 and has enabled an increase in surgical activity.

Extend Operating Theatre hours
Operating theatre hours were incrementally increased throughout the year to seven days per week 24 hours per day. This has increased the percentage of patients that can be treated at Wyong Hospital.

"The friendly, cheerful atmosphere helped me to a speedy recovery"

Extract from Letter of Appreciation from Mrs J



Review Pre-admission Clinic

The Pre-admission clinic for elective surgical patients has been under continual review throughout the year. Additional clinic sessions for pre-admission were introduced enabling improved pre-operative assessment of patients.

Commence the Obstetric Service for low risk patients.

The planned opening of the Obstetric Service for low risk mothers and babies was deferred until such time as three Obstetricians can be employed as this is the minimum number to operate a safe service. Recruitment of a third Obstetrician is actively being pursued.

Ensure appropriate support services.

Funding was received during the year to ensure appropriate support services were available to meet the increased activity at the hospital. Additional staffing was allocated to Clerical, Medical Imaging, Domestic Services, Food Services, Pharmacy and the Pathology Departments.

Install Bedside Telephones

30 bedside telephones were installed in Surgical Ward 1 enabling patients to remain in contact with their families. This also assisted in reducing workload pressure on staff, especially after hours nursing staff.

Evaluate the Surgical Observation Unit

A review was undertaken of the four monitored bed Surgical Observation Unit. The review demonstrated that more complex surgery has been undertaken at the hospital since the unit opened.

KEY ISSUES/EVENTS

Dr. David Doolan was appointed as the Director of Medical Services and commenced in August 1996.

Additional funds were allocated to the hospital budget to support increased activity and in recognition of the increased patient acuity levels.

A daily hostess service managed by the Pink Ladies was introduced in the Emergency Department.

Regrettably the Toukley United Hospital Auxiliary disbanded during the year due to the inability to recruit new members. The Auxiliary was a wonderful support to the hospital raising a total of \$110,367 since its inception in 1972.

The valuable support of the Wyong Hospital Ladies Auxiliary and Community Groups continued throughout the year.

FUTURE DIRECTION

- Commence an Obstetric Service for low risk patients.
- Further increase the volume and range of surgery available at the Hospital thereby further reducing the need for patients to attend other hospitals.
- Continue to increase the percentage of patients being admitted on the day of surgery.
- Increase the Numerical Profile percentage score in Occupational Health and Safety. This should assist in lowering the risk of injuries to patients and staff and reduce workers compensation premiums.

Woy Woy Hospital

BUSINESS ACTIVITY

To provide non-acute and outpatient services to the residents of the Peninsula and southern areas of the Central Coast.

This is achieved through the provision of a 16-bed unit called Birralea for patients waiting nursing home placement, a 33 bed general ward, a 20 bed rehabilitation ward, outpatients and hydrotherapy services at Woy Woy. Physiotherapy, Occupational Therapy, Speech Pathology, Nutrition and Social Work are provided and an after hours General Practitioner Service operates in conjunction with local General Practitioners.

MAJOR GOALS AND OUTCOMES

To implement a Diversional Therapy Program in the General Ward

A daily Diversional Therapy Program was commenced providing all patients with suitable activities to enhance functional and psychological well-being.

To undertake a Manual Handling Pilot Project

A multidisciplinary project was commenced to look at safety issues for staff and patients during any activity that requires a person to lift, lower, push, pull, carry or move an object. The aim of this project was to reduce the number of injuries.

To develop a Woy Woy Hospital information booklet

The booklet provides a description of the services provided at Woy Woy Hospital and will be available in Doctors Surgeries and other community outlets. The aim of the booklet is to improve community awareness of the role of Woy Woy Hospital.

To make environmental changes to improve safety and surrounds for staff and patients.

New patient screens and tracking have been installed in the Rehabilitation Ward to provide privacy to all patients.

KEY ISSUES/EVENTS

Woy Woy Hospital celebrated its 25th anniversary by holding a walkathon, fair and dinner dance during October and November 1996. The celebrations were organised by staff and volunteers with guests including former staff members.

The organisers' hard work was rewarded by the enjoyment experienced by all attendees. The funds raised at the activities will go to purchase patient care equipment.

The Woy Woy Hospital Ladies Auxiliary continued their valuable support of the hospital and raised funds for the purchase of patient care equipment. Their efforts are very much appreciated by patients and staff.

FUTURE DIRECTION

- To liaise with other rehabilitation units to develop benchmarking, clinical pathways and to share best practice models.
- Continue with environmental changes to further improve surroundings and safety at the hospital.

“What would we do without your great skills”

Extract from Letter of Appreciation from Mr D



Nurses Aides Bryant and Byrne with the first male patient at Woy Woy Hospital, Mr Harold Tucker of Woy Woy Bay. He was admitted on 13th October 1961.



One of the activities held to celebrate the 25th Anniversary of Woy Woy Hospital was a Walkathon. Pictured are Lyn Robinson, Domestic Supervisor, Karen Dobbs, Enrolled Nurse and Helen Merkenhof, Director of Nursing/Executive Officer, all from Woy Woy Hospital.



SUPPORT DIVISIONS

Capital Works & Asset Management

BUSINESS ACTIVITY

The Division of Capital Works & Asset Management provides capital works co-ordination, engineering and maintenance services. The Division comprises the Maintenance Department, Grounds and Gardens, Boiler House and Capital Works.

MAJOR GOALS AND OUTCOMES

Commence the Asset Strategic Plan

The development of an Asset Strategic Plan was commenced in February 1997. The plan links future clinical service requirements projected to year 2006 with the Area Health Service assets. The Asset Strategic Plan will assist the Area Health Service in planning for the provision of health services ensuring assets meet the required quality and performance standards.

Finalise the Building and Condition Survey

The Building and Condition Survey was completed in July 96 and identified the condition, maintenance and replacement needs of all CCAHS buildings and equipment. The information was compiled in an automated system that facilitates regular review and maintenance.

Undertake electrical contract negotiations

The deregulation of the electrical industry enabled the CCAHS to negotiate a revised pricing structure. The contract will achieve annual savings amounting to \$300,000.

Finalise major capital works projects

Major works were completed to the Physiotherapy Department, Medical Ward 3, Medical Ward 4 and the Mortuary at Gosford Hospital. Additions and renovations were completed to Palliative Care at Long Jetty Healthcare Centre. All projects were completed on time and within budget.

Install operating theatre air-conditioning backup equipment

Air-conditioning equipment was installed to three operating theatres which will ensure minimal theatre disruption when major air-conditioning equipment is serviced.

Develop Community Health facilities in the Wyong Shire

The initial planning phases for the construction of community health facilities at Long Jetty and Lakehaven were completed. \$3 million has been allocated in the NSW Health Department's 1997/98 Capital Works Program for the construction of these facilities.

KEY ISSUES/EVENTS

The stage 3 heat reclaim chiller was commissioned in October 1996 and has resulted in savings of \$50,000 per annum through reduced coal costs.

The Area Health Service has negotiated a partnership agreement with the Sustainable Energy Development Authority with the objective of reducing energy costs by 25% by the year 2005.

FUTURE DIRECTION

- Finalise and implement recommendations of the Asset Strategic Plan.
- Finalise Capital Works to the Dental Unit at Wyong Hospital and the Oncology Unit at Gosford Hospital.

- Commence construction of Community Health facilities in the Wyong Shire.
- Evaluate an Electronic Maintenance Docket System.

Corporate Services

BUSINESS ACTIVITY

The Division of Corporate Services is composed of the following non-clinical support service departments: Central Sterilising Supply Department (CSSD), Domestic Services, Food Services, Information Technology and Telecommunications (IT & T), Linen Service, Printing Unit, Retail Services, Security & Fire Services, Supply/Distribution, Transport, and Visual Design Team.

MAJOR GOALS AND OUTCOMES

To ensure the safety of Area Health Service food.

The Food Services Department has developed a Food Safety Plan which ensures the safety of food throughout the whole processing operation. This includes monitoring the temperatures of food and cleaning equipment to minimise the risk of contamination by microbiological agents.

To improve the Operating Theatre instrument sterilisation system.

A barcode tracking system has been implemented that allows improved monitoring of the use and sterilisation of theatre instruments.

To secure new linen services.

The Area Health Service negotiated a joint venture with the Hunter Area Health Service to establish the Pacific Linen Service. This will replace the Gosford Hospital Linen

Service which has obsolete equipment and high maintenance requirements.

To enhance clinical information management.

The Trendstar and Clinical Workstations projects were commenced. They will significantly enhance clinical information management and provide improved test ordering and results reporting for health professionals.

To produce videos on key health issues.

The Visual Design Team produced and directed a video of the Mental Health Services provided by the Area Health Service. The script was written in conjunction with a mental health client.

ACTIVITY AND PERFORMANCE INDICATORS

	96/97	95/96
CSSD		
Number of packs processed and distributed	794,809	727,354
Items processed per FTE	137,036	103,908
Food Services		
Total Meals served	1,099,0821	1.1 million
Cost per meal	\$5.86	\$5.80
Printing Unit		
No. of impressions produced	8,047,541	7,108,515



Graham Bearman, Boiler Attendant, stokes the fire of the Hospital Boiler. In his spare time he also keeps several local steam trains on their tracks.

KEY ISSUES/EVENTS

The Manager of the Printing Unit was awarded a Pride of Workmanship Award by North Gosford Rotary Club.

Retail Services were awarded a Gold Medal in the 1996 Great Aussie Meat Pie Competition.

Visual Design Team designed our 1995-96 Central Coast Area Health Service Annual Report which received a Gold Award from the Annual Report Awards Australia. There

were only 11 gold awards conferred in 1997 and placed the Area Health Service alongside large organisations such as BHP and Australia Post.

FUTURE DIRECTION

- Commence the Pacific Linen operation in conjunction with the Hunter Area Health Service.
- Undertake a review of Food Services.
- Construct a waste compound.

**LIBRARY SERVICES
CENTRAL COAST HEALTH**



Division of Finance & Budget

BUSINESS ACTIVITY

The Division of Finance and Budget comprises the Departments of Accounts Payable, Admissions, Data Unit, Finance, Patient Enquiries, Pay Office and Performance Management.

MAJOR GOALS AND OUTCOMES

To introduce an Admissions Liaison Service

This was an initiative to assist patients with their admission and election to correct classification when entering hospital. The Admissions Liaison Service improved the admission process and assisted the Area Health Service to increase its revenue collection by \$293,000 and decrease expenditure by \$58,000.

FUTURE DIRECTION

- Implement a Casemix Budgeting Model for inpatient services. It is proposed to shadow a Casemix Budget in our clinical areas with the 1997/98 Divisional Budgets.
- Develop and implement a plan for acute inpatient separations in each health facility to achieve benchmark costs and comparisons.
- Manage cross area patient flows by assuming financial responsibility for interstate flows and establishing cross area service agreements to manage intra-area patient flows.
- Upgrade the Oracle Financial System to version 10.7 to be Year 2000 compliant.
- Assist in the Clinical Costing and Decision Support System/Trendstar implementation.

Human Resources

BUSINESS ACTIVITY

The Division of Human Resources is comprised of the Personnel Department, Training and Development Unit (TDU), Information and Resource Centre and Occupational Health and Safety Unit (OH&S).

MAJOR GOALS AND OUTCOMES

To improve the Equal Employment Opportunity (EEO) planning process by updating EEO information.

All Area Health Service staff were surveyed in December 1996 to update the Area Health Service's EEO information. The information has been entered into the human resource information system and will aid the Area Health Service develop strategies to assist EEO target groups.

To improve access to information for potential beginning practitioner registered nurses

The Graduate Nurse Consortium, of which the CCAHS is an original participating site, has developed an internet access address. This development will allow potential graduate nurses to access information on how to apply for a position in Area Health Services. Additional benefits include the reduction of the ancillary costs associated with the recruitment process. The internet address is 'www.ngnrc.nsw.gov.au'

To improve staff computer skills

In addition to the structured training programs the Training and Development Unit established a computer learning centre to enable staff to engage in self-paced learning. The centre operates one day a week and is staffed by a Training Officer.

To continue to enhance management skills through the Diploma in Quality Management

The first group of twelve students completed the Certificate in Quality Management conducted in partnership with the Australian Quality Council.

Labour Market Programs

54 trainees participated in a combination of Jobskills and Trainee Employment Programs. These programs have been valuable in enabling long-term unemployed people to improve their self esteem, confidence and gain skills to obtain employment. A number of trainees have secured employment with the Area Health Service.

To improve Occupational Health & Safety claims management

The OH&S Unit was restructured to more effectively handle claims management and rehabilitation of staff injured at the workplace. Seventy seven of the 120 cases returned to normal duties which represented a slightly higher percentage than last year.

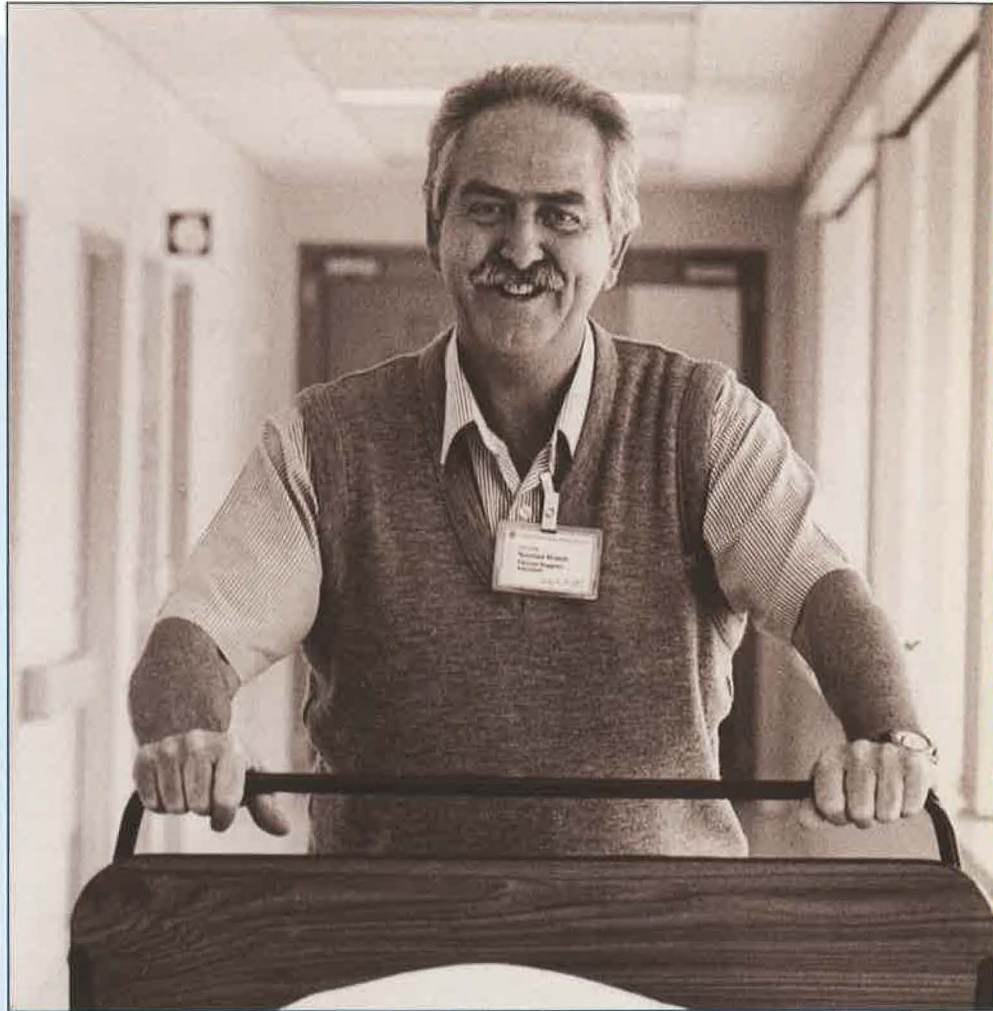
KEY ISSUES/EVENT

The Information and Resource Centre upgraded its medical and surgical reference material for medical students on placement at the Area Health Service. Funding for the material was received from the University of Newcastle.

Representatives from the Divisions within the Area Health Service were trained in how to effectively access and utilise the interpreter services for patients whose first language is not English.

FUTURE DIRECTION

- In conjunction with the Department of Health, continue to develop employment opportunities for people with a disability and Aboriginal and Torres Strait Islander descent.
- Conduct competency-based training for front-line managers. The program is to be collaboratively developed with other Area Health Services throughout the state and will become a NSW Health accredited program through the Vocation and Education Training Accreditation Board (VETAB).
- Finalise and implement the Area's Human Resources Strategic Plan over the next three years.
- To progress the manual handling pilot project, piloted at Woy Woy Hospital, across the Area Health Service to assist in reducing manual handling injuries sustained by staff.
- Develop the Information and Resource Centre as a library commensurate with teaching hospital status.



One of our Emergency Department Patient Support Assistants, Norman Woods.

“Care has many gentle hands”

Central Coast Area Health Service member of staff



Population Health & Planning

BUSINESS ACTIVITY

The Division consists of the Public Health Unit, Health Promotion Unit and a Planning Project Team. The role of the Division is to:

- assist the Area Health Service to identify and address population health issues
- advocate for population health issues
- foster collaborative approaches to improving health outcomes across the Central Coast.

The Division provides health service planning, health promotion programs, surveillance and health monitoring, research and evaluation, and workforce planning.

MAJOR GOALS AND OUTCOMES

To improve health outcomes in specific target groups through strategic planning.

The Mental Health Plan, Community Health Planning Framework and Aboriginal Health Strategic Plan were produced through a collaborative process. The plans highlight challenges and opportunities and strategies to achieve future goals.

To improve the health and fitness of the Over 50s.

The number of people taking part in the Health Promotion Unit's 'Active Over 50s' program doubled during the year. The program which is run in association with the private fitness industry on the Central Coast now has approximately two thousand people over the age of fifty taking part in physical activity at thirty different venues. The program assists participants to keep flexible and mobile and reduces the risk of injuries from falls and improves heart health. The Illawarra and Hunter Area Health Services are now emulating this success.

To develop a Health Promotion Strategic Plan.

A planning document titled 'Health Promotion Strategies to the Year 2000' was completed, outlining the most effective methodologies for population wide promotion of health.

To maximise health gain.

A Health Outcomes Council was established in July 1996 supported by several Expert Advisory Groups to develop recommendations for services in Diabetes, Cardiovascular Disease and Cancer.

MAJOR ISSUES/EVENTS

Through the combined efforts of the Health Promotion Unit, Public Health Unit and the Central Coast Police, the number of tobacco retailers prepared to sell to under eighteens has fallen from 8% last year to fewer than 5%.

In response to the World Health Organisation call for health services to be active in the fight against tobacco usage, the Area Health Service strengthened its smoke free policies.

The statewide hepatitis A outbreak linked to contaminated oysters highlighted the effectiveness of the public health network. The public health system detected the increase in hepatitis A notifications early in the outbreak allowing prompt action at the source and a media campaign to begin advising the public.

A Ross River fever outbreak in April and May 1997 and some isolated cases of legionnaire's disease and meningitis required detailed follow-up and steps taken to prevent further cases.

“When staff are noticeably outstanding, it should be recognised”

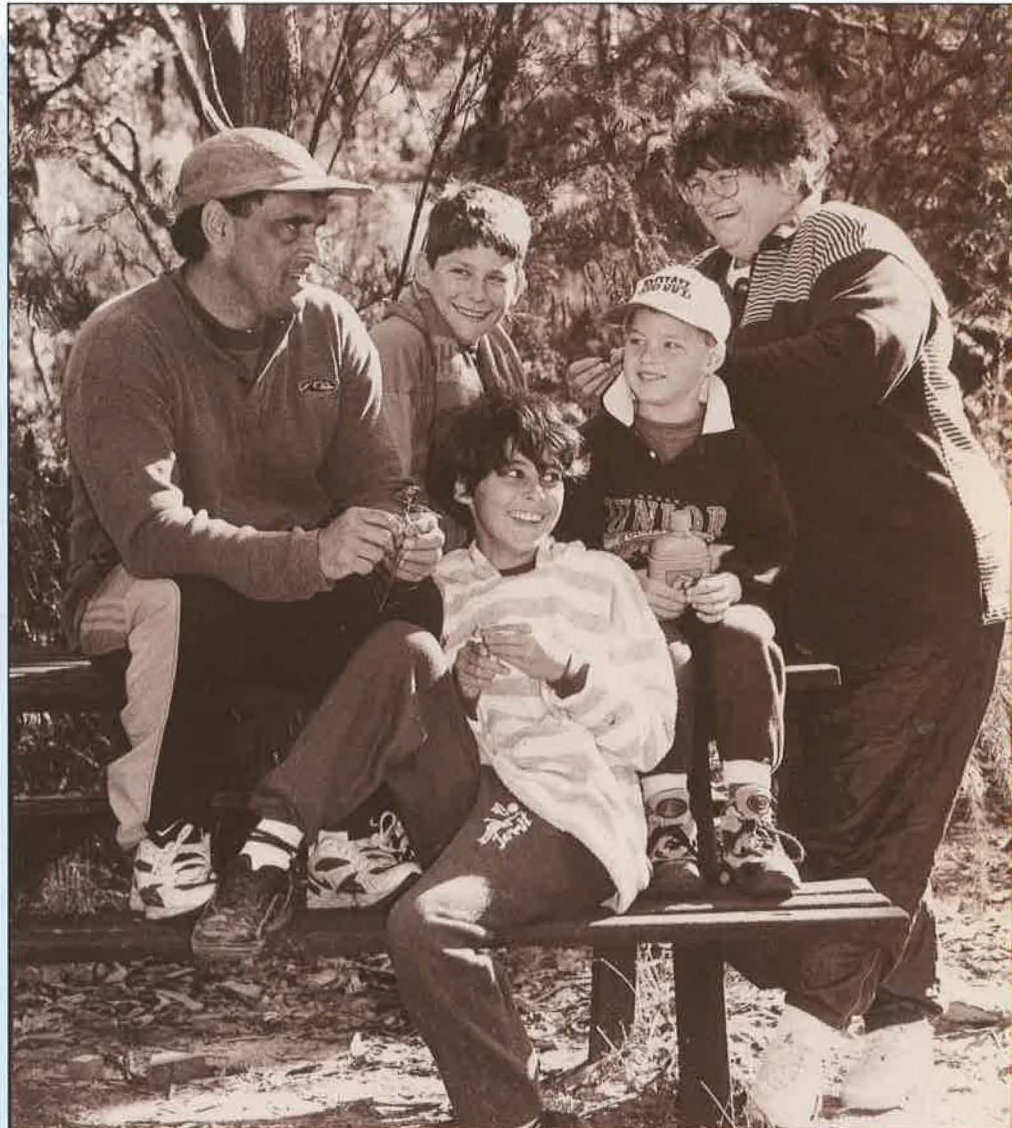
Extract from Letter of Appreciation from Mrs N

Videos and booklets titled 'Playing It Safe' and 'Keeping It Safe' in playgrounds were produced and sold to schools on the Central Coast and in other areas. They provide information on designing and maintaining safe playground equipment.

Program Budgeting and Marginal Analysis (PBMA) is being used as a strategic planning tool. The basic principle is that overall health outcome may be increased without an increase in resources simply by reallocation of resources from areas of least health outcome to areas of greatest health outcome.

FUTURE DIRECTION

- Strengthen relationships with the Division of General Practice, General Practitioners and Local Government.
- Development of population health surveillance capabilities.
- Encouragement of Central Coast residents to become involved in the Area Health Service planning.
- Screening of anti-smoking advertising in local movie cinemas.
- Continued involvement in the Suicide Prevention Network.



Vicki Bradford from Aboriginal Health and David Ella enjoy a Walk and Talk day with some of the younger members of the Central Coast Aboriginal Community. These outings provide opportunities to discuss health issues in a relaxed atmosphere.



O U R S T A F F

EQUAL EMPLOYMENT OPPORTUNITY (EEO)

EEO achievements this year include:

- Appointment of twelve EEO contact officers across the Area Health Service.
- Continuation of the Women's Issues Network (WIN Committee) as an agent

for women's issues within the Area.

- Extension of the Spokeswoman's program to include a second spokeswoman.
- The Area's Domestic Violence Co-ordinator, Ms Cheryl McCoy, was

elected to the Central Co-ordinating Committee for Spokeswomen with the Premier's Department. She will be providing policy advice to the Premier's Department on issues affecting women in the NSW public sector.

Staff numbers (by level) as at 31 March 1997

Level	Total Staff	Staff responding to EEO data form (respondents)	Men	Women	Aboriginal & Torres Strait Islander People	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose language first spoken as a child was not English	People with a Disability	People with a Disability Requiring Adjustment at Work
< \$21,995	261	176	36	225	2	10	3	20	6
\$21,995 - \$28,889	1014	729	282	732	5	42	23	71	26
\$28,890 - \$32,295	275	163	71	204	1	9	4	17	7
\$32,296 - \$40,869	893	626	154	739	3	35	18	54	30
\$40,870 - \$52,850	376	300	111	265	1	34	17	25	13
\$52,851 - \$66,063	109	73	54	55	1	10	9	2	2
> \$66,063 (non SES)	52	33	44	8	0	1	1	1	0
> \$66,063 (SES)	3	3	2	1	0	0	0	0	0
TOTAL	2983	2103	754	2229	13	141	75	190	84

Staff numbers recruited (by level) for 12 months period ending 31 March 1997

Level	Total Staff	Staff responding to EEO data form (respondents)	Men	Women	Aboriginal & Torres Strait Islander People	People from Racial, Ethnic, Ethno-Religious Minority Groups	People whose language first spoken as a child was not English	People with a Disability	People with a Disability Requiring Adjustment at Work
< \$21,995	30	15	3	27	0	0	0	1	0
\$21,995 - \$28,889	72	50	13	59	0	4	1	4	0
\$28,890 - \$32,295	158	52	47	111	1	3	3	2	0
\$32,296 - \$40,869	95	52	23	72	0	5	3	6	3
\$40,870 - \$52,850	72	39	24	48	0	3	2	3	2
\$52,851 - \$66,063	28	8	20	8	0	0	0	0	0
> \$66,063 (non SES)	10	3	8	2	0	0	0	0	0
> \$66,063 (SES)	1	0	1	0	0	0	0	0	0
TOTAL	466	219	139	327	1	15	9	16	5

NUMBER OF FULL TIME EMPLOYEES (FTE)

Staff by category

	96/97	95/96	94/95	93/94	92/93
Medical	148	146	149	130	120
Nursing	1104	1095	1075	1068	1015
Para-Medical & Community	469	461	443	432	391
Hotel Services	528	543	558	556	548
Medical & Nursing Support	133	126	116	116	91
Administration	249	252	224	234	221
TOTAL	2631	2626	2567	2538	2390

RECOGNITION OF SERVICE

The Board of Directors wishes to recognise the following staff members for their long standing service –

20 Years of Service

Graham Sully	Marilyn Rugless	Maida Metcalf
Jane Edema	Pauline Cooper	Michael Hicks
Wendy Mitchell	Pam Hill	Ronald Hicks
Nancy Porter	Lorraine Cluney	Stan McClure
Deborah Scott	Joy Peterson	Shirley Reynolds
Patricia Bourke	Dawn Pellett	Glynis Nelson
Beverley McElhone	Kay Franks	
Louise Keys	Patricia Merchant	

25 Years of Service

Jacqueline Kirkby
Jillian Anderson
Jill Streher



*Jill Streher,
Nurse Unit
Manager,
Woy Woy*



*Jill Anderson,
Community Nurse*

OCCUPATIONAL HEALTH AND SAFETY (OH&S)/RISK MANAGEMENT

Occupational Health and Safety has continued to be a key issue for the Area Health Service. Poor performance in OH&S in previous years has had a continuing effect on the premiums to be paid for Worker's Compensation and this situation is likely to continue over the next few years. The additional premium required above the amount funded by the NSW Health Department this year was \$511,150.

The number of incidents reported during the financial year increased by 39 to 1681 but the number of incidents resulting in claims has decreased by 1% to 353. Manual handling has again been the largest single contributing factor to the number of workers compensation claims representing 45% of all claims. Slips, trips and falls were also responsible for a large percentage of the workers compensation claims.

The 'Safety Management System' implemented in 1996 has continued to assist in the better identification and control of

hazards within the workplace and has raised awareness among staff of the need for better workplace safety.

A Numerical Profile which is a numerical rating system designed to identify the Area Health Service's overall performance in safety was conducted in June with the results being used to improve safety.

Training and education of staff has continued to be a priority to ensure that managers and supervisors are able to assist the Area Health Service comply with the OH&S Act and the associated regulations.

A Manual Handling Pilot Project was completed at Woy Woy Hospital to assist in the reduction of manual handling injuries and planning to implement the project throughout the Area Health Service was commenced.

To more effectively deal with OH&S the Occupational Health and Safety Unit was reviewed and its structure changed. Also

several new appointments were made including the Occupational Health and Safety Manager, Safety Officer, Rehabilitation Co-ordinator, Workers Compensation Assistant and Occupational Health Nurse.

The new Human Resources Strategic Plan includes OH&S strategies including, for example, the requirements that all workplaces have Hazard Logs.

OH&S promotional activities were carried out throughout the Area Health Service including the launch of a training video on correct patient lifting. The video was created and produced by the Area Health Service. A staff newsletter has been introduced promoting occupational health issues and Occupational Health and Safety Week was supported by all Divisions through a variety of activities.

Rehabilitation of staff continues as a priority with 77 staff being successfully returned to normal duties.



OUR VOLUNTEERS AND FUNDRAISING

PINK LADIES VOLUNTEER SERVICE

The Pink Ladies Volunteer Service continued to provide a valuable service to patients, their relatives and friends throughout the year. In addition to attending to the delivery and care of patient's flowers, for which they are best known, and offering a friendly and comforting smile, the duties of the service include:

- Pick up and delivery of mail and laundry to patients
- Attending to patients and visitors in discharge lounge areas
- Shopping and assisting with the trolley service
- Escorting patients to wards on routine admission
- Free library service
- Hairdressing
- Supervision of nurses examinations
- Assisting with Council immunisation clinics
- Providing volunteer support to various departments

The assistance which began last year in the Children's Ward has been further increased by two volunteers each day. Duties consist of various tasks including assisting the play therapist in the playroom, playing with the children, and staying with a child when parents need to be absent from the ward for a short period of time.

Our emergency hostesses have made hundreds of cups of tea and coffee for those waiting for patients in the Gosford Hospital Emergency Department and this service has now been introduced into the Wyong Hospital Emergency Department.

We could not do without our two male volunteers Doug and Paddy whose services are always in demand.

The 134 volunteers who made up the Service provided 18,981 hours of service.

For information on the Pink Ladies Volunteer Service please telephone the manager on 4320 3450.

CHAPLAINCY

Additional ward chaplains commenced pastoral care during the year at Wyong and Woy Woy Hospitals and Long Jetty Healthcare Centre. Training of five additional ward chaplains was provided at Gosford. Seminars for pastoral care visitors were conducted and all new Area Health Service staff were introduced to the Chaplains Service at their orientation

St Lukes Day Second Annual Ecumenical Prayer and Thanksgiving Service for Central Coast health care workers was attended by over 150 staff. Christmas Carol services for nursing staff were held at both Gosford and Wyong Hospitals.

More than 200 clergy and pastoral care workers visited patients each week in the Area's four hospitals.

HOSPITAL AUXILIARIES

The Area's Hospital Auxiliaries provide an excellent example of the partnership which exists with the local community and they are an integral part of the Area's fundraising activities. Funds raised by the Auxiliaries are used to buy many items of medical and surgical equipment as well as other items to improve the comfort of patients.

It was regretted that Toukley Auxiliary wound up in April due to falling membership. The Area Chairman paid tribute to the

excellent work which the Auxiliary had done over many decades of service.

Auxiliary Office Bearers

(President, Secretary and Treasurer)

- Gosford** Mrs Phyllis Sparks, Mrs Kate Spence, Mrs Glad Frewin.
- Kincumber** Mrs Thelma Peck, Mrs Doreen Ryder, Mrs Enid Harris
- Ourimbah** Mrs Dot Preston, Mrs Mary Caldwell, Mrs Narelle Rodgers
- Woy Woy** Mrs Win Crawford, Mrs Rose Hozack, Mrs Jean Dewar
- Wyong** Mrs Peg Maloney, Miss Doris Colahan, Mrs Sylvia Rowe
- Toukley** Mrs Marge Dobbins, Mrs Doris May, Mrs Margaret McDougal

FUNDRAISING

The Area Health Service continued to receive strong support from the community with donations from individuals, associations, services and other clubs and corporations.

The Board of Directors and staff sincerely thank all of our donors who have supported the Area Health Service throughout the year. This support will assist in providing the best health services for our community.

There were no new appeals launched this year however a number of external fundraising events were conducted by individuals and organisations for the benefit of the Area Health Service. Planning commenced for the Seniors Better Health Appeal which will begin in October 1997. Donations continued to be received for the previous major appeals for Critical Care and the Children's Ward.

The annual Charity Golf Day was held in November 1996 and this year raised additional funds for the Medical Ward refurbishments at Gosford Hospital.

The Area Health Service fundraising activities are conducted in accordance with the Charitable Fundraising Act 1991.

Please see the Annual Report Supplement for a list of donors.

CHARITY GOLF DAY

Receipts	Fundraising Expenditure	
	Direct	Indirect
Receipts \$14,239	\$5,065	\$323
TOTAL \$14,239	\$5,388	

CHILDREN'S WARD APPEAL

Receipts	Fundraising Expenditure	
	Direct	Indirect
Receipts \$34,046	-	-
TOTAL \$34,046		

CRITICAL CARE APPEAL

Receipts	Fundraising Expenditure	
	Direct	Indirect
Receipts \$12,684	-	-
TOTAL \$12,684		

ENVIRONMENT

In its concern for the environment the Area Health Service established a Waste Management Committee in 1993. Membership is multidisciplinary and the mission is to reduce waste volumes and costs by 50% by the year 2000. Through the strategies of 'reuse, reduction and recycling' the Committee has achieved this in many areas.



Members of the Wyong Auxiliary, (from left) Doris Colahan, Beryl Williams, Peg Moloney and June Morgan enjoy recognition at the Annual General Meeting and acknowledge Peg's retirement after many years of tireless service.

The following strategies for the reuse of items have been implemented:

- Sharps bins are no longer disposable, but are emptied and reused.
- Disposable cutlery is no longer used being replaced with normal cutlery which is safely reprocessed and reused.
- The use of polystyrene cups is restricted and in most cases replaced with reusable cups.
- Photocopying is done on both sides of the paper where ever possible and paper usage has also been reduced through the use of Electronic Mail.

To ensure patient safety the Infection Control Committee reviews all requests for reuse of medical equipment or instruments.

There are many recycling programs in place. These include telephone books, cardboard, computer printer cartridges, photocopier toner cartridges, sump oil, office paper, confidential documents (collected and shredded under security),

X-Rays and cooking oils (which are used in the making of soap). The new waste compound now under construction at Gosford will permit the commencement of recycling programs for glass, newspapers and cans. The Product Evaluation Group responsible for trialing medical items proposed for purchase, also evaluates disposal, in regards to each item and its packaging. Clinical staff are educated in waste reduction, learning to segregate waste appropriately. This ensures that only contaminated waste enters the more costly contaminated waste disposal system.

Wyong Hospital has a worm farm where each day the worms eat their way through 60kg of food scraps, peelings and shredded paper. So successful has been this venture, that Gosford Hospital is exploring a joint project with the Agricultural Departments of Henry Kendall and Gosford High schools to establish a worm farm in the school grounds.

TEACHING & QUALITY

MIDWIFERY

In collaboration with the University of Newcastle the Area Health Service provides an innovative program for student midwives which leads to certification with a Graduate Diploma in Midwifery. Since its inception in March 1996, 24 students successfully completed the course and a further 26 are currently working within the program.

The majority of completing students have elected to continue a career in midwifery and have successfully found a position within this specialty. The final graduation of Midwifery students trained within the hospital system was held in October 1996.

ENROLLED NURSING

The Advanced Certificate for Enrolled Nursing is conducted by the Central Coast Area Health Service in conjunction with TAFE. In 1996, 22 students graduated from the program. Excellent results continued to be achieved in 1997 by students in both the theoretical and clinical components of the program.

To date, four students in the current program have received Academic Awards from TAFE. A new competency based curriculum for Enrolled Nurses will commence in March 1998.

CONTINUING EDUCATION

The Area Health Service provides an active program of continuing education for nurses. This year a calendar of over 150 educational events has been implemented to meet identified requirements for clinical upskilling, professional development and management skills. This calendar is a flexible document which can be altered at any time to meet identified educational needs of nursing staff within the Area Health Service.

TRANSITIONAL SUPPORT PROGRAM

The 12 month Transitional Support Program facilitates professional development of new graduate nurses in the clinical setting. It provides a structured and supported clinical nursing experience, promotes the development of the theory/practice link and improved patient care outcomes. The program includes rotation through critical care areas, operating theatres and other specialties in order to provide a wide range of clinical experience.

The Area Health Service is part of the research program currently being conducted by the University of Newcastle investigating the expectations of new graduate nurses in the workforce. This project will be completed in August 1997 and the results will be widely disseminated.

CLINICAL CHAIR IN NURSING RESEARCH

This is a conjoint appointment with the Faculty of Nursing, University of Newcastle and focuses on research into nursing practice.

An Action Research Project on reducing the conditions which contribute to medication errors by nurses was completed. The project has contributed to changes in practice which will reduce the chance of medication errors. The report will be included as a chapter in the book on 'Quality Use of Medicines by Nurses' to be published by Allen & Unwin early in 1998. A similar project in the Intensive Care Unit (ICU) has resulted in a proposal being developed suggesting changes in ICU nursing care delivery. This project is currently in the evaluation stage.

Two nurses working in the clinical areas of Outpatient Clinics and Community Nursing obtained grants to carry out research projects. They were:

Lyndall Mollart

'A Weight off my Mind: The Abandonment of Routine Ante-natal Weighing' and

Pamela Woolfe

'Evaluation of New Generation Wound Care in the Community'

The Unit is involved in a national project to develop 'Clinical Indicators of the Quality Use of Medications by Nurses in Australia'. One data collection workshop was held on the Gosford Hospital Campus attended by a number of Central Coast Area Health Service and Hunter Area Health Service nurses.

Topics for projects being planned for 1998 include:

1. Under-nourishment of aged persons in acute care settings
2. How families live with elders who suffer from dementia
3. The management of medications in community palliative care settings.

"Many thanks for the great times and learning experiences"

Extract from Letter of Appreciation from Ms M, Student

UNDERGRADUATE MEDICAL STUDENT TRAINING

The Area Health Service has expanded its involvement in the Newcastle University Medical Training Program by including Aged Care students in Year 4. As a result of this expansion additional funding was received from the Department of Employment, Education, Training and Youth Affairs (DEETYA) and used to improve library resources for the students.

Professor A. Spigelman, the new Professor of Surgical Sciences, visited the Area Health Service in July with a view to an extension of training in that specialty.

A joint workshop was conducted between the Area Health Service and the University of Newcastle in February. Chaired by the former Area Health Service CEO, Dr Stephen Christley, the workshop resulted in a ten year training program being outlined.

A workshop for the training of tutors was also held. As part of the workshop a typical problem based learning session was demonstrated by tutors and students from the University of Newcastle. The workshop was most instructive and a follow-up session will be held later this year.

AREA QUALITY PROGRAM

The Area Health Service subscribed to the new Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) in November 1996. Training was conducted for senior and middle managers facilitated by the ACHS. Training for all staff is progressing.

The Quality Improvement framework contains both Quality Monitoring and Quality Improvement activities and all business plans identify the major Quality Improvement initiatives for the Divisions, Hospital Sites and Departments.



Fourth Year Medical Student, John Curnow from Newcastle University, benefits from the expertise of Geriatrician, Dr Peter Lipski on Ward Round at Wyong Hospital.

The Area Health Service participated in two NSW Health Department benchmarking studies which included:

1. Complaints handling, and
2. Management of surgical waiting lists – admission of elective patients and theatre utilisation.

QUALITY RESOURCE UNIT (QRU)

The objective of the QRU is to ensure the Area Health Service is self sufficient in all aspects of Quality Management.

The Unit facilitated many of the Divisional and Departmental business planning sessions, assisted Divisions to construct effective questionnaires and coached

managers on the implementation of quality projects. Close liaison was maintained with the Training and Development Unit to ensure continuity between the training on quality provided and the QRU support given in practical application of quality principles. To promote the outcomes of departmental quality improvement activities four Quality Newsletters were produced and widely distributed.

The QRU facilitated the introduction of the ACHS EQuIP program in November 1996 and is responsible for its ongoing implementation. The Unit is co-ordinating the ACHS accreditation survey in October 1997.

R E S E A R C H

PAPERS PUBLISHED

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PAPERS PRESENTED

(NATIONAL AND INTERNATIONAL CONFERENCES)

Carstairs, P. & Lane, G. (1996).

Effective interventions with potential suicides. *Suicide Prevention Conference.* Adelaide.

Bardon, J. & Gallagher, M.(1997).

Reduction of Suicide Risk in Young People with both Mental Illness and Drug and Alcohol Problems. *Royal Australian & New Zealand College of Psychiatrists' Conference.*

RESEARCH APPROVED BY THE ETHICS COMMITTEE

Title-brief description of research, name of researcher, name of institution:

Creutzfeldt-Jakob Disease (CJD) Case Registry.

Dr Steven Collins, University of Melbourne

Levels and Correlates of Multiple Drug Dependence in a Heroin User

Dr Shane Darke,

National Drug & Alcohol Research Centre

An International, Randomised, Vehicle Controlled, Trial of the Efficacy of Tirilazad Mesylate in Patients with Acute Ischaemic Stroke (TESS II)

Dr Denis Crimmins, CCAHS

Correlates of Self-Efficacy, Temporal Orientation, Hopelessness in a Parasuicidal Population

Cidi Oluijje, CCAHS

Falls Prevention in Acute Medical Patients

Jennifer Dempsey, CCAHS

Fractured Neck of Femur

Dr Lyn March, Royal North Shore

Mothers' Postnatal Feelings Survey*Jill Currey, CCAHS*

Double-blind, randomised, between patient, multi-centre trial to compare the outcome of an increase in inhaled corticosteroid therapy with that of the addition of inhaled Formoterol 12 ug b.i.d. in ROAD patients

*Dr Michael Hayes, VMO***Submission of Vagifem and Ovestin Ovula Pessaries Study***Dr Elvira Bardon, VMO***Study of VML251 (Vanguard Medical, UK) in Migraine – Protocol No. VML251/96/09***Dr Denis Crimmins, CCAHS***Early Intervention Home Visiting Program Research Component***Paul Drielsma, Burnside***Study of effective doctor-patient communication in HIV Health Care Management***Brian Mulhall, CCAHS***The role and expectation of the Community Midwife in the delivery suite environment.***Virginia Kelly, CCAHS***Young People and Psychiatric Illness – Intervention & Assessment (YPPI-IA) Project***Kim Vukelich, CCAHS***A Placebo controlled trial of Alteplase (rt-PA) in Acute Ischaemic Hemispheric Stroke where Thrombolysis is initiated up to six hours following the onset of symptoms (ECASS-II) Study 135.291***Dr Denis Crimmins, CCAHS***Outcomes Study on Home Treatment of DVT Using Low Molecular Weight Heparin and a Warfarin Protocol.***Dr Keith Evershed, CCAHS***Overcome by Outcomes: An Evaluation of New Age Management of Venous Leg Ulcers in a Community Nursing Setting.***Pam Woolfe, CCAHS***Thalidomide Trial in Management of Sweating in Terminal Malignancy***Dr Philip Deaner, Dr Keay Foster, CCAHS***A longitudinal open-label study on disease progression, disability, quality of life and safety in progressive multiple sclerosis subjects treated with cladribine.***Dr Denis Crimmins, Dr Bob Heard, CCAHS***PIT Project – Concerns and Requirements following discharge from Cardiac Wards.***Ms D. Warrington, CCAHS***A Comparison of Serum Level Monitoring Methods During Once Daily Dosing of Gentamicin***Judith Mackson, CCAHS***'Just step on the scales dear': The ritual of antenatal weighing***Lyndall Mollart, CCAHS***Acute Cardiac Care Project***Dr Kate D'Este, Royal Newcastle Hospital***Effects of LY333334 in the Treatment of Osteoporosis in Males.***Dr Chris White, Central Coast Osteoporosis Centre***A Case Study of the Impact of Change in Cardiac Step Down Nursing.***Annette Solman, University of Newcastle***Breastfeeding Initiation and Duration Rates on the Central Coast NSW***Dr Helena Miksevicius, CCAHS***Individualism and collectivism in organisations: power or person-organisation fit.***Louise Parkes, University of NSW***Decision making in clinical nursing: investigating contributing factors.***Kerry Hoffman, RN, CCAHS***Motivating People over 50 to participate in physical activity***Christine Edwards, CCAHS***A Multicentre, double-blind, randomised, parallel group, placebo controlled study to assess the safety and efficacy of eletriptan given during the aura phase of migraine.***Dr Denis Crimmins, CCAHS***A new model of care for ICU***Professor H. Baker, CCAHS***Expectations of beginning registered nurses in the workforce.***Professor Irena Madjar, University of Newcastle***Disenfranchisement of grief in the culture of nursing – a facilitated praxis.***Ms Marilyn Powell, RN, CCAHS*



STATISTICAL SUMMARY

	96/97	95/96	94/95	93/94	92/93
Inpatients					
Admissions+	56,399	56,630	51,817	48,235	40,393
Average Length of Stay (days)	4.2	4.2	4.4	4.7	4.9
Number of Operations	16,717	18,031	16,944	15,506	14,492
Number of Births	2,589	2,611	2,643	2,579	2,510
Occupied Bed Days	234,551	237,396	227,334	222,235	206,988
Bed Occupancy Rate (%)	91.3	90.8	88.5	86.6	85.1
Same Day Admissions	22,485	21,710	18,713	16,251	13,060
Daily Average of Inpatients	621.4	626.4	644.7	583	539.6
Non-Inpatient Occasions of Service					
Non-Inpatient Occasions of Service	670,303	645,145	602,507	578,059	474,828
Dental Flows Equivalents	49,544	79,709	109,847	77,911	41,830
All Services					
Adjusted Daily Average (ADA)	835.3	860.2	805.9	775.6	694.9
Staff Employed June 30 (FTE)	2,631.00	2,626.00	2,567.10	2,538.60	2,390.10
Budgeted Gross Operating Payments (\$Million) *	153.6	147.2	139.2	131.7	121.8
FTE Staff per ADA	3.15	3.05	3.19	3.27	3.44
Operating Cost per ADA (\$)	476.05	467.55	473.22	465.22	480.21
Operating Cost per ADA indexed (\$)	431.75	425.31	444.24	457.31	—
Cost per Patient Treated (\$)	2,027.46	1,959.99	2,091.78	2,163.54	2,344.62
Australian CPI (All Groups)	0.3	3.1	4.5	1.7	—

NOTES: ▲

- * Accrual budget from Operating Statement including SP&T adjusted to cash from 1993/94 to enable comparison with 1992/93
- + Excludes the CADE Unit and Mental Health residences.

NOTES: ►

- * These figures represent all Allied Health FTEs but only the budget for those not allocated to other Divisions

STAFF NUMBERS (FTEs) AND BUDGET PER DIVISION

	1996/97 FTE	1996/97 BUDGET \$
Allied Health*	190	3,505,649
Anaesthetics	116	11,961,309
Area Administration	17	1,834,298
Capital Works and Asset Management	84	4,839,953
Community Health	218	12,073,627
Corporate Services	495	17,219,215
Critical Care	199	13,103,114
Diagnostics and Pharmacy	150	8,879,496
Finance	58	2,139,305
Gosford/Clinical Services Administration	111	5,262,219
Human Resources	35	1,630,434
Long Jetty	47	2,552,430
Medicine	157	11,359,499
Mental Health	100	7,253,887
Obstetrics	120	7,178,623
Paediatrics and Child & Family Health	77	5,357,445
Population Health	24	1,384,967
Rehabilitation and Aged Care	22	2,273,176
Surgery	152	11,753,319
Woy Woy	75	3,890,790
Wyong	184	11,685,355
Total	2631	147,138,110

INPATIENTS – ACTIVITY BY DIVISION

DIVISION	Admissions		Bed Days		Daily Average		Occ Rate (%)		ALOS	
	1996/97	1995/96	1996/97	1995/96	1996/97	1995/96 %	1996/97 %	1995/96	1996/97	1995/96
ANAESTHETICS – Endoscopy	1,943	2,019	1,932	2,009	5.3	5.5	68.5	73.9	1.0	1.0
CRITICAL CARE – TOTAL	17,381	16,380	29,712	29,033	81.4	79.3	144.9	138.4	1.5	1.6
Emergency Dept ¹	8,654	8,734	8,657	8,732	23.7	23.9	0	0	1.0	1.0
ICU/Cardiac Ward	2,483	2,269	14,810	14,924	40.6	40.8	86.1	85.2	3.4	3.3
Renal Unit	6,244	5,377	6,245	5,377	17.1	14.7	189.2	155.7	1.0	1.0
MEDICINE ²	3,813	3,879	33,852	35,167	92.7	96.1	88.0	87.5	6.2	6.2
MENTAL HEALTH – Mandala	714	663	9,687	8,781	26.5	24.0	88.5	80.0	12.5	12.4
OBSTETRICS ³	6,335	6,054	23,205	23,719	48.5	64.8	95.0	81.9	3.0	3.5
PAEDIATRICS	2,755	2,943	8,044	8,176	22.0	22.3	58.0	58.8	2.3	2.2
SURGERY	10,219	10,994	45,585	49,052	124.9	134.0	80.4	84.8	3.7	3.6
CLINICAL SERVICES – Oncology	1,839	1,900	1,839	1,900	5.0	5.2	0	0	1.0	1.0
LONG JETTY – General Ward	703	794	10,486	10,298	28.7	28.1	87.5	85.3	15.0	13.1
WOY WOY	1,097	1,164	25,611	26,235	70.2	71.7	90.3	90.7	23.1	20.1
WYONG – TOTAL	9,600	9,840	44,598	43,026	122.2	117.6	96.8	93.6	4.6	4.0
Emergency ⁴	4,051	4,004	4,006	3,982	11.0	10.9	0	0	1.0	1.0
Others ⁵	5,549	5,836	40,592	39,044	111.2	106.7	88.1	84.9	6.8	5.7
TOTAL	56,399	56,630	234,551	237,396	621.4	626.4	91.3	90.8	4.2	4.2

1 Presentations to Gosford Emergency Department in 1996/97 were 40,711 and in 1995/96 were 32,811. Admissions through the Gosford Emergency Department were 19,751 in 1996/97.

2 Medical Admissions include only patients directly admitted to the Medical Wards and excludes those transferred in from within the CCAHS e.g. from the Emergency Department.

3 Obstetrics Admissions include qualified and unqualified babies and Wyong post natal.

4 Presentations to Wyong Emergency Department in 1996/97 were 27,829 and in 1995/96 were 26,297. Admissions through the Wyong Emergency Department were 6,738 in 1996/97.

5 Includes Surgery, Day Surgery, Medical, Rehabilitation and Endoscopy.

6 This chart excludes the CADE Unit and Mental Health residences.

OCCASIONS OF SERVICE (OOS) - ACTIVITY BY DIVISION

DIVISION	NON-INPATIENT OCCASIONS OF SERVICE (NIOOS)						INPATIENT OOS		ALL OOS			
	Individual	OOS	Group	OOS	Group	Participants	TOTAL NIOOS*	1996/97	1995/96	1996/97	1995/96	
	1996/97	1995/96	1996/97	1995/96	1996/97	1995/96	1996/97	1995/96	1996/97	1995/96		
Allied Health #	38418	38345	2220	1287	14156	9031	41555	40018	72991	74298	114546	114316
Community Health	212888	206126	2939	2750	30317	28850	216709	209701	2080	2647	218789	212348
Critical Care	45306	43099	-	-	-	-	45306	43099	9002	11464	54308	54563
Diagnostics & Pharmacy - Total	107446	99239	25	21	387	297	107479	99266	185958	277573	293437	376839
Pathology	56692	47482	-	-	-	-	56692	47482	56388	145020	113080	192502
Medical Imaging	42454	44376	-	-	-	-	42454	44376	40891	37936	77626	82312
Pharmacy	8300	7381	25	21	387	297	8333	7408	88679	94617	97012	102025
Medicine - Total	2455	2197	-	-	-	-	2455	2197	3789	4573	6244	6770
Respiratory Lab	2184	1881	-	-	-	-	2184	1881	3542	4194	5726	6075
Neurophysiology	271	316	-	-	-	-	271	316	247	379	518	695
Mental Health	45906	44071	2742	2474	16687	16389	49669	47287	1880	1861	51549	49148
Obstetrics - Community Midwives	11003	10854	-	-	-	-	11003	10854	1698	1834	12694	12688
Paediatrics/Child Health	54223	55033	21914	15630	62563	49407	82711	75353	2681	2331	85392	77684
Rehabilitation/Aged Care	23426	29846	669	778	7597	7448	24296	30857	8108	7782	32404	38639
Clinical Services - Outpatient Clinics	25278	26442	-	-	-	-	25278	26442	25	7	25303	26449
Long Jetty	833	1614	-	-	-	-	833	1614	3	3	836	1617
Woy Woy	20378	18873	181	128	529	430	20613	19039	13967	13671	34580	32710
Wyong	41873	39054	408	280	3293	2446	42403	39418	18412	13267	60815	52685
TOTAL	629433	614793	31099	23348	135539	114298	670303	645145	320594	411311	990897	1056456

* Total NIOOS is weighted according to NSW Health Department Standards = Individual OOS + 1.3 Group OOS

Includes OOS for Allied Health Staff who are not allocated out to other Divisions.



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FINANCIAL OVERVIEW

EXECUTIVE SUMMARY

The Central Coast Area Health Service received its budget allocation for the 1996/97 financial year from the NSW Health Department on 16 August 1996. The agreed expense budget (General Fund & Special Purpose & Trust Funds) totalled \$172,372,000 (Accrual), with a revenue budget (General Fund & Special Purpose & Trust Funds) of \$13,538,000 (Accrual).

The Area's financial Statements have been prepared on an accrual basis, however, the primary measure used by the NSW Health Department to determine the Area's financial performance was the cash result. The Area's cash result allowed the completion of the financial year to be within the approved budget as well as a reduction in budgeted debt levels.

The cash variance on payments was \$1,241,190 favourable and \$71,110 favourable on receipts. This had a net budget impact of being \$1,312,300 favourable, after deducting the favourability on special projects of \$1,607,377 and adding back the short fall on patient fees of \$297,206 the adjusted cash position at the end of the year was \$1,949 favourable.

The core result, which excludes NSW Health Department Capital Works Projects was favourable by \$49,787.

OTHER MATTERS

On 1 July 1996 loans with the NSW Health Department totalled \$2,634,779. For the 1996/97 financial year a reduction of \$894,279 was planned, however, the Area was able to completely pay out the loan for the Human Resource / Payroll Information System of \$440,500.

The outstanding loan with the NSW Health Department now totals \$1,300,000 which is scheduled to be repaid over the next two years.

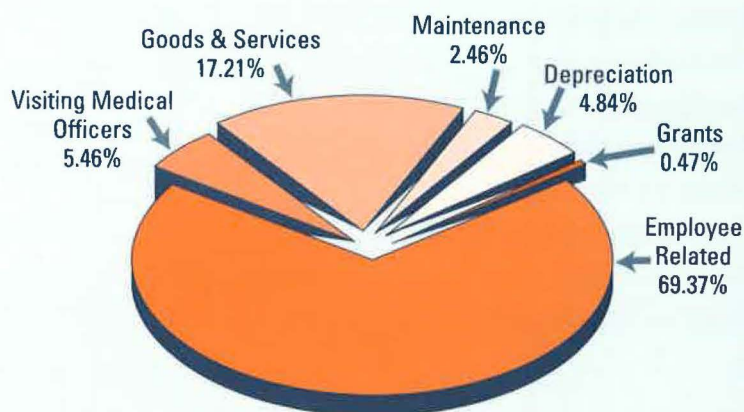
The cost of the renovations to the Medical Wards was planned to have been sourced from Special Purpose and Trust Funds however, these renovations were able to be funded through the General Fund at a cost of \$496,000. In addition to this we were able to fund the purchase of Laparoscopic equipment valued at \$300,000 from the General Fund.

The aging of unpaid creditors in the General Fund at the end of the financial year was 38 days. The maximum number of days allowed by the NSW Health Department is 45 days. Therefore, the Area was within the NSW Health Department's performance guidelines.

BUDGETS

The 1996/97 expense budget was structured as follows:

	\$
1. Employee Related	119,559,000
2. Visiting Medical Officers	9,415,000
3. Goods and Services	29,675,000
4. Maintenance	4,559,000
5. Depreciation	8,351,000
6. Grants	813,000



The pie chart above indicates that 69.37 % of the total budget was allocated to employee related expenditure, i.e. Salaries & Wages, Long Service Leave and Annual Leave Provisions as well as Superannuation.

The 1996/97 Revenue Budget was structured as follows:

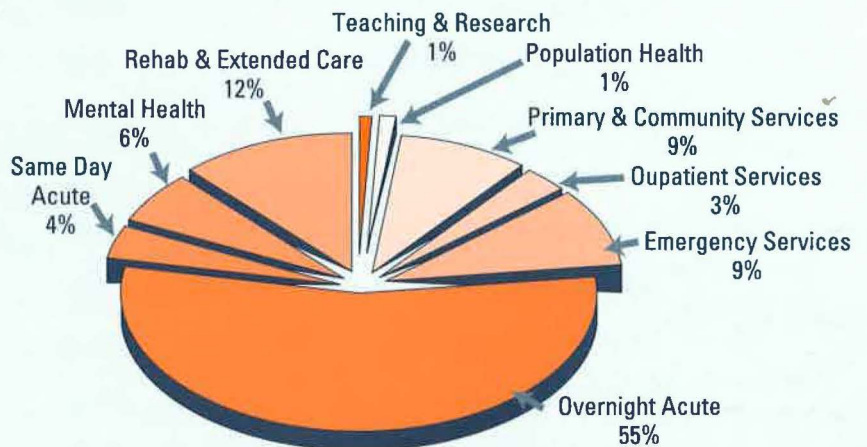
	\$
1. Sale of Goods and Services	12,803,000
2. Investment Income	432,000
3. Grants and Contributions	303,000

Income from patient fees represented 47% of total local income.

PROGRAM EXPENDITURE

The Central Coast Area Health Service provides services to the Community under nine (9) health programs. The net cost of each service was as follows:

	\$
Program 1.1 Population Health	1,246,000
Program 2.1 Primary and Community Care	14,082,000
Program 2.3 Outpatient Services	4,598,000
Program 3.1 Emergency Services	14,570,000
Program 3.2 Overnight Acute	87,287,000
Program 3.3 Same Day Acute	6,711,000
Program 4.1 Mental Health	9,764,000
Program 5.1 Rehab and Extended Care	18,320,000
Program 6.1 Teaching and Research	1,621,000



The pie chart above indicates that the Central Coast Area Health Service spent 55.1% of it's allocation on Overnight Acute Hospital Services, 9.2% on Emergency Services, 11.6% on Rehabilitation and Extended Care, 8.8% on Primary and Community Care and 6.1% on Mental Health Services.

EMPLOYEE ENTITLEMENTS

	1996/97 \$'000	1995/96 \$'000
Current		
Employee Annual Leave	9,453	8,728
Employee Long Service Leave	2,106	1,354
Non-Current		
Employee Annual Leave	498	578
Employee Long Service Leave	10,557	10,225
Totals	22,614	20,885



A number of specific projects and service enhancement funds were received during the year and included in the programs listed on the previous page. These were as follows:

1.	Service Improvement Funding	\$
Program 3.2	Enhancement Funding (RDF)	4,000,000
Program 4.1	Mental Health Funding	
	Burdekin Prog. Enhancement	115,000
	National M.H.P. Transitional Funds	867,000
	Adolescent Mental Health Report	10,000
2.	Program and Enhancement Funding	\$
Program 1.1	Health Outcomes	50,000
	Health Promotion QUIT Program	5,000
	Older Women's Program	2,462
	Active over 50s	16,460
Program 2.1	TB Study Mt. Penang	12,942
	AIDS Needle Exchange	8,000
	AIDS Chest Clinic Information System	7,058
	GP Drug and Alcohol Project	215,626
	GP Needs Analysis Drug & Alcohol Patients	90,280
	Substance Abuse in Aboriginals	150,095
	Y.P.P.I. – I.A. Youth Suicide Prevention Initiative	35,000
	Cervical Screening	20,000
Program 3.1	E.D.I.S.	366,346
Program 3.2	Nurse Strategy	478,669
Program 5.1	Geriatric Assessment	4,024
	Dementia Care	1,000
	H.A.C.C. Round 11 Slippage Funds	9,000
Program 6.1	Gosford Director of Clinical Training	11,500

CAPITAL WORKS

The NSW Health Department provided funds totaling \$1,171,424 for the following capital works projects during the 1996/97 financial year.

Project Number		
1.	Community Health I.T. O.P.T. Rollout	268,200
2.	Gosford/Wyong Clinical Costing Trendstar Project	558,224
3.	C.C.A.H.S. Clinical Workstations	300,000
4.	Asset Strategic Plan	45,000

CONSULTANCY FEES PAID IN THE FINANCIAL YEAR ENDED 30 JUNE 1997

Consultancy fees exceeding \$30,00.00 are as follows:

Consultants Name	Nature of Consultancy	Amount Paid
Newchurch Australia	Clinical Services' and Community Health Plan	30,714.29
Symonds Facilities & Project Management	Asset Strategic Plan as well as Review of Food & Linen Services	57,500.00
The number of consultants engaged during the year costing less than \$30,000.00 were 47		155,240.28

STAFF SPECIALISTS OVERSEAS TRAVEL AND CONFERENCES

(as per Staff Specialist Award conditions)

967.59	20th Medical Congress – Medicine in South Africa – <i>South Africa</i>
3,918.39	Third Asia Pacific Conference on Emergency & Disaster Medicine – <i>Bali, Indonesia</i>
11,693.50	Study Leave, Dept Microbiology University of Cape Town, Groote Schuur Hospital – <i>Cape Town South Africa</i>
10,915.67	Study Leave, University Hospital – <i>Kuala Lumpur, Malaysia</i> and 9th Congress Asean Association of Radiology
6,171.65	8th World Congress on Pain – <i>Vancouver, Canada</i>
4,928.27	International Anaesthesia Research Society, 71st Clinical & Scientific Congress – <i>San Francisco, USA</i>
6,668.74	11th European Congress in Intensive Medicine, – <i>Glasgow, Scotland</i>
14,382.33	American College of Emergency Physicians Meeting & High Risk Emergency Medicine – <i>USA</i>
3,739.40	Stroke Society of Australasia 1997 Annual Scientific Meeting – <i>Singapore</i>
7,317.40	British Geriatric Society Annual Scientific Spring Meeting – <i>United Kingdom</i>
13,699.89	American College of Emergency Physicians Meeting & High Risk Emergency Medicine – <i>USA</i>
1,046.27	Adolescent Gynaecology Advanced Course in Fetal Medicine – <i>England</i>
11,570.18	International Congress on Care of the Terminally Ill & The World Congress on Pain – <i>Canada</i>

97,019.28



FINANCIAL STATEMENTS

CERTIFICATION OF FINANCIAL STATEMENTS

The attached financial statements of the Central Coast Area Health Service for the year ended 30 June 1997:

- (i) have been prepared in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements (Urgent Issue Group Consensus Views), the requirements of the Public Finance and Audit Act, 1983 and its regulations, the Public Hospitals Act 1929 and its regulations, the Accounts and Audit Determination, and the Accounting Manual for Area Health Services, Public Hospitals; and
- (ii) present fairly the financial position and transactions of the health organisation; and
- (iii) have no circumstances which would render any particulars in the accounts to be misleading or inaccurate.

J Blackwell
Chief Executive Officer

Professor D George
Board Chairman

Dated: Thursday, July 31, 1997

“We found the staff in all areas to be professional, courteous and friendly”

Extract from Letter of Appreciation from Mrs S

BOX 12 GPO
SYDNEY NSW 2001**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 1997. The preparation and presentation of the financial report, consisting of the accompanying statement of financial position, operating statement, statement of cash flows, program statement - expenses and revenues and summary of planned and actual allocations together with the notes thereto, and the information contained therein, is the responsibility of the Board of the Central Coast Area Health Service. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and the members of the Board based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* and the *Charitable Fundraising Act 1991*. My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

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 report is presented fairly in accordance with the requirements of the *Public Finance and Audit Act 1983*, Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) 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

- (a) In my opinion, the financial report of the Central Coast Area Health Service complies with section 45E of the Act and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 1997 and the results of its operations and its cash flows for the year then ended.
- (b) I report, in accordance with section 24 of the *Charitable Fundraising Act 1991*, that:
- i) the accounts of the Central Coast Area Health Service show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 1997;
 - ii) the accounts and associated records of the Central Coast Area Health Service have been properly kept during the year in accordance with the Act;
 - iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the Act; and
 - iv) there are reasonable grounds to believe that the Central Coast Area Health Service will be able to pay its debts as and when they fall due.

M. T. SPRIGGINS, ACA
DIRECTOR OF AUDIT
(duly authorised by the Auditor-General of New South Wales
under section 45F(1A) of the Act)

SYDNEY
2 October 1997



Central Coast Area Health Service
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 1997

	Notes	Actual 30/6/97 \$'000	Budget 30/6/97 \$'000	Actual 30/6/96 \$'000
Current Assets				
Cash		4,553	4,848	4,509
Investments	15	2,614	1,615	1,953
Receivables	16	1,829	1,817	1,850
Inventories	17	3,394	3,547	3,238
Total Current Assets		12,390	11,827	11,550
Non-Current Assets				
Property, Plant and Equipment	18	160,949	146,012	151,284
Total Non-Current Assets		160,949	146,012	151,284
Total Assets		173,339	157,839	162,834
Current Liabilities				
Accounts Payable	20	4,769	8,588	5,467
Borrowings	21	650	0	1,194
Employee Entitlements	22	15,108	17,594	13,057
Total Current Liabilities		20,527	26,182	19,718
Non-Current Liabilities				
Borrowings	21	650	1,741	1,441
Employee Entitlements	22	12,408	4,492	12,105
Total Non-Current Liabilities		13,058	6,233	13,546
Total Liabilities		33,585	32,415	33,264
Net Assets		139,754	125,424	129,570
Equity				
Reserves	23	13,688	0	0
Accumulated surplus	23	126,066	125,424	129,570
Total Equity		139,754	125,424	129,570

The accompanying notes form part of these statements

Central Coast Area Health Service**OPERATING STATEMENT FOR THE YEAR ENDED 30 JUNE 1997**

	Notes	Actual 30/6/97 \$'000	Budget 30/6/97 \$'000	Actual 30/6/96 \$'000
Expenses				
Operating Expenses				
Employee Related	3	119,719	119,559	116,211
Visiting Medical Officers		9,577	9,415	9,818
Goods and Services	4	29,264	29,675	28,707
Maintenance	5	5,517	4,559	4,814
Depreciation and Amortisation	2(h), 6	7,417	8,351	7,760
Grants and Subsidies	7	813	813	10
Total Expenses		172,307	172,372	167,320
Revenues				
Sale of Goods and Services	8	12,764	12,803	13,209
Investment Income	9	558	432	378
Grants and Contributions	10	788	303	605
Other Revenue	13	0	0	2,600
Total Revenues		14,110	13,538	16,792
Gain / (Loss) on Sale of Non Current Assets	11	(2)	0	(131)
Net Cost of Services	27,28	158,199	158,834	150,659
Add Government Contributions				
NSW Health Department Recurrent Payments	2(a)	145,427	145,427	140,258
NSW Health Department Capital Payments	2(a)	1,171	1,171	463
Acceptance by the Crown Transactions Entity of Superannuation Liability	2(c)	8,097	8,087	7,735
(Deficit) for Year		(3,504)	(4,149)	(2,203)

The accompanying notes form part of these statements



Central Coast Area Health Service

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 1997

	Notes	Actual 30/6/97 \$'000	Budget 30/6/97 \$'000	Actual 30/6/96 \$'000
Cashflow from Operating Activities				
Payments				
Employee Related		(111,622)	(111,331)	(108,476)
Suppliers and Other Services		(42,214)	(44,822)	(43,805)
		(153,836)	(156,153)	(152,281)
Receipts				
Sale of Goods and Services		12,764	12,794	13,209
Interest		558	432	378
Other		788	303	323
Total Receipts		14,110	13,529	13,910
Net Cash Flows from Operating Activities	27,28	(139,726)	(142,624)	(138,371)
Cash Flows from Investing Activities				
Proceeds from the sale of Property, Plant and Equipment		1,457	(3,080)	1,102
Purchases of Property Plant and Equipment		(4,905)	0	(3,559)
Other	24	(1,384)	0	0
Net Cash Used on Investing Activities		(4,832)	(3,080)	(2,457)
Cash Flows from Financing Activities				
Proceeds from Borrowings		0	0	267
Repayment of Borrowings		(1,335)	(894)	0
Net Cash Flows from Financing Activities		(1,335)	(894)	267
Cash Flows from Government				
NSW Health Department Recurrent Payments		145,427	145,427	140,258
NSW Health Department Capital Payments		1,171	1,171	463
Net Cash Flows from Government		146,598	146,598	140,721
Net Increase/(Decrease) in Cash		705	0	160
Opening Cash and Cash Equivalents		6,462	6,462	6,302
Closing Cash and Cash Equivalents		7,167	6,462	6,462

The accompanying notes form part of these statements

Central Coast Area Health Service

PROGRAM STATEMENT – EXPENSES AND REVENUES FOR THE YEAR ENDED 30 JUNE 1997

Expenses and Revenues	Program 1.1		Program 2.1		Program 2.2		Program 2.3		Program 3.1		Program 3.2		Program 3.3		Program 4.1		Program 5.1		Program 6.1		Grand Total		
	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	
Expenses																							
Operating Expenses																							
Employee Related	998	1,250	10,040	9,628	0	0	3,516	2,169	11,087	9,333	64,633	68,064	5,111	5,518	8,544	6,146	14,554	12,309	1,236	1,794	119,719	116,211	
Other Operating Expenses	162	203	2,325	2,229	0	0	1,117	689	3,588	3,020	23,400	24,919	1,647	1,777	1,016	722	5,188	4,388	398	578	38,841	38,525	
Maintenance	41	51	430	413	0	0	161	99	511	430	3,197	2,759	235	254	170	121	716	605	56	82	5,517	4,814	
Depreciation and Amortisation	54	68	578	554	0	0	217	134	686	578	3,624	4,414	316	341	139	99	1,727	1,461	76	111	7,417	7,760	
Grants and Subsidies	0	0	813	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	813	10	
Total Expenses	1,255	1,572	14,186	12,834	0	0	5,011	3,091	15,872	13,361	94,854	100,156	7,309	7,890	9,869	7,088	22,185	18,763	1,766	2,565	172,307	167,320	
Retained Revenue																							
Sale of Goods and Services	0	0	0	0	0	0	374	0	1,180	0	6,955	12,691	543	0	0	0	3,581	518	131	0	12,764	13,209	
Investment Income	3	5	44	60	0	0	16	0	51	0	343	302	22	0	0	0	73	11	6	0	558	378	
Grants and Contributions	6	51	60	91	0	0	23	0	71	0	271	426	33	0	105	7	211	30	8	0	788	605	
Other Revenue	0	0	0	0	0	0	0	0	0	0	0	2,600	0	0	0	0	0	0	0	0	0	2,600	
Total Retained Revenue	9	56	104	151	0	0	413	0	1,302	0	7,569	16,019	598	0	105	7	3,865	559	145	0	14,110	16,792	
Gain / (Loss) on Sale of Non-Current Assets	0	0	0	0	0	0	0	0	0	0	(2)	(131)	0	0	0	0	0	0	0	0	(2)	(131)	
Net Cost of Services	1,246	1,516	14,082	12,683	0	0	4,598	3,091	14,570	13,361	87,287	84,268	6,711	7,890	9,764	7,081	18,320	18,204	1,621	2,565	158,199	150,659	
Government Contributions	1,246	1,911	14,082	2,678	0	0	4,598	1,957	14,570	11,742	83,683	92,728	6,711	13,024	9,864	6,512	18,320	15,339	1,621	2,565	154,695	148,456	
Surplus / (Deficit) for the Year	0	395	0	(10,005)	0	0	0	(1,134)	0	(1,619)	(3,604)	8,460	0	5,134	100	(569)	0	(2,865)	0	0	(3,504)	(2,203)	



Central Coast Area Health Service
SUMMARY OF PLANNED AND ACTUAL ALLOCATIONS RECEIVED
FOR THE YEAR ENDED 30 JUNE 1997

	Planned Expenditure 1997 \$'000	Actual Expenditure 1997 \$'000
Recurrent Payments		
Program 1.1	1,176	1,179
Program 2.1	13,103	13,135
Program 2.2	0	0
Program 2.3	4,349	4,360
Program 3.1	13,663	13,699
Program 3.2	78,379	78,587
Program 3.3	6,292	6,308
Program 4.1	9,259	9,286
Program 5.1	17,289	17,336
Program 6.1	1,533	1,537
	145,043	145,427
Capital Payments		
Program 1.1	0	0
Program 2.1	268	268
Program 2.2	0	0
Program 2.3	0	0
Program 3.1	121	121
Program 3.2	725	725
Program 3.3	57	57
Program 4.1	0	0
Program 5.1	0	0
Program 6.1	0	0
	1,171	1,171
Total Payments	146,214	146,598

1997 \$'000

Planned Expenditure	145,043
Actual Expenditure	145,427

Actual expenditures varied from the Central Coast Area Health Service's planned expenditures for the following reason :

Treasury supplementation of \$0.384 million was received in respect of increased insurance costs.

Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

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 Health Service. 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 Central Coast Area Health Service.

2. Summary of Significant Accounting Policies

The Central Coast Area Health Service's Financial Statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards and the Urgent Issues Group Consensus Views, the requirements of the Public Finance and Audit Act and Regulations, the Financial Reporting Directions published in the Financial Reporting Code for Budget Dependant Agencies or issued by the Treasurer under section 9(2)(n) of the Act and the requirements of the Public Hospitals Act, 1929 and its regulations.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed.

Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards, Urgent Issues Group Consensus Views and legislative requirements.

Except for certain investments and property, plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency. The accounting policies adopted are consistent with those of the previous year except for those noted at 2(p).

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

(a) NSW Health Department Recurrent Payments

Cash payments are made by the NSW Health Department on the basis of the net allocation for the Central Coast Area Health Service 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 1996/97 on behalf of the Department.

(b) Employee Entitlements

Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On- Costs

Liabilities for wages and salaries, annual leave and vesting sick leave are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services up to that date.

Long service leave measurement is based on the remuneration rates at year end for all employees with five or more years of service. It is considered that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave in the future will be greater than the entitlements accrued in the future.

**Central Coast Area Health Service****NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997**

The outstanding amounts of workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee entitlements to which they relate have been recognised.

Employee Leave Provisions also include the value of Staff Specialists Study & Conference Leave Entitlements since the establishment of an Enterprise Agreement. Note 4 (b) refers.

Employee entitlements exclude the value of voluntary services provided. Refer Note 29.

(c) Superannuation

The Central Coast Area Health Service's liability for superannuation is assumed by the Crown Transactions Entity. The Central Coast Area Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Transactions Entity of Superannuation Liability".

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

(d) Insurance

The Central Coast Area Health Service's insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government agencies. The expense (premium) is determined by the Fund Manager based on past experience.

(e) Use of Outside Facilities

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

(f) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisition of assets controlled by the Central Coast Area Health Service. Cost is determined as the fair value of assets given up as consideration plus the costs incidental to acquisition.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition.

Fair value means the amount for which an asset could be charged between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by the Central Coast Area Health Service are deemed to be owned by the Central Coast Area Health Service and are reflected as such in the financial statements.

(g) Plant and Equipment

Individual items of plant and equipment costing \$5,000 and above are capitalised.

Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

(h) Depreciation

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Central Coast Area Health Service. Land is not a depreciable asset.

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%
Commercial Vehicles	20.0%
Computer Equipment	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	20.0%
Furniture, Fittings and Furnishings	5.0%

(i) Revaluation of Physical Non-Current Assets

Buildings and improvements, plant and equipment and infrastructure assets (excluding land) are valued based on the estimated written down replacement cost of the most appropriate modern equivalent replacement facility having a similar service potential to the existing asset. Land is valued on an existing use basis.

Land and buildings are re-valued every 5 years by independent valuation. The last such valuation was completed on 1 July 1996.

Where assets are re-valued upward or downward as a result of a revaluation of a class of non-current physical assets, the Central Coast Area Health Service restates separately the gross amount and the related accumulated depreciation of that class of assets.

The recoverable amount test has not been applied as the Central Coast Area Health Service is a not-for-profit entity whose service potential is not related to the ability to generate net cash inflows.

(j) 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.

(k) Provision for Bad and Doubtful Debts

The provision for Bad and Doubtful Debts is required to be a maximum of 1% of the total unpaid accounts receivable in line with instructions issued by the NSW Health Department.



Central Coast Area Health Service

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 1997

(l) 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.

(m) Investments

Marketable securities and deposits are valued at market valuation or cost. Non marketable securities are brought to account at cost.

For non-current investments, revaluation increments are credited directly to the asset revaluation reserve. Revaluation decrements are recognised in the Operating Statement except to the extent that the decrement reverses an increment previously credited to the asset revaluation reserve, in which case it should be debited to the asset revaluation reserve.

For current investments, revaluation increments and decrements are recognised in the Operating Statement.

(n) Inventories

Inventories are stated at the lower of cost and net-realizable value. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.

(o) Research and Development Costs

Research and development costs are charged to expense in the year in which they are incurred.

(p) Change in Accounting Policy

Consistent with the requirements of the Australian Accounting Standards, AAS29 and the NSW Treasury's Financial Reporting Code for Budget Dependent Agencies.

Comparative figures for 1996 have been realigned where necessary to comply with the revised presentation of financial statements;

Trust moneys which were reported in the Statement of Financial Position for 1995/96 have been excluded in 1996/97 although appropriate disclosure is maintained in Note 24. The change in treatment has no effect on either the Net Cost of Services or The Net Assets reported by the Central Coast Area Health Service.

3 Employee Related Expenses

Employee related expenses comprise the following:-

	1997 \$'000	1996 \$'000
Salaries and Wages	95,309	93,023
Long Service Leave [see note 2(b)]	2,527	2,880
Annual Leave [see note 2(b)]	9,639	9,194
Redundancies	28	0
Workers Compensation Insurance	4,119	3,379
Superannuation [see note 2(c)]	8,097	7,735
	<u>119,719</u>	<u>116,211</u>

Central Coast Area Health Service**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997****4 Goods and Services**

	1997 \$'000	1996 \$'000
a) Expenses on Goods and Services comprise the following:		
Food Supplies	2,727	2,725
Drug Supplies	6,705	5,800
Medical & Surgical Supplies	6,104	6,033
Special Service Departments	4,114	4,803
Fuel, Light & Power	1,802	1,681
Domestic Charges	1,745	1,675
Administrative Expenses	6,067	5,990
	29,264	28,707
b) Administrative expenses include:		
Advertising	289	217
Consultancies – Operating Activities	269	125
Ambulance Transport	773	801
External Audit Fees – Audit Work	66	63
Books, Magazines & Journals	404	287
Motor Vehicle Expenses	651	574
Other Insurance	111	140
Printing & Stationery	807	793
Provisions for Bad & Doubtful Debts	21	45
Postal Services	138	120
Rental of Premises	219	185
Rates & Charges	325	425
Staff Training & Development	238	271
Staff Specialists' Study & Conference Leave	236	158
Telephone Costs	1,082	672
Travelling – Overseas Fares	50	76

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	1	1
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Central Coast Area Health Service
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997**
5 Replacements, Maintenance and Repairs

	1997 \$'000	1996 \$'000
Expenses on replacements, maintenance and repairs comprise the following:		
Repairs and Routine Maintenance	2,427	2,515
Replacements and Additional Equipment less than \$5,000	3,090	2,299
	5,517	4,814

6 Depreciation and Amortisation Expense

	1997 \$'000	1996 \$'000
Depreciation – Property, Plant and Equipment	7,417	7,760
	7,417	7,760

7 Grants and Subsidies

	1997 \$'000	1996 \$'000
Non Government Organisations	813	0
Other	0	10
	813	10

8 Sale of Goods and Services

	1997 \$'000	1996 \$'000
Sale of Goods and Services comprise the following:		
Patient Fees [see note 2(j)]	6,626	6,630
Staff – Meals and Accommodation	372	373
Use of Hospital Facilities [see note 2(l)]	1,624	1,373
Other	4,142	4,833
	12,764	13,209

Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

9 Investment Income

	1997 \$'000	1996 \$'000
Interest	558	378
	<u>558</u>	<u>378</u>

10 Grants and Contributions

	1997 \$'000	1996 \$'000
University Commission grants	20	14
Other – Recreation, Personal & Other Services	743	311
Asset Donation	25	280
	<u>788</u>	<u>605</u>

11 Gain / (Loss) on Sale of Non Current Assets

	1997 \$'000	1996 \$'000
Property Plant and Equipment	2,585	1,554
Other Assets		
Less Accumulated Depreciation	1,126	321
Written Down Value	<u>1,459</u>	<u>1,233</u>
Less Proceeds from Sale	1,457	1,102
Net Revenues from Disposal of Non-Current Assets	<u>(2)</u>	<u>(131)</u>



Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

12 Conditions on Contributions

One contribution was recognised as revenue during the current year for which expenditure in the manner specified had not occurred as at balance date.

	\$'000	Specified Use
Other Contributions :		
Recreation, Personal & Other Services	103	Purchase Medical Equipment
Recreation, Personal & Other Services	41	Medical Wards Upgrade
Recreation, Personal & Other Services	39	Service Enhancement

There were no contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period.

There were no revenues recognised in previous years which were obtained for expenditure in the current financial year.

The total amount of unexpended Contributions as at Balance date is \$ 3.215 million. This total includes amounts from previous years:

Recreation, Personal & Other Services

John Edwin Lorimer Estate	103	Medical Equipment
A I & E H Chapman Trust	231	Medical Wards Upgrade
Critical Care Appeal Gosford / Wyong	102	Service Enhancement
Children's Ward Appeal	71	Service Enhancement
Other	2,708	No specific restriction on use
Total	3,215	

Comment on restricted assets appears in Note 19.

13 Other Revenue

	1997 \$'000	1996 \$'000
Adjustment relates to the valuation placed on a building which at the time of valuation, the valuer assumed was owned by a third party.		
This adjustment relates to 1992 Opening Equity.		
The adjustment is for Boronia Court, which is situated in the grounds of Woy Woy Hospital	0	2,600
The item is an abnormal item relating to the preceding year.		
Total Other Revenue	0	2,600

Central Coast Area Health Service**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997****14 Programs/Activities of the Central Coast Area Health Service****Program Descriptions****Program: 1.1 Population Health Services**

Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health

Program: 2.1 Primary and Community Based Services

Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program: 2.2 Aboriginal Health Services

Objective: To raise the health status of Aborigines and to promote a healthy life style.

Program: 2.3 Outpatient Services

Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

Program: 3.1 Emergency Services

Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program: 3.2 Overnight Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program: 3.3 Same Day Acute Inpatient Services

Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

Program: 4.1 Mental Health Services

Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program: 5.1 Rehabilitation and Extended Care Services

Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program: 6.1 Teaching and Research

Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

LIBRARY SERVICES
CENTRAL COAST HEALTH



Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

15 Investments

	1997 \$'000	1996 \$'000
Current		
Other Loans and Deposits	2,614	1,953
	2,614	1,953

The vast majority of investments are held as cash deposits which would suffer no capital losses if they were redeemed before maturity. The need does not therefore arise to restate them at net market selling values. Valuation of all investments is at cost.

16 Receivables

	1997 \$'000	1996 \$'000
Current		
(a) Sale of Goods and Services	1,270	1,090
Other Debtors – Prepayments	212	158
– Other	366	623
Sub Total	1,848	1,871
Less Provision for Doubtful Debts	19	21
	1,829	1,850
(b) Bad debts written off during the year	43	39

Sale of Goods and Services includes :

Patient Fees – Compensable	633	517
Patient Fees – Other	5,993	6,113

17 Inventories

	1997 \$'000	1996 \$'000
Current – at cost		
Drugs	762	706
Medical & Surgical Supplies	1,838	1,511
Food & Hotel Supplies	124	134
Engineering Supplies	174	185
Other including goods in transit	496	702
	3,394	3,238

Central Coast Area Health Service

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

18. Property, Plant & Equipment	Land	Buildings	Construction in Progress	Plant & Machinery	Other	Total
	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000	\$ '000
Cost or Valuation						
Balance 1 July 1996						
At Valuation Date 1/7/96	9,125	143,768	0	0	0	152,893
At Valuation Date 30/6/92	0	0	0	14,438	620	15,058
At Cost	0	1,618	413	7,788	5,695	15,514
Revaluation Adjust. [see note 2(i)]	4,767	19,860	0	6,277	627	31,531
Capital Expenditure/Donations [see note 2(f) & (g)]	0	423	366	1,919	2,197	4,905
Disposals	0	0	0	(481)	(2,104)	(2,585)
Reclassifications	0	394	(440)	0	0	(46)
Adjustment for Acquisitions not previously recognised	0	0	0	0	0	0
Balance 30 June 1997						
At Valuation Date 1/7/96	13,892	165,640	0	0	0	179,532
At Valuation Date 30/6/92	0	0	0	20,249	1,027	21,276
At Cost	0	423	339	9,692	6,008	16,462
Total	13,892	166,063	339	29,941	7,035	217,270
Depreciation						
Balance 1 July 1996						
At Valuation Date 1/7/96	0	20,632	0	0	0	20,632
At Valuation Date 30/6/92	0	0	0	6,870	599	7,469
At Cost	0	0	0	2,798	1,282	4,080
Charge for the year [see note 2(f)]	0	4,141	0	2,795	481	7,417
Adjustment for disposals	0	0	0	(474)	(652)	(1,126)
Reclassifications						
Revaluation Adjustment	0	10,939	0	6,277	627	17,843
Adjustment for Acquisitions not previously recognised	0	0	0	6	0	6
Balance 30 June 1997						
At Valuation Date 1/7/96	0	35,712	0	0	0	35,712
At Valuation Date 30/6/92	0	0	0	14,194	1,023	15,217
At Cost	0	0	0	4,078	1,314	5,392
Total	0	35,712	0	18,272	2,337	56,321
Carrying Amount						
At Valuation Date 1/7/96	13,892	129,928	0	0	0	143,820
At Valuation Date 30/6/92	0	0	0	6,055	4	6,059
At Cost	0	423	339	5,614	4,694	11,070
Total	13,892	130,351	339	11,669	4,698	160,949

(i) Land & Buildings include land owned by the NSW Health Department & administered by the Area Health Service [see note 2(f) & (g)]

(ii) Land & Buildings were revalued by Mr. Robert Glover A.V.L.E. (VAL) registered valuer, on 1 July 1996 [See note 2(i)] Mr. Robert Glover is not an employee of the Area.



Central Coast Area Health Service

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 1997

(iii) Plant & Equipment, other than motor vehicles, were valued by the Area Health Service on 30 June, 1992 on the basis of depreciated replacement cost [see note 2(i)]

(iv) Physical non current assets that are fully depreciated and the Service still derives service potential and economic benefit includes :

Nature:	Electro Medical \$'000	Other Plant & Equip \$'000	Computer Equipment \$'000	Motor Vehicles \$'000	Total \$'000.
Quantum :	3,380.	2,416	1,322	998	8,116
Number of Assets	162	138	39	40	379

Physical non-current assets that are fully depreciated and the Central Coast Area Health Service still derives service potential and economic benefit, includes 379 items which have been dissected as above.

(iv) Property, Plant & Equipment other than land have been depreciated from not later than the month following acquisition.

19 Restricted Assets

The Central Coast Area Health Service's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. These assets are only available for application in accordance with the terms of the donor restrictions.

	1997 \$'000	1996 \$'000
Cash at Bank	507	359
Donor restrictions are as follows:		
Medical Equipment	103	0
Service Enhancement	173	179
Medical Wards Upgrade	231	180
	507	359

20 Accounts Payable

	1997 \$'000	1996 \$'000
Current		
Creditors	2,275	1,154
Other Creditors – Capital Works	9	10
– Private Practice Trust Funds	46	1,476
– Other	2,439	2,827
	4,769	5,467

Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

21 Borrowings

	1997 \$'000	1996 \$'000
Current		
Other Loans and Deposits	650	1,194
	<u>650</u>	<u>1,194</u>
Non Current		
Other Loans and Deposits	650	1,441
	<u>650</u>	<u>1,441</u>

Other loans represent monies to be repaid to the NSW Health Department.

Final Repayment is scheduled for

Repayment of Borrowings

Not later than one year	650	894
Between one and two years	650	845
Between two and five years	0	896
Later than five years	0	0
Total Borrowings at face value	<u>1,300</u>	<u>2,635</u>

22 Employee Entitlements

	1997 \$'000	1996 \$'000
Current		
Employee Annual Leave	9,453	8,728
Employee Long Service Leave	2,106	1,354
Accrued Salaries and Wages	3,211	2,830
Other	338	145
Aggregate employee entitlements	<u>15,108</u>	<u>13,057</u>
Non Current		
Employee Annual Leave	498	578
Employee Long Service Leave	10,557	10,225
Accrued Salaries and Wages	0	0
Other	1,353	1,302
Aggregate employee entitlements	<u>12,408</u>	<u>12,105</u>



Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

23 Equity

	Accumulated Surplus / (Deficit)		Asset Revaluation		Total Equity	
	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000	1997 \$'000	1996 \$'000
Balance at beginning of year	129,570	131,773	0	0	129,570	131,773
Operating surplus (deficit) for the year	(3,504)	(2,203)	0	0	(3,504)	(2,203)
Increment /Decrement on Revaluation of:						
Land	0	0	4,767	0	4,767	0
Building and Improvements	0	0	8,921	0	8,921	0
Balance at the end of the financial year	126,066	129,570	13,688	0	139,754	129,570

24 Trust Funds

The Central Coast Area Health holds Trust Fund moneys of \$ 1.651 million which are used for the safe keeping of patients moneys, deposits on hired items of equipment and Private Practice Trusts.

These monies are excluded from the financial statements as the Central Coast Area Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account :

	1996 \$'000
Cash Balance at the beginning of the financial year	1,384
Receipts	470
Expenditure	204
Cash Balance at the end of the financial year	1,650

25 Contingent Liabilities

(a) Claims on Managed Fund

Since 1 July 1989, The Central Coast Area Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Central Coast Area Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have state-wide implications. The costs relating to such exceptions are to be absorbed by the Central Coast Area Health Service. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Central Coast Area Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Central Coast Area Health Service.

(b) 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 monies either being lodged to the credit of approved superannuation

Central Coast Area Health Service**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997**

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. A judicial decision has not yet been handed down on this position.

(c) Award Claims

The Health Research Employees Association (HREA) was offered a funding agreement in September 1996 in respect of its public hospital and Ambulance Service Awards. The basis of the offer was that increases in salaries of 18% would be available over 3½ years, 6% of which was to be achieved by productivity savings. While the HREA has indicated acceptance of the offer the "Funding Agreement" has not been signed.

The annual cost of the agreements to be paid in 1997/98 by Health Services will be the subject of an increased allocation from the NSW Health Department.

26 Charitable Fundraising Activities

Fundraising Activities

The Central Coast Area Health Service conducts direct fundraising in all hospitals under its control.

Income received and the cost of raising income for specific fundraising, has been audited and all revenue and expenses have been recognised in the financial statements of the Central Coast Area Health Service. Fundraising activities are dissected as follows:

	Income Raised \$'000	Direct Expenditure \$'000	Indirect Expenditure \$'000	Net Proceeds \$'000
Appeals (In House)	14	5	0	9
Raffles	9	2	0	7
	23	7	0	16
Percentage of Income	100%	30.43%	0.00%	69.57%

Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc.

Indirect Expenditure includes overheads such as office staff administration costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:

	\$'000
Held in Special Purpose and Trust Fund pending purchase	18

The provision of Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the Central Coast area Health Service are considered appropriate and effective in accounting for all the income received in all material respects.



Central Coast Area Health Service

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 1997

27 Cash and Cash Equivalents

For the purposes of the Cash Flow Statement, cash includes cash and bank.

Cash at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Statement of Financial Position as follows:

	\$'000
Cash	4,553
Investments	2,614
Closing Cash and Cash Equivalents	7,167

28 Reconciliation Of Net Cost Of Services To Net Cash Flows to Operating Activities

	\$'000	\$'000
Net Cash Used on Operating Activities	(139,726)	(138,371)
Depreciation	(7,417)	(7,760)
Provision for Employee Entitlements	(2,354)	(2,170)
Provision for Doubtful Debts	2	(5)
Acceptance by Crown of Liability for Superannuation	(8,097)	(7,735)
Donations and Industry Contributions	0	280
Assets Written Off To Expense	(54)	(171)
Opening Equity Adjustment	0	2,600
Net Loss on Disposal of Assets	(2)	(131)
Increase/(Decrease) in Receivables	(21)	(125)
Increase/(Decrease) in Inventories	156	143
(Increase)/Decrease in Creditors	698	2,786
Net Cost of Services	(156,815)	(150,659)

29 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the Central Coast Area Health Service. The voluntary services provided include:

Chaplaincies and Pastoral Care –	Patient and Family Support
Pink Ladies / Hospital Auxiliaries –	Patient Services, Fundraising
Patient Support Groups –	Practical Support to Patients and Relatives
Community Organisations –	Counselling, Health Education, Transport, Home Help and Patient Activities

Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 1997

30 Unclaimed Monies

Unclaimed salaries and wages are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended.

All money and personal effects of patients which are left in the custody of the Central Coast Area Health Service by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of the Central Coast Area Health Service.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is specifically for the benefit of necessitous patients or necessitous outgoing patients.

31 Budget Review

Net Cost of Services

The actual net cost of services was lower than budget by \$ 635,000, this was primarily due to controlled Special Purpose and Trust Fund revenue exceeding budgeted expectations.

Assets and Liabilities

Investments: interest bearing deposits.	exceeded budget by \$999,000, which was due to an increase in Special Purpose and Trust Fund
Inventory:	was lower than budget by \$153,000, which is due to decreasing inventory levels particularly, other inventories including inventories in transit.
Property, Plant and Equipment:	exceeded budget by \$14,937,000, which was due to the revaluation of assets.
Accounts Payable:	was lower than budget by \$3,819,000, which was due to the exclusion of Private Practice Trust Fund amounts from the financial statements coupled with the number of days that creditors were outstanding being extended from 31 days to 38 days.
Borrowings:	were less than budget by \$441,000 which was due to the HRIS loan being repaid ahead of the budgeted schedule.
Employee Entitlements:	exceeded budget by \$5,430,000 which is due to increased pay rates combined with increased leave balances.

32 Post Balance Date Events

- (a) A wages and conditions agreement has been made with the New South Wales Nurses Association (NSWNA). The third tier of the agreement provides for a 1% Treasury funded increase from 1 July 1997. The award covering Public Service Association (PSA) classifications comprises a second increase of 3% effective from 1 July 1997 and a third increase of 2% from 1 January 1998.
- (b) The Australian Salaried Medical Officers Federation (ASMOF) has lodged a claim with the Department seeking award restructuring and a number of significant other benefits for Staff Specialists.
- (c) Since 30 June 1997 but prior to the signing of these financial statements the Hunter Area Health Service entered into an agreement for the purchase of a linen service at Cardiff for the amount of \$ 4.3 million. The Central Coast Area Health Service is currently considering a joint venture agreement with the Hunter Area Health Service for a 50% share in the linen service. The purchase of the linen service has been financed by a loan from the NSW Health Department with the Central Coast Area Health Service to repay a total of \$ 2.967 million over 5 years inclusive of interest.

End of Audited Financial Statements



ACCOUNTS RECEIVABLE – AGEING ANALYSIS

Patient Fees	< 30 Days \$	30 < 60 days \$	60 < 90 Days \$	90 < 180 Days \$	> 180 days \$	Total \$
Chargeable	447,605.16	185,897.70	31,258.25	6,818.10	29,695.20	701,274.41
Compensable	194,980.00	32,690.40	14,025.30	2,227.28	71,649.83	315,572.81
Ineligible	5,100.00	4,590.00	1,094.00	2,550.00	6,330.32	19,664.32
	647,685.16	223,178.10	46,377.55	11,595.38	107,675.35	1,036,511.54
Other	742,193.46	47,497.30	378.40	306.80	2,341.10	792,717.06
	1,389,878.62	270,675.40	46,755.95	11,902.18	110,016.45	1,829,228.60
Percentage of Total	75.98%	14.80%	2.56%	0.65%	6.01%	100.00%

The above table provides details on the age of accounts receivable. The average age of Patient Fees accounts is 58 days. The average age of compensable accounts, comprising Workers Compensation and Third Party Charges is 172 days. The average age of Chargeable Accommodation is 43 days and represents 67.66% of outstanding patient fees.

PAYMENT OF ACCOUNTS

Trade Creditors – Ageing Analysis

	1995/96				1996/97			
	30/09/95	31/12/95	31/03/96	30/06/96	30/09/96	31/12/96	31/03/97	30/06/97
Current	1,002,706.86	1,601,086.21	617,096.78	993,904.22	1,275,198.72	1,197,278.81	408,403.79	1,232,077.00
1 – 30 Days Overdue	146,317.91	233,635.17	90,048.56	145,033.40	186,080.71	1,023,868.52	349,251.80	1,053,626.64
31 – 60 Days Overdue	25,668.07	40,985.86	15,796.93	26,506.85	34,008.81	(1,090.31)	(371.92)	(1,122.00)
61 – 90 Days Overdue	0.00	0.00	0.00	(1,119.87)	(1,365.27)	0.00	0.00	0.00
Over 91 Days Overdue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Trade Creditors	1,174,636.59	1,875,617.41	722,907.65	1,164,324.60	1,493,851.43	2,220,057.02	757,283.67	2,284,581.64

The NSW Health Department's guide lines for outstanding Trade Creditors stipulates that the number of days outstanding should not exceed 45 days.

The Central Coast Area Health Service's unpaid Trade Creditors balance at 30 June 1997 was equivalent to 38 days. Therefore, the 100% of trade creditors accounts are paid on time and the total of accounts paid was \$85,268,779.06.

MAJOR ASSETS/LAND - DISPOSALS OR ACQUISITIONS

Nil

COMMITMENT TO SERVICE

The CCAHS Commitment to Service document is made available to all patients. This document has also been tailored for community health patients and is titled for them "Clients Rights and Responsibilities".

The Commitment to Service document addresses issues such as access to health services, individual care, information about health services available, taking part in health care decisions, patient suggestions and complaint mechanisms.

SIGNIFICANT JUDICIAL DECISIONS & CHANGES IN ACTS AND SUBORDINATE LEGISLATION

Nil

SENIOR EXECUTIVE SERVICE OFFICERS

	96/97	95/96	94/95
Number of SES Positions	3	3	4
Levels of Positions			
SES Level 3 Lower	1	1	1
SES Level 2 Lower	0	0	1
SES Level 1 Lower	2	2	2
Number of Positions filled by Women	1	1	1

PRINCIPAL LEGISLATION ADMINISTERED

A large number of Acts are applicable to the operation of the Central Coast Area Health Service and on a wider scale of the functioning of health services in NSW, however, those most relevant to the Central Coast Area Health Service are:

- Area Health Services Act 1986
- Medical Practitioners Act 1983
- Notification of Births Act 1915
- Pathology Laboratories
Accreditation Act 1987
- Public Health (Amendment) Act 1937
- Health Administration Act 1982
- Mental Health Act 1983
- Nurses Registration Act 1953
- Pharmacy Act 1964

CODE OF CONDUCT

The CCAHS has adopted the Code as documented in the Department of Health Circular 93/91 with slight modifications to the section on "Outside Employment" to align it with the organisational structure.

The Code covers: Acceptance of gifts or benefits, personal and professional behaviour, fairness, public comments and disclosure of official information, use of official resources, outside employment, political participation, security of official information and reporting of corrupt conduct.



FUNDS GRANTED TO NON GOVERNMENT COMMUNITY ORGANISATIONS

A.R.A.F.M.I. – Central Coast Branch	Mental Health (Program 8)	\$56,299	Mutual support services for members, families and carers of the mentally ill
Central Coast Community Women's Health Centre	Women's Health (Program 2)	\$280,500	Clinical, counselling and health education services for women in the Central Coast Area
Family & Youth Support Services of Wyong Shire	Community Services (Program 2)	\$102,300	Child sexual assault adolescent offenders project
Kamira Farm	Drug & Alcohol (Program 2)	\$150,600	A residential rehabilitation service for women and their children.
Lifeline Central Coast	Community Services (Program 2)	\$12,200	A 24 hour telephone crisis counselling, face to face counselling service and crisis intervention
Positive Support Network	AIDS (Program 2)	\$31,900	Care and support for people with HIV/AIDS on the Central Coast
Transitional Enterprises	Mental Health (Program 8)	\$36,800	Supported accommodation, living skills training, respite care and outreach service for people with mental illness
Wyong Shire Council	Community Services (Program 2)	\$37,601	Child sexual assault adolescent offenders project
Salvation Army – Selah Farm	Drug & Alcohol (Program 2)	\$46,600	Drug and alcohol rehabilitation services
Centacare Services Broken Bay	Community Services (Program 2)	\$58,100	Counselling services for pregnant women.
	Total	\$812,900	

COMPLAINTS & APPRECIATION STATISTICS

	96/97	95/96	94/95	93/94
Total numbers of complaints	203*	206*	186	111
Total numbers of letters of appreciation	499	567	552	447

*Totals include complaints made by telephone as well as in writing.

The system of data collection was changed in October 1996 and therefore detailed comparisons with previous years are not available.

Categories of complaints from October 1996 to June 1997:

Clinical Competence	38%
Interpersonal Relationships	23%
Accessibility & Convenience	32%
Environmental & Hotel Services	7%
Total	100%

FREEDOM OF INFORMATION (FOI)

The number of new requests dropped to 51 from the 171 last year. Information does not have to be supplied under FOI if alternative sources are available and the NSW Health Department (DOH) has provided another option. Information is now available under DOH circular 96/34 "NSW Health Information Privacy Code of Practice".

SECTION A:

Numbers of requests

Requests	Personal	Other	Total
A1 New (incl transferred in)	51	7	58
A2 Brought forward	5	0	5
A3 Total to be processed	56	7	63
A4 Completed	54	7	61
A5 Transferred out	0	0	0
A6 Withdrawn	1	0	1
A7 Total Processed	55	7	62
A8 Unfinished (Carried Forward)	1	0	1

SECTION B:

Results of requests

Result of Request	Personal	Other
B1 Granted in full	54	7
B2 Granted in part	0	0
B3 Refused	0	0
B4 Deferred	0	0
B5 Completed	54	7

SECTION C:

Ministerial Certificates

Nil



**SECTION D:
Formal Consultations**

Nil

**SECTION E:
Result of Amendment Request**

Nil

**SECTION F:
Notation of Personal Records**

Nil

**SECTION G:
FOI requests granted in part or refused**

Nil

**SECTION H:
Costs and Fees**

	Incurring Costs	Fees Received
H1 All Completed Requests	240.00	1,110.00

**SECTION I:
Discounts Allowed**

Type of Discount	Personal	Other
I1 Public Interest	0	0
I2 Financial Hardship Pensioner	29	1
I3 Financial Hardship Non Profit	4	2
I3 Under 18 Years	4	0
I4 Totals	37	3
I5 Significant Correction of Records	0	0

**SECTION J:
Days to Process**

Elapsed Time (including Withdrawn)	Personal	Other
J1 0-21 days	38	6
J2 22 to 35 days (consultation period)	0	0
J3 Over 35 days (extended consultation)	0	0
J4 Over 21 days (out of time determinations)	17	1
J5 Over 35 days (out of time deter.after consultation)	0	0
J6 Totals	55	7

SECTION K: PROCESSING TIME

Processing Hours (including Withdrawn)	Personal	Other
K1 0-10 hrs	55	7
K2 11-20 hrs	0	0
K3 21-40 hrs	0	0
K4 Over 40 hrs	0	0
K5 Totals	55	7

**SECTION L:
Reviews and Appeals**

Nil

DETAILS OF INTERNAL REVIEW RESULTS.

Nil

ACCESS (EXIT) BLOCK

The period of time the patient stays in the emergency department after the emergency department staff have completed their assessment and treatment of the patient.

ADJUSTED DAILY AVERAGE (ADA)

A comprehensive measure of the average daily patient workload of a health care facility. It comprises the daily average of the admitted patient activity plus an equivalent conversion factor for non-inpatient occasions of service and neo-natal activity (in terms of bed days of unqualified babies).

ADMISSION

The process by which a person commences a period of residential care – either same day or overnight.

AVERAGE LENGTH OF STAY (ALOS)

The average number of days each admitted patient stays in a health service facility for each episode of care. It is calculated by dividing the total number of Occupied Bed Days for the period by the number of Actual Separations in the period.

ACCRUAL ACCOUNTING

Accrual accounting recognises revenues and expenses in the accounting period in which goods and services are provided or consumed, rather than in periods when cash is received or paid. In addition, it provides information on the assets and liabilities of an economic entity.

ACUTE CARE

An episode of Acute Care for an admitted patient is one in which the principal clinical intent is one or more of the following: Manage labour (obstetric), cure illness or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of an illness injury, protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function, and/or perform diagnostic or therapeutic procedures.

AMBULATORY CARE

Any form of care other than as a hospital inpatient.

BEST PRACTICE

Identifying and matching the best performance of others.

BED DAYS

The total number of bed days of all admitted patients accommodated during the period being reported taken from the count of the number of inpatients at midnight (approx.) each day, as recorded in the "Daily Record Book" (or its computerised equivalent). Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

CADE

Confused and Disturbed Elderly.

CARE PLAN

A management plan devised by a clinician for a patient at the start of their treatment and revised as required.

CASEMIX

Building useful classifications of patient care episodes and making use of patient care classifications to manage health care – part of a scientific approach to producing good information about health care (see Diagnosis Related Groups – DRGs).

CLINICAL PATHWAYS

Systematic approach to achieving particular outcomes for an inpatient, which identifies the resources required in amount and sequence for that type of case.

CLINICAL INDICATOR

A measure of the clinical management and outcome of care. It is an objective measure of either the process or outcome of patient care in quantitative terms.

CHARGEABLE PATIENTS

Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Organisational ethos of continuous improvement by seeking users' service requirements and ensuring the organisation is capable of meeting them. Quality management focuses on improving the processes by which services or products are produced, as well as the quality of the service or product itself.



DIAGNOSIS RELATED GROUPS (DRG'S)

The best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 400 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

FTE

Full Time Equivalent.

INPATIENT

An inpatient is a person who is admitted to hospital.

NON-INPATIENT OCCASIONS OF SERVICE (NIOOS)

Services provided by a health service facility to clients/patients who receive those services without being an admitted client/patient at the time of receiving the services e.g. Outpatient Department Services, Emergency Department Services, Community Health Services.

NURSING HOME TYPE PATIENTS

Admitted patients of General Hospitals who have been accommodated in one or more hospitals for more than 35 days without a break exceeding seven days and no longer require acute care.

QUALITY INDICATOR

A measure of performance that reflects how well a process is delivering a service to a customer and meeting their needs.

TRIAGE

Process used to sort patients into clinical priority groups, according to the urgency with which treatment (medical and nursing) is required. The National Triage Scale is the waiting time scale endorsed by the Australasian College for Emergency Medicine, which recommends the maximum time people with listed health conditions should wait for treatment.

TRIUMVIRATE

Management group of three persons

Principal Source: NSW Health Department

ACKNOWLEDGEMENT TO THE ANNUAL REPORT COMMITTEE

The Board of Directors wishes to acknowledge the commitment and effort of the Annual Report Committee in the planning and preparation of this Annual Report.

COMMITTEE MEMBERS

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 S. Aldrick (Photography)
 K. Carroll (Minute Secretary)
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Directory

Area Executive Unit

Holden Street, Gosford 2250
 PO Box 361, Gosford 2250
 New South Wales, Australia
 Telephone: (02) 4320 3220
 Facsimile: (02) 4325 0566
 Office Hours: 8.30am – 5.00pm

Gosford Hospital

Holden Street, Gosford 2250
 PO Box 361, Gosford 2250
 Telephone: (02) 4320 2111

Wyong Hospital

Pacific Highway, Kanwal 2259
 PO Box 357, Wyong 2259
 Telephone: (02) 4393 8000

Long Jetty Healthcare Centre

Wyong Road, Killarney Vale 2261
 PO Box 88, Long Jetty 2261
 Telephone: (02) 4334 8888

Woy Woy Hospital

Ocean Beach Road, Woy Woy 2256
 PO Box 183, Woy Woy 2256
 Telephone: (02) 4344 8444

TTY

Telephone (for the deaf) (02) 4325 2747

Community Health Centres

Hours of Operation:
 8.30am – 5.00pm, Monday to Friday

Gosford

Stephen Street, Gosford 2250
 Telephone: (02) 4320 3311

Wyong (Kanwal)

Pacific Highway, Kanwal 2259
 (adjacent to Wyong Hospital)
 Telephone: (02) 4393 8270

Toukley

Hargraves Street, Toukley 2263
 Telephone: (02) 4396 5111

Bateau Bay

Yakkalla Street, Bateau Bay 2261
 Telephone: (02) 4332 5255

Mangrove Mountain

RMB 1640 Nurses Road,
 Mangrove Mountain 2250
 (Restricted Hours)
 Telephone: (02) 4373 1249

Kincumber

Rear of Kincumber Shopping Village
 Kincumber 2251
 Telephone: (02) 4369 2355

Woy Woy

Ocean Beach Road, Woy Woy 2256
 (Adjacent to Woy Woy Hospital)
 Telephone: (02) 4344 8432

