

Central Coast Health

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Annual Report

1998-1999



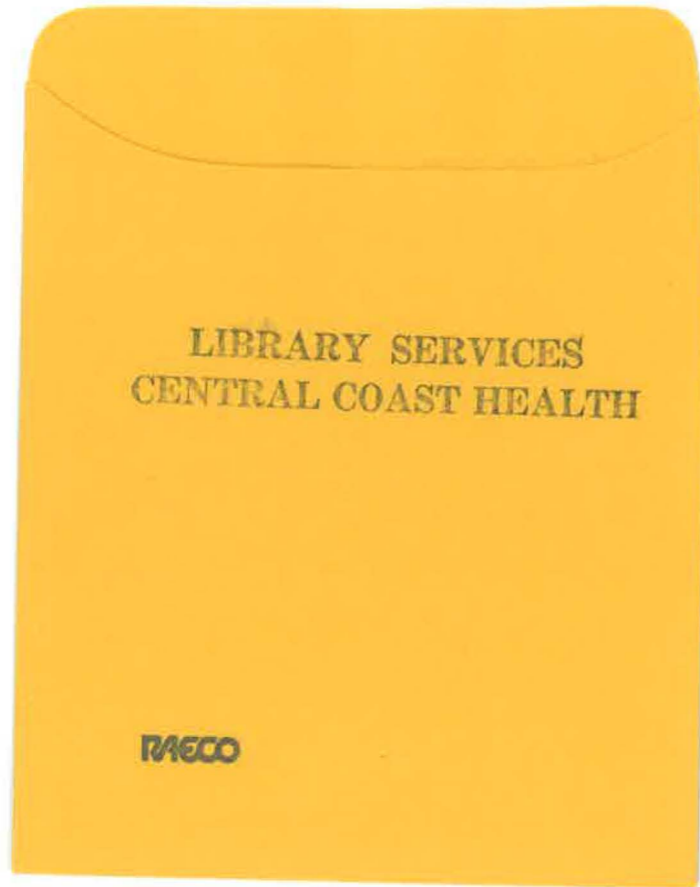
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CENTRAL COAST
HEALTH

1998-1999

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CENTRAL COAST HEALTH



Letter to the Minister

The Hon C J Knowles MP
Minister for Health
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Mr Knowles

We have pleasure in presenting the Annual Report of Central Coast Health for the year ending June 30 1999.

The report documents the operations and financial statements in accordance with the provisions of the Annual Reports (Statutory Bodies) Act 1984. It is submitted on behalf of Central Coast Health Board of Directors for tabling in Parliament.

Yours faithfully

Professor Donald George
Chairman of the Board

Mr Jon Blackwell
Chief Executive Officer

History and Mission

Our History

The Central Coast Area Health Service, now using the name Central Coast Health (CCH), was established by an Act of Parliament, the Area Health Services Act of 1986. Central Coast Health 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 Hospital in 1945. Today, operating under the Health Services Act 1997 (NSW), Central Coast Health is a fully integrated service comprised of three hospitals, a healthcare centre 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.

Our Goals

- Healthier people
- Fairer access
- Quality health care
- Better value

Cover photo: Nicole broke her leg jumping on a trampoline and required treatment in Gosford Hospital. She is pictured sharing a moment with Kay MacLeod, the clerk from Children's Ward.



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HIGHLIGHTS

Healthier People

A Quality Ageing Strategy was developed.

The Mobile Youth Crisis Service (MYKS) was developed in partnership with Burnside.

New appointments included an Aboriginal Nutrition Project Officer, and two child health nurses to expand outreach services.

New services include a new children's diabetes clinic, and a new early intervention service for children.

CCH provided significant health care support to Mangrove Mountain residents during the outbreak of Newcastle Disease.

Fairer Access

New positions included a part time Aboriginal Employment Coordinator, a Human Organ and Tissue Donation Coordinator, an additional Audiologist, and an additional Orthopaedic surgeon at Wyong Hospital.

New services included an outpatient service for patients undergoing breast surgery and an Oncology Clinic at Wyong Hospital.

The Premier of NSW opened the Young People with Psychiatric Illness (YPPI) Centre.

Wyong Delivery Suite completed its first year of operation.

Quality Health Care

The Central Coast Children's Fund was established.

The Central Coast Cancer Care Appeal was launched.

The Hospital Auxiliaries raised a total of \$139,460.

New equipment purchased included a Harmonic Scalpel, six dual purpose beds, a non-invasive ventilator, an electroencephalogram (EEG) machine and audiology equipment.

The new Paediatric Section of the Gosford Hospital Emergency Department was officially opened by the Minister for Health.

Facilities were refurbished or extended including Gosford Medical Ward M1, Respiratory Investigation Unit, Renal Unit, Audiology Department, Harry Mattocks Education Centre, Wyong Dental Clinic, Wyong Hospital Emergency Department and Outpatient Clinic.

CCH was granted a full three years accreditation by the Australian Council on Healthcare Standards (ACHS) and the Postgraduate Medical Council.

Better Value

A Partnership Agreement was signed with the University of Newcastle.

The Project Feasibility Plan was commenced for the major redevelopments of Gosford and Wyong Hospitals.

Funds were secured for the major reconstruction of Long Jetty Healthcare Centre.

The new Long Jetty Community Health Centre is nearing completion.

The Area Health Plan which includes the organisational direction for health improvement over the next three to five years was completed.

The Casemix Budgeting System was developed.

Concerns

The suicide rate on the Central Coast is still a concern. However for the first time since 1995 the rate has decreased.

Although there has been a reduction in workplace injuries this year, the Workers Compensation premium shortfall and hindsight penalty remain significant due to past claims history.



PROFILE

The Population

The population of the Central Coast in June 1997 was estimated to be 277,475. 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 (1997 Central Coast crude birth rate was 13.7 births per 1,000 population, NSW 13.8). 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 2,687 deaths registered during 1997. Over half of these deaths were males (53%). For males, the main causes of death were cancer (29%), heart disease (20%), respiratory diseases (13%) and stroke (9%). For females, the main causes of death were cancer (24%), heart disease (20%), stroke (15%), other circulatory disease (10%) and respiratory disease (10%).

Corporate Governance

Membership of the Board of Directors comprises the Chief Executive Officer who is appointed by the State Governor, the Staff Elected Member 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 honorary. The Board of Directors is responsible for the overall direction and oversight of Central Coast Health with responsibility for management of day-to-day operations and administration delegated to the Chief Executive Officer and Area Executive.

Hospitals (total beds 735)

Gosford – 457

(Medical 123, Surgical 162, Intensive Care 12, Cardiac 36, Paediatric 38, Mental Health 30, Obstetric 40, Endoscopy 5, Renal 11)

Wyong – 156

(Medical 60, Surgical 30, Rehabilitation 30, Obstetric 14, Day Surgical 6, Short Stay 10, Endoscopy 6)

Woy Woy – 63

(General 33, Rehabilitation 20, Orthopaedic 10)

Long Jetty – 33

(General 33)

Non Acute Facilities – 26

(CADE 16, Mental Health Residences 10)

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.

Performance and Activity

	98/99	97/98
Inpatients		
Admissions+	63,661	63,166
Average Length of Stay (days)	3.8	3.9
No of Operations	18,073	17,891
No of Births	2,836	2,759
Occupied Bed Days	239,153	244,990
Bed Occupancy Rate (%)	94.0	93.9
Same Day Admissions	26,280	26,358
Daily Average of Inpatients	638.0	644.2
Non-Admitted Patients		
Non-Admitted Patients Occasions of Service	789,277	739,947
All Services		
Adjusted Daily Average (ADA)	862.8	855.3
Staff Employed June 30 (FTE)	2,821	2,752
Net Cost of Services (\$Million)	190.9	178.3
FTE Staff per ADA	3.27	3.22
Net Cost of Services per ADA (\$)	606.14	571.16

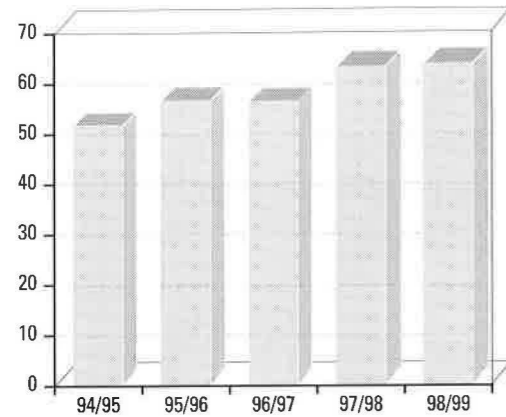
+Excludes the CADE Unit and the Mental Health Residences.

“...you can be assured you are second to none in quality and care.”

EXTRACT FROM LETTER RECEIVED FROM AR

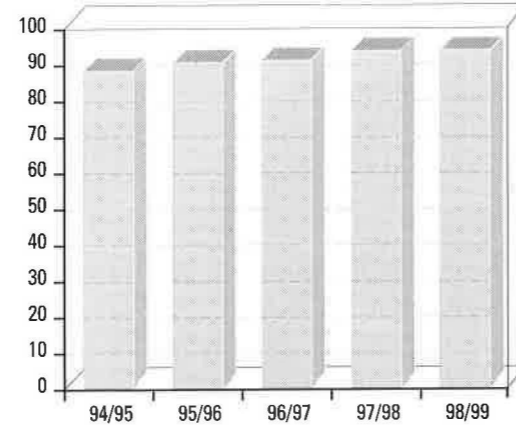
KEY PERFORMANCE RESULTS

Admissions (thousands)



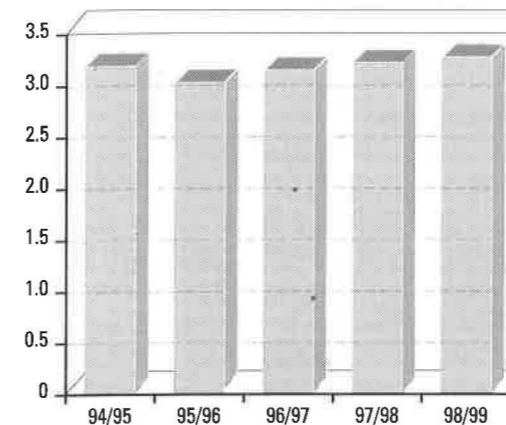
Admissions increased 0.8% over the previous year.

Occupancy Rate (%)



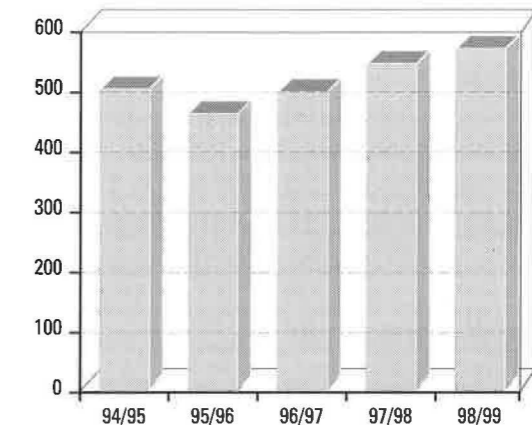
Occupancy Rates continued to rise to this year's peak of 94%.

FTE Staff per ADA



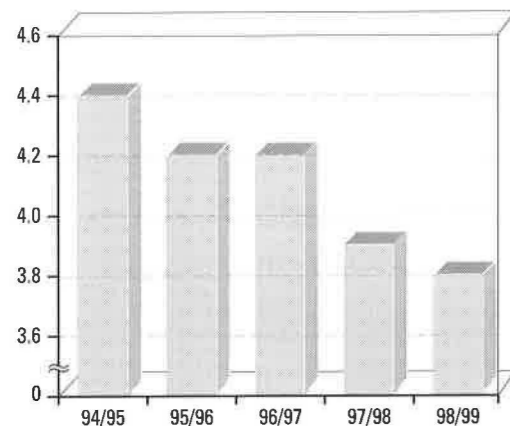
Full Time Equivalent Staff per Adjusted Daily Average increased due to the full year impact of last year's service enhancements.

Net Cost of Services per ADA (indexed)



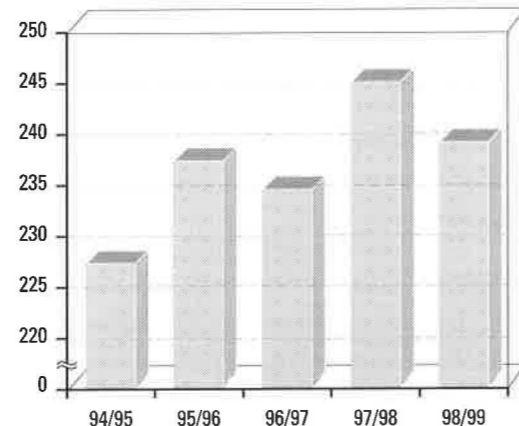
Net Cost of Services per Adjusted Daily Average (indexed) increased due to some award increases and the full year impact of the previous year's service enhancements.

Average Length of Stay (days)



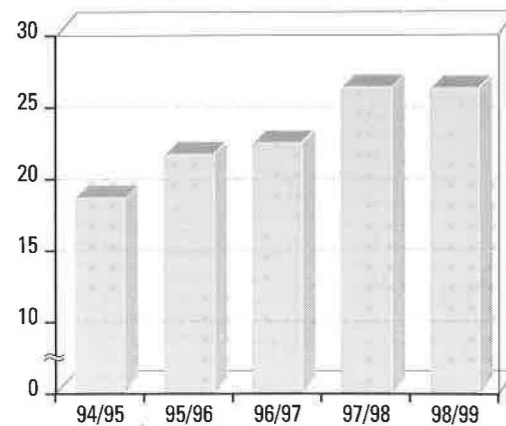
Average Length of Stay continued the downwards trend decreasing to 3.8 days.

Occupied Bed Days (thousands)



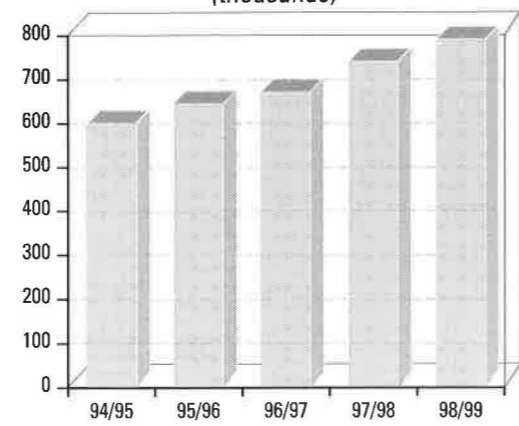
Occupied Bed Days decreased due to a decrease in Average Length of Stay.

Same Day Admissions (thousands)



Same Day Admissions remained relatively constant at over 26,300.

Non-Admitted Patients Occasions of Service (thousands)



Non-Admitted Patients Occasions of Service (NAPOOS) continued the increasing trend due to the enhanced services of the previous year.

Financial Performance

CCH received its Budget Allocation for the 1998/99 financial year from the NSW Department of Health on the 28th August 1998.

The agreed expense budget (General Fund and Special Purpose Fund) accrual totalled \$248,918,000. The Revenue Budget (General Fund and Special Purpose Fund) accrual totalled \$35,484,000.

The area completed June 99 with a General Fund cash variance of \$ 4,083,126 favourable on payments and \$319,490 favourable on receipts. This resulted in a Net Budget Impact of \$4,402,616 favourable.

After deducting the favourability in Special Projects of \$1,156,895 and capital jobs of \$3,243,799 CCH completed the year with a zero variance on cash (1,922F). On an accrual basis this represented an end of year result of approximately \$63,000 favourable.

The Department of Health required CCH to bring to account the value of patient flows between Area Health Services. This amounted to an expense for outflows of \$29,027,000 and a revenue item for inflows of \$6,211,000. The balance of \$22,816,000 was allowed for by a notional increase in subsidy.

The 1998/99 Expense Budget was structured as follows:

1. Employee Related	\$154,587,000
2. Visiting Medical Officers	\$11,345,000
3. Goods and Services	\$67,529,000
4. Maintenance	\$6,231,000
5. Depreciation	\$8,154,000
6. Grants	\$972,000
7. Other	\$100,000

The 1998/99 Revenue Budget was structured as follows:

1. Sale of Goods and Services	\$33,545,000
2. Investment Income	\$444,000
3. Grants and Contributions	\$1,495,000

Income from patient fees represented **48.5%** of total local income.

Income from linen service revenues, other health services and non-health services totalled \$18,289,000 or 51.5% of total local income.

REPORT OF THE CHAIRMAN & CHIEF EXECUTIVE OFFICER

We Have Changed

We now use the name Central Coast Health, a change which reflects our desire for our Community to be able to relate to us more easily. Internal changes have also taken place. We have restructured a number of our Divisions to more effectively provide services. In particular the following priority areas have seen improvements:

Health Improvement

In the International Year of Older Persons, it was pleasing to announce that a Quality Ageing Strategy was developed in conjunction with many other organisations across the Central Coast. This Strategy provides a wide range of policies that are required to respond to the challenges of an ageing population. The Strategy is much broader than health issues alone and incorporates community attitudes and social values, lifelong learning, opportunities for participation, transport, housing and neighbourhood design. It is now recognised as one of the leading initiatives for healthy ageing in NSW.

Tobacco control remains a high priority for CCH as it remains the leading cause of preventable death, disease and disability. The Health Promotion Unit continues to be recognised at a national level for their work in this area.

CCH has achieved considerable success on reducing alcohol harm for young people. Pre-entry breath testing at under age entertainment venues has shown outstanding results in reducing violence.

"Active Australia" is a key initiative of the next few years and will see cooperative effort with other government agencies including local government, private industry activity providers and General Practitioners.

Aboriginal Health

An Aboriginal Nutrition Project Officer was employed in partnership with the Aboriginal Health Unit and the Nutrition Department. A "Quick Meals for Koories" program was developed and piloted which included cooking demonstrations, education and practical sessions. A Trainer kit was developed to be utilised by Aboriginal health workers. The kit may be disseminated nation-wide.

A part time Aboriginal Employment Coordinator was appointed and has commenced development of an Aboriginal and Torres Strait Islander Employment Strategy.

Nunyara Aboriginal Health Support Network received an Award from the Minister for Health for the World AIDS Day Sport Day. Congratulations also to Vicki Bradford, Manager of Aboriginal Health, who received an Award for the development of a working partnership with the local Aboriginal and Torres Strait Islander community.

Mental Health

For the first time since 1995, we have a downward movement in the suicide rate on the Central Coast. This year the focus for the Suicide Safety Network has been on men in the 25 to 44 years age group.

The Mobile Youth Crisis Service (MYKS) was established as a partnership with Burnside to provide a rapid response to young people in crisis with underlying mental health problems and risk of suicide. It also provides support and consultation to other agencies such as the Department of Education, Department of Community Services and Juvenile Justice.

Integrated Bed Management

Surgical services were expanded through key appointments during the year including a second Faciomaxillary surgeon and an additional Orthopaedic surgeon for Wyong Hospital.

A Harmonic Scalpel was purchased that allows advanced laparoscopic general surgery. This technology reduces the recuperation period for patients as it is designed around the principles of 'minimally invasive surgery'.

Six dual purpose beds were introduced for use primarily for eye surgery patients. These custom built beds double as an operating table which means that patients no longer have to be lifted from a ward bed to an operating table and back to a ward bed. The discomfort to patients is minimised and there are obvious occupational health and safety benefits for staff who no longer need to lift patients between the two.

Financial Management

CCH fully complied with its budgetary responsibilities. On a cash basis, the end of year result was approximately \$1,900 favourable and on an accrual basis the end of year result was approximately \$63,000 favourable. Next financial year will be a challenge as demand for services will increase while enhancement funds from the Department of Health for new or expanded services are not expected.

Fraud Control

CCH is committed to the prevention and detection of fraud. To this end CCH has implemented a Fraud Control Strategy that includes Education Programs, a Code of Conduct, Protected Disclosures, Fraud Reporting Mechanisms and Fraud Risk Assessment. The reporting of fraud and unethical behaviour continues to be encouraged from both internal and external sources.

Quality Health Care

CCH successfully achieved a further full three year accreditation from the Australian Council on Health Care Standards (ACHS) following the April 1999 survey. The surveyors commented "that there was active commitment to the principles of EQUiP (the ACHS quality program) and to their application throughout all services". They further commented that "all staff are to be congratulated on their commitment to service provision and performance improvement". This is a significant achievement for all divisions, sites and services.

The Quality Resource Unit was commended by the surveyors "for their innovative approach to training, support and coordination and in particular their marketing approach to improving performance".

The "CEO's Innovation Award" has been established to showcase innovation and creative solutions across CCH and inaugural awards will be presented in September 1999.

Teaching and Research

CCH signed a five year Partnership Agreement with the University of Newcastle to provide a framework for both organisations to work together to advance health education, research and service.

CCH achieved a further three years accreditation for the training of Junior Medical Officers from the Postgraduate Medical Council.

Nursing Education was restructured and the Evidence Based Management Quality Framework was implemented within the Learning and Development Service. Thirty-one managers enrolled in the workplace assessment program leading to a Diploma in Front-line Management.

A consultant has been appointed to prepare a Research and Development Plan which is scheduled for completion by April 2000.

Human Resource Development

In response to the new Early Injury Management and Workers Compensation Act 1998 early intervention strategies have been implemented. These included the employment of a second rehabilitation coordinator and a further development of the rehabilitation coordinator's role to include early injury management. A closer liaison with the CCH insurer GIO has resulted in a reduction in the time taken for injured staff to return to work. This has been achieved by the reporting of new claims within 48 hours of notification and the approval by GIO of medical intervention prior to liability being accepted.

Although there has been a reduction in workplace injuries this year, the Workers Compensation premium shortfall and hindsight penalty remain significant due to past claims.

WorkCover has made numerous visits to Central Coast Health over the past 12 months to investigate work related injuries and assist in the improvement of occupational health and safety. WorkCover was impressed with the CCH commitment to meet legislative requirements and have recommended our model of practice to other health services.

Facility and Equipment Improvements

The ongoing program of facility improvements included the creation of a Paediatric Section in the Gosford Hospital Emergency Department called 'Kids Korner'. This was opened by the Minister for Health and provides an appropriate area for the treatment of children away from the adult trauma section. Numerous other projects were completed or are nearing completion including the Long Jetty Community Health Centre, the Audiology Department, Wyong Dental Clinic and the Harry Mattocks Education Building.

An exciting range of new equipment was acquired and the new CT Scanner was commissioned. The new CT Scanner is of major benefit for critically ill patients as it has significantly reduced scanning times.

The inpatient accommodation at Long Jetty Healthcare Centre, one of CCH's oldest facilities, will be reconstructed in the coming year. This will improve enormously the comfort of patients and the ability of staff to provide services more effectively. The new facility will also improve the occupational health and safety for staff at the Centre.

Capital funding has been received for the construction of three new community health centres. These will be located at Erina, Lakehaven and Tuggerah. This will enable CCH to improve access to health services in the community.

As the Central Coast has one of the fastest growing populations in NSW, and considering the high proportion of people 65 years and over, the demand for services increases significantly each year. In response to this growth, CCH has commenced, with Department of Health approval, a Project Feasibility Plan for the major redevelopments of Gosford and Wyong Hospitals. This Plan will be submitted to State Treasury towards the end of 1999 for consideration.

Community Support

Once again the community support for CCH has been outstanding. The Pink Ladies Volunteer Service and Hospital Chaplaincy Service again provided an excellent complement to the regular staff and significantly enhanced patient comfort. The Hospital Auxiliaries raised over \$139,000 for patient care equipment.

In October CCH launched the "Central Coast Children's Fund" which is aimed at distributing donations across a broad range of children's services. The Fund received \$123,000 this year. The major sponsor of the Fund was the 2GO 'Give Me Five Appeal'. Other support was received from a number of fundraising events including the annual TWU/Sun Weekly Convoy for Kids.

*“You have a hospital, doctors,
staff and facilities to be proud of.”*

EXTRACT FROM LETTER RECEIVED FROM MP

In April 1999 CCH launched the Central Coast Cancer Care Appeal. This Appeal is aiming to raise an amount of \$750,000 to build a new Cancer Centre at Wyong Hospital as well as complete extensions to the Cancer Centre at Gosford Hospital. CCH is very grateful to NorthPower, our major sponsor, who donated \$40,000 to the Appeal. We are equally grateful to the media, particularly NBN Television, Central Coast Radio and the Central Coast Express Advocate who have donated significant advertising and promotion to the Appeal.

Disaster Response

For a four month period commencing in April 1999, CCH was involved in a prolonged disaster response operation following the outbreak of Newcastle Disease in chicken farms on Mangrove Mountain. The Health response included significant medical, public health and welfare involvement. It was necessary to activate all aspects of the local health disaster plan. Two million chickens had to be destroyed and disposed of and all farms disinfected. Although this disaster placed a significant emotional and financial strain on the local community, the emergency response agencies have received high praise for a very successful operation.

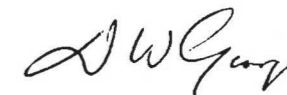
The CCH Disaster Plan/Area Health Plan which is a supporting plan to the Sydney North District Disaster Plan (DISPLAN) was completed in August 1998. The draft Critical Operations Standing Operating Procedures (COSOPS) were finalised in June 1999. Detailed contingency plans for all critical system failures are scheduled for completion by October 1999.

Appreciation

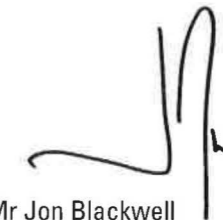
This year we welcomed two new Board Members Mrs Georgia Sidiropoulos and Mr Neil Rose. We also farewelled the Director of Nursing of Long Jetty Healthcare Centre, Miss Margaret Curthoys, who had served with distinction in that position for nine years.

There are always many people to thank in the operation of CCH. We wish to acknowledge our sincere appreciation to:

Each member of staff, the Visiting Medical Staff, the Chairpersons and Deputies of the Medical Staff Councils, the Hospital Auxiliaries, Fundraisers and Sponsors, Pink Ladies, Chaplains, 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

CORPORATE GOVERNANCE

The Board of Directors is responsible for the corporate governance practices of Central Coast Health. This statement sets out the main corporate governance practices in operation throughout the financial year.

The Board

The Board carries out all its functions, responsibilities and obligations in accordance with the Health Services Act of 1997. Board membership consists of a Chair, nine other non-executive members, a staff elected member, and the Chief Executive Officer, as an "ex-officio" member. The Directors' positions are honorary and Board member details are listed on the following pages.

The Board has in place practices that ensure that the primary governing responsibilities of the Board are fulfilled in relation to:

- Setting strategic direction
- Ensuring compliance with statutory requirements
- Monitoring organisational performance
- Monitoring quality of health services
- Board appraisal
- Community consultation
- Professional development

Resources Available to the Board

The Board and its members has available to it various sources of independent advice. This includes advice of the external auditor (the Auditor General or the nominee of that office), the internal auditor who is free to give advice direct to the Board, and professional advice.

The engagement of independent professional advice to the Board shall be subject to the approval of the Board or of a committee of the Board.

Strategic Direction

The Board has in place processes for the effective planning and delivery of health services to the communities and patients serviced by CCH. This process includes the setting of a strategic direction for both the organisation and for the health service it provides.

Code of Ethical Behaviour

The Board has endorsed a Code of Conduct which applies to the management and staff of CCH. If any amendments are made to the Code of Conduct the changes are listed in the Annual Report.

Risk Management

The Board is responsible for supervising and monitoring risk management of CCH and has mechanisms for monitoring the operations and financial performance. The Board receives and considers reports of the CCH external and internal auditors through the Audit Committee, and ensures that audit recommendations are implemented.

Committee Structure

The Board meets monthly (excluding December) and has in place mechanisms for the conduct of special meetings. The Board has a committee structure in place to enhance its corporate governance role. Committees of the Board include the following:

Area Planning & Resource Committee

This Committee is chaired by Mr Richard Hagan. The role of the Area Planning and Resource Committee is to provide advice to the Board on the health needs of the Area's population and to ensure mechanisms are in place to develop or facilitate access to services to meet these health needs.

Audit Committee

This Committee is chaired by Mrs Pamela Sainsbury. The role of the Audit Committee is to maintain an effective internal control framework, review and ensure the reliability and integrity of management and financial information systems and review and ensure the effectiveness of the internal and external audit functions.

Board Liaison Committee

This Committee is chaired by Mr Richard Hagen. The role of the Board Liaison Committee is to inform the Board of specific achievements and/or difficulties of particular sections of CCH through presentations by staff or inspection visits.

Ethics and Research Committee

This Committee is chaired by Professor Donald George. The role of the Ethics Committee is to consider and make definitive recommendation upon all Health Care related proposals or issues referred and to comprise a forum for consideration of any ethical issue referred, and to promote awareness, education and practice of optimal ethical standards among staff.

Finance Committee

This Committee is chaired by Mr Michael Kelaher. The role of the Finance Committee is to examine budget allocations, monitor overall financial performance in accordance with budget targets, develop and maintain an efficient, cost effective finance function and information systems, ensure appropriate delegated financial controls and funds management.

The Board complies with the provisions of the Accounts and Audit Determination for Area Health Services.

Health Outcomes Council

This Committee is chaired by Mr Paul Tonkin. The role of the Health Outcomes Council is to provide advice to the Board and Area Executive on priority setting and strategies for improving health and to provide expert advice on determining priorities and developing local health plans for the implementation of strategies for the NSW Health Goals and Targets.

Medical Appointments Advisory Committee

This Committee is chaired by Professor Donald George. The role of the Medical Appointments Advisory Committee is to develop specific policies and procedures for the consideration of appointment, re-appointment and determination of clinical privileges of Medical Practitioners and Dentists above the rank of Registrar and to develop specific policies and procedures for peer review in the conduct of investigations, or disciplinary actions, relating to complaints levelled at a Medical or Dental appointee.

Patient Care Review Committee

This Committee is chaired by Ms Rhonda Baldock. The role of the Patient Care Review Committee is to facilitate the maintenance and improvement of standards of care and treatment for patients and clients of CCH and to promote the rights of patients and clients of CCH by providing clear and accessible mechanisms for resolution of complaints.

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

Appointment: 31/7/98 – 30/6/2002 Age: 72

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.

Vice Chairman

Mr Paul Tonkin LLB; Grad Dip LP

Solicitor, Partner in Tonkin Drysdale Partners

Appointment: 31/7/98 – 30/6/2002 Age: 32

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.

Treasurer

Mr Michael Kelaher B Pharm

Managing Director Kelvest Pty Ltd

Appointment: 6/8/96 – 6/8/2000 Age: 56

Committee Chair: Finance Committee

External Appointments: Nil

Director attendance at Board and Board Sub-Committee Meetings.

Committee	No of Meetings Held	Baldock	Blackwell	Conning	George	Graf	Hagan	Kelaher	Rose	Sainsbury	Sidiropoulos	Smith	Tonkin
Board of Directors	11	9	10	11	10	1	7	6	10	10	10	11	11
Area Planning & Resource	4		4	4	4		3		1			2	
Audit	4		4		4			1		4			
Board Liaison	6	2	5	6	4		4		3	3	4		2
Ethics & Research	6	4	4		6						1		
Finance	12	1	8		8		3	5	5	5	7		8
Health Outcomes	2		2									2	2
Medical Appointments	12		11		10								12
Patient Care Review	10	7	8	10	2						4		

“ Please accept our heartfelt thanks... ”

EXTRACT FROM LETTER RECEIVED FROM FM, RM & KJ

Board Members

Mr Jon Blackwell MA

Chief Executive Officer

Appointment: 30/6/97 – 30/6/2002 Age: 49

Portfolios: Public Relations, Internal Audit, Population Health & Planning

Mrs Pamela Sainsbury

Administration Officer

Appointment: 6/8/96 – 6/8/2000 Age: 52

Committee Chair: Audit Committee

External Appointments: Director, Central Coast Community Care Association.

Ms Rhonda Baldock

Hostel Supervisor

Appointment: 6/8/96 – 6/8/2000

Committee Chair: Patient Care Review Committee

External Appointments: Director, Central Coast Community Care Association.

Mr Richard Hagan

Appointment: 6/8/96 – 6/8/2000 Age: 62

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

Ms Georgia Sidiropoulos

Appointment: 1/8/98 – 30/6/2002

External Appointments: Chairperson of the Greek/Australian Association of the Central Coast.

Ms Veronica Graf

Branch Manager, NSW Aboriginal Land Council – Sydney and Newcastle Region

Appointment: 31/7/98 – 30/6/2002

External Appointments: Chairperson, Yerin Aboriginal Health Services Inc.

Mr Carl Smith BSc Dip Ed, Dip Teaching, Grad.Dip.App.Sc. (Health Information Management)

Clinical Information Manager

Appointment: 6/8/96 – 6/8/2000 Age: 42

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.

Mr Neil Rose GAICD

Senior Consultant, Techcom

Appointment: 1/8/98 – 30/6/2002 Age: 54

External Appointments: Wyong Shire Councillor, Director National Utilities and Electro Technology Industry Training Advisory Body.

In Attendance at Board Meetings

- Members of the Area Executive,
- Dr Craig Johnston, Chairman of the Area Medical Staff Executive Council,
- Dr Adam Buckmaster, Dep. Chairman of the Area Medical Staff Executive Council,
- Dr John Fiatarone, Chairman of the Wyong Medical Staff Council,
- Dr Garry Nieuwkamp, Nominee of the Wyong Medical Staff Council.

Area Executive

Chief Executive Officer

Mr Jon Blackwell MA

Appointment: 30/6/97 – 30/6/2002

Portfolios: Public Relations, Internal Audit, Population Health & Planning

Area Director of Nursing

Ms Jennifer Becker RN, Cardio-Thoracic Cert, BAdmin (Nursing) UNE FINA

Portfolios: Medicine, Paediatrics and Child and Family Health, Obstetrics, Long Jetty Healthcare Centre, Wyong Hospital, Quality Resource Unit, Nursing Education.

Director of Corporate Services

Mr Ron Robinson BA(Hons), MA, Grad Dip Urban & Regional Planning

Portfolios: Corporate Services, Capital Works & Asset Management, Human Resources

Area Director of Medical Services

Dr Vasco de Carvalho MBBS, FRACMA

Portfolios: Anaesthesia & Surgery, Critical Care, Gosford Management & Area Clinical Support, Woy Woy Hospital.

Director of Finance & Budget

Mr Philip Cowdery Cert. Acc

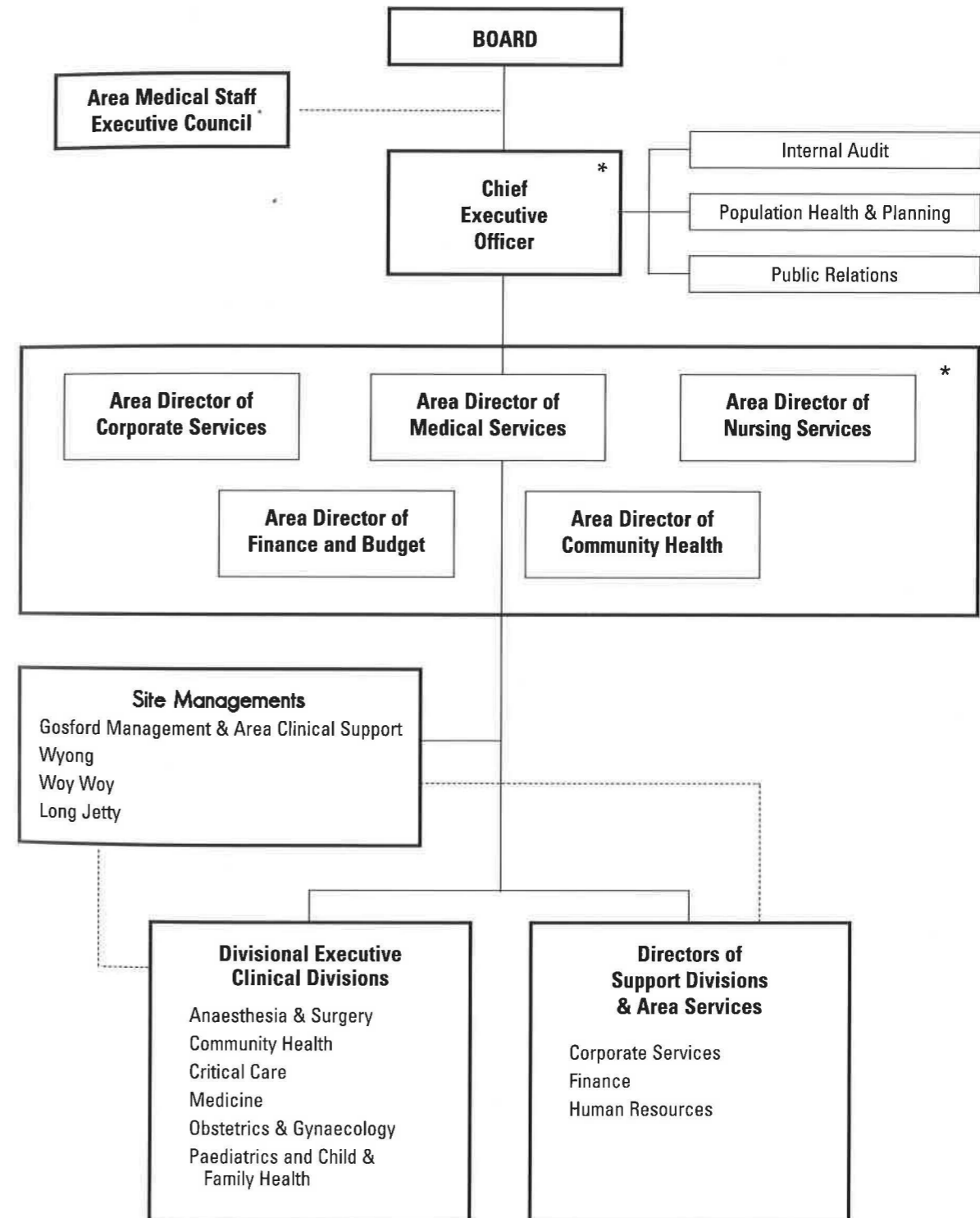
Portfolios: Finance, Pay Office, Revenue, Accounts Payable, Casemix and Data Unit, Supply and Distribution

Area Director of Community Health

Mr Paul Warwick

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

Organisation Chart



* Denotes Area Executive

REVIEW OF OPERATIONS

Clinical Divisions

Anaesthesia & Surgery

Business Activity

At Gosford Hospital, Anaesthesia and Surgery is responsible for a spectrum of acute services including Area Wait List Management, Diagnostic Services, Pre Admission Clinic, Anaesthesia, Surgery, Post Anaesthetic Care, Pain Service, Ward Nursing, Surgical Outpatients and Endoscopy. The specialties include Gastroenterology, Bronchoscopies, Ear Nose & Throat, Faciomaxillary, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery, Urology and Vascular Surgery. Clinical facilities include six Operating Theatres, 14 bed Recovery Room, an Endoscopy Procedure Room, 1 Five Bedded Room for Endoscopy Outpatients, 5 Surgical Wards comprising 162 beds, Clinics for Anaesthetic Assessment, Pre and Post Operative Review and Pain Service.

Major Goals and Outcomes

To achieve the three waiting list benchmarks as contracted between the NSW Department of Health and CCH.

Results

	Target	Actual
Benchmark 7 Urgency 1 & 2 > 30 days	0.0%	1.4%
Benchmark 8 Urgency 7 > 12 months	9.0%	5.0%
Benchmark 9 Delays	0.8%	2.6%

Overall, the performance versus the benchmarks was extremely pleasing given that the variations were either due to changes in patient urgency or by delays that were the result of emergency cases that had higher clinical priority.

To enhance surgical activity.

An additional 403 patients were treated this year to maintain patient access in line with community demand. This growth of 3.9% is above the annual population growth rate of 1.9% for Gosford Shire. NSW Health provided additional funding under the Priority Access Strategy Project for 117 of the additional patients treated.

To implement better practice guidelines in elective surgery through an appropriate increase in day only surgery.

Results

	Target	Actual
Benchmark 10 Day Only ratio	54.0%	54.1%
Benchmark 11 Cataract Extraction +/- IOLs	93.0%	99.1%
Benchmark 12 Arthroscopy	95.0%	96.3%
Benchmark 13 Release of Carpal Tunnel	95.0%	100.0%
Benchmark 14 Cystoscopy	95.0%	100.0%
Benchmark 15 Biopsy of Breast	95.0%	66.7%
Benchmark 16 Dilatation & Curettage	95.0%	93.8%
Benchmark 17 Removal of Pins & Plates	75.0%	42.9%
Benchmark 18 Removal of Skin Lesions	55.0%	33.3%

The proportion of elective surgery that was performed on a day basis reached 54% as targeted.

Eight procedures were selected by a State panel and deemed to be appropriate for day surgery. CCH met the day surgery target rates for the four procedures of Cataract Extraction, Arthroscopy, Release of Carpal Tunnel and Cystoscopy. Targets for Biopsy of Breast, Dilatation & Curettage, Removal of Pins & Plates, Removal of Skin Lesions were not met for a number of reasons including small numbers of patients and co-existing conditions.

To reduce the incidence of work place related injuries.

Staff and managers have addressed safety from multiple aspects including prevention, education, system and process review, new equipment and structural changes. The Division has placed staff undergoing rehabilitation in positions where their skills and experience may be suitably employed. Safety incidents were reduced by 33% through the implementation of safety awareness programs and safe work practices.

To improve patients' satisfaction in perioperative services.

A survey of patients was conducted testing the 'perioperative' concept. This means measuring patient's satisfaction with each stage of their surgical care from preadmission, surgery to recuperation at home. Preliminary results indicate satisfaction with the systems and processes, and the approach and skills of staff.

A section of the Post Anaesthetic Care Unit was refurbished and called 'Kids Korner'. Through donations by local businesses and the talent of volunteers who painted a mural, a friendlier environment suitable for children was created.

A Paediatric brochure was developed in an easy to understand language to inform patients and their families of what is required prior to coming in to hospital for surgery.

An Open Day was organised to provide visitors with a tour of the surgical wards and operating theatres. Visitors were encouraged to perform a 'laparoscopic operation' on a mannequin and this proved very popular with the children. Given the success of this day it may be conducted annually.

To improve continuity of care for mastectomy patients.

The system of treating breast surgery patients was reviewed and a case management model introduced. The model ensures each patient is managed by one person who is the single point of contact. Evaluation of the model revealed high patient and staff satisfaction. Patients were given more options for prostheses and a clinic was commenced at Wyong Hospital saving Wyong residents the trip to Gosford Hospital.

Key Issues/Events

- Surgical services were expanded with the appointment of a second Faciomaxillary surgeon, and an additional Orthopaedic surgeon for Wyong Hospital.
- A Harmonic Scalpel was purchased that enables advanced laparoscopic general surgery which is minimally invasive. This may reduce the recuperation period for patients.
- Six dual purpose beds were purchased primarily for eye surgery. These beds double as an operating table and ward bed. This improves patient comfort and eliminates the need for patients to be transferred from ward bed to operating table.

Future Direction

Increasing patient acuity within surgical wards has seen support for the creation of a Surgical High Dependency Unit. This Unit will provide monitored beds and a higher level nursing care for these patient types.

The Endoscopy Unit will be renovated.

The refined clinical pathways computer system called 'PAVED' is being marketed to other hospitals. It received positive reviews during displays at a recent conference and a State Consortium has expressed interest in its design.

Community Health

Business Activity

The Division of Community Health provides a wide range of inpatient, outpatient and community-based medical, therapy and counselling services to children, youth and adults on the Central Coast. Services include the following:

Aged and Community Care: includes the departments of Geriatric Medicine, the Aged Care Assessment Team, Palliative Care, Alcohol and Other Drug Services, Community Nursing, Dementia Care, Adult Day Care, Extended Care and Chest Clinic.

Community Services: includes the departments of Aboriginal Health, Sexual Health/HIV AIDS, Sexual Assault, Domestic Violence, Child Protection and Family Service (PANOC), Youth Health, Women's Health & Divisional Projects.

Mental Health: includes the facilities and services of Mandala Clinic, Mental Health Acute Care Service, Community Mental Health Nursing, Residential Facilities in Gosford & Wyong Shires, Living Skills Centres in Gosford and Wyong Shires, Aged Care Mental Health Service, Mental Health Service to Aboriginal and Torres Strait Islanders, Suicide Prevention Services, and Children and Young Peoples Mental Health.

Allied Health & Rehabilitation Services: includes the departments of Nutrition, Occupational Therapy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology, Rehabilitation Medicine, Community Rehabilitation Team, Multi-Disciplinary Pain Service, Outpatient Rehabilitation Programs, Orthotics and Equipment Loan Service.

Dental Services: includes Adult and Paediatric general treatment and Dental Prosthetic Services. Facilities are located in both the Gosford and Wyong Shires.

Major Goals and Outcomes

To provide a platform and effective planning for future health services, better integration, improved access, more efficient use of resources and improved customer focus.

The Divisions of Aged Care and Rehabilitation, Allied Health, Community Health and Mental Health were amalgamated. The new Division of Community Health commenced operation in January 1999.

To formalise relationships with other health care providers.

A joint Diabetes Services Management Committee has been developed with the Division of General Practice. An outcome of the Committee has been that CCH Diabetes Nurses are now holding clinics in local GP rooms.

A project outline has been developed to formalise relationships between the Central Coast Division of General Practice and Central Coast Health. This project outline was developed in partnership with the Division and will be implemented in the coming year.

The Mobile Youth Crisis Service (MYKS) partnership with Burnside to provide a rapid response to young people in crisis with underlying mental health problems and risk of suicide was developed. It also provides support and consultation to other agencies such as the Department of Education, Department of Community Services and Juvenile Justice.

The preparation of an education package for General Practitioners has commenced and will help consolidate the partnership of shared care between General Practitioners and the Mental Health Service.

An inpatient volunteer program has been successfully implemented in Mandala Clinic. The volunteers assist and support patients during their hospital stay.

To establish new Community Health Centres at Tuggerah and Erina following approval and funding from NSW Health.

Funding has been obtained to develop the Centres. In the intervening time however a new planning process has been undertaken for capital developments for the entire CCH service. Consequently Community Health plans have been incorporated into the bigger planning process to ensure that the final outcome of all planning is cohesive and best meets the needs of the Central Coast community.

To improve follow-up of Aged Care Patients who have been discharged from Hospital.

A Post Acute Care Package (PACC) program has been developed to provide additional care to patients with complex care needs when discharged from hospital and is conducted in conjunction with the Hospital Discharge Planner and Social Workers.

The commencement and completion of phase three of the GP Drug and Alcohol Project.

Phase three involved offering clients contacting the Alcohol and Other Drug Service (AODS) an initial assessment with their General Practitioner. Ninety five percent of GPs were interested in being the first point of contact for their patients with drug and alcohol problems. GPs referred clients were supported by the AODS through the provision of a telephone consultancy service, specific information pertinent to the patients drug and alcohol problem and ongoing training. Phase three has been incorporated into the ongoing practice of the Service.

To improve operational efficiency of the Occupational Therapy Equipment Lending Pool (ELP), Program of Aids for Disabled Persons (PADP) and Rehabilitation Appliances Program for Veterans (RAP).

The ELP, PADP and RAP were amalgamated into the Equipment Loan Service under one management structure. Staffing was restructured and multiskilled to improve efficiency and improve customer access.

A new statewide computer system for PADP, RAP and Equipment Lending was implemented to facilitate improved tracking of equipment, ordering, costing and reporting.

To develop evidence-based, short-term assessments and intervention strategies for specific psychological disorders.

Four psychologists from the Mental Health Service have commenced development of assessments and treatment protocols to be used for anxiety and depression in the Mental Health Speciality Clinics.

Improve access to appropriate nutrition information and education for Aboriginal people.

An Aboriginal Nutrition Project Officer was employed in partnership with the Aboriginal Health Unit and the Nutrition Department. A "Quick Meals for Koories" program was developed and piloted which included cooking demonstrations, education and practical sessions. A Trainer kit was developed to be utilised by Aboriginal health workers. The kit may be disseminated nation-wide.

To improve communication between Central Coast Health and the Department of Community Services and strengthen the coordination of follow-up for children at risk.

A review of practice across the state revealed the most effective structure to coordinate the follow up of children at risk was the Child Protection Service with the Physical Abuse and Neglect of Children (PANOC) services. The combined service is now known as the Child Protection Family Service – PANOC. To improve communication between the newly formed Service and the Department of Community Services (DCS), a joint meeting was held to discuss all new referrals.

To continue implementation of outpatient waiting list management strategies.

Outpatient Physiotherapy continued to implement waiting list strategies which resulted in the number of non-acute patients receiving their first appointment within 6 weeks increase from 69.4% to 83.3%.

“You are very special caring people.”

EXTRACT FROM LETTER RECEIVED FROM NH & FAMILY

Implementation of the two-chair Podiatry clinics has resulted in a reduction of 37.5% in waiting time from 16 weeks to 10 weeks.

Paediatric feeding clinics were introduced to improve access to children with feeding difficulties. This has resulted in no child waiting longer than two weeks for an initial feeding assessment.

To establish new Mental Health promotion programs

The Resourceful Adolescent Program (RAP) has been established. This is a school based program for building resilience against depression.

The locally developed resources for the "Dumping Depression" campaign have been distributed statewide through the Centre for Mental Health.

A new suicide prevention package and video for health care workers was developed.

Key Issues/Events

- In response to the Newcastle Disease Disaster involving residents of the Mangrove Mountain area, 17 members of the Social Work staff participated in the welfare response during April and May to provide a 7-day a week counselling and support service. During the period, over 140 contacts were made with people affected by the disease and 30 individuals and families were followed-up. The Director of Social Work worked closely with the Department of Agriculture as part of the Disaster Recovery Committee.
- A new early intervention service was funded by the Ageing and Disability Department (ADD) and developed in collaboration with the School Directors and Department Managers of Occupational Therapy and Speech Pathology to provide therapy services to children at Yarran Pre-schools and the School for Children with Autism.
- The Premier of NSW opened the Young People with Psychiatric Illness (YPPI) Centre on 7 August 1998. The YPPI Centre delivers best practice treatment programs to young people with mental illness.
- Three years funding was secured from the Centre for Mental Health to enhance aged care mental health services, to establish a Community

Volunteers Program, to further develop young peoples' mental health services with the implementation of a School Link Program and to develop an education package for the General Practitioner Attachment Program with the Mental Health Services.

- Christine Simmons, Physiotherapy Assistant at Wyong Hospital Hydrotherapy Pool, received a Rotary Club Pride of Workmanship Award.
- Nunyara Aboriginal Health Support Network received an Award from the Minister for Health for the World AIDS Day Sport Day.
- Vicki Bradford received an Award from the Minister for Health for the development of a working partnership with the local Aboriginal and Torres Strait Islander Community.
- CCH has continued to progress its Disability Plan as required under the Disability Services Act 1993. The current CCH Disability Plan will be rewritten by February 2000. The Disability Committee reports significant improvements in improving physical access and in informing people with disabilities and their carers about services that are available. Selected disability services are targeted for further improvement.

Future Direction

To develop a strategic plan for the new Division of Community Health in line with the NSW Health policy "Strengthening Community Health: A Framework for the Future".

To develop and sign a formal partnership between the Yerin Aboriginal Health Services and Central Coast Health.

To implement the action plan to aid CCH to better meet the needs of people living on the Central Coast who are from a culturally or linguistically diverse background.

To plan for the development of additional mental health inpatient beds at Wyong Hospital.

To establish a Day Hospital Program to assist the transition of patients from hospital to home.

Critical Care

Business Activity

Departments include the Cardiac Unit (Coronary Care, high dependency unit and cardiac ward), Diagnostic Cardiology Services, Cardiac Rehabilitation, Intensive Care and Gosford Hospital Emergency Department.

Major Goals and Outcomes

Improve the management and treatment of children within the Emergency Department

Through enhancement funding a dedicated Paediatric Unit was established for the Gosford Hospital Emergency Department in March 1999.

To expand Cardiac Rehabilitation Services

Patient focus groups were held to identify community issues and needs in relation to Cardiac Rehabilitation. As a result, the cardiac rehabilitation program was modified to provide more options for accessing to rehabilitation.

To provide support and follow-up for people treated within Intensive Care

People unexpectedly admitted to an Intensive Care unit often experience difficulties returning to their previous lifestyle. A program of support and debriefing was developed and implemented for these patients.

Key Issues/Events

- The Paediatric Section of the Emergency Department, known as "Kids Korner", was officially opened by the Minister for Health on 17 February, 1999.
- A non-invasive ventilator, valued at just over \$20,000, was purchased to enable more appropriate treatment of emergency patients requiring short term life support in the Intensive Care Unit.

- The position of Human Organ and Tissue Donation Coordinator was established. A three year Human Organ and Tissue Donation strategic plan was developed and is already proving successful in increasing organ and tissue donation through Central Coast Health.
- The Critical Care Course was conducted again this year, with 8 successful graduates and a further 10 nursing staff successfully completed specialty nursing courses through the NSW College of Nursing. This ongoing education continues to strengthen nursing resources in our critical care areas.
- Gosford Emergency Department has achieved the highest patient recruiting rate for the Assent II Clinical Trial internationally.

Future Direction

The Emergency Department is working with the Capital Works Department on minor refurbishment to improve the clinical environment.

To implement a new model of nursing care within the Cardiac Unit, based on findings of a research project undertaken by RN A Solmon, Critical Care Course Coordinator. This project will involve staff at all levels in the Cardiac Unit.

To increase community awareness and skills in basic cardio-pulmonary resuscitation (CPR) and chest pain management. A patient flyer and education program is to be developed. Initially, this will commence with cardiac rehabilitation patients and their carers and then will be extended to other sectors of the community.

To improve networking relationships between Intensive Care Units (ICU) of the Newcastle hospitals.

Key Performance Indicators

Cardiology Indicator:

Time to thrombolytic therapy for Myocardial Infarction showed that 83% of patients (July-August 1998) now receive their therapy within 1 hour of presentation, with previous studies in 1997-1998 and 1996-1997 showing 64% and 23% of patients receiving thrombolytic therapy within 1 hour, respectively. This was achieved through education programs on early diagnosis, triaging and prompt intervention.

Gosford Emergency Department

Emergency Department Information System (EDIS)
(NSW Department of Health Benchmarks)

	Target	Actual
Benchmark 1 – T1 – Resuscitation (% seen by Medical Officer within 2 mins)	98%	100%
Benchmark 2 – T2 – Emergency (% seen by Medical Officer within 10 mins)	83%	62%
Benchmark 3 – T3 – Urgent (% seen by Medical Officer within 30 mins)	72%	66%
Benchmark 4 – T4 – Semi Urgent (% seen by Medical Officer within 1 hour)	75%	73%
Benchmark 5 – T5 – Non Urgent (% seen by Medical Officer within 2 hours)	85%	87%

While the Emergency Department at Gosford Hospital was able to at least achieve its benchmark targets for patients requiring resuscitation and relatively non urgent clinical conditions, the performance against benchmark 2 and benchmark 3 cases was below what we would like to achieve.

There are a number of significant factors which influence the overall performance of our Emergency Departments:

1. The continued annual increases in presentations and the population growth within the Central Coast. Gosford Hospital emergency activity is the fourth highest in NSW.
2. There were particular difficulties with recruitment of permanent resident medical staff to meet various needs.
3. The physical size and facilities within the Emergency Department does not provide an opportunity to improve patient accommodation or flexible treatment areas. The need for a new Emergency Department has been highlighted and is critical within the major redevelopment plans for CCH acute inpatient facilities.
4. While internal networking within the Emergency Departments of Wyong and Gosford Hospitals allows appropriate local diversion during exceptionally busy periods, the Emergency Department of Gosford Hospital is unable to divert ambulances, as occurs within the Sydney metropolitan hospitals.

Despite these various challenges, staff in the Emergency Department continue to provide high quality medical management and clinical care to the people of the Central Coast.

The Emergency Department of Gosford Hospital continues to be one of Australia's premier training institutions for Emergency Medicine Specialists.

“ Words cannot describe how much
your care meant to us. ”

EXTRACT FROM LETTER RECEIVED FROM OS

Medicine

Business Activity

The provision of acute and sub-acute medical services in five medical wards with 123 beds. The provision of renal and cancer care day services together with respiratory physiology and neuro physiology services.

Major Goals and Outcomes

To upgrade facilities for patients and staff in Medical Ward M1, the Renal Unit and the Respiratory Investigation Unit

Refurbishment occurred in Medical Ward M1 over a three month period from November 1998 to February 1999, at the same time as the roof was being replaced. The ward was fully air-conditioned, re-painted throughout and service panels installed for the verandah beds. The extensions to the Renal Unit were undertaken in February/March 1999 to meet new occupational health and safety standards. Alterations were undertaken in September/October 1998 in the Respiratory Investigation Unit to provide new reception/waiting area, physician's office as well as new compactus storage system for patient clinical records.

To progress the development of sub-specialisation and clinical expertise

To improve the knowledge base of nurses working in subspecialty units, two Advanced Respiratory Nursing courses were conducted, with 100% of nurses working in the Respiratory Ward completing the course. A cross Divisional/Site course for nurses working in the acute and rehabilitation settings that care for stroke patients was also conducted in 1999. Also, several staff had the opportunity to complete the College of Nursing courses in Oncology and Palliative Care.

To measure the level of patient satisfaction

A generic survey was conducted with a randomly selected sample of 100 medical patients admitted in January and February 1999. This demonstrated a 96% level of satisfaction with nursing and other staff. In addition, 96% of patients would recommend this hospital to their family and friends. Areas identified to target for improvement included the process of discharge and parking. Discharge planning initiatives are being implemented at present within the Division.

To improve education of patients and staff in the management of Continuous Ambulatory Peritoneal Dialysis (CAPD) in the home

During the year the renal educator trained 20 patients (and partners) in the management of CAPD at home. Staff education involving Registered and Enrolled Nurses at Gosford, Woy Woy, Wyong and Community Nurses was undertaken. A number of Registered Nurses have completed and passed the Peritoneal Dialysis component of the Renal Graduate Certificate (University of Western Sydney). An additional six core staff have almost completed their Renal/Peritoneal Dialysis education package.

To investigate the appropriateness of medical admissions

A study into the appropriateness of medical admissions to the Division was undertaken by the Division's Clinical Nurse Consultant. Data from 521 medical admissions were audited using internationally recognised criteria. This was used to determine the appropriateness of the admission and continuance of stay, as well as the most common barriers to discharge. Interviews were conducted with a sample of physicians to determine the factors that influenced their decision to admit the patient. The results demonstrated that the level of appropriateness of admissions was consistent with that found in similar international and national health settings and that the physicians were influenced by a number of factors. The results supported the outcome data from the patient satisfaction survey, namely, there was a need to improve the processes for discharge within the Division which is currently being addressed.

To improve neurophysiology services

A new electroencephalogram (EEG) machine was purchased for the Neurophysiology Department in April 1999 at a cost of \$45,000. This has resulted in enhanced accuracy in diagnosis and improved reporting facilities.

Key Issues/Events

- The official launch of the Central Coast Cancer Care Appeal in April 1999 has been a major activity for the Cancer Care Centre. The staff have attended many functions organised to promote the appeal and to explain the need for expansion of Cancer Care services and facilities to meet the growing demand on the Central Coast.

Future Direction

Further expand Cancer Care services provided from the Wyong Hospital site.

Appoint a Clinical Nurse Consultant in Respiratory Medicine.

Appoint a Staff Specialist Gastroenterologist.

To establish the Lakehaven Renal Unit to provide haemo-dialysis services to patients residing in the Wyong area.

Obstetrics*Business Activity*

The Division provides antenatal, birthing and postnatal services to women and families of the Central Coast at both Gosford and Wyong Hospitals and in the community. A neonatal nursery is located at Gosford. Other services include a Postnatal Depression Service, Genetic Counselling Service and Lactation Education.

Women have a range of options for pregnancy care including community midwives programs, midwives clinics, shared antenatal care with GPs, or attendance by a private Obstetrician. Specialist obstetric medical care is available if required.

*Major Goals and Outcomes***To improve continuity of care**

To increase the number of women being cared for during the birthing process by a midwife they have 'met before'. Flexible rostering systems have allowed community midwives to stay with birthing women throughout their experience. The 'met before' rate has increased from 45% to 85% at Gosford and almost 100% at Wyong.

To provide education specifically for 'fathers to be' at preparation for parenthood classes

Men's Preparation for Parenthood classes are run by a male midwife. Men have given very positive feedback on the value of this education.

To improve management of postnatal depression

A coordinator has been employed to provide support and training for staff, community education and consultation. A perinatal assessment team was established to improve assessment and management of families with complex problems.

“...all the midwives show great care and love for all their patients.”

EXTRACT FROM LETTER RECEIVED FROM RB-J

To identify benchmarking partners and seek to compare outcomes for key performance indicators.

The community midwives commenced comparing statistics and outcomes with the community midwives of the John Hunter Hospital.

To improve staff awareness of the importance of healthy diet and exercise

“Losin’ heaps” was a project undertaken in collaboration with the Health Promotions Unit. Walking groups have been established and the Division has two netball teams.

To improve exclusive breast feeding rates at discharge from hospital

Breast feeding rates for well babies on discharge average 81.5% this year.

Key Issues/Events

- Wyong Delivery Suite completed its first year of operation in October. This was celebrated with a party attended by families who had a baby delivered at Wyong. An evaluation of the first 100 births demonstrated that Wyong hospital is a safe birthing place for low risk mothers and babies.

Future Direction

The Division aims to improve access to antenatal care and education.

An antenatal clinic at Woy Woy, and early access to antenatal care for women with drug and alcohol problems will be established.

Teenage preparation for parenthood classes will commence in the Wyong Shire.

Paediatrics and Child & Family Health*Business Activity*

To provide Central Coast children and their families assessment, support, advice and management for identified health needs through a comprehensive range of child and family health services.

To provide acute and sub-acute inpatient care to children of the Central Coast.

*Major Goals and Outcomes***To provide an orientation program to children prior to elective surgery**

An orientation program has been developed and implemented which includes a visit to the ward prior to surgery to orientate the child to the surroundings. A parent information brochure was designed entitled, “Your child is having an operation”. This is distributed to the parent prior to admission.

To offer outpatient services to children suffering with diabetes mellitus

A new diabetic clinic for children commenced operations in May 1999. This clinic provides a monthly multidisciplinary outreach service increasing patient and parent education.

To improve the emotional well-being of children in the Children's Ward

A Suggestion Box and child friendly questionnaires were developed to obtain feedback from children between the ages of 6 years and 14 years. Refurbishments and improvements were implemented in response to the results.

To improve client access to Child Health Services

Postnatal Depression management has been enhanced by implementation of a Perinatal Assessment Team in conjunction with the Obstetrics and Mental Health Divisions

Access by drug dependent parents to Early Childhood Services has been improved through the commencement of an early childhood service at Kullaroo Drug and Alcohol Clinic at Gosford.

Needs of children with urgent and complex mental health issues were addressed by cooperative initiatives with the Children's, Young Peoples and Family Support Team from the Mental Health Service.

To improve information management

Through consultation and review, considerable progress has been made towards the development of a relevant local Child and Family Health Service information database. Staged implementation of the database is scheduled in the coming year.

To reduce the incidence of vaccine preventable disease

Training and accreditation of nurses for immunisation provision continued. Staff Resources were committed to provide Council run clinics, immunisation at schools, early childhood clinics and Gosford Hospital Emergency Department.

Key Issues/Events

- All staff working with children were trained in Child Protection.
- A one day Paediatric Asthma Workshop was organised for the education of all nursing staff in Children's Ward. The information and skills developed allowed a uniform approach to the treatment and education of parents of children suffering from asthma.
- Child Health staff participated in 'Convoy for Kids' which raised funds for new equipment. Organised by the Transport Workers Union to raise funds for Children's Services, activities included a stall at Gosford Showground and a Bed Race Team.
- A part time project officer was employed for three months to review the School Health Service. A number of recommendations from the review will be progressively implemented. The first recommendation implemented was the compilation and distribution of an information folder for schools detailing Child Health Services. This was completed in February.
- Additional funding was allocated for the appointment of two child health nurses to expand outreach services to homes and Community Health Centres.

Future Direction

To review in conjunction with the Department of Community Services, the process of notification of child protection cases.

To improve community involvement in the development of children's health care services.

To identify and develop alternative service delivery models.

*Hospital Sites***Gosford Hospital***Business Activity*

The Gosford Hospital Director of Medical Services, Director of Nursing and Divisional Business Manager coordinate operational activities on the campus.

*Major Goals and Outcomes***To improve Occupational Health and Safety across the campus.**

The OH&S Numerical Profile audit tool was altered this year making the score much more difficult to achieve. It was expected that results would fall by more than 25%. However Gosford Hospital scored 64% compared with 60.6% the previous year indicating significant improvements in OH&S.

To improve Hospital Signage.

A major project was commenced to improve the ease of direction for patients, staff and visitors around the campus. This will be achieved in the coming year through the standardising of ward names and the installation of colour coded, easy to read signs.

To continue to improve security.

Work was commenced on a security upgrade to Gosford Hospital. Security measures included the installation of additional security doors and the installation of keycard access locks. Video monitoring is also planned.

To comply with the State Disaster Response Plan.

The CCH Disaster Plan/Area Health Plan which is a supporting plan to the Sydney North District Disaster Plan (DISPLAN) was completed in August 1998. The draft Critical Operations Standing Operating Procedures (COSOPS) were finalised in June 1999. Detailed contingency plans for all critical system failures are scheduled for completion by October 1999.

Key Issues/Events

For a four month period commencing in April 1999 CCH was involved in a prolonged disaster response operation following the outbreak of Newcastle Disease in chicken farms on Mangrove Mountain. The Health response included significant medical, public health and welfare involvement. It was necessary to activate all aspects of the local health disaster plan. Two million chickens had to be destroyed and disposed of and all farms disinfected. Although this disaster placed a significant emotional and financial strain on the local community, the emergency response agencies have received high praise for a very successful operation.

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, a 16 bed residential care unit for the care of elderly residents, a Confused and Disturbed Elderly Unit (CADE) called Terilba and Outpatient services. Outpatient services include Physiotherapy, Podiatry, Blood Bank, Extended Day Care, Wyong Community Access Centre and Outpatient General Practitioner Medical Services.

*Major Goals and Outcomes***To secure funding for the major improvements to the facilities.**

Negotiations with the NSW Department of Health were successful and major reconstruction of the facilities is scheduled to commence in the later part of 1999.

To improve Occupational Health and Safety (OH&S).

The OH&S Numerical Profile audit tool was altered this year making the score much more difficult to achieve. It was expected that results would fall by more than 25%. However Long Jetty Healthcare Centre scored 72% compared with 76.8% the previous year indicating significant improvements in OH&S.

Key Issues/Events

- A new car parking area has been completed as part of the relocation of the Bateau Bay Community Health Centre to the site.
- Construction of the Health Services Building is well advanced and is scheduled for occupation in August 1999. Services will include Community Nursing, Early Childhood, Child Physiotherapy, Speech Therapy, Drug and Alcohol, and Counselling.
- The Ladies Auxiliary continue their invaluable support to the Long Jetty Healthcare Centre. The Auxiliary donated \$ 25,000 to purchase patient care equipment for all areas on site.
- Margaret Curthoys, the Director of Nursing and Executive Officer, retired in April this year after nine years in the position. Margaret made a significant contribution to the provision of quality health care services in the area and her wonderful sense of humour will be missed.

Future Direction

The Long Jetty Healthcare Centre will close temporarily at the end of September for major refurbishment and rebuilding. It is anticipated building will commence in early October 1999 and is due for completion in May 2000.

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. Services and facilities include a 33 bed General Unit, a 30 bed Rehabilitation Unit, Outpatient and Hydrotherapy services, Physiotherapy, Occupational Therapy, Speech Pathology, Nutrition and Social Work. An after hour General Practitioner Service operates in conjunction with the local General Practitioners.

Major Goals and Outcomes

To secure funding for environmental improvements.

Funding was secured for the refurbishment of the Rehabilitation Unit and the upgrade of the water reticulation system. Refurbishments in the Rehabilitation Unit will include a new workstation for staff, diversional therapy room for patients and major renovations to patient bathrooms. Works are scheduled for completion by the end of 1999.

To improve Woy Woy Hospital security.

A security system was installed into the General Unit to provide a safer environment for our wandering patients.

To improve the Occupational Health and Safety (OH&S).

The OH&S Numerical Profile audit tool was altered this year making the score much more difficult to achieve. It was expected that results would fall by more than 25%. However Woy Woy Hospital scored 74% compared with 74.8% the previous year indicating significant improvements in OH&S.

“ Thank you Wyong Hospital,
doctors and staff. ”

EXTRACT FROM LETTER RECEIVED FROM MP

Key Issues/Events

- Woy Woy Ladies Auxiliary raised \$13,000 for the purchase of specialised electronic beds. Their ongoing efforts are to be commended and are greatly appreciated by patients and staff.
- The Woy Woy Hospital Information Brochure was completed ready for distribution in the community.
- The brochure includes a new map of the Hospital.

Future Direction

To continue to develop best practice models of care for aged care and rehabilitation services through benchmarking with other services.

A Woy Woy Hospital Ladies Auxiliary Golf Day is planned to raise funds for patient care equipment.

Key Performance Indicators

	1998/99	1997/98
Patients placed in Nursing Homes	197	140
Average Length of Stay of Patients awaiting Nursing Home Placement (days)	34.9	31.23

Wyong Hospital

Business Activity

Wyong Hospital Site Management manages the day-to-day operations of the hospital and coordinates with all other Divisions and Services on matters relating to Wyong Hospital Campus. Site Management is responsible for activity and budgets relating to Medical Wards, Surgical Wards, Operating Theatre and Endoscopy, Rehabilitation Unit, Outpatients Clinics, Emergency Department, Administration and Support Service (Domestic and Food Services). Activity and budgets for Obstetrics,

Corporate Services, Diagnostics, Allied Health and Clinical Information Services are reported under those divisions, however the Site Managers have a co-ordination role in the delivery of those services on site.

Major Goals and Outcomes

To introduce an Oncology Clinic at Wyong.

In liaison with the Division of Medicine an Oncology Clinic was established and commenced operation in June 1999. This provides a local service to Wyong residents previously only available at Gosford Hospital.

To improve the Emergency Department facilities.

Plans for the redesign of the Emergency Department were developed by staff and coordinated by Martin Wouterlood. The Triage and Reception Area were redesigned and now provide an enclosed private area for patients to be assessed and interviewed. The new design also improved security for patients and staff especially after hours.

To upgrade the Outpatient Clinic facilities.

The Outpatient Clinic facilities were renovated to improve utilisation of the clinic space. The improvements focused on the reception area and the procedure room. An extra consulting room and an office for the Nursing Unit Manager were added. Equipment in the procedure room was upgraded and further improvements are planned to address suggestions provided through a patient satisfaction survey.

To manage the transfer of operational responsibility for Anaesthesia and Support Services.

At the commencement of the financial year the operational responsibility for Anaesthesia and Support Services at Wyong Hospital was transferred from Divisions at Gosford to the Site Management of Wyong Hospital. Noelene Bromwich was appointed as Support Service Manager and has introduced many new innovative programs and education sessions to enhance the roles and safety of support service staff. Coordinated management of Anaesthesia and Surgical services on site has reduced duplication and improved communication between the surgical unit and operating theatres. Acting Nursing Unit Manager Maree Chesson must be thanked for the manner in which she assisted the staff with the transition.

To improve Occupational Health and Safety (OH&S).

The OH&S Numerical Profile audit tool was altered this year making the score much more difficult to achieve. It was expected that results would fall by more than 25%. However Wyong Hospital scored 58.6% compared with 63.88% the previous year indicating significant improvements in OH&S.

Key Issues/Events

- The Surgical Unit developed an extramural breast surgery service which linked women to community support services prior to their admission to hospital. This facilitated early discharge with following up at home by Community Nursing and a nurse from the Surgical Unit. This was further complemented with the establishment of a Clinical Nurse Consultant - Breast Surgery position.

- This was the first full year that the Emergency Department Information System (EDIS) was utilised within the Emergency Department at Wyong, and allowed the hospital to monitor the achievement of the benchmarks.
- The surgical and operating theatre units experienced increased activity due to the appointment of the new General Surgeon Dr Adrian Burke.
- The Department of Health provided enhancement funds to reduce waiting lists.
- Unfortunately, the hospital received the resignation of Dr John Burrell, Director of Clinical Training and Staff Specialist. Dr Tomiko Barrett was appointed Director of Clinical Training.
- Wyong Hospital achieved a full three-year Accreditation by the Postgraduate Medical Council for the training of Junior Medical Officers.
- The community support of Wyong Hospital continued this year with various donations towards equipment and services. For example a donation from the Doyalson/Wyee RSL enabled the installation of bedside phones into Medical Ward 2.

Future Direction

An additional orthopaedic surgeon, Dr Ian Incoll has been appointed and will commence to operate and conduct an outpatient clinic from early July 1999.

A review of car parking will be conducted.

Support Divisions

Area Clinical Support

Business Activity

Departments include Medical Training and Administration, Nursing Administration (Bed Allocations, Nursing Salaries and Discharge Planning), Pink Ladies Volunteer Service, Clinical Information Services, Outpatients Clinics, Audiology, Biomedical Engineering, Medical Imaging, Pharmacy, Pathology and Support Services (Domestic Services, Food Services, Linen Distribution Service and Retail Services).

Major Goals and Outcomes

To achieve accreditation by the Postgraduate Medical Council.

A survey by the Postgraduate Medical Council in October 1998 resulted in CCH achieving a full three years accreditation status for the training of Junior Medical Officers.

To improve the management of junior medical staff issues.

A comprehensive review of the Department of Medical Administration and Training, conducted in October 1998, resulted in a staffing restructure and the appointment of a Junior Medical Officer (JMO) Management Coordinator.

To improve Bed Management Strategies.

A Transit Lounge was established over the winter period to meet demands for admissions for emergency and elective patients. Patients who have been cleared for discharge are transferred to the Transit Lounge until the final discharge procedures are completed. This enabled the wards to admit new patients earlier.

To improve and expand the Audiology Service.

The Audiology Department was relocated into refurbished accommodation. State of the art equipment and an additional Audiologist have been provided and have enabled the Service to expand testing to include children under three years of age.

To improve the quality and efficiency of CT scanning.

A new high-performance spiral CT Scanner was installed in September 1998 at a cost of approximately \$800,000. This scanner maximises procedure flexibility, minimises actual scanning time and improves patient comfort.

To achieve full status for the Pathology Department as an Independent Business Unit.

As defined by the NSW Department of Health guidelines, the Pathology Department is now running as a self funding unit. Substantial revenue growth is being achieved from external and outpatient billing, resulting in lower internal charges to internal Divisions. An equipment replacement fund was established.

To complete the implementation of the Food Safety Plan.

The implementation of the Food Safety Plan was completed by the establishment of additional controls to ensure the continued safe supply of food to patients and staff.

To improve the distribution of linen to the wards.

The Linen Distribution Service established a multidisciplinary Linen User Group to improve all aspects of linen supply and distribution.

To reduce manual handling risks in the removal of waste.

The Domestic Services Department set up a multidisciplinary group to identify risks and rectify problems. Front line staff were involved in this project and as a result manual handling risks in the removal of waste were significantly reduced.

To expand the Retail Services provided to visitors and staff.

The Florist shop has expanded its range of items for sale. The Bayleaf Cafe has been refurbished and additional items have been added to the cafe menu.

Key Issues/Events

The Medical Imaging Department now has the ability to distribute radiology reports electronically via the computer networks. This allows for direct and timely access to radiology reports at ward level.

The Pharmacy Department has been recognised by the Commonwealth Adverse Drug Reaction Reporting Committee for its timely and efficient reporting of adverse drug reactions. Patient care has been enhanced by improved reporting and recording of adverse drug reactions.

The Pharmacy Department has improved access for all medical staff to up to date drug information by publishing convenient pocket sized cards on Antibiotic Guidelines and Medication Prescribing Standards and making the drug formulary available on the CCH Intranet.

Improved patient care has been achieved by the Pathology Department by the introduction of new technology. New blood gas analysers were installed at Wyong Hospital and in the Intensive Care Unit at Gosford Hospital. Blood gas analyses are now available to all clinical areas by computer. The first platelet function analyser for the Central Coast was installed in the Pathology Department and will improve the management of patients with platelet dysfunction.

Future Direction

Medical Administration will focus on recruiting and retaining an adequate level of JMO staffing. This will involve enhancing the attractiveness of CCH to junior medical staff through training schemes and improved general working conditions.

Nursing Administration will publish the Clinical Practices Procedures on the CCH Intranet to improve access for nursing staff.

Clinical Information Services (CIS) will implement a CCH wide, computerised medical record tracking system. Additional CIS staff will be trained in medical record coding to assist CCH to meet the NSW Health Department's schedule for the return of casemix data.

The Medical Imaging Department will be initiating a radiology network with other major teaching hospitals to facilitate sharing of teaching and clinical experience.

The Pharmacy will utilise its new computer system's barcode function to improve stock control procedures. The possibility of electronic transfers of orders and receipts will be investigated.

The Pharmacy Department will be investigating staffing reallocations to enable an increased focus on providing clinical support at ward level, which will improve patient care.

The Pathology Department will review strategies for area wide delivery of services. This review will include the provision of pathology services to patients in their homes, as well as the system of pathology specimen delivery.

Key Performance Indicators

Pharmacy:

Clinical ward pharmacists made an average of 927 clinically significant interventions per month. This indicates that 14% of all patients were seen by a pharmacist.

Pathology:

Results from the statewide Royal College of Pathologists Australasia (RCPA) Benchmarking in Pathology Project indicated that over 80% of CCH tests are below the median cost per test for all surveyed laboratories.

Nursing Administration:

	Gosford	State Average
Nursing turnover rates — average monthly	1.37%	1.3%
Part time percentage	40.6%	Not available

The turnover rate of Nursing staff is close to the state average. The percentage of nurses working part time is high indicating flexible working conditions.

“ They are nice people doing a tough job with professional competence and in a caring manner. ”

EXTRACT FROM LETTER RECEIVED FROM PB

Support Services:

	98/99	97/98
Cost per meal unit	\$5.85	\$6.05
Cost per square metre cleaned	\$4.69	Not available

Australian Council on Healthcare Standards (ACHS) Hospital Wide Clinical Indicators

Indicator	Actual	ACHS Threshold
CI.4 Unplanned Return to Operating Theatre <i>Due to the changes and upgrade to the HOSPAS software the results of this indicator are unavailable.</i>		
CI.5a Wound Infection rates		
— Clean wounds	2.86 %	<4.1%
— Contaminated wounds	6.67 %	<7.9%
<i>These are within ACHS thresholds.</i>		
CI.5b Bacteraemia rates	0.2 %	<0.3%
<i>This is within the ACHS threshold.</i>		
CI.6.2 Toxic Drug Monitoring	94%	—
<i>This indicator relates to the monitoring of the use of the drug Gentamicin and does not have a designated ACHS threshold.</i>		

Corporate Services

Business Activity

The Division of Corporate Services is composed of the Capital Works Unit, Asset Management, Central Sterilising Supply Department (CSSD), External Transport, Information Technology and Telecommunication (IT&T), Photography, Design and Print, Patient Transport and Security and Fire Services.

Major Goals and Outcomes

To undertake planning for the upgrade and expansion of CCH facilities to meet the growing demand over the next ten years.

A Project Feasibility Study was completed in 1997 and recommended a capital expansion of \$94m (1997 dollars) consisting of \$68m for Gosford, \$19m for Wyong and \$7m for new and expanded Community Health Centres. The next stage of planning is now underway.

A review and update has commenced of the Clinical Services Plan and the Asset Strategic Plan to ensure the Project Feasibility Study was appropriately focused upon the health facility needs for the Year 2011. Once this has been finalised a Project Definition Plan will be completed. This will detail the precise structure and functioning of the new developments.

To improve workplace safety in the Renal Unit.

The renovation and extensions to the Renal Unit has allowed the use of forklifts in the delivery of heavy supplies to the Unit. This has significantly decreased the amount of manual handling of supplies and improved workflows.

To minimise the possibility of technical failure due to the Millennium Bug (Y2k).

With the prospects of technical difficulties with the Y2K problem considerable expertise by staff has been employed to identify potential problems and to replace systems which do not have Y2K compliance.

To improve Audiology facilities.

New soundproof testing facilities for the Audiology Department were completed. CCH now has a first class facility for the diagnosis of hearing difficulties in both adults and children.

To improve facilities for the Graphic Design and Clinical Photographic staff.

The renovation of an area adjacent to the Print Shop has provided a bright and exciting environment for our creative staff. The new photographic studio has provided a more suitable facility for clinical photography.

To provide expanded and improved facilities for Community Health Services at Long Jetty.

The Long Jetty Community Health Centre was constructed at a cost of \$1,767,000 to replace the Bateau Bay Community Health Centre which was a series of old demountable buildings. This has resulted in a much improved facility for all who use this service.

To construct new community health facilities at Lakehaven.

The Development Application for the Lakehaven Community Health Centre has been approved following a satisfactory environmental audit by Wyong Council. Tenders for the construction of the Centre will soon be advertised.

To provide greater comfort and efficiency in the transportation of patients between CCH Hospitals.

CCH staff have been at the forefront in the design of a new patient transport vehicle. Once commissioned this vehicle will provide greater comfort to patients and reduce delays.

Future Direction

To complete the Project Definition Plan for the proposed major capital works.

To finalise construction of community health facilities at Long Jetty and Lakehaven.

To finalise the reconstruction of the Long Jetty Healthcare Centre.

To undertake remedial work at Wyong Hospital to address water penetration issues.

Division of Finance & Budget

Business Activity

The Division of Finance & Budget comprises the departments of Accounts Payable, Admissions, Revenue, Patient Inquiries, Television Hire, Supply & Distribution Centre, Finance, Pay Office and Casemix.

Major Goals and Outcomes

To upgrade the Oracle Financials software to be Year 2000 compliant.

This was achieved with the go-live in early December 1998 and followed extensive testing by Finance and Supply staff to ensure processes worked correctly.

To introduce V-Money

V-Money is a software tool to assist the Area with payments to Visiting Medical Officers. Implementation was completed early in the financial year.

To develop Activity Budgeting

The Casemix Unit made significant advances in the development of activity based budgets. Activity based budgeting will be gradually implemented into the internal Divisional Budgets. In 1999/2000 it is planned to replace 10% of the Divisional historical budgets with an activity budget.

Future Direction

The information on fringe benefits provided must be reported on Group Certificates in June 2000. Work has commenced to set up systems to collect the data. The impact of fringe benefits regarding the use of hospital cars is an issue of concern for staff.

The GST promises to be a major issue for Finance next year. It is expected that it will be a major task to be ready for 1 July 2000.

The Health Information Exchange (HIE) is a data warehouse designed to improve local management reporting and provide the Health Department with better access to the data required for statewide management. Implementation is expected to commence in early 2000.

Population Health & Planning

Population Health and Planning includes the Planning Unit, the Health Promotion Unit and the Public Health Unit.

A significant event of the past year was the relocation of the Division to the Central Coast campus of the University of Newcastle, at Ourimbah. This move created an opportunity to develop closer ties with the University. It is expected that these closer ties will yield fruit over the medium term, with a greater emphasis on research, teaching and continuing innovation within the Division. For CCH as a whole, the relocation has represented a strengthening and extension of our partnership with the University of Newcastle beyond the traditional bases of medical and nursing education and research.

Planning Unit

The Planning Unit has had a busy year, with the completion and publishing of the Area Health Plan, the initiation of the Child and Youth Strategy, ongoing analysis and monitoring of inter-area flows, the moves towards fair funding through incremental implementation of the Resource Distribution Formula, maintenance of the Central Coast Human Services Planning Network, contributions towards a plethora of smaller projects across the divisions, and significant contributions towards the Warnervale/Wadalba Project and other interagency planning activities.

Health Promotion Unit

Business Activity

The Health Promotion Unit (HPU) aims to improve the health of the Central Coast population by engaging the community in debate on changing personal, organisational and social behaviour. The HPU conducts major projects targeting public health issues.

Major Goals and Outcomes

To assist in reducing the incidence of suicide.

Although still a concern, for the first time since 1995 the suicide rate on the Central Coast has decreased. As part of the Suicide Safety Network's focus on men aged 25-44 years, the HPU conducted a Men's Issues Phone Forum. The Forum attracted 95 calls and showed lost relationships with children and inequities in Family Law as the most significant causes of despair for men.

To reduce smoking by children and adolescents.

The major emphasis again this year for reducing smoking amongst minors has been to target tobacco retailers. This year, for the first time, the Unit's compliance testing of tobacco retailers regarding sales to minors demonstrated 100% compliance. The Central Coast currently leads the State and Australia with this indicator. A three year project to track smoking rates among school students has demonstrated a substantial reduction in smoking rates in the younger age groups compared to the National Secondary Schools Survey.

To reduce smoking by patients and staff.

This year for the first time Nicotine Replacement Therapy (NRT) was available through the hospital pharmacy. NRT was prescribed for 57 patients. In the first month of an introductory free offer of NRT to staff, 26 employees took advantage of the opportunity.

To implement drug and alcohol harm reduction strategies.

Pre-entry breathtesting at under age drug and alcohol free entertainment has been successful in reducing violence. This simple, effective intervention is used at up to 20 events each month utilising either HPU or police equipment.

The 'Somebody's Gonna Hurt Someone' campaign was conducted in conjunction with the Drug and Alcohol Service to target the secondary supply of alcohol to minors. A press and radio campaign was supported by point of sale material in every bottle shop on the Central Coast. This was combined with a police blitz and included press publicity about the 19 offenders fined.

To evaluate the Active Over 50s Program.

Extensive research and evaluation of the Active Over 50s Program was completed for submission to the Commonwealth Department of Health and Family Services. The average age of participants is 65 years, the majority are women, and approximately 60% continue attending for a minimum of 12 months. Evaluation of participants referred by General Practitioners showed outstanding results. The evaluation assessed waist measurement, weight, blood pressure, balance and quality of life. The Active Over 50s work continues to attract state and national attention and is being emulated in a number of locations.

Future Direction

To research the importance of cannabis as a contributory factor in road accidents. Initial discussions have been held with Police and a Staysafe Committee representative.

Active Australia is a key initiative of the next few years and will see cooperative effort with other government agencies, private industry activity providers and General Practitioners.

Public Health Unit

Business Activity

The Public Health Unit (PHU) aims to promote and enhance the health and well-being of the people of the Central Coast by providing services in environmental health, food safety, Health Outcomes, infectious disease surveillance and control in the community, population based disease screening and monitoring population health status.

Major Goals and Outcomes

To improve child and adult immunisation rates on the Central Coast.

The PHU supported the 1998 National Measles Mumps Rubella Immunisation Campaign. This program achieved a 72% vaccination rate among primary school children across the state.

The PHU participated in the National Influenza Campaign which provided free influenza vaccine to people over 65 years and Aboriginal people over 50 years. Sufficient vaccines were distributed on the Central Coast to immunise over 85% of people in these groups.

The PHU participated in the Central Coast Division of General Practice's Immunisation Working Party which successfully advocated for the employment of an Immunisation Officer by the Division.

To investigate, prevent and control infectious diseases in the community.

The PHU responds to infectious disease notifications in accordance with the NSW Health Infectious Diseases Manual. Over the year there were 32 cases of pertussis, 17 cases of hepatitis A, 5 cases of measles and 6 cases of meningococcal disease reported. These required follow up and varying degrees of intervention to limit the spread of disease such as antibiotic treatment or time away from school.

There were 36 notifications of arboviral disease (mostly Ross River Fever), five cases of rubella, five cases of malaria (imported), one case of typhoid and one case of cholera (both imported).

PHU staff investigated several disease outbreaks including pre-Christmas functions affecting about 180 of 225 participants and a school excursion (34 of 56 people unwell), and contributed to the State response to the typhoid outbreak from a cruise to Papua New Guinea.

“If all your facilities are like this “good on ya mate!”
You should be proud.”

EXTRACT FROM LETTER RECEIVED FROM MP

To develop a Central Coast Region Environmental Health Plan.

Funding was secured from Gosford and Wyong Councils and CCH to develop a plan to improve the coordination of environmental health services and set future directions for key-issues such as water and air quality. A Steering Committee with all groups represented was established and is ongoing. Some components of the plan are already in place, such as the Food Safety Group which improves coordination of food inspectors. A project officer was employed to undertake broad stakeholder consultation to write the plan. A draft plan was completed in June 1999.

To ensure the safety of food on the Central Coast.

PHU Food Inspectors carried out routine food surveillance activities and a range of educational programs. In addition to proactive inspections, 163 complaints were received by the Food Inspectors. The complaints fell into the following categories: foreign matter (59), quality (41), hygiene (22), alleged illness (33), labelling (9), temperature control (2) and handling (2). Thirteen complaints were referred to other Public Health Units, 18 were referred to the local councils and six were referred interstate. The complaints resulted in 106 inspections of food premises with 19 samples sent for analysis. Advice, verbal warnings or written warnings were given in 13 cases and in one case product was seized.

To reduce the incidence of cervical cancer.

The PHU initiated a general practitioner based Performance Audit Activity program in conjunction with the Division of General Practice. Thirty GPs participated in the first round.

Community consultation was conducted with specific target groups including women from non-English speaking backgrounds, women living in caravan parks and older women on the Coast.

To improve communication with General Practitioners and other health professionals.

The PHU produces a bi-monthly newsletter and also distributes one page fax alerts about public health issues including cases of meningitis, foodborne illness, typhoid and influenza vaccine delivery.

To promote a population health perspective to health care.

The Health Outcomes Officer provides secretariat support to CCH's Cancer Expert Advisory Group, the Breast Cancer Working Party and BreastScreen Coordination Group. The Colorectal Cancer Working Party was established to review the implementation of the National Health and Medical Research Council's (NH&MRC) guidelines on the management of colorectal cancer.

The Outcomes Officer also supports two joint management committees of CCH and the Central Coast Division of General Practice for Heart Disease and Diabetes. The Heart Disease Group has focussed on GP based interventions for risk factors for heart disease. The Diabetes Group oversees the implementation of Diabetes mini-clinics in general practice. The Diabetes program has been able to demonstrate over 80% compliance with guidelines, improvements in metabolic control and early identification of patients at risk of kidney disease and lower limb amputation.

Key Issues/Events

- In light of the possible contamination of Sydney's water supply in 1998 both local councils, in collaboration with the PHU, have been working towards the 1996 NH&MRC Drinking Water Guidelines for monitoring water quality, even though they are not yet required to do so.

- Dr Peter Lewis attended the National Australian Medical Association Conference to receive the 1998 Medical Journal of Australia – Wyeth Research Award for the best original research paper published in the Medical Journal of Australia during 1998. The paper, 'Outdoor air pollution and children's respiratory symptoms in the steel cities of New South Wales', submitted by Dr Lewis and colleagues, found evidence of health effects of air pollution at lower levels than expected.
- PHU staff were involved in the Newcastle Disease outbreak at Mangrove Mountain in a number of capacities. They included food inspection of catering facilities in the Disease Control Centre at Kariong and the field kitchen at Mangrove Mountain. The PHU provided public information about Newcastle Disease and possible health effects. Environmental Health Officers responded to concerns about surface water contamination and possible environmental contamination from decontamination processes. Staff were also involved in public meetings and the PHU is represented on the Water Quality Committee that was established to monitor groundwater quality in the immediate vicinity of the chicken and chicken litter burial pits.

Future Direction

The State review of the Public Health Act will occur over the next 12 months and will directly affect the nature of the PHU's work in environmental health and infectious diseases control. The PHU is participating in the review of notifiable diseases response protocols coordinated by NSW Health. The National Food Hygiene Review is anticipated by the end of 1999. This review will radically change food surveillance and inspection activities with a shift towards self-regulation within the food industry.

Developments with the Immunisation Register for local GPs will provide opportunities for increased collaboration and the improvement of immunisation rates

The Central Coast Environmental Health Plan will be finalised in late 1999 and will form the basis of future activities for environmental health services in both health and local government sectors. It lays a foundation to consider environmental health in a broad framework that includes land use planning and how to build residential areas that promote health.

Key Performance Indicators

Legionella surveillance: The PHU oversees testing of CCH cooling towers and liaises with local councils who have the responsibility for cooling towers in the community. There were two sporadic cases of Legionnaires disease reported in the community in May and June 1999.

Drinking water quality: PHU staff take 24 water samples from the Central Coast's reticulated system each quarter. These samples complement both local councils' monitoring programs and serve as an independent check on water quality. All PHU samples complied with the NH&MRC Drinking Water Guidelines.

Vaccine preventable diseases: Among children aged 0-15 years, during 1998/99 there were no cases of tetanus, diphtheria, poliomyelitis or Haemophilus Influenzae type B infection notified to the PHU. Rates of pertussis, measles and rubella were less than previous years.

Immunisation rate: According to the Australian Childhood Immunisation Register, June 1999, the percentage of children on the Central Coast aged less than 18 months who were overdue for vaccination was 11.0% (NSW rate 16.0%).

Food Standards: Supermarkets selling fresh food were targeted this year to assess compliance with temperature control. Over the year there were 636 tests across 16 supermarkets, with a compliance rate of 78%. Education and advice were given and a follow up survey is planned for 1999/2000.

Pap Test Register: During the March quarter 1999, the two yearly screening rate for the Central Coast was 63.9% for the 20-69 year old target group (NSW rate 59.4%), and 57.6% for the 50-69 year old target group.

Quality Program

CCH successfully achieved a full three year accreditation from the Australian Council on Healthcare Standards (ACHS) following the April 1999 survey. The surveyors commented that there was active commitment to the principles of EQUiP (the ACHS Quality program) and to their application throughout all services. They further commented that all staff are to be congratulated on their commitment to service provision and performance improvement. This is a significant achievement for all divisions, sites and services. The Quality Resource Unit (QRU) was commended by the surveyors 'for their innovative approach to training, support and coordination; and in particular their marketing approach to improving performance'.

A successful Quality Week was held in October 1998 with a total of 75 entries, including several departments entering for the first time. The number of entries increased by 20% over the previous year and included notice board displays, posters and written papers. The entries highlighted the achievements the various Divisions had made in improving the quality of their services.

An electronic database for reporting quality activities has been established. This facilitates the online recording of activities through the phases of the improvement cycle and will enable central reporting of all completed quality activities to the QRU.

Ms Ilze Jaunberzins, who has been with the QRU for five years, has transferred to a new position as Clinical Nurse Educator for the Division of Community Health. Ilze's drive and enthusiasm has been significant in the development of the Quality Improvement Program throughout CCH.

The NSW Department of Health has released the 'Framework for Managing the Quality of Health Services in NSW'. The document focuses on clinical governance issues and proposed structures to ensure that clinical governance is enhanced and properly monitored at all levels within the NSW Health system. In response to the framework document CCH has established an Area Quality Council. The inaugural committee is scheduled to meet in July 1999.

Year 2000 Project

Scope and Status

CCH Year 2000 Project encompasses assessment and rectification of all critical resources within critical business functions throughout the CCH. The assessment phases of the project have been carried out using the methodology distributed by the NSW Government Office of Information Technology. A Business Risk Analysis has been conducted as per this methodology to determine the Area's critical business functions, their resources, and to assess these resources for Year 2000 compliance. The rectification phase of the project has been in progress over the last twelve months in order to mitigate the risks identified during the assessment phase. It is expected that completion of rectification work will occur during the remainder of 1999.

Areas involved in rectification work include Pathology, Medical Imaging, CSSD, Asset Management, Biomedical Engineering, Food Services, Nutrition, Pharmacy and Information Technology & Telecommunications.

Equipment being rectified includes pathology analysers, x-ray machines, sterilisers, environmental control systems, patient monitoring equipment, dietary and menuing system, pharmacy system, patient information systems, voicemail, paging, computer network equipment and desktop PCs.

Development of contingency plans to ensure the continued operation of the business functions

Contingency planning for the Year 2000 has been initiated to ensure continued operation in the event that:

- 1 critical resources fail in spite of vendor warranties, testing or rectification;
- 2 rectification is delayed or not complete by January 2000;
- 3 major utility failure occurs (loss of water, electricity, gas, telecommunications); or
- 4 critical suppliers fail to address their Year 2000 problems adequately and can not supply as normal.

These plans are being incorporated into the Area Disaster Planning process. The plans follow guidelines set down by the Department of Health Counter Disaster Unit.

Independent verification of the Year 2000 compliance strategies

An independent consultant selected from the NSW Government ITS2060 panel has been used to assist with the Business Risk Analysis. The same consultant also carried out an audit of the CCH Year 2000 Rectification Plan and the processes being used for developing Year 2000 contingency plans in September 1998, as required by the NSW Office of Information Technology. Another audit is required in September/October 1999 to assess completion of rectification work.

The estimated total cost of the Year 2000 Activities

The current estimated cost for the assessment and rectification phases of the CCH Year 2000 project is approximately \$2,750,000.

Division of Human Resources

Business Activity

The Division of Human Resources is comprised of the Learning and Development Service, Occupational Health and Safety Unit, Personnel Department and the Library.

Major Goals and Outcomes

To develop Aboriginal and Torres Strait Islander employment

A position was established for a part time Aboriginal Employment Coordinator. A coordinator was appointed and commenced development of an Aboriginal and Torres Strait Islander employment strategy.

To improve access to Human Resource Division Policies

Human Resources policies and procedures were reviewed during the year and were placed onto the CCH Intranet for all staff to access. The Intranet provides easy access for staff and the ability for the Division of Human Resources to easily update policies as required.

OH&S Treating Physiotherapist

The OH&S Unit trialed the provision of an in-house physiotherapist to treat staff for injuries related to repetitive strain injuries. This service has assisted staff to return to productive work earlier. It has also resulted in a saving of approximately \$16,000 on external physiotherapy charges and approximately \$35,000 to the Workers Compensation premium.

To establish the Evidence Based Management Quality Framework

The Evidence Based Management Quality Framework was established within the Learning and Development Service. Thirty one managers are enrolled in the program based on workplace assessment leading to a Diploma in Front-line Management. This has provided an opportunity for managers to further their education in the workplace.

To develop a Home Page for the Library Services.

The Library has developed a Home Page on the CCH Intranet which details the services available to staff and students.

To develop an integrated database for training records

The Learning and Development Service developed a fully integrated record keeping system to record training course bookings, course attendance and details of assessment and qualifications achieved by staff.

Key Issues/Events

- The Manual Handling Education Project which was piloted at Woy Woy Hospital was extended across CCH. All clinical staff and all relevant non clinical staff have been trained in manual handling techniques. This has resulted in a decrease of approximately 50% in Workers Compensation claims attributable to patient and object moving causes.

Future Direction

Develop and facilitate a seminar for staff intending to retire in the near future. The seminar will be called 'Starting Over – preparing for life after work'.

Complete and implement the Aboriginal and Torres Strait Islander employment strategy.

Continue to develop manual handling strategies for the ongoing improvement of manual handling within CCH.

Relocate the Library to a more suitable location to cater for the growing demand from staff and students.

NSW Government Action Plan for Women

To promote CCH workplaces that are equitable, safe and responsive to all aspects of women's lives, a Women's Issues Network (WIN) was established. The Network meets monthly as a forum to promote workplace issues. CCH has also increased the number of Spokeswomen from two to four. The

Spokeswomen assist women in CCH work towards reaching their potential and improving aspects in the workplace that influence women.

CCH's Learning and Development Unit provides opportunities for women to be trained in a wide range of skills. Through specific policies CCH continues to provide opportunities for women to attend forums, conferences and tertiary training.

Recognition of Service

The Board of Directors wishes to recognise the following members of staff and VMOs for their longstanding service.

STAFF

20 years

Robyn Andrew
Caroline Ballard
Janice Berry-Porter
Janice Black
Cheryl Boyd
Richard Browne
Lynette Clarke
Stephen Cooper
Debbie Cornett
Brian Ellis
Roslyn English
Sandra Feeney
Rhonda Fokes
Stephen Graham
Marie Hall
Margaret Heffernan

Fay Hood
June Hunter
Gary Iles
Diana Lehaney
Brenda Martin
Margaret Newbury
Elizabeth Nolan-Lockyer
Martin O'Malley
Patricia Ramsey
Judith Ramsey
Enone Sammons
Christine Sullivan
Julianne Voss-Pamplin
Gary Watts
Cheryl Welfare
Robert Wright

25 years

Una Appo
Michelle Lake
Kai Mark
Pamela Pinkstone
Roger Price
Phillip Salter
Julia Syer

VISITING MEDICAL OFFICERS

20 Years

Michael Scobie

25 Years

Ajit Aluwalia
Malcolm Catt
Philip Deaner
Peter Green
Peter Hall
Kenneth Low
Edwin Pragasam

Number of Full Time Employees (FTE) as at 27 June 1999

Staff by category	98/99	97/98	96/97	95/96	94/95
Medical	161	162	148	146	149
Nursing	1196	1170	1104	1095	1075
Para-Medical & Community	486	492	469	461	443
Hotel Services	522	515	528	543	558
Medical & Nursing Support	173	146	133	126	116
Administration	283	267	249	252	224
Total	2821	2752	2631	2626	2567

Equal Employment Opportunity

Staff Numbers by Level as at 30 June 1999

LEVEL	Total Staff	Respondents to Survey	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, 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
<\$25,761	51	43	6	45	2	3	1	3	1
\$25,761 - \$33,835	1,304	1,130	310	994	14	58	30	89	24
\$33,836 - \$37,825	284	210	78	206	2	14	7	18	4
\$37,826 - \$47,866	1,077	920	182	895	5	65	31	68	37
\$47,867 - \$61,899	320	276	95	225	3	31	19	14	8
\$61,900 - \$77,374	87	58	58	29	0	10	10	5	2
>\$77,374 (non SES)	66	44	56	10	0	2	1	0	0
>\$77,374 (SES)	3	3	2	1	0	0	0	0	0
TOTAL	3,192	2,684	787	2,405	26	183	99	197	76

1998/99 Staff Recruitment by Level

LEVEL	Total Recruits	Respondents to Survey	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, 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
<\$25,761	29	24	1	28	2	1	1	2	0
\$25,761 - \$33,835	207	177	45	162	5	9	3	6	2
\$33,836 - \$37,825	84	41	24	60	0	5	1	1	0
\$37,826 - \$47,866	82	66	24	58	2	5	1	2	1
\$47,867 - \$61,899	42	16	15	27	0	2	0	1	0
\$61,900 - \$77,374	23	3	17	6	0	0	0	0	0
>\$77,374(non.SES)	7	1	6	1	0	0	0	0	0
>\$77,374 (SES)	3	3	2	1	0	0	0	0	0
TOTAL	477	331	134	343	9	22	6	12	3

Occupational Health & Safety

The Occupational Health Unit facilitates the continuing improvement of occupational health and safety at CCH by providing the following services to staff: workers compensation and rehabilitation services, claims management, health and workplace monitoring, vaccination programs, pre-employment health assessments and assistance with the management of workplace hazards.

Although there has been a reduction in injuries this year, the Workers Compensation premium shortfall was \$954,202 and hindsight penalty was \$1,234,779 due to past claims history.

In response to the new Early Injury Management and Workers Compensation Act 1998 early intervention strategies have been implemented. These included the employment of a second rehabilitation coordinator and a further development of the rehabilitation coordinator's role to include early injury management. A closer liaison with the CCH insurer GIO has resulted in a reduction in the time taken for injured staff to return to work. This has been achieved by the reporting of new claims within 48 hours of notification and the approval by GIO of medical intervention prior to liability being accepted.

The number of claims requiring rehabilitation intervention reduced from 133 in 1997/98 to 111 in 1998/99. Over the same period the number of case closures increased from 110 to 125. In the majority of cases staff have been returned to normal duties or redeployed to other areas. The provision of a staff physiotherapist on a trial basis contributed to the improved outcome.

Key Issues/Events

- WorkCover has made numerous visits to CCH over the past 12 months to investigate work related injuries and assist in the improvement of occupational health and safety. WorkCover was impressed with the CCH commitment to meet legislative requirements and have recommended our model of practice to other health services.

Key Performance Indicators

	1998/99	1997/98	Variance
Claims processed within 7 days	100%	100%	0%
Occupational Health Clinic:			
Hepatitis B vaccinations	444	368	20.7%
Occasions of Service	1958	1596	22.7%

Health Promoting Health Service Program

The Health Promoting Health Service Program (HPHS) has been in operation for just 12 months. It began with the establishment of a committee to oversee the promotion of a healthier workforce and environment at CCH in an effort to lead the community by example. Considerable progress has been made this year.

Various initiatives were undertaken aimed at reinforcing our organizational practice to reduce smoking. Tobacco remains the greatest preventable cause of illness and death in Australia, exceeding the combined total of breast cancer, road accidents, suicide, AIDS, illicit drug deaths, fires, drownings, and all natural disasters. Nicotine Replacement Therapy (NRT) has been added to the formulary and is being used to help patients quit. A free introductory NRT offer was made available to staff and was enthusiastically received. Formal staff consultation was undertaken to discuss the barriers to our campuses becoming totally smoke free in the expectation that CCH will take on this leading role.

“ You kept us informed which we appreciated and you gave us space, or compassion, as needed... ”

EXTRACT FROM LETTER RECEIVED FROM FM, RM & KJ

CCH Departments were invited to make competitive bids for modest funding to conduct health promoting initiatives in their workplace. Nine Departments were successful and allocated an average of \$1400 each. Some of the projects included: exercise and nutrition programs for Obstetrics staff; promotion of QUIT and Active Over 50s programs by Community Nurses while doing home visits; a preparation for retirement seminar; and a survey of female staff targeting breast and cervical screening issues. The program of funding specific activities will be available again next year with priority going to Tobacco, Physical Activity, Nutrition, Alcohol, Caring for Staff, Workplace Safety, and Depression.

Approximately 50 staff members have volunteered to be health promoting contact people within CCH and the first Health Promoting Health Service Awards went to a number of Departments. Staff discounts were also negotiated with five local fitness centres.

Training

Allied Health

In 1998/99 125 students from seven universities across NSW undertook clinical training in all seven professional departments of Allied Health. Universities which access CCH for clinical training include Sydney, Newcastle, Charles Sturt, Western Sydney, New South Wales, Wollongong and Macquarie.

Allied Health Clinical Training

Department	Undergraduate Numbers		Post-Graduate Numbers	
	1998/99	1997/98	1998/99	1997/98
Nutrition	14	8		
Occupational Therapy	30	43		
Physiotherapy	34	46		
Podiatry	6	5		
Psychology	0	7	11	3
Social Work	11	9		1
Speech Pathology	19	20		

A Clinical Student Training Unit was developed by the CCH Speech Pathology Department in conjunction with the University of Newcastle. The Unit commenced this year in adult rehabilitation and a cohort of speech pathology students alternated between Gosford and Wyong Hospitals.

Discussions were also initiated with the University of Newcastle Faculty of Medicine and Health Sciences to explore the development of a clinical school for undergraduate students in Occupational Therapy, Nutrition and Medical Radiology.

Kate Baker, Deputy Director of Social Work, was appointed an Associate of the School of Social Work at the University of Newcastle. It is anticipated this will foster closer collaboration with the University and provide assistance to CCH Social Work in furthering research for publication.

Nursing Education

During the last twelve months, a number of changes have taken place in what was previously named 'The Nurse Education Centre'. A review conducted during November and December 1998 resulted in service changes which included changes to work practices, changing the name of the Unit to 'Nursing Development Unit – Education' (NDU-E) and the introduction of clinical portfolios.

Implementation of the Strategic Plan for Nurse Education resulted in a number of improvements. For the first time Community Health have a designated Clinical Nurse Educator. Woy Woy and Wyong Hospitals and Long Jetty Healthcare Centre now have the services of designated Nurse Educators and Clinical Nurse Educators.

A Clinical Nurse Educator development position was introduced. Registered Nurses rotate through this position to gain valuable teaching skills which can be used in their workplace.

The teaching of manual handling remains a priority for the NDU – E, providing updates, refresher courses and specialty programs.

A two hour inservice program held every two weeks has been developed for nursing staff based at Peat Island.

Four CCH Registered Nurses have successfully completed the Graduate Certificate in Nursing (Advanced Nursing Practice). This is the first time this Certificate has been offered and was recently granted 40 credit points towards either the Graduate Diploma or Masters in Nursing (Advanced Nursing Practice) conducted through the Faculty of Nursing, University of Newcastle. Negotiations are currently underway with the University of Technology (Sydney) for credit towards the Graduate Diploma for the Perioperative Certificate and Graduate Certificate in Critical Care Nursing.

Transitional Program For New Graduate Nurses

The 1999 intake dates for the Transition Program were brought forward to better accommodate the high demand for placements in the first few months of the year. A limited number of job-sharing positions and reduced hours for program participants were introduced in recognition of the needs of the many new graduates with family responsibilities. The number of positions has been maintained at 80 and retention within this 12 month program remains high.

A study being conducted within CCH and funded by the Nurses Registration Board (NRB) is researching the effects of clinical nurse educator support on critical thinking ability and confidence in decision-making of new graduate nurses. Research participants have been sought from the population of new graduate nurses in CCH and also from Manly and Mona Vale Hospitals in Northern Sydney Area Health Service. It is anticipated that the outcomes of this study will assist in the planning and delivery of educational support for new graduate nurses as well as having implications for undergraduate nursing curricula.

Enrolled Nurse Program

The number of positions for trainee enrolled nurses in CCH is currently set at 16. A close liaison is maintained between CCH and North Sydney TAFE with the academic course components being reinforced in the context of the clinical setting. Each year the Northern Sydney TAFE acknowledges the achievements of its outstanding students and this year the winner of an award in vocational excellence for studies in the Enrolled Nurse Program (Central Coast Health) was David Cathie. David completed the program in October 1998 and is currently nursing at Woy Woy Hospital while undertaking the Bachelor of Nursing.

CCH and University of Newcastle, Faculty of Nursing, Partnership

The partnership between the University of Newcastle, Faculty of Nursing and CCH continues to expand. Currently there are 150 undergraduate nursing students, 13 midwifery students and four Bachelor of Nursing (Hons) students. Three staff members are currently on full-time secondment to these programs.

This year 24 students completed the Graduate Diploma of Midwifery which is accredited by the NSW Nurses Registration Board.

“ I am compelled to write and express my thanks to the nursing staff for their efficiency and kindness... ”

EXTRACT FROM LETTER RECEIVED FROM VL

Undergraduate Medical Student Training

CCH commitment to medical student training in partnership with the Faculty of Medicine and Health Sciences, University of Newcastle, has continued this year. CCH provides a 'country term' rotation for Year 3 students and is the major site for Urology training in Year 4. The contribution of the Urology Registrar and three Visiting Urologists has been invaluable.

There is a current proposal to extend our numbers in Years 4 and 5 to provide a full cohort of students spending their final two years of training with the Central Coast Clinical School.

Junior Medical Officer Training

Gosford Hospital is a Primary Allocation Centre in NSW and is allocated interns each year by the NSW Postgraduate Medical Council (PMC) which is responsible for monitoring the standards of teaching and supervision of junior doctors working in NSW public hospitals. During 1998 both Gosford and Wyong Hospitals were granted the maximum three years accreditation after survey by the PMC. The Junior Medical Officers work at Gosford, Wyong and Woy Woy Hospitals and Manning River Base Hospital. There were 30 interns and 30 Resident Medical Officers allocated to Gosford Hospital in 1998.

Each year the junior medical staff vote one of the CCH senior doctors as 'The Teacher Most Valued by the Junior Medical Staff'. The winner of this award for 1998 was Dr John Burrell, Staff Specialist Physician at Wyong Hospital.

Junior medical officers achieved or successfully progressed towards completing postgraduate qualifications in a number of specialties including Emergency Medicine, Obstetrics and Paediatrics.

Divisional Management

Key:

- DBM – Divisional Business Manager
- DIR – Director
- DMM – Divisional Medical Manager
- DMS – Director of Medical Services
- DNM – Divisional Nurse Manager
- DON – Director of Nursing
- EO – Executive Officer
- MGR – Manager

Clinical Divisions

Anaesthesia & Surgery

DBM – **Mr Brighton Fong**, BA (Psych), CPA, AIMM

Anaesthesia

DNM – **Mrs Vijay Wark**, BA (AppSocSc), MOTN, MACORN (NSW)

DMM – **Dr Ian Dicks**, MBBS, FFARACS, FANZCA

Surgery

DNM – **Mr Vincent Carroll**, BHS (Nursing), Grad Dip Bus Admin

DMM – **Dr Bill Munro**, MBBS, FRACS

Community Health

MGR – **Ms Helen Polkinghorne**, BA (Psych), MBA,

DMM – **Dr Tony Gill**, MBBS

DBM – **Mr Matt Hanrahan**, MHA, BappSc. (Speech Pathology)

Allied Health

DIR – **Ms Brenda McLeod**, OTR, BS(OT), MBA,

Mental Health

DMM – **Dr John Bardon**, MBBS, FRANZCP

MGR – **Mr Peter Santangelo**, RN, BA Grad Dip Health Sciences Mgt, MN

DBM – **Ms Farley Wouterlood**, CSC, FIHC

Rehabilitation & Aged Care

DMM – **Dr John Death**, MBBS, FRACP

Critical Care

- DNM – **Ms Julie Witchard**, RN, CM, Grad Cert Coronary Care, Grad Cert Renal Disease and Transplantation, BHSc, Grad Dip Bus Mgmt, AFAIM
- DBM – **Ms Elizabeth Ambler**, BHSM (Operational), ACHSE

Cardiology

- DIR – **Dr Andrew Hill**, MBBS, FRACP, DDU

Emergency

- DIR – **Dr David Kirkpatrick**, MBBS, FACM

Intensive Care

- DIR – **Dr Tony McDonogh**, MBBS, BSc (Med FFARACS)

Medicine

- DNM – **Ms Rosemary Kennedy**, RN, CM, CPAeds, BA (Hlth Sc Mgt)
- DMM – **Dr Simon Roger**, MD, FRACP
- DBM – **Mr Geoff Workman**, Accy Cert, DipHA, AFACHSE, AAIM, AASA

Obstetrics

- DNM – **Mrs Carol McCloy**, RN, CM
- DMM – **Dr John Palmer**, MB, BCH, BAO, FRACOG, FRCOG
- DBM – **Mr Alan Mundy**, BCom, AIMM, ACHSE, CHE

Paediatrics and Child & Family Health

- DNM – **Ms Rosemary Kennedy**, RN, CM, CPAeds, BA (Hlth Sc Mgt)
- DBM – **Mr Geoff Workman**, Accy Cert, Dip HA, AFACHSE, AAIM, AASA

Paediatrics

- DMM – **Dr John Erikson**, MBBS, FRACP (Paeds)

Child & Family Health

- DIR – **Dr Philip Watt**, MBBS, FRACP (Paeds), FACTM

Hospital Sites*Gosford Management and Area Clinical Support*

- DMS – **Dr Robert Spark**, MBBS, MHP, MRACMA, AFCHSE, CHE

- DON – **Ms Sandie Carpenter**, RN, CM, ICC, Dip Nursing Admin, BHSc, Grad Cert Bus Mgmt, AFAIM, INA

- DIR – **Ms Kerry Davison**, BPharm

- DBM – **Ms Elizabeth Ambler**, BHSM (Operational), ACHSE

Long Jetty Healthcare Centre

- DON/EO – **Ms Margaret Curthoys**, RN RM Dip Nursing Admin

Woy Woy Hospital

- DON/EO – **Ms Helen Merkenhof**, RGN, CM, DCNS (GER), BHM, MINE

Wyong Hospital

- DMS – **Dr David Doolan**, MBBS (Qld), MBA (Bond)
- DON – **Mr Mark Kearin**, RN, DCNS(Ger), BHS(Mgmt), MCN (NSW), MIMA, MINE, ACHSE
- DBM – **Ms Lyne Dobson**, Acc Cert

Support Divisions*Corporate Services*

- DIR – **Mr Ron Robinson**, BA(Hons), MA, Grad Dip Urban & Regional Planning

- DBM – **Mr Greg Bridge**

Finance

- DIR – **Mr Phil Cowdery**, Cert Acc

Human Resources

- DIR – **Mr Martin O'Malley**, Pers AC BHS(Mgmt)

- DBM – **Mr Greg Bridge**

Population Health & Planning

- MGR – **Mr Glenn Desailly**, RPM, Dip Social Wk, Grad Dip Educ & Counsel, Grad Dip Human Serv Research, MBA

- DBM – **Mr Craig Walsh**, Adv Comm Cert

Pink Ladies

1999 marks 30 years of voluntary service by the Pink Ladies at CCH.

The volunteers attend to the duties of flowers on wards; hostesses in the Blood Bank, Day Surgical Ward and Emergency Department; the library trolley; Children's Ward play therapy assistants; and child minding at the Family Care Cottages.

A new service this year was the Bay Leaf Cafe lolly trolley which was taken around daily. The library trolley service was expanded to two days a week and the Emergency Department hostessing was extended to cover mornings, afternoons and weekends. Apart from the normal duties of the Pink Ladies, the Service is often called upon to do large mail outs and collating jobs. The departments are very appreciative of this service.

At Gosford we have a roster of 93 volunteers, Wyong 31, Woy Woy 10 and Long Jetty 8. We have three men at Gosford Hospital: Doug Litchfield in the Delivery Suite making up bundles, compiling papers and information leaflets and preparing armbands; Frank McQueen handling the library trolley on Wednesdays; and Paddy Kinley assisting where needed in the hospital, mostly in Public Relations.

The sad news for the year was the passing of Marge Hannana, the Monday flower lady at Woy Woy Hospital. We miss her bright and cheerful personality.

Pink Ladies from Gosford, Wyong and Woy Woy were also involved in maintaining the 100 Years of Caring display in the front foyer of Gosford Hospital.

Chaplaincy

During the year the Chaplain Coordinator conducted two 40-hour introductory Clinical Pastoral Education courses. This provided pastoral care training to over 80 clergy and lay pastoral visitors to assist them in their hospital visitation of the sick. A further five volunteer chaplain trainees worked for six months assisting in the pastoral service provided at Gosford, Wyong and Woy Woy Hospitals and Long Jetty Health Care Centre.

The Chaplain Coordinator and four volunteer ward chaplains have provided pastoral care to CCH inpatients. A large number of pastoral care visitors and visiting clergy also regularly attend patients.

The fourth annual Ecumenical Service of Encouragement and Thanksgiving for Health Care Workers of the Central Coast was held at St Patrick's Church, East Gosford with Dr Brian Shaw, former director of Palliative Care Services as guest speaker. The service was well attended.

Hospital Auxiliaries

The United Hospital Auxiliaries of New South Wales is a voluntary organisation dedicated to supporting public hospitals and health services in communities throughout the state. Auxiliaries are an important link to the wider community and provide a valuable fundraising function.

CCH is fortunate to have six strong Hospital Auxiliaries. Throughout the year the Auxiliaries have actively raised funds and supported our hospitals. Their fundraising activities included street stalls, raffles, fetes, fashion parades, luncheons, auctions, carols by candlelight, and golf days. The Auxiliaries also conduct many social activities that serve as a means to raise funds.

This year the Auxiliaries were able to raise a combined total of \$139,460 for our hospitals. This is an outstanding result, being 75% more than the previous year.

CCH formally recognises this magnificent result and the huge effort that went into achieving it. We congratulate each and every Auxiliary member for a job well done, and look forward to continuing the excellent relationship with this dedicated group of volunteers who do so much for us.

The executives of the six United Hospital Auxiliaries for the 1998/99 year were;

- Gosford** President – Mrs Phyllis Sparks
Secretary – Mrs Kate Spence
Treasurer – Mrs Glad Frewin
- Kincumber** President – Mrs Jean Stansfield
Secretary – Mrs Roma Alexander
Treasurer – Mrs Rona Healy
- Long Jetty** President – Mrs Thelma Peck
Secretary – Mrs Doreen Ryder
Treasurer – Ms Betty Smith
- Ourimbah** President – Mrs Toni Brewster
Secretary – Mrs Yvonne Smith
Treasurer – Miss Narelle Rodgers
- Woy Woy** President – Mrs Maureen Hurt
Secretary – Mrs Rose Hozack
(deceased 26/1/99)
Acting Secretary – Mrs Merle Menz
Treasurer – Mrs Jean Dewar
- Wyong** President – Mrs June Morgan
Secretary – Miss Doris Colahan
Treasurer – Mrs Sylvia Rowe

“All staff I encountered were thoughtful, obliging and clinically thorough.”

EXTRACT FROM LETTER RECEIVED FROM PB

Patient Feedback

CCH implemented the NSW Health Department 'Better Practice Guidelines – Front-line Complaints Handling'. This involved the development of the CCH Patient Matters Policy, the allocation of Patient Matters coordinator duties to an officer in Area Administration and the purchase of complaints database software.

There were 876 letters of appreciation received this year. The significant increase in the number of letters of appreciation reflected the increased level of awareness across the organisation of the new policy. The letters were circulated to all the relevant staff and to the Patient Care Review Committee which is a sub-committee of the Board.

There were also 229 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.

Letter of Appreciation Received

24th/5/1999

To the ICU Staff who cared for B.M.

We would like to express our sincere thanks and appreciation to you all – Nurses, Doctors, Physio's, Technicians, Ward Staff and others for your kind and compassionate care of Dad. You were unsfailing in your courtesy and consideration to him. I know he appreciated it and I only wish you had known the man and not the patient.

We would also like to express our thanks for your attention to us, his family, during a very difficult time. You kept us well informed which we appreciated, you gave us space or compassion as needed and, above all you gave us time to come to terms with Dad's unexpected death, and to say good-bye.

Please accept our heartfelt thanks for all of this,

Ms F.M., Mr R.M. and Ms K.J.

Patient Feedback over Five Years:

	98/99	97/98	96/97	95/96	94/95
Total numbers of complaints	229	238	203	206	186
Total numbers of letters of appreciation	876	506	499	567	447

Fundraising

The level of community support from individuals, businesses, service clubs and other organisations continued to grow during 1998/99 as CCH forged further valuable relationships within the community. CCH gratefully acknowledges the financial support it received from the community.

The year was marked by a number of new initiatives aimed at enhancing CCH's income from fundraising. These included the creation of the "Central Coast Children's Fund", establishment of new fundraising events and the launch of the Central Coast Cancer Care Appeal.

In October CCH launched the "Central Coast Children's Fund" which is aimed at distributing donations across a broad range of Children's services. An amount of \$123,000 was raised during the year. The major sponsor of the Fund was the 2GO 'Give me Five Appeal'. Other support was received from a number of fundraising events including the annual TWU / Sun Weekly Convoy for Kids.

A new fundraising group, "The Partnership Foundation", was formed to assist Gosford Hospital Auxiliary conduct a Gala Charity night in August 1998. This inaugural event was very successful and raised \$35,000 for equipment for Gosford Hospital.

Other events organised by the Health Service included the annual Gosford Hospital Golf Day in November 1998 and a Charity Ball in May, 1999.

In April 1999 the Health Service launched the Central Coast Cancer Care Appeal. This Appeal is aiming to raise an amount of \$750,000 to build a new Cancer Centre at Wyong Hospital as well as complete extensions to the Cancer Centre at Gosford Hospital. CCH is very grateful to

NorthPower, our major sponsor, who donated \$40,000 to the Appeal as well as the media, particularly NBN Television, Central Coast Radio and the Central Coast Express Advocate who have donated significant advertising and promotion to the Appeal. A separate community Fundraising Committee has been established to coordinate fundraising strategies. The Committee is headed by Mr Fred Dawson as Chairperson with Mr Harry Moore OAM as Patron of the Committee.

Donations continued to be received for the Seniors Better Health Appeal launched in the previous year.

CCH fundraising activities are conducted in accordance with the Charitable Fundraising Act of 1991. The major appeal details include:

Central Coast Children's Fund

Receipts		Fundraising Expenditure	
Receipts	121,641	Direct	-
Interest	1,462	Indirect	1,743
Total	\$123,103		\$1,743

Cancer Care Appeal

Receipts		Fundraising Expenditure	
Receipts	170,447	Direct	1,733
Interest	1,964	Indirect	7,884
Total	\$172,411		\$9,617

Seniors Better Health Appeal

Receipts		Fundraising Expenditure	
Receipts	31,174	Direct	6,107
Interest	1,746	Indirect	-
Total	\$32,920		\$6,107

For more details, please see the Financial Statements Note No. 28 on Charitable Fundraising Activities.

Environment

Stage 1 and Stage 2 chillers have now been interconnected and one chiller will be replaced in July 1999. These initiatives have reduced the amount of coal used by the boiler thereby reducing greenhouse gas emissions. The proposed major redevelopments at Gosford Hospital will enable the decommissioning of the boiler.

An Energy Management Working Document was completed and its strategies will be progressively implemented. This is in line with the NSW Government Energy Management Policy.

Non patient areas are being targeted for power reduction outside of work hours. The use of awnings is also being investigated to allow winter sun in and keep summer sun out in an effort to reduce energy consumption.

Over the past year CCH has made major changes to the way it manages its waste. CCH has a Strategic Waste Plan, which is adopted by all sites, to pursue effective waste management and minimisation. Each hospital site now has its own committee overseeing waste management, and either a waste representative or employed waste officer. A Waste Coordinator directs a CCH-wide effort and regulates the activities of the sites, monitoring costs, investigating excess costs, providing education and promoting waste awareness. Waste practices and procedures reflecting Department of Health guidelines are documented in a Waste Management Policy Manual which is accessible to all staff.

A Performance Improvement Team consisting of key stakeholders in management of waste in the workplace has made major changes in waste practices, minimising manual handling, improving safety and saving costs.

“ I am writing to express my appreciation of the care and attention given to me. ”

EXTRACT FROM LETTER RECEIVED FROM DS

CCH aims to reduce landfill waste by 60% by the Year 2000. The following landfill waste reduction strategies are in operation:

- 1 Recycling of paper (including all office paper, newspapers, magazines, telephone books), cardboard, glass bottles, aluminium cans, printer cartridges and old x-rays.
- 2 Reuse of cloth nappies, crockery/cutlery/coffee mugs, etc.
- 3 Reduction or avoidance of waste, for example, by double-sided printing on office paper.

Ethnic Affairs Priority Program

Area Health Services are expected to play an essential part in the achievement of government policies to fulfil the Government Ethnic Affairs Action Plan 2000. Towards this end, a Strategic Plan for the Culturally and Linguistically Diverse Community of the Central Coast, under the auspices of the Division of Community Health, was completed in March 1999 and endorsed by the Board in June 1999.

The strategic plan identified two main aims: to improve the capacity of CCH to provide health care to the Non English Speaking Background (NESB) population and to help the Central Coast NESB population to improve their access to appropriate health care. Central to implementing the recommendations of this plan is the appointment of a Multicultural Coordinator. Approval has been given to recruit for this position. The position is funded for 18 months and will commence in October 1999.

The Multicultural Coordinator's role includes overseeing implementation of the strategic plan, coordinating training of staff in multicultural issues, disseminating information to NESB communities, recruiting interpreters, and consulting with appropriate government and non-government agencies and NESB communities on the Central Coast.

Excellent interpreter services to CCH clients continue to be provided by the Hunter Area Health Service. This year a total of 257 occasions of service (an increase of 29% over two years) were provided to CCH clients by the Hunter Health Interpreter Service.

The Central Coast NESB Interagency continues to work cooperatively with Central Coast Health and their involvement is very much appreciated.

NSW Government Action Plan for Women

To assist in the reduction of violence against women, CCH continues to support a full-time Domestic Violence Coordinator who oversees the implementation of the CCH Domestic Violence Policy. CCH hosts the Area Regional Violence Specialist and continues to work collaboratively with, and support, other local agencies involved in implementing strategies to reduce violence against women.

The CCH Women's Health Service promotes and implements the CCH Women's Health Plan through a number of priority projects. CCH implements state and national policies on Women's Health.

Nursing Research

The role of the Clinical Chair in Nursing Research is to foster the integration of nursing research and practice in diverse clinical settings. This year, the Clinical Chair has been involved in the following projects.

In the community setting Darrell Warrington and David Peters are currently evaluating the effectiveness of home based cardiac rehabilitation for special needs patients in a project funded by the NSW Nurses Registration Board. Presentation of preliminary data has generated much interest both nationally and internationally.

Pam Woolfe completed her research project on wound healing rates and has presented her findings to the International Council of Nursing Centennial Conference in London. The project demonstrated world standard outcomes for the model of leg ulcer management adopted by Community Nurses at CCH.

The travel needs of transport disadvantaged patients on the Central Coast have been explored by Patricia Semmens and Barbara Fiveash in a project funded jointly by the Faculty of Nursing, University of Newcastle and CCH. It is anticipated that the findings will make a significant contribution towards more efficient use of transport facilities within CCH.

In the hospital setting, Kathryn Bedwell and Vincent Carroll examined the delivery of patient care in the Day Surgical/Short Stay Unit. Nurses working at all levels in the Unit contributed to the project.

Research outcomes related to organisational change allowing ward nurses more time to engage in direct patient care.

Stephanie Foster presented her evaluation of breast surgery case management at the First National Breast Care Nurse Conference. Nursing case management of patients undergoing breast surgery demonstrated improved patient outcomes and has been adopted at Gosford and Wyong Hospitals.

The appropriateness of medical admissions to an acute care facility and the influences on physicians' decisions to admit to that facility were examined by Jenny Dempsey. The project provided validating data for programs such as Ambulatory Care for respiratory patients and supports current initiatives in refining discharge planning within the Division of Medicine.

Further research projects currently being undertaken include: the development and evaluation of a contemporary model of patient care in the Cardiac Step Down Unit by Annette Solman, and a study of the palliative care related clinical support needs of aged care nurses by Peter Cleasby and Irene Stein.

Medical Research

There is a range of medical research conducted across CCH. Of the research undertaken listed below is a brief summary of the major cardiac studies.

The largest of the cardiac studies was the ASSENT II clinical trial (ASsessment of the Safety and Efficacy of a New Thrombolytic agent-TNK-tPA) which enrolled 122 patients. This trial involved patients presenting to the Emergency Department with Acute Myocardial Infarction (Heart Attack) and with their consent received either standard therapy, t-PA or the research drug TNK-tPA. During the trial Gosford Hospital enrolled the 1st and 2nd patients worldwide, had the highest number of patients in Australia and was the 13th highest enrolling site internationally. Wyong Hospital was also a successful enroller with equal 10th in Australia. Gosford Hospital has proven international status with a positive report following an audit conducted by Leuven Coordinating Centre in Belgium. Statistically, the trial was successful with the hypothesis proven that both drugs were equivalent therapy for the treatment of AMI. The trial is now finished.

The hugely successful LIPID study (Long term Intervention with Pravastatin in Ischaemic Disease) and LIPID Cohort study (a follow-up study from main LIPID) were also conducted at Gosford/Wyong Hospitals. These studies examined the long term benefits of aggressive cholesterol lowering treatments following first presentation with a cardiac event. The main study, LIPID, commenced in 1991, involved 111 patients who had a history of heart attack or angina and had an average cholesterol level. For the first main study, these patients received either Pravastatin or Placebo and comparisons were made in each group. The results of this study changed medical practice with the inclusion of Pravastatin on the Pharmaceutical Benefits Scheme (PBS) for patients with this criteria. The study is now in close-out phase.

The SYMPHONY (Sibrafiban versus aspirin to Yield Maximum Protection from ischaemic Heart events post-acute corONary sYndromes) study was conducted at Gosford Hospital involving participants in the Cardiac Units. The study is now complete with full results pending. The 2nd SYMPHONY study is now in progress with patients on study medication for 12-18 months as compared to 3 months for the initial study.

A quality of life comparison, Shared Heart Care Audit, was also conducted in the Cardiac Units with 120 patients participating. This is a comparison of these patients' medications, exercise regimen, cholesterol levels, adverse events and risk factor management. The initial assessment was conducted with patients in hospital with follow-up 6 months later. Results are pending.

The HERO 2 (Hirulog Early Reperfusion Occlusion) study commenced at both Gosford and Wyong Hospitals in the Emergency Departments. This study is ongoing with 11 patients enrolled to date.

Published Papers

Kazi, J. "Turnaround times for reports on uncomplicated biopsies in five major hospitals", Pathology, November, 1999.

Lewis PR, Hensley MJ, Wlodarczyk J, Toneguzzi RC, Westley-Wise VJ, Dunn T, Calvert D. "Outdoor air pollution and children's respiratory symptoms in the steel cities of New South Wales". Med J Aust 1998; 169: 459-463. Winner of the 1998 Medical Journal of Australia/Wyeth Research Award.

Mooney G, Newberry G. "Priority setting in Dentistry: Putting teeth into the process". NSW Public Health Bulletin 1999; 10(5): 42-43.

Robinson, M. K. F. and Connolly, J. "Inpatients' satisfaction with clinical pharmacists' counselling", Australian Journal of Hospital Pharmacy, 1999

Schweibel, D; "Developing an Effective Quality Monitoring Tool"; Australian Quality Council - The Quality Magazine; October 1998

Tame, S., de Wit, D. and Meek, A. "Yersinia enterocolitica and mycotic aneurysm", Australian and New Zealand Journal of Surgery, Vol. 68, 1998.

Papers Presented to National or International Conferences

Bradford, V, Ella S. "Substance Abuse Programme"; National Congress of Epidemiology and Aboriginal Health Workers, Cairns, August 1998

Bunney, C. "Food Safety and Hygiene in Residential Care Setting"; Dietitians Association of Australia NSW Nutrition Update, September 1998.

Caplin, D, Bedwell, K, Van Epen, L & Walters, D; "Carotid Endarterectomy Overnight Stay"; Clinical Pathways on the Move Conference; June 1999

Carroll, V; "Surgical Clinical Pathways Central Coast NSW Experience"; Fourth Nursing Practice Conference - In the Web of the Future; September 1998

Dixon A, Lewis P. "A public health approach to diabetes". Public Health Association of Australia Annual Conference, Hobart, September 1998.

Ella S. & Price R. "The Aboriginal Men's Support Group"; 'National Drug and Alcohol Conference', Darwin 1999.

Foster, S; "Establishing the Role of the Breast Care Nurse"; 1st National Breast Care Nurse Conference; February 1999

Foster, S., & Conning, A. "Length of stay? Best practice". Challenges and Opportunities for Best Practice in Breast Cancer. Sydney, October. 1998.

Horder, B and Hargreaves, L; "Benchmarking with Clinical Pathways"; Clinical Pathways on the Move Conference; June 1999

Leahy, J. "Shape Up"; Dietitians Association of Australia NSW 1998 Nutrition Update, September 1998.

Liggett, R. "Is Milk Cool for School? What do school canteens think?"; 3rd International Schools' Milk Conference, May 1999.

Lipski, P. "Driving and Dementia"; NZ Society of Geriatric Medicine, Rural Retreat Annual Scientific Meeting, Marlborough Sounds, November, 1998.

Lipski, P. "The Problem with Demented Drivers". Aged Care Assessment Team Conference, Sydney, November, 1998.

Lipski, P. "Undernutrition in the Elderly - A Cause for Concern". NZ Society of Geriatric Medicine, Rural Retreat Annual Scientific Meeting, Marlborough Sounds, November, 1998.

Mollart, L. "Action Research Delivers: A Midwives clinic is born"; New models of Maternity Service Provision: Australian Midwives Perspectives Conference. Adelaide; November 1998.

Shonk, J. "Current Pacemaker Technology"; Society for Medical and Biomedical Engineering Annual Conference, Newcastle, March. 1999.

Solman, A. "The Development of Nursing Practice within a Cardiac Step Down Unit - A Case Study", University of Newcastle, January. 1999

Ward, K. "To demonstrate that using prealbumin results in more effective use of nutrition support", Dietitians Association of Australia 1999 National Conference

Warrington, D., Mundy, M. "Home Based Cardiac Rehabilitation - A Community Nurse Perspective"; Australian Cardiac Rehabilitation National Congress; July. 1998.

Woolfe, P. "Overcome by outcomes: An evaluation of new age management of venous leg ulcers in a primary health care setting." The International Council of Nursing Centennial Conference. London, June. 1999.

Worrell, R. M. "Who said that you can't teach an old dog new tricks!" (abstract) Proceedings of the Pharmacy Australia Congress, March, 1999.

Research Approved by the Ethics Committee

Researcher	Organisation	Research Title
Mr Graham Stone	NSW Dept of Health	Hepatitis C Case Management Trial (HepCare)
Dr Helena Miksevicius	CCH	Infant Feeding Practices on the Central Coast
Ms Barb Fiveash	University of Newcastle	Client Managed Care
Dr Peter Lipski	CCH	What is the hospital doing in screening for the Nutrition condition of patients?
Ms Leanne Andrew	CCH	Smoking Cessation Intervention in a Hospital Setting
Dr Denis Crimmins	CCH	Vitapops Study
Mr Peter Cleasby	CCH	A study of the palliative care related clinical support needs of aged care nurses
Ms Tricia Semmens	CCH	Health Related Travel Needs of Transport Disadvantaged Clients of the CCH
Dr Denis Crimmins	CCH	Images v2a - Intravenous Magnesium Efficacy in Stroke
Dr John Woods	CCH	The Paragon B Trial - Lamifiban
Dr Elizabeth McCusker	Westmead Hospital	Prevalence of Huntington Disease in the State of NSW
Ms Kathryn Bedwell	CCH	Change in the service delivery of patient care: a case study of the change processes on implementation of a combined peri-operative and day surgical function at CCH
Professor Richard Heller	University of Newcastle	Acute Cardiac Care Study Follow-Up (NSW Health) Change Practice Patterns (NH&MRC)
Dr Adam Buckmaster	CCH	A before and after study on the impact of a Children's Multidisciplinary Diabetic Clinic on their control and understanding of diabetes
Mr Brighton Fong	CCH	Surgical Services Patient Satisfaction Survey
Ms Stephanie Foster	CCH	Evaluation of Case Management in Breast Surgery: A Stakeholder Approach
Ms Cawn Vanderkroft	CCH	To demonstrate that using Prealbumin results in more effective use of nutrition support - a quality improvement project

“You were unfailing in your courtesy and consideration.”

EXTRACT FROM LETTER RECEIVED FROM FM, RM & KJ

Researcher	Organisation	Research Title
Ms Carolyn Elwin & Ms Kerry Hoffman	CCH	The effect of clinical nurse educator support on critical thinking ability and confidence in decision making of new graduate nurses
Ms Jennifer Dempsey	CCH	How appropriate are the admissions in the Division of Medicine and what influences the Physicians' decision to admit to an acute care facility
Dr Denis Crimmins	CCH	Evaluation of the Efficacy of Tolcapone compared with placebo in delaying the onset of wearing-off fluctuations in non-fluctuating Parkinson's disease patients
Dr Denis Crimmins	CCH	A double-blind, randomised, placebo-controlled study of Atorvastatin as prevention of Cerebrovascular events in patients with a previous Transient Ischaemic Attack (TIA) or Stroke
Dr Denis Crimmins	CCH	A multicentre, double-blind study of the efficacy and safety of Remacemide Hydrochloride compared with Carbamazepine in patients with newly diagnosed Epilepsy
Dr Andrew Hill	CCH	The Hirulog Early Reperfusion/Occlusion (HERO 2) Trial - Wyong
Mr Gary Nolan	CCH	The difference in response to natural loading in maximal inspiratory pressure in normal subjects and those with chronic airflow limitation
Dr Denis Crimmins	CCH	A multi-centre, multi-national study to assess safety tolerability, pharmacokinetics and pharmacodynamics of a single dose of UK-279,276 in acute stroke patients
Dr David Darnell	CCH	Troglitazone Treatment to target study (4Ts)
Ms Darrell Warrington	CCH	Evaluation of the effectiveness of home based cardiac rehabilitation for special needs clients
Dr Denis Crimmins	CCH	The SMART Study - A multicentre, double-blind, placebo controlled, parallel group comparative study to demonstrate the efficacy and safety of Remacemide as Adjunctive therapy in patients with refractory partial-onset epilepsy
Ms Leigh McKay	CCH	Potential Organ Donor Death Audit in Central Coast Area Health Service
Dr Andrew Hill	CCH	Valiant - a Phase III multicentre, international, randomized, double-blind, active controlled parallel group study comparing the efficacy and safety of long term treatment with Valsartan, Captopril and their combination in high risk patients
Dr Denis Crimmins	CCH	Ancrod 0065 - Estat Study - multicentre, parallel, group sequential, randomised, double-blind, placebo controlled study of efficacy and safety of IV Ancrod (ARVIN) given within 6 hours after onset of acute ischaemic stroke
Dr Simon Roger	CCH	CV137-066 A randomised, double-blind Amlodipine - and Losartan - controlled study of Omaprilat in subjects with mild to moderate hypertension
Dr Simon Roger	CCH	Candesartan in Heart Failure: Assessment of Reduction in Mortality and Morbidity
Dr Denis Crimmins	CCH	A multicentre, double-blind, randomised, placebo controlled, cross over study of Gabapentin in the Prophylaxis of "Chronic Daily Headache" (The Australian Neurontin Headache Trial "AUS-NHT")
Ms Annette Solman	CCH	The Introduction of a Contemporary Model of Nursing Practice in a Cardiac Step-down Unit: An Evaluation Study
Dr Chris White	Central Coast Osteoporosis Centre	Extended Follow-up of Patients in LY333334 Trials
Ms Megan Kennedy	CCH	Decision-making processes of new graduate nurses administering medication

PERFORMANCE STATISTICS

Statistical Summary**

	98/99	97/98	96/97	95/96	94/95
Inpatients					
Admissions+	63,661	63,166	56,399	56,630	51,817
Average Length of Stay(days) #	3.8	3.9	4.2	4.2	4.4
Number of Operations	18,073	17,891	16,717	18,031	16,944
Number of Births	2,836	2,759	2,589	2,611	2,643
Occupied Bed Days	239,153	244,990	234,551	237,396	227,334
Bed Occupancy Rate (%)	94.0	93.9	91.3	90.8	88.5
Same Day Admissions	26,280	26,358	22,485	21,710	18,713
Daily Average of Inpatients	638.0	644.2	621.4	626.4	644.7
Non-Admitted Patients					
Non-Admitted Patients OOS*	789,277	739,947	670,304	645,145	602,507
Dental Flows Equivalents*	-	-	49,544	79,709	109,847
All Services					
Adjusted Daily Average (ADA)	862.8	855.3	835.3	860.2	805.9
Staff Employed June 30 (FTE)	2,821	2,752	2,631	2,626	2,567
Net Cost of Services \$'000	190,886	178,307	158,199	150,659	148,677
FTE Staff per ADA	3.27	3.22	3.15	3.05	3.19
Net Cost of Services per ADA (\$)	606.14	571.16	518.88	479.85	505.44
Net Cost of Services per ADA Indexed (\$)	575.09	547.93	501.29	464.97	-
Australian CPI (All Groups)	1.1	0.7	0.3	3.1	-

+ Excludes the CADE Unit and Mental Health residences

ALOS for 1997/98 was incorrectly reported in last years Annual Report as 3.3

* From 1997/1998 Dental figures are calculated the same as all other Occasions of Service

** Excludes inter-area patient flows of \$22.816 million.

Staff Numbers and Budget Per Division (FTEs as at June 27)

	FTE	Budget \$
Anaesthetics & Surgery	261	25,808,700
Area Administration	49	3,377,394
Community Health	607	35,305,407
Corporate Services	188	12,440,061
Critical Care	219	16,203,932
Finance	81	3,498,946
Gosford Management & Area Clinical Support	515	21,966,642
Human Resources	34	1,876,061
Long Jetty	48	2,735,309
Medicine	172	14,390,653
Obstetrics	136	9,348,739
Paediatrics and Child & Family Health	82	5,806,520
Population Health	32	2,022,898
Woy Woy	62	3,379,806
Wyong	318	21,635,465
Total*	2804	179,796,533

* Excludes DOH Capital Works & Miscellaneous 17 FTE

Inpatients – Activity by Division

DIVISION	Admissions		Bed Days		Daily Average		Occ Rate (%)		ALOS	
	98/99	97/98	98/99	97/98	98/99	97/98	98/99	97/98	98/99	97/98
CRITICAL CARE – TOTAL	9749	12548	25289	24458	69.3	67.0	142.3	139.3	2.8	2.8
Emergency Dep ¹	6489	9912	10365	9841	28.4	27.0	0	0	1.6	1.5
ICU/Cardiac Ward	3260	2636	14924	14617	40.9	40.0	84.0	83.2	6.0	5.8
MEDICINE – TOTAL	7435	8815	7370	8816	23.8	30.1	215.4	276.3	1.0	6.3
Renal Unit ²	7101	6155	7036	6156	22.5	19.7	205.7	192.9	1.0	1.0
Oncology ³	334	2660	334	2660	1.3	10.4	0.0	0.0	1.0	1.0
MEDICINE	5714	4211	39550	40945	108.4	112.2	93.7	91.8	6.2	7.1
MENTAL HEALTH – Mandala	1077	709	10202	9803	28.0	26.9	93.2	92.9	10.3	12.5
OBSTETRICS⁴	8822	8823	23297	25434	46.6	47.2	86.3	102.6	2.6	2.9
PAEDIATRICS	3829	3026	7715	8506	21.1	23.3	55.6	61.3	2.0	2.3
ANAESTHESIA/ SURGERY – TOTAL	12822	11894	46517	46389	127.4	127	83.6	81.7	3.7	3.5
Endoscopy	987	1125	961	1125	3.7	4.4	74.5	88.6	1.0	1.0
Surgery	11835	10769	45556	45264	124.8	124.0	83.9	81.5	3.9	3.8
LONG JETTY – General Ward	602	637	10522	11204	28.8	30.7	87.4	93.2	17.3	17.6
WOY WOY	865	842	21176	21713	58.0	59.5	92.3	94.7	24.7	25.6
WYONG – TOTAL	12746	11661	47515	47722	130.2	128	96.5	98.8	3.7	4.5
Emergency ⁵	4885	4694	5490	4651	15.0	12.7	0	0	1.1	1.1
Others ⁶	7861	6967	42025	43071	115.2	115.3	85.3	89.2	5.3	6.6
TOTAL	63661	63166	239153	244990	641.6	651.9	96.5	99.3	3.8	3.9

¹ Presentations to Gosford Emergency Department in 1998/99 were 42,098 and in 1997/98 were 41,846

Admissions through the Gosford Emergency Department in 1998/99 were 21,240 and in 1997/98 were 21,017.

² The Renal Unit Bed Daily Average rate for 1997/98 printed in last year's Annual Report was incorrect.

³ During August 1998 Oncology Patients ceased to be admitted but instead were treated as Outpatients (see Occasions of Service Statistics)

⁴ Obstetrics Admissions include qualified and unqualified babies

⁵ Presentations to Wyong Emergency Department in 1998/99 were 31,215 and in 1997/98 were 29,957

Admissions through the Wyong Emergency Department were in 1998/99 were 8,730 and in 1997/98 were 7,796

⁶ Includes Surgery, Day Surgery, Medical, Rehabilitation and Endoscopy

⁷ This Chart excludes CADE and Community Resident Units (Mental Health)

Occasions of Service (OOS) – Activity by Division

DIVISION	NON-ADMITTED PATIENTS						INPATIENT TOTAL		ALL OOS			
	Individual OOS		Groups		Participants		TOTAL*		1998/99	1997/98	1998/99	1997/98
	1998/99	1997/98	1998/99	1997/98	1998/99	1997/98	1998/99	1997/98				
ALLIED HEALTH #	36658	33163	1620	1714	11623	11133	38766	35391	79771	78646	118537	114037
COMMUNITY HEALTH	287093	271330	3641	3400	55975	48416	291825	275750	4279	3786	296104	279536
CRITICAL CARE	51084	45102	22	4	323	32	51112	45107	10471	8084	61583	53191
AREA CLINICAL SUPPORT	88884	98618	25	20	374	296	88917	98644	344630	351215	433547	449859
Pathology +	62769	74057	0	0	0	0	62769	74057	198678	209189	261447	283246
Medical Imaging	15423	14875	0	0	0	0	15423	14875	43315	52460	58738	67335
Pharmacy	10692	9686	25	20	374	296	10724	9712	102637	89566	113361	99278
MEDICINE	4597	1863	0	0	0	0	4597	1863	3111	2886	7708	4749
Oncology ~	2338	0	0	0	0	0	2338	0	0	0	2338	0
Respiratory Lab	2190	1757	0	0	0	0	2190	1757	2542	2388	4732	4145
Neurophysiology	69	106	0	0	0	0	69	106	569	498	638	604
MENTAL HEALTH	92119	58324	3701	3230	18885	15499	96930	62523	3414	1580	100344	64103
OBSTETRICS – Community Midwives	15075	13699	187	16	981	136	15318	13720	1709	1831	17027	15551
CHILD HEALTH	64583	50396	10234	22722	44264	71962	77889	79935	2290	14152	80179	94087
REHAB & AGED CARE	33941	32635	885	978	6113	6124	35093	33906	5343	12230	40436	46136
GOSFORD – Clinics	25436	24795	6	0	64	0	25444	24795	44	42	25488	24837
LONG JETTY	525	413	0	0	0	0	525	413	6	0	531	413
WOY WOY	17184	21963	58	232	244	1452	17259	22265	13371	9882	30630	32147
WYONG	45568	45206	27	330	155	1948	45603	45635	21222	20047	66825	65682
TOTAL	762747	697507	20406	32646	139001	156998	789278	739947	489661	504381	1278939	1244328

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

Includes OOS for Allied Health staff not allocated out to other Divisions.

+ There was a change in methodology. Now services provided to patients in the Emergency Department prior to admission are counted as an inpatient OOS rather than a NAPOOS.

- Oncology patients are now classified as outpatients rather than being admitted.

FINANCIAL STATEMENTS

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Financial Overview

Executive Summary

The Central Coast Area Health Service received its Budget Allocation for the 1998/99 financial year from the NSW Department of Health on the 28th August 1998.

The agreed expense budget (General Fund and Special Purpose Fund) accrual totalled \$248,918,000. The Revenue Budget (General Fund and Special Purpose Fund) accrual totalled \$35,484,000.

The Department of Health in providing this allocation, insisted that the Area comply with their Annual Budgets and that such compliance be monitored as follows

- Operate within the advised level of Government cash payments.
- Operational costs not to exceed net cost of services.
- Spending patterns in 1998/99 not to commit additional expenditure, or have financial implications in forward years beyond existing budget provisions.
- That there are no general creditors over 45 days at the end of any month.
- All loans to the Department of Health to be repaid within the time frames agreed.
- The Health Service provides the Department of Health with weekly cash requirements.

The area completed June 99 with a General Fund cash variance of \$ 4,083,126 favourable on payments and \$319,490 favourable on receipts. This resulted in a Net Budget Impact of \$4,402,616 favourable.

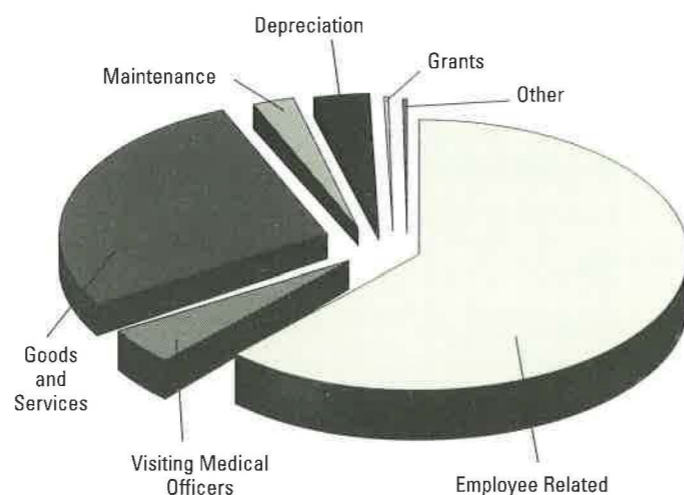
After deducting the favourability in Special Projects of \$1,156,895 and capital jobs of \$3,243,799 the area completed the year with a zero variance on cash (1,922F). On an accrual basis this represented an end of year result of approximately \$63,000 favourable.

The Department required the Area to bring to account the value of patient flows between Areas. This amounted to an expense for outflows of \$29,027,000 and a revenue item for inflows of \$6,211,000. The balance of \$22,816,000 was allowed for by a notional increase in subsidy.

Budgets

The 1998/99 Expense Budget was structured as follows:-

1. Employee Related	\$ 154,587,000
2. Visiting Medical Officers	\$11,345,000
3. Goods and Services	\$67,529,000
4. Maintenance	\$6,231,000
5. Depreciation	\$8,154,000
6. Grants	\$972,000
7. Other	\$100,000



The pie chart above indicates that 62.1 % of the total budget was allocated to employee related expenditure ie Salaries and Wages, Long Service Leave and Annual Leave Provision as well as Superannuation.

The 1998/99 Revenue Budget was structured as follows:

1. Sale of Goods and Services	\$ 33,545,000
2. Investment Income	\$444,000
3. Grants and Contributions	\$1,495,000

Income from patient fees represented 48.5% of total local income.

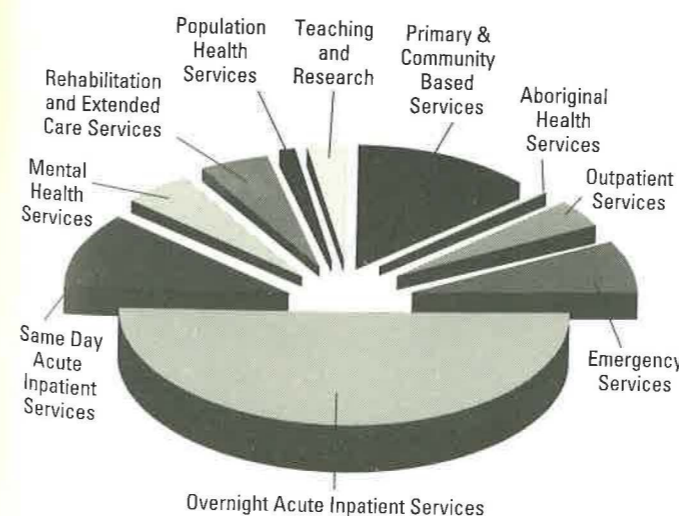
Income from linen service revenues – other health services and non-health services totalled \$18,289,000 or 51.5% of total local income.

Program Expenditure

The Central Coast Area Health Service provides services to the Community under ten (10) health programs:

The net cost of each service was as follows:

Program 1.1 Primary and Community Based Services	\$27,525,000
Program 1.2 Aboriginal Health Services	\$428,000
Program 1.3 Outpatient Services	\$8,724,000
Program 2.1 Emergency Services	\$16,104,000
Program 2.2 Overnight Acute Inpatient Services	\$108,040,000
Program 2.3 Same day Acute Inpatient Services	\$23,373,000
Program 3.1 Mental Health Services	\$11,044,000
Program 4.1 Rehabilitation and Extended Care Services	\$10,573,000
Program 5.1 Population Health Services	\$2,316,000
Program 6.1 Teaching and Research	\$5,575,000



The pie chart above indicates that the Central Coast Area Health Service spent 50.5% of its allocation on Overnight Acute Hospital Services, 7.6% on Emergency Services, 5.0% on Rehabilitation and Extended Care, 12.9% on primary and Community Care and 5.2% on Mental Health Services

Employee Entitlements

	1998/99 \$000	1997/98 \$000
Current:		
Employee Annual Leave	11,229	10,269
Employee Long Service Leave	1,290	2,289
Accrued Salaries	2,416	1,837
Other	175	186
	15,110	14,580
Non-Current		
Employee Annual Leave	875	540
Employee Long Service Leave	15,684	12,135
Other	0	0
Aggregate Employee Entitlements	16,559	12,675

During this year a number of specific projects and service enhancement funds were received and included in the programs listed previously.

These were as follows:

Specific Project Description	\$
AHE Aboriginal Health	426,773
AIDN Aids NGO	32,900
AIDS Aids	1,149,438
FGM Female Genital Mutilation	2,500
CMPC Commonwealth Palliative Care	1,099,757
CMYH Youth Health	81,212
DAS Drug and Alcohol	253,684
DEN Dental	2,315,914
GERA Geriatric Assessment	701,151
HACC Hospital and Community Care	2,014,224
HOIN Health Outcomes	102,255
NCD A National Drug Strategy	292,010
NCDN National Campaign against Drugs	48,000
NGO NGOs various	831,000
NMHP National Mental Health	1,048,484
NWHP National Women's Health Program	192,200
PADP PADP	635,299

SCDA	State Scheme to Control Drug Abuse	222,891
SPHP	Special Health Promotion	339,481
SPPH	Special Public Health	135,431
YSPS	Suicide Prevention	86,700
INC	Incentive and Demonstrative	8,000
ABHP	Aboriginal Health Promotion	19,394

Enhancement Projects – Funding Description

		\$
P006	PAS Waiting Lists	792,000
1998/99	Enhancement Funding	3,500,000

Capital Works

The NSW Department of Health provided funds totalling \$3,456,954 for the following capital works projects during 1998/99 financial year.

		\$
01669	Lakehaven Community Health Centre	200,000
01850	Long Jetty Community Health Centre	887,000
02025	Data Interface CCAHS	95,554
01574	CCAHS OPT Rollout	84,505
01771	CCAHS Year 2000 Conversion	1,827,895
01956	CCAHS Upgrade Infection/Cont Equip	42,000
01918	Wyong Hospital Day Surgery	300,000
02036	Eleanor Duncan AHC	5,000
02035	Nunyara	15,000

Certification of Financial Statements

The attached financial statements of the Central Coast Area Health Service for the year ended 30 June 1999 :

- (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.
- (iv) it has been determined that the Public Authorities (Financial Arrangements) Act, 1987 has not been complied with in that the Treasurer's approval was not arranged by the NSW Health Department prior to its advancing loan funds to the Service, or in respect of a loan from another Health Service, even though loan arrangements of this nature have been in place since 1990.

Legislative changes are now being considered to validate the loan arrangements in all ensuing financial years.

Borrowings are accurately reflected in the Service's financial statements.



J. Blackwell
Chief Executive Officer



Professor D George
Board Chairman

Dated: 14th October 1999



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 1999. The Board is responsible for the financial report consisting of the statement of financial position, operating statement, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and 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 Australian Auditing Standards and statutory requirements to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates.

In addition, other legislative and policy requirements, which could have an impact on the Central Coast Area Health Service financial report, have been reviewed on a cyclical basis. For this year, the requirements examined comprised compliance with:

- core business activities being in accordance with approved program descriptions;
- the *Public Authorities (Financial Arrangements) Act 1987*;
- the Service's policies and procedures in respect of trust accounts operations; and
- the Service's policies and procedures in respect of grants made to entities external to the NSW public sector.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements, and statutory requirements 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.

Qualification

As disclosed in note 22 to the financial statements, the Central Coast Area Health Service did not have the Treasurer's approval in terms of the *Public Authorities (Financial Arrangements) Act 1987* to loans of \$3,002m at 1 July 1998. In my opinion, these loans do not comply with the provisions of the *Public Authorities (Financial Arrangements) Act 1987*. These loans have been accurately recognised in the Central Coast Area Health Service's financial report.

Qualified Audit Opinion

In my opinion, except for the non-compliance with the *Public Authorities (Financial Arrangements) Act 1987* referred to in the qualification paragraph, the financial report of the Central Coast Area Health Service complies with section 45E of the *Public Finance and Audit Act 1983* and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 1999 and the results of its operations and its cash flows for the year then ended.

Inherent Uncertainty Regarding Year 2000 Compliance

Without further qualification to the opinion expressed above, attention is drawn to the following matter because of the implications of any adverse effects on the Central Coast Area Health Service's activities. As indicated in note 36 to the financial statements, the Central Coast Area Health Service has implemented a program to address the potential computer system failures attributable to the date change from 1999 to 2000. The Central Coast Area Health Service's activities might also be affected by the ability of third parties dealing with the Central Coast Area Health Service to manage the year 2000 date change. Because third parties have not been willing to provide assurances that their systems are year 2000 compliant, the outcome of the date change on the Central Coast Area Health Service's activities cannot presently be determined.

Report in accordance with section 24 of the *Charitable Fundraising Act 1991*

I report 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 1999;
- 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

R. J. Sendt
Auditor-General

SYDNEY
20 October 1999

CENTRAL COAST AREA HEALTH SERVICE
Operating Statement for the year ended 30 June 1999

	Notes	Actual 30/6/99 \$'000	Budget 30/6/99 \$'000	Actual 30/6/98 \$'000
Expenses				
Operating Expenses				
Employee Related	3	153,116	154,587	137,344
Visiting Medical Officers		11,359	11,345	11,229
Goods and Services	4	68,614	67,529	32,454
Maintenance	5	7,527	6,231	5,714
Depreciation and Amortisation	2(h),6	7,694	8,154	7,982
Grants and Subsidies	7	982	972	857
Finance Costs	8	97	100	129
Total Expenses		249,389	248,918	195,709
Revenues				
Sale of Goods and Services	9	34,173	33,545	16,821
Investment Income	10	390	444	488
Grants and Contributions	11	1,572	1,495	1,005
Total Revenues		36,135	35,484	18,314
Gain / (Loss) on Sale of Non Current Assets	12	(448)	(331)	(912)
Net Cost of Services	14,30,33	213,702	213,765	178,307
Add Government Contributions				
NSW Health Department Recurrent Allocations	2(a)	192,902	192,902	167,241
NSW Health Department Capital Allocations		3,296	3,457	1,930
Asset Sale Proceeds transferred to the Crown Entity		(4,681)	(4,605)	
Acceptance by the Crown Entity of Superannuation Liability	2(c)	10,637	10,648	9,046
Movement in Accumulated Funds	24	(11,548)	(11,363)	(90)

The accompanying notes form part of these Financial Statements.

CENTRAL COAST AREA HEALTH SERVICE
Statement of Financial Position for the year ended 30 June 1999

	Notes	Actual 30/6/99 \$'000	Budget 30/6/99 \$'000	Actual 30/6/98 \$'000
Current Assets				
Cash		3,219	279	3,617
Investments	16	3,014	2,014	2,014
Receivables	17	6,839	6,490	6,150
Inventories	18	3,220	3,550	3,241
Total Current Assets		16,292	12,333	15,022
Non-Current Assets				
Land and Buildings	19	137,854	137,439	141,579
Plant and Equipment	19	12,823	15,762	17,958
Total Non-Current Assets		150,677	153,201	159,537
Total Assets		166,969	165,534	174,559
Current Liabilities				
Accounts Payable	21	5,455	4,739	4,638
Borrowings	22	675	675	1,275
Employee Entitlements	23	15,110	17,714	14,580
Total Current Liabilities		21,240	23,128	20,493
Non-Current Liabilities				
Borrowings	22	1,149	1,052	1,727
Employee Entitlements	23	16,559	13,053	12,675
Total Non-Current Liabilities		17,708	14,105	14,402
Total Liabilities		38,948	37,233	34,895
Net Assets		128,021	128,301	139,664
Equity				
Reserves	24	13,593	13,688	13,688
Accumulated Funds	24	114,428	114,613	125,976
Total Equity		128,021	128,301	139,664

The accompanying notes form part of these Financial Statements.

CENTRAL COAST AREA HEALTH SERVICE
Statement of Cash Flows for the year ended 30 June 1999

	Notes	Actual 30/6/99 \$'000	Budget 30/6/99 \$'000	Actual 30/6/98 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		(138,066)	(140,428)	(128,742)
Grants and Subsidies		(982)	(972)	(858)
Finance Costs		(97)	(100)	(129)
Other		(55,573)	(56,336)	(49,443)
Total Payments		(194,718)	(197,836)	(179,172)
Receipts				
Sale of Goods and Services		30,230	30,467	12,752
Interest Received		390	444	488
Other		1,572	1,495	1,005
Total Receipts		32,192	32,406	14,245
Cash Flows From Government				
NSW Health Department Recurrent Allocations		166,690	166,690	167,241
NSW Health Department Capital Allocations		3,270	3,431	1,930
Net Cash Flows from Government		169,960	170,121	169,171
NET CASH FLOWS FROM OPERATING ACTIVITIES	30	7,434	4,691	4,244
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from Sale of Property, Plant and Equipment		320	0	1,515
Purchases of Property Plant and Equipment		(5,974)	(6,754)	(8,997)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(5,654)	(6,754)	(7,482)
CASH FLOWS FROM FINANCING ACTIVITIES				
Proceeds from Borrowings		0	0	2,779
Repayment of Borrowings		(1,178)	(1,275)	(1,077)
NET CASH FLOWS FROM FINANCING ACTIVITIES		(1,178)	(1,275)	1,702
NET INCREASE/(DECREASE) IN CASH		602	(3,338)	(1,536)
Opening Cash and Cash Equivalents		5,631	5,631	7,167
CLOSING CASH AND CASH EQUIVALENTS	29	6,233	2,293	5,631

The accompanying notes form part of these Financial Statements.

CENTRAL COAST AREA HEALTH SERVICE
 Program Statement – Expenses and Revenues for the year ended 30 June 1999

Agency's Expenses and Revenue	Program 1.1*		Program 1.2*		Program 1.3*		Program 2.1*		Program 2.2*		Program 2.3*		Program 3.1*		Program 4.1*		Program 5.1*		Program 6.1*		Grand Total				
	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	
Expenses																									
Operating Expenses																									
Employee Related	19,056	17,093	231	258																					
Other Operating Expenses	6,764	5,420	73	70																					
Maintenance	1,229	711	93	93																					
Depreciation and Amortisation	529	993	9	9																					
Grants and Subsidies	915	107	1																						
Finance Costs	10	16																							
Total Expenses	28,503	24,340	328	430	8,213	9,744	16,246	18,915	16,688	126,179	24,851	14,119	12,969	12,722	19,513	18,502	2,407	2,277	5,878	6,979	249,389	195,709	6,326	213,702	
Retained Revenue																									
Sale of Goods and Services	970	2,093	2																						
Investment Income	8	61																							
Grants and Contributions		125																							
Total Retained Revenue	978	2,279	2	2	768	1,020	1,397	2,803	16,688	126,179	24,851	14,119	12,969	12,722	19,513	18,502	2,407	2,277	5,878	6,979	249,389	195,709	6,326	213,702	
Gain/(Loss) on Sale of Non-Current Assets																									
NET COST OF SERVICES	27,525	22,061	297	428	7,445	8,724	14,725	16,104	108,040	108,040	84,291	23,373	11,044	11,531	10,573	16,770	2,316	2,316	5,575	6,326	213,702	178,307	(448)	(912)	

*The name and purpose of each program is summarised in Note 15.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

1. The 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 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 Health Service.

In the process of preparing the consolidated financial statements for the economic entity consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

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, other mandatory professional reporting requirements and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

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, other mandatory professional reporting requirements 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.

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

(a) NSW Health Department Recurrent Allocations

Cash Payments are made by the NSW Health Department on the basis of the net allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States 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 1998/99 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.

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.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

(c) Superannuation

The Health Service's liability for superannuation is assumed by the Crown Transactions Entity. The 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 by the NSW Health Department. 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 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 Health Service owns and operates two Health Centres on land owned by the local authorities in the area to deliver community health services for which market value charges are not raised by the local authorities. The Health Service has not estimated the value of the benefit provided as it is not expected to be material.

(f) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisition of assets controlled by the agency. Cost is determined as the fair value of assets given as consideration plus the costs incidental to the 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 arms length transaction.

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by the Health Service are deemed to be owned by the 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.

(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 Health Service. Land is not a depreciable asset.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

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 revalued every 5 years by an independent valuer. The last such valuation was completed on 1 July 1996.

Where assets are revalued upward or downward as a result of a revaluation of a class of non-current physical assets, the 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 Health Service is a not-for-profit entity whose service potential is not related to the ability to generate net cash inflows.

(j) Leased Assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are charged to the Operating Statement in the periods in which they are incurred.

(k) 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.

(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.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

(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. Interest revenues are recognised as they accrue.

(n) Inventories

Inventories are stated at the lower of cost and net realisable 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) Financial Instruments

Financial Instruments give rise to positions that are a financial asset of either the Central Coast Area Health Service or its counterpart and a financial liability (or equity instrument) of the other party. For the Central Coast Area Health Service these include cash at bank, receivables, investments, accounts payable and borrowings.

In accordance with Australian Accounting Standard AAS33, 'Presentation and Disclosure of Financial Instruments', information is disclosed in Note 34 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

Classes of instruments recorded at cost and their terms and conditions at balance date are as follows:

Cash

Accounting Policies – Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions – Monies on deposit attract an effective interest rate of approximately 4.24%

Receivables

Accounting Policies – Receivables are carried at nominal amounts due less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable.

Terms and Conditions – Accounts are issued on 30 day terms.

Investments

Accounting Policies – Investments reported at cost include both short term and fixed term deposits. Interest is recognised in the Operating Statement when earned.

Terms and Conditions – Short term deposits have an average maturity of 30 days and effective interest rate of 4.84%.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

Accounts Payable

Accounting Policies – Accounts Payable are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.

Terms and Conditions – Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

Borrowings

Accounting Policies – Bank Overdrafts and Loans are carried at the principal amount. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with Australian Accounting Standard, AAS17.

Terms and Conditions – Bank Overdraft interest is charged at the bank's benchmark rate. Interest bearing loans are payable at fortnightly intervals with interest charged at 4.67%.

There are no classes of instruments which are recorded at other than cost or market valuation.

All financial instruments including revenue, expenses and other cash flows arising from instruments are recognised on an accrual basis.

(q) Trust Funds

The Central Coast Area Health Service receives monies in a trustee capacity for various trusts as set out in Note 26. As the Central Coast Area Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Central Coast Area Health Service's own objectives, they are not brought to account in the financial statements.

(r) Proceeds on Sale of Motor Vehicles

The 1998/99 proceeds of sale of motor vehicles associated with Treasury negotiated leases of motor vehicles have been lodged to the credit of State Treasury. Such remittances have been deducted from Government Contributions in the Operating Statement.

(s) Change in Accounting Policy

Department of Veterans' Affairs Revenue

From 1 July 1998, new funding arrangements were put in place between NSW Health and the Department of Veterans' Affairs for the treatment of entitled veterans.

The funding arrangements were designed to encourage enhanced service provision to veterans and improved activity data reporting.

Revenue received by NSW Health in 1998/99 for the treatment of entitled veterans, is reflected in the financial statements of Health Services, whereas in prior years moneys were provided as NSW Health Department Recurrent Allocations.

The change has no effect on equity values but serves to decrease the Central Coast Area Health Service's Net Cost of Services result by \$10.6 million.

Inter Area Patient Flows

From 1998/99 all Area Health Services have been provided with adjustments which recognise the flow of acute inpatients from the area in which they are resident to other areas within the State. The initial adjustments have been based on 1997/98 data using a standard cost weighted separation value to reflect estimated 1998/99 costs

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

at a weighted benchmark cost of \$2,300 for acute weighted inpatient separation.

The changes are required to more accurately disclose the cost of the service provision to the Area's resident population and the extent to which the service is provided to non-residents.

In respect of the Central Coast Area Health Service the effect of the changes on Net Cost of Services was an increase of \$22.816 million.

The adjustments have been made as appropriate to expenses, revenue and NSW Health Recurrent Allocations with identical adjustments between actual and budget.

The adjustments have no effect on equity values as the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Health Recurrent Allocation.

It should be noted that had the change in accounting policy been adopted in the previous year the 1997/98 comparatives would have been stated as follows:

Increased Expenses	\$25.292 million
Increased Revenues	\$ 5.286 million
Increase in Net Cost of Services	\$20.006 million

The composition of patient flow revenue/expense is disclosed in Note 4 (c) and Note 9 (b).

3 Employee Related Expenses

Employee related expenses comprise the following:

	1999 \$'000	1998 \$'000
Salaries and Wages	118,895	108,961
Long Service Leave [see note 2(b)]	3,980	2,989
Annual Leave [see note 2(b)]	12,532	10,783
Redundancies	209	150
Workers Compensation Insurance	6,863	5,415
Superannuation [see note 2(c)]	10,637	9,046
	<u>153,116</u>	<u>137,344</u>

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

4 Goods and Services

	1999 \$'000	1998 \$'000
Expenses on Goods and Services comprise the following:		
Food Supplies	2,929	2,785
Drug Supplies	7,554	7,442
Medical & Surgical Supplies	7,855	6,793
Special Service-Departments	4,056	3,604
Fuel, Light & Power	1,525	1,406
Domestic Charges	4,074	3,119
Computer Related Expenses	201	226
Travel Related Costs	2,265	832
Postal and Telephone Costs	1,125	1,304
Staff Related Costs	332	310
Hospital Ambulance Transport Costs	823	767
Insurance	345	192
Rental, Rates and Charges	1,040	939
Printing and Stationary	1,200	963
Inter Area Patient Outflows, NSW	29,027	0
Sundry Operating Expenses	142	134
General Expenses	4,121	1,638
	<u>68,614</u>	<u>32,454</u>
a) Sundry Operating Expenses comprise:		
Aircraft Expenses	142	134
Ambulance Contract for Patient Services	142	134
b) General Expenses include:		
Advertising	375	349
Books and Magazines	162	185
Consultancies		
Operating Activities	472	707
Capital Works	79	
Courier and Freight	527	495
Elimination of Private Practice Funds		130
External Audit Fees		
Audit Work	70	63
Legal Expenses	15	61
Other Operating Lease Expense	103	38
Payroll Services	6	5
Provisions for Bad and Doubtful Debts	60	56
Membership/Professional Fees	267	67
Building Valuation Write Down	1,597	0
Other (including stock movement)	387	(520)
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	2

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

4 Goods and Services cont

	1999 \$'000	1998 \$'000
c) Payments for Inter Area Patient Flows, NSW on an Area basis are as follows:		
Central Sydney	5,131	0
Northern Sydney	12,517	0
Western Sydney	1,925	0
Wentworth	275	0
South West Sydney	519	0
Hunter	4,498	0
Illawarra	42	0
South East Sydney	3,514	0
Northern Rivers	106	0
Mid North Coast	220	0
New England	54	0
Macquarie	71	0
Mid West	41	0
Far West	14	0
Greater Murray	47	0
Southern	53	0
	29,027	0

5 Maintenance

	1999 \$'000	1998 \$'000
Repairs and Routine Maintenance	3,808	3,112
Replacements and Additional Equipment less than \$5,000	3,719	2,602
	7,527	5,714

6 Depreciation and Amortisation

	1999 \$'000	1998 \$'000
Depreciation – Buildings	4,132	4,160
Depreciation – Plant and Equipment	3,562	3,822
	7,694	7,982

7 Grants and Subsidies

	1999 \$'000	1998 \$'000
Non Government Organisations	912	853
Other	70	4
	982	857

8 Finance Costs

	1999 \$'000	1998 \$'000
Interest	97	129
	97	129

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

9 Sale of Goods and Services

	1999 \$'000	1998 \$'000
a) Sale of Goods and Services comprise the following:		
Patient Fees [see note 2 k]	17,195	6,915
Staff – Meals and Accommodation	433	430
Use of Hospital Facilities [see note 2 l]	1,597	1,393
Car Parking	235	245
Commercial Activities	1,403	1,352
Fees for Medical Records	101	102
Non Staff Meals	147	184
Lease and Rental Income	92	104
Linen Service Revenues – Other Health Services	3,218	1,878
Linen Service Revenues – Non Health Services	1,580	625
Sale of Prosthesis	274	446
Inter Area Patient Inflows, NSW	6,211	0
Other	1,687	3,147
	34,173	16,821

b) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:

Central Sydney	191	0
Northern Sydney	400	0
Western Sydney	262	0
Wentworth	180	0
South West Sydney	330	0
Hunter	3,991	0
Illawarra	46	0
South East Sydney	196	0
Northern Rivers	106	0
Mid North Coast	177	0
New England	67	0
Macquarie	75	0
Mid West	88	0
Far West	34	0
Greater Murray	27	0
Southern	41	0
	6,211	0

10 Investment Income

	1999 \$'000	1998 \$'000
Interest	390	488
	390	488

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

11 Grants and Contributions

	1999 \$'000	1998 \$'000
University Commission grants	20	20
Other:		
Recreation, Personal and Other Services	1,053	922
Asset Donation	499	63
	<u>1,572</u>	<u>1,005</u>

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

	1999 \$'000	1998 \$'000
Property Plant and Equipment	9,770	5,886
Less Accumulated Depreciation	4,321	3,459
Written Down Value	<u>5,449</u>	<u>2,427</u>
Less Proceeds from Sale	5,001	1,515
Gain/Loss on Sale of Non-Current Assets	<u>(448)</u>	<u>(912)</u>

13 Conditions on Contributions

	Purchase of Assets \$'000	Health Promotion Education and Research \$'000	Other \$'000	Total \$'000
Contributions recognised as revenues during current year for which expenditure in the manner specified had not occurred as at balance date	397	176	203	776
Revenues recognised in previous years which were obtained for expenditure in the current financial year	104	20	0	124
Total Amount of unexpended Contributions as at Balance date	994	328	2,396	3,718

Comment on restricted assets appears in Note 20.

14 Abnormal Items

	1999 \$'000	1998 \$'000
Included in the Net Cost of Services are the following abnormal items:		
a) Diminution Expense Building Write Down		
This adjustment relates to the current market valuation placed on the buildings which are situated in the grounds of Wyoming Hospital.		
The write down is in relation to the decommissioning of the buildings as they are not likely to be used in their present condition. [See note 19, note 19 vi]		
This expenses has been included in Goods and Services Operating Expenses.	1,597	0
b) Year 2000 Date Change		
The year 2000 rectification costs for the Central Coast Area Health Service were: [Note 36 refers]		
This expense has been included in Maintenance Operating Expenses.	1,166	0

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

15 Programs / Activities of the Central Coast Area Health Service

Program Descriptions

Program 1.1 – 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 1.2 – Aboriginal Health Services

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

Program 1.3 – Outpatient Services

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

Program 2.1 – 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 2.2 – 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 2.3 – 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 3.1 – 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 4.1 – 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 5.1 – 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 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.

16 Investments

	1999 \$'000	1998 \$'000
Current		
Other Loans and Deposits	3,014	2,014
	<u>3,014</u>	<u>2,014</u>

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.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

17 Receivables

	1999 \$'000	1998 \$'000
Current		
a) Sale of Goods and Services	2,047	1,539
Other Debtors		
Prepayments	161	625
NSW Department of Health	4,467	3,117
Other	186	884
	6,861	6,165
Less Provision Doubtful Debts	22	15
	6,839	6,150
b) Bad debts written off during the year		
Sale of Goods and Services	49	56
Other	5	8
Sale of Goods and Services includes:		
Patient Fees – Compensable	214	205
Patient Fees – Ineligible	36	21
Patient Fees – Other	821	959
Other	976	354
	2,047	1,539

18 Inventories

	1999 \$'000	1998 \$'000
Current – at cost		
Drugs	788	805
Medical and Surgical Supplies	1,823	1,694
Food and Hotel Supplies	127	116
Engineering Supplies	0	170
Other including goods in transit	482	456
	3,220	3,241

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

19 Property, Plant & Equipment

	Land \$'000	Buildings \$'000	Construction in Progress \$'000	Plant & Machinery \$'000	Total \$'000
Cost or Valuation					
Balance 1 July 1998					
At Valuation Date 1/7/96	13,892	165,091	0	0	178,983
At Valuation Date 30/6/92	0	0	0	18,627	18,627
At Cost	380	864	856	20,716	22,816
Capital Expenditure/ Donations [see note 2f and g]	95	522	1,524	3,833	5,974
Disposals	0	0	0	(9,770)	(9,770)
Valuation Write Down	0	(1,691)	0	0	(1,691)
Reclassifications	0	812	(856)	44	0
Balance 30 June 1999	13,892	163,400	0	0	177,292
At Valuation Date 1/7/96	0	0	0	15,855	15,855
At Valuation Date 30/6/92	475	2,198	1,524	17,595	21,792
At Cost					
Total	14,367	165,598	1,524	33,450	214,939
Depreciation					
Balance 1 July 1998					
At Valuation Date 1/7/96	0	39,496	0	0	39,496
At Valuation Date 30/6/92	0	0	0	14,077	14,077
At Cost	0	8	0	7,308	7,316
Charge for the year [see note 2h]	0	4,131	0	3,563	7,694
Adjustment for disposals	0	0	0	(4,321)	(4,321)
Balance 30 June 1999	0	43,609	0	0	43,609
At Valuation Date 1/7/96	0	0	0	12,863	12,863
At Valuation Date 30/6/92	0	26	0	7,764	7,790
At Cost					
Total	0	43,635	0	20,627	64,262
Carrying Amount					
At Valuation Date 1/7/96	13,892	119,791			133,683
At Valuation Date 30/6/92				2,992	2,992
At Cost	475	2,172	1,524	9,831	14,002
Total	14,367	121,963	1,524	12,823	150,677

- i) Land and Buildings include land owned by the NSW Health Department and administered by the Area Health Service [see note 2(f)]
ii) Land and 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 Health Service.
iii) Plant and Equipment 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 Health 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:	2,720	1,597	5,366	1,043	10,726
Number of Assets	132	133	97	39	401

- v) In 1998/99 motor vehicles valued at \$ 4,681,021 were sold in a settlement arranged by the NSW Treasury. All proceeds were credited to Treasury which subsequently provided budget supplementation to meet the full cost of 1998/99 motor vehicle leases.
vi) In 1998/99 the buildings situated in the grounds of Wyoming Hospital were decommissioned as they are not likely to be used in their present condition. [Note 14 Refers]

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

20 Restricted Assets

		1999 \$'000	1998 \$'000
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.			
Category	Condition Details		
Specific Purposes	Purchase of Medical Equipment	384	109
	Medical Wards Upgrade	357	287
	Service Enhancement	253	212
Other	Service Enhancement	2,724	2,921
		3,718	3,529

21 Accounts Payable

		1999 \$'000	1998 \$'000
Trade Creditors		2,545	1,141
Other Creditors			
Capital Works		342	63
Other		2,568	3,434
		5,455	4,638

22 Borrowings

		1999 \$'000	1998 \$'000
Current			
Other Loans and Deposits		675	1,275
		675	1,275
Non Current			
Other Loans and Deposits		1,149	1,727
		1,149	1,727
Other loans represent monies to be repaid to the NSW Health Department and the Hunter Area Health Service. Final Repayment is scheduled for June 2002			
Repayment of Borrowings			
Not later than one year		675	1,275
Between one and two years		700	675
Between two and five years		449	700
Later than five years		0	352
Total Borrowings at face value		1,824	3,002

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

23 Employee Entitlements

		1999 \$'000	1998 \$'000
Current			
Employee Annual Leave		11,229	10,269
Employee Long Service Leave		1,290	2,289
Accrued Salaries and Wages		2,416	1,837
Other		175	185
Aggregate current employee entitlements		15,110	14,580
Non Current			
Employee Annual Leave		875	540
Employee Long Service Leave		15,684	12,135
Aggregate non-current employee entitlements		16,559	12,675

24 Equity

	Accumulated Funds		Asset Revaluation		Total Equity	
	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000	1999 \$'000	1998 \$'000
Balance at beginning of the financial year	125,976	126,066	13,688	13,688	139,664	139,754
Movement in Accumulated Funds	(11,548)	(90)	0	0	(11,548)	(90)
Increment/(Decrement) on Revaluation of:						
Building and Improvements	0	0	(95)	0	(95)	0
Balance at the end of the financial year	114,428	125,976	13,593	13,688	128,021	139,664

25 Commitments for Expenditure

		1999 \$'000	1998 \$'000
a) Capital Commitments			
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:			
Not later than one year			
		124	0
Total Capital Expenditure Commitment		124	0
Of the above amount reported for 1999 it is expected that \$62,000 will be met from locally generated monies			
b) Operating Lease Commitments			
Commitments in relation to non cancellable operating leases are payable as follows:			
Not later than one year			
		2,911	283
Between one and two years			
		2,898	283
Between two and five years			
		8,430	850
Later than five years			
		11,080	1,251
Total Operating Lease Commitments		25,319	2,667

These operating leases are not recognised in the financial statements as liabilities.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

26 Trust Funds

The Health Service holds Trust Fund moneys of \$2.05 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 Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

	Private Practice Trust Funds 1999 \$'000
Cash Balance at the beginning of the financial year	1,610
Receipts	3,476
Expenditure	3,033
Cash Balance at the end of the financial year	2,053

27 Contingent Liabilities**a) Claims on Managed Fund**

Since 1 July 1989, The 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 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 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 Health Service.

b) Workers Compensation Hindsight Adjustments

When the New Start Treasury Managed Fund was introduced in 1995/96 hindsight adjustments in respect of Workers Compensation (Three years from commencement of Fund Year) and Motor Vehicle eighteen months from commencement of (Fund Year) became operative.

The hindsight adjustment has now been effected for the 1995/96 year and resulted in an increase in expenses of \$ 1,234,779.00

A contingent liability / asset may therefore exist in respect of the 1996/97 and 1997/98 Workers Compensation Fund years.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz. those advised as at 30 June 1998 estimate that a liability of \$ 1,969,305.00 is applicable.

This estimate however, is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 1999.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

28 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 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)	332	23	10	299
Raffles	9	0	0	9
Functions	63	68	0	(5)
	404	91	10	303
Percentage of Income	100.00%	22.52%	2.48%	75%

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
Purchase of Equipment	193
Purchase of Land & Buildings	0
Research	0
Held in Special Purpose and Trust Fund pending purchase	110

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.

29 Cash and Cash Equivalents

For the purposes of the Cash Flow Statement, cash includes cash on hand and at bank and short term deposits.

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 :

	1999 \$'000	1998 \$'000
Cash	3,219	3,617
Investments	3,014	2,014
Closing Cash and Cash Equivalents	6,233	5,631

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

30 Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities

	1999 \$'000	1998 \$'000
Net Cash Used on Operating Activities	7,434	4,244
Depreciation	(7,694)	(7,982)
Provision for Doubtful Debts	(7)	4
Acceptance by the Crown Entity of Superannuation Liability	(10,637)	(9,046)
(Increase)/Decrease in Provisions	(4,414)	446
Increase/(Decrease) in Prepayments and Other Assets	(2,745)	4,164
(Increase)/Decrease in Creditors	(818)	(54)
Net Gain/(Loss) on Sale of Property, Plant and Equipment	(448)	(912)
(NSW Health Department Recurrent Allocations)	(166,690)	(167,241)
(NSW Health Department Capital Allocations)	(3,270)	(1,930)
(Inter Area Patient Flows Recurrent Allocation Non-Cash)	(22,816)	0
(Building Valuation Write Down)	(1,597)	0
Net Cost of Services	(213,702)	(178,307)

31 1998/99 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the Health Service. Services provided include :

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

32 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 Health Services 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 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.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

33 Budget Review**Net Cost of Services**

As the variation to budget was \$63,000 no specific comment is required.

Movement in Accumulated Funds

As the variation to budget was \$185,000 no specific comment is required.

Assets and Liabilities

Plant & Equipment was lower than budget primarily due to unspent budget because of delays in capital jobs.

Cash at Bank was favourable to budget by \$2,940,000 due to the unspent funds related to quarantined Special Projects and delays in capital projects.

Investments were above the budget by \$1,000,000 and this was due to increased investments in the Special Purpose and Trust Fund.

Accounts Payable exceeded budget by \$716,000 which was related to increases in Capital Creditors \$279,000 and Trade Creditors \$1,404,000 together with a reduction in Other Creditors of \$866,000. There were no unpaid invoices held that were over 45 days. The increases in Trade Creditors were as a result cash being preserved at year end to assist with funding rollovers to 1999/2000.

Employee entitlements increased above budget by \$902,000 and this can be attributed to salary increases during the year.

Cash Flow

Overall the closing cash exceeded budget by \$3,940,000 which was due to funds held at 30 June 1999 to fund rollovers to the next financial year for special funded projects and some capital projects. Some of these variances were reflected in the Cash Flows from Operating Payments in Employee Related and Other.

NSW Health Department Capital Allocations were less than expected due to the Department withholding \$25,845 at the end of the financial year. Purchases of Property Plant and Equipment were less than was allowed for the the budget. This was due to delays in some capital projects.

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

34 Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates.

Central Coast Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the Statement of Financial Position date are as follows:

	Floating Interest Rate		Fixed Interest Rate maturing in:						Non-interest Bearing		Total carrying amount as per the Statement of Financial Position		Weighted average effective interest rate*	
			1 Year or less		Over 1 to 5 yrs		More than 5 yrs							
	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000
Financial Assets														
Cash	3,203	3,602	0	0	0	0	0	0	16	15	3,219	3,617	4.20	4.47
Receivables	0	0	0	0	0	0	0	0	6,840	6,150	6,839	6,150	0.00	0.00
Other Loans and Deposits	0	0	0	0	3,014	2,014	0	0	0	0	3,014	2,014	4.75	4.85
Total Financial Assets	3,203	3,602	0	0	3,014	2,014	0	0	6,856	6,165	13,072	11,781		
Financial Liabilities														
Borrowings-Other	0	0	675	1,275	1,149	1,375	0	352	0	0	1,824	3,002	4.67	4.90
Accounts Payable	0	0	0	0	0	0	0	0	5,456	4,638	5,455	4,638	0.00	0.00
Total Financial Liabilities	0	0	675	1,275	1,149	1,375	0	352	5,456	4,638	7,279	7,640		

* Weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract or financial position failing to discharge a financial obligation thereunder.

The Central Coast Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the Statement of Financial Position.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000
Financial Assets										
Cash	16	15	3,203	3,602	0	0	0	0	3,219	3,617
Receivables	4,467	3,117	0	0	1,071	1,185	1,301	1,848	6,839	6,150
Other Loans and Deposits	0	0	3,014	2,014	0	0	0	0	3,014	2,014
Total Financial Assets	4,483	3,132	6,217	5,616	1,071	1,185	1,301	1,848	13,072	11,781

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions.

Receivables from these entities totalled \$35,765 at balance date.

c) Net Fair Value

As stated in Note 2(p) all financial instruments are carried at Net Fair Value, the values of which are reported in the Statement of Financial Position.

d) Derivative Financial Instruments

The Central Coast Area Health Service holds no Derivative Financial Instruments..

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

35 Interest in Joint Venture

Central Coast Area Health Service has a 50% interest in the assets, liabilities and output of a joint venture arrangement, called Pacific Linen Services, for the washing and cleaning of Linen. The interest in the joint venture is included in the accounts as follows :

Deficit for the Year

Current Assets

Cash
Receivables

Total Current Assets

Non-Current Assets

Land and Buildings
Plant and Equipment

Total Non-Current Assets

Total Assets

Current Liabilities

Accounts Payable
Borrowings
Employee Entitlements

Total Current Liabilities

Non-Current Liabilities

Borrowings
Employee Entitlements

Total Non-Current Liabilities

Total Liabilities

Net Assets

Equity

Operating Lease Commitments

Commitments in relation to non cancellable operating leases are payable as follows :

Not later than one year
Between one and two years
Between two and five years
Later than five years

Total Operating Lease Commitments

	1999 \$'000	1998 \$'000
Deficit for the Year	(219)	56
Current Assets		
Cash	(89)	154
Receivables	757	491
Total Current Assets	668	645
Non-Current Assets		
Land and Buildings	115	118
Plant and Equipment	2,933	2,888
Total Non-Current Assets	3,048	3,006
Total Assets	3,716	3,651
Current Liabilities		
Accounts Payable	24	140
Borrowings	175	625
Employee Entitlements	202	139
Total Current Liabilities	401	904
Non-Current Liabilities		
Borrowings	200	1,727
Employee Entitlements	66	41
Total Non-Current Liabilities	266	1,768
Total Liabilities	667	2,672
Net Assets	3,049	979
Equity	3,049	979
Operating Lease Commitments		
Not later than one year	292	283
Between one and two years	292	283
Between two and five years	876	850
Later than five years	1,005	1,251
Total Operating Lease Commitments	2,465	2,667

CENTRAL COAST AREA HEALTH SERVICE

Notes to and forming part of the Financial Statements for the year ended 30 June 1999

36 Year 2000 Date Change

The year 2000 issue is the result of shortcomings in electronic data processing systems and other electronic equipment that may adversely affect the operations Central Coast Area Health Service on the date change from 1999 to 2000.

The Central Coast Area Health Service implemented a program to address the potential computer system failures attributable to the date change from 1999 to 2000. The program includes risk analysis, remedial action including internal testing and contingency planning.

The success of the program is dependent on the milestones and achievements that the Central Coast Area Health Service is expected to meet. At the date of this report the Central Coast Area Health Service is not aware of any matter that would significantly impact on the success of the program.

The activities of the Central Coast Area Health Service may also be affected by the ability of the third parties dealing with the Central Coast Area Health Service to also manage the effect of the year 2000 date change.

Included in the Net Cost of Service for the year is an abnormal expense relating to year 2000 rectification costs of \$1,165,605.

Note 14 (b) refers

APPENDICES

Major Assets/Land Disposals or Acquisitions

Acquisitions: Nil

Disposals: 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 "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 and Changes in Acts And Subordinate Legislation

The Health Services Act 1997 (NSW) came into effect on 1st July 1998. The Bill consolidates the Public Health Act 1929 and the Area Health Services Act 1996 into a single piece of legislation.

Senior Executive Service Officers

	98/99	97/98	96/97	95/96	94/95
No. of SES Positions	3	3	3	3	4
Levels of Positions					
SES Level 5	1	1	1	1	1
SES Level 2	0	0	0	0	1
SES Level 1	2	2	2	2	2
Number of Positions filled by Women	1	1	1	1	1

Principal Legislation Administered

Many Acts are applicable to the operation of CCH and on a wider scale to the functioning of health services in NSW, however, those most relevant to CCH are:

- The Health Services Act 1997 (NSW)
- 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 Area Health Service 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. There were no amendments to the Code this year.

Funds Granted to Non Government Community Organisations

The following is a listing of Non-Government funding provided to Central Coast Groups:

A.R.F.M.I. – Central Coast Branch	Mental Health (Program 8)	58,000	Mutual support services for members, families and carers of the mentally ill.
Centacare Services – Broken Bay	Community Services (Program 2)	47,500	Counselling services for pregnant women.
Central Coast Community Care Association	Community Services (Program 2)	21,600	Assistance with rental accommodation for Lakehaven project
Central Coast Community Women's Health Centre	Women's Health (Program 2)	314,800	Clinical, counselling and health education services for women in the Central Coast area
Coastwide Community Transport	Community Services (Program R)	6,000	Enhance community access for health related transport
Community Transport Wyong	Community Services (Program R)	9,000	Enhance community access for health related transport
Horizons	Community Services (Program 2)	136,100	Child sexual assault, adolescent offenders project. Child sexual assault, adolescent victims project
Kamira Farm	Drug and Alcohol (Program 2)	155,300	A residential rehabilitation service for women and their children. The service provides accommodation for up to 10 women and 6 children.
Lifeline Central Coast	Community Services (Program 2)	12,600	A 24 hour telephone crisis counselling, face to face counselling service and crisis intervention
Positive Support Network	AIDS (Program 2)	32,900	Care and support for people with HIV/AIDS on the Central Coast
Salvation Army – Selah Farm	Drug and Alcohol (Program 2)	48,000	Drug and alcohol rehabilitation services.
Suicide Safety Network (Central Coast) Incorporated	Mental Health (Program 8)	10,000	Suicide Prevention Project
Transitional Enterprises	Mental Health (Program 8)	46,400	Supported accommodation, living skills, respite care and outreach service for people with mental illness.
Wyong Shire Council	Community Services (Program 2)	38,700	Child sexual assault adolescent offenders project.
Yerin Aboriginal Health Service	Aboriginal Health (Program 2)	45,000	
Total		981,900	

Freedom of Information (FOI)

The number of new requests remains relatively low. 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".

A Statement of Affairs is available from the FOI Officer. The FOI Officer may be contacted on telephone 02 4320 3214 or via P.O. Box 361 Gosford NSW 2250.

Section A:

FOI requests

Request	Personal	Other	Total
A1 New (incl transferred in)	5	4	9
A2 Brought forward	1	1	2
A3 Total to be processed	6	5	11
A4 Completed	4	5	9
A5 Transferred out	0	0	0
A6 Withdrawn	0	0	0
A7 Total Processed	4	5	9
A8 Unfinished (Carried Forward)	1	0	1

NB: One requester has not continued to seek access but has not yet withdrawn the request.

Section B:

Result of FOI request

	Personal	Other
B1 Granted in full	4	5
B5 Completed	4	5

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:

Basis of Disallowing or Restricting Access Nil

Section H:

Costs and Fees

	Incurred Costs	Fees Received (appl+dep-rfnd+rww)
H1 All completed requests	540.00	180.00

Section I:

Discounts Allowed

	Personal	Other
I2 Financial Hardship Pensioner	4	2
I2 Totals	4	2

Section J:

Elapsed Time

J1 0-21 days	1	5
J4 Over 21 days (out of time determinations)	3	0
J6 Totals	4	5

Section K:

Processing Time (including withdrawn)

K1 0-10 hrs	4	4
K2 11-20 hrs	0	1
K5 Totals	4	5

Section L:

Reviews and Appeals Nil

Fraud Control

CCH is committed to the prevention and detection of fraud. To this end CCH has implemented a Fraud Control Strategy that includes: Education Programs, Code of Conduct, Protected Disclosures, Fraud Reporting Mechanisms, and Fraud Risk Assessment. We encourage the reporting of fraud and unethical behaviour from both internal and external sources. Any concerns can be reported with full confidentiality to the Director of Internal Audit on (02) 4320 3304 or the CEO direct.

Overseas Travel and Conferences

(as per Staff Specialist Award conditions) Financial Year Ending 30 June 1999

Study leave, series of visits to various psychiatric facilities in the USA and Argentina.	19,796.14
Study leave to work in the Salvation Army Nursing Home in Zambia	5,498.28
Study leave to attend a seminar on a team approach to trauma in Pueta Plata	13,637.54
Study leave, International Hospital Congress in Copenhagen plus several hospital visits in the UK.	14,058.82
Study leave to the USA to attend ICAAC conference and visit various hospitals	22,098.97
Study leave to attend the 9th European congress of Clinical Microbiology as well as visit hospitals there and in the UK.	25,648.25
Study leave as speaker at the Palliative Care Seminar in Fiji	921.52
Study leave to attend a seminar on a team approach to trauma in Pueta Plata	14,173.57
Study leave, 2nd World Congress in Neurological Rehabilitation in Canada.	8,950.49
Study leave to attend the Mayo Clinic in the USA and visit the St Mary's hospital in the UK.	19,374.38
Study Leave to attend the 73rd Annual Conference of Anaesthetic Research Society in the USA.	4,452.74
Study leave to attend the 2nd Anzac Medical Society 7th International Conference in Paris	12,365.00
Study leave to attend the 28th Educational & Scientific Symposium in San Francisco	5,523.18
Study leave to attend the 28th Educational & Scientific Symposium in San Francisco	7,855.08
Study leave to attend the 12th Annual Update in Emergency Medicine in Canada	3,860.68
Study leave to attend a seminar on a team approach to trauma in Alaska	9,711.90
Study leave to visit various hospitals in the UK and France.	11,503.67
Study leave to attend the British Geriatrics Society Autumn meeting in London	9,695.96
Study leave to attend the French Anaesthetic Conference in Paris and visit the Westminster Hospital in London	13,825.40
Study leave to attend the Winter Symposium in Queenstown, NZ	1,768.40
Study leave to attend conferences in Italy and visit hospitals in the UK.	18,158.40
Study leave to attend several conferences in the UK as well as a special summer school ethics program at Cambridge	24,775.69
Study leave as RACOG examiner at the Singapore National University	2,436.35
Study leave to attend the Surgical Pathology Neoplastic Diseases in Spain and work at St Judes Hospital in the West Indies	24,729.57
Study leave to attend the 28th Educational & Scientific Symposium in San Francisco	12,405.60
Total	307,225.58

Consultants

Fees Paid in the Financial Year Ending 30 June 1999

Consultants Name	Nature of Consultancy	Amount Paid
Brian Elton & Associates	Quality Ageing Strategy	49,300.00
DH4 Pty Ltd	Consulting Services for Y2K Report	31,200.00
Environmetrics Pty Ltd	Market research for the "Public perception of GP's as Providers of Drug and Alcohol Services" project	31,500.00
NSW Dept Public Works & Services	Architectural and Project Management services for Long Jetty and Lakehaven Community Health Care Centres	80,000.00
Y2K Integration	Consultancy services for Y2K rectification	67,375.19
The number of consultants engaged during the year costing less than \$30,000 were 45		292,170.00
Total		551,545.19

ACCESS 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 (ÁDA)

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.

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-ADMITTED PATIENTS OCCASIONS OF SERVICE (NAPOOS)

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 IMPROVEMENT

Organisational ethos of continuous improvement by seeking users' service requirements and ensuring the organisation is capable of meeting them.

Quality focuses on improving the processes by which services or products are produced, as well as the quality of the service or product itself.

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

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ACKNOWLEDGEMENT

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

Alan Mundy (Chairperson, Editing)

Sharon Aldrick (Photography)

Jenny Becker (Area Executive)

Karen Carroll (Minute Secretary)

Terry Hayes (Public Relations)

Michelle Henson (Graphic Design)

Jenelle Kidcaff (Graphic Design)

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Helen Merkenhof (Editing)

Brenda McLeod (Editing)

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Michael Ryan (Editing)

Robert Spark (Medical)

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Wyang Hospital

Pacific Highway, Hamlyn Terrace 2259
PO Box 4200, Lakehaven 2263
Telephone: (02) 4393 8000

Long Jetty Healthcare Centre

Wyang Road, Killarney Vale 2261
PO Box 88, Long Jetty 2261
Telephone: (02) 4336 7700

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

Area Executive Unit

Holden Street, Gosford 2250
PO Box 361, Gosford 2250
New South Wales, Australia
Telephone: (02) 4320 3219
Facsimile: (02) 4325 0566
Office Hours: 8.30am – 5.00pm

Public Relations

Telephone: (02) 4320 3221
Facsimile: (02) 4320 2500

Community Health Centres

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

Gosford

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

Wyang

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

Toukley

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

Long Jetty

Wyang Road, Killarney Vale 2261
(adjacent to Long Jetty Healthcare Centre)
Telephone: (02) 4336 7800

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

