1994-1995
Annual Report
of the
Central Coast Area Health Service

"Achieving a Healthy Future"
OUR CHARTER
The Area Health Services Act 1986 defines the objectives of the Area Health Service as:
- To promote, protect and maintain public health and for that purpose to provide health services for the residents of its area.
- To achieve and maintain adequate standards of patient care and services.
- To adopt and implement all necessary measures (including systems of planning, management and quality control) as will best ensure the efficient and economic operation and use of resources in the provision of health services.
- To provide for the effective co-ordination of the planning, provision and evaluation of health services including services provided by the public and voluntary sectors.
- To establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services. (Principle legislation administered may be found in Appendix V)

OUR COMMUNITY
The geographical area served by the Central Coast Area Health Service is comprised of the Local Government areas of Gosford and Wyong in New South Wales, Australia. The population is currently 208,000 and is growing by between 2.0-2.5% per annum. (Refer to Area Map on page 42.)

OUR MISSION
To improve the quality of life of people on the Central Coast through the delivery of a responsive, highly skilled and integrated health service making best use of all resources.

OUR OBJECTIVES
1. To improve the focus on meeting health care needs and achieving health outcomes.
2. To improve management and improve productivity.
3. To increase Area self sufficiency in the provision of services.
4. To plan for changes in health care delivery.

OUR CORPORATE VALUES
Equity of Access - We believe health care should be available to all.
Caring for Each Other - The care we provide for patients, clients and staff is based upon respect and concern for their wellbeing and, while acknowledging their rights, also takes into account their responsibilities.
Working Together - Co-operation, teamwork and mutual understanding are cornerstones for working with each other and with the community.
Value for Money - Value means to us:
1) high standards of care, 2) appropriate and effective services, 3) efficient use of resources, 4) being accountable for what we do.
Responsive to Changing Needs - We will respond to changing health needs by developing staff skills, enhancing services, introducing new techniques and technology, maintaining a balance of treatment and preventative services.

PURPOSE AND AUDIENCE OF THIS REPORT
To report on the 1994/95 performance of the Central Coast Area Health Service and to be accountable to the New South Wales Parliament, NSW Department of Health, The Central Coast community and our staff.

In this, the 50th anniversary year of Gosford Hospital, it is our commitment at the Central Coast Area Health Service to continue to provide a health service, second to none, to our community. We have come a long way from our beginning as one small community hospital in 1945 and we look forward to achieving a healthy future for the people of the Central Coast.
FUNDING
The Central Coast Area Health Service is funded by the NSW State Government via the NSW Department of Health.
1994-95 Budgeted Gross Operating Payments $139.2m
1995-96 Budgeted Gross Operating Payments $146.0m

HOSPITAL SITES

- Gosford 452
  (Medical 111, Surgical 180, Day Surgical 15, Intensive Care 14, Cardiac 26, Paediatric 38, Mental Health 30, Endoscopy 5, Renal 11, Obstetrical 30)
- Wyong 156
  (Medical 68, Rehabilitation 30, Surgical 30, Obstetrical 20, Day Surgical 10, Endoscopy 6)
- Woy Woy 63
  (General 33, Rehabilitation 30)
- Long Jetty (General 33)
- Birrilee Post Natal Unit (Obstetric) 8
- Non Acute Facilities 26
  (CADE 16, Mental Health Residences 10)
  TOTAL 738

COMMUNITY HEALTH CENTRES

- Gosford
- Mangrove Mountain
- Wyong
- Kincumber
- Toukley
- Bateau Bay

Note: Map and addresses on page 82.

FUNCTION

The Central Coast Area Health Service provides integrated health services managed along functional (service) lines rather than by location.

MANAGEMENT

The Board of Directors’ role is to ensure the effective management of the Area Health Service in accordance with the Area Health Services Act 1986. Directors’ positions are honorary.

The Chief Executive Officer is appointed by the State Governor, the Staff Representative is elected by the staff and the other Directors are appointed by the Minister for Health.

The Area Executive comprises a Chief Executive Officer, Deputy Chief Executive Officer, Area Director of Nursing Services, Finance Director and Area Medical Superintendent. The Area Executive is responsible for the overall clinical and non-clinical performance of the Area Health Service.

Divisional Management are responsible for the performance of their own specific Divisions.

Clinical Divisions have an Area wide strategic role and are, in the main, managed jointly by triumvirates consisting of a Medical, Nurse and Business Manager (Business Managers have responsibilities for more than one Division).

The 11 Clinical Divisions are Allied Health, Anaesthetics, Community & Public Health, Critical Care, Diagnostics & Pharmacy, Medicine, Mental Health, Obstetrics, Paediatrics/Child & Family Health, Rehabilitation & Aged Care and Surgery.

Support Divisions also have an Area wide strategic role and are managed by a Director, or Area Executive in the case of Area Administration.

The four Support Divisions are Area Administration, Corporate Services, Finance, and Human Resources.

Hospital Site Managers are responsible for the operational co-ordination of their facility. The Site Managers at Gosford Hospital are also responsible for the management of Medical and Nursing Administration.

The four hospital sites are Gosford, Long Jetty, Woy Woy and Wyong.

Note: Organisation Chart on page 13.

ACHIEVING HEALTH OUTCOMES

- Director of Public Health appointed to manage the implementation of the health outcomes strategy.
- Mammography Assessment commenced reducing the need for Central Coast residents having to travel outside the area for assessment.
- Full time social worker appointed to Children’s Ward.

ACHIEVING IMPROVED MANAGEMENT & PRODUCTIVITY

- Gosford and Wyong Hospitals were granted three year accreditation from the Post-graduate Medical Council acknowledging the quality of medical staff training.
- Pathology computer system upgraded to provide results reporting electronically to wards improving access to results.
- Major refurbishment of Gosford Medical Wards 2 and 5 completed.
- Gosford Emergency Department’s patient management computer system was implemented and will assist in the management of emergency patients.
- Quality Resource Unit established to provide support for Divisions in implementing the Area’s quality plan.
- Job skills brokerage established to train 60 trainees six months.
- Wyong Hospital’s Helipad built.
- New Youth Health Centre opened.
- Construction of new Palliative Care facility commenced.
- Silvertrophy awarded to the 93/94 Annual Report from the Annual Report Awards Australia Inc.
- Gold Medal won in the 1994 Great Aussie Pie Competition.

ACHIEVING AREA SELF SUFFICIENCY

- Renal Unit extensions were completed, increasing the number of permanent patients treated by eight per week.
- Staff Specialist Cardiologist (part time) was appointed.
- Wyong Hydrotherapy programs commenced.
- Transoesophageal echocardiogram procedures commenced reducing the need for patients to travel outside the area for investigation.

ACHIEVING CHANGES IN HEALTH CARE DELIVERY

- Clinical Assistant Dean (part time) was appointed to further develop undergraduate medical staff training.
- Clinical Chair Nursing Research was appointed to promote the research of nursing practise and improvement in patient care.
- Domestic Violence Policy developed.
- Women’s Health Strategic Plan developed with community involvement.
- Construction of a new training facility was commenced to expand the Area’s training capacity.

COMMUNITY SUPPORT

- Rotary built accommodation at Wyong Hospital for relatives of patients in special need.
- Hospital Auxiliaries raised a total of $109,204.
- Critical Care Appeal received donations of $100,249 (total since launch $190,143).
- 522 letters of appreciation received.
- 21,956 hours of voluntary work.

Opening of the extended and refurbished Renal Unit at Gosford Hospital.
There is a continuing trend for increasing hospital admissions.

The numbers of bed days is increasing as admissions increase.

There is a continuing trend for decreasing length of stay.

There is high utilisation of the new inpatient beds established in 92/93 at Gosford and Wyong.

There has been an increase in efficiency since the opening of higher acuity services and changes to counting methodology in 92/93.
Chairman's Report

Whilst each Annual Report for the Area inevitably brings to notice further progress in the provision of health services in the Central Coast, 1994/95 has been a year of unap­pre­ci­ated events and constant change. It seems that we must become accustomed not only to change but also to an ever-faster rate of change. Painful as it may be to some of us to make the necessary adjustments, there is no escape from this trend which is widespread throughout the world and impacts on individuals, families and organisations alike.

Changes in medical technology coupled with the steady population growth of the Central Coast means a constant challenge to make the optimum use of the available health dollars. It is pleasing to be able to report that the staff of the Service have risen nobly to this challenge.

Early in the twelve month period there were changes to the membership of the Board with Directors Baldwin, Tonkin and Wilson commencing their four year Ministerial appointments and Director Wakefield advising that she would be tendering her resignation in December 1994. The Board resolved to give formal letters of appreciation to Directors Flynn, Fullerton and Motte for their service over the previous six years and thanked Janet Wakefield for her invaluable (and sometimes unenviable) role as the staff-elected Director. Then in March 1995, CEO and CEO Graham McGuinness resigned to take up his new appointment as CEO at the Brisbane Waters Private Hospital. In commending Graham's outstanding contributions since he joined the Central Coast Area Health Service, it was possible to highlight the enormous changes to the Service in recent years and how much staff had appreciated his innovative leadership and commitment.

When the Government changed hands in March 1995, it was clear that health would be one of the areas in which there would be significant initiatives and new priorities, particularly in the direction of reducing hospital waiting lists. On 19 May the Minister for Health, the Hon Dr Andrew Refshauge, announced that the Government's target was for 40,000 additional elective surgical procedures during the Government's first year in office, for which $64 million would be made available, along with a further $10 million as a continuation of the Waiting List Incentive Scheme. In common with all Area Health Services, the Central Coast was asked to produce its Waiting List Reduction Plan for the balance of 1995 and strategies have been identified by which additional theatre sessions can be undertaken. Clearly, many factors other than money are involved and a key issue will be the speed with which Wyong Hospital can be developed.

Other priorities set by the new Government will provide a challenge to the Board and staff alike. One which the Area is keen to follow up is improvement in Aboriginal health services, and the appointment of Vicki Bradford as Aboriginal Health Liaison Officer is an important step in this direction. This was one of the particular interests of the late Dr Rod Kennedy, Area Medical Superintendent, who untimely death earlier this year was a great sadness to us all.

An ongoing difficulty for the Board has been that of convincing outlying regions of the Central Coast that their particular health needs are being given full and proper consideration. Whilst the issues at Wyong Hospital receive most publicity and are being actively addressed, it is equally important that Long Jetty and Woy Woy Hospitals are appreciated for the community hospital services that they provide and that local expectations are not raised unduly or visitors to the Coast misled. This is the reason behind the recent change of name to Long Jetty Healthcare Centre and the decision that signs should be erected at both Long Jetty and Woy Woy Hospitals to inform the public exactly what services are available at these locations. Without a concentration of major skills and facilities at Gosford Hospital as a referral centre for the Coast as a whole, the region will be less well served and the advantages of Teaching Hospital status lost. Work continues on the development of the Clinical Services Plan which will detail the distribution of facilities throughout the Area and be the subject of important community consultation.

A rewarding aspect of service on the Area Health Board is to receive the large number of thank you letters from members of the public who wish to record their gratitude for the wonderful care and comfort given to them by staff during the very stressful times that can accompany illness. Such letters always outweigh those of complaint or disappointment which nevertheless are all carefully investigated by the Board's Patient Care Committee to see what lessons can be learnt. The Quality Improvement activities in which all staff are engaged continue to receive a high priority and the effort dedicated to these objectives is clearly paying dividends. The wonderful public response to the various fundraising campaigns is a further demonstration of the high regard in which the Service and its staff are held by the community.

During the period under review, one matter which had been of serious concern to the Board and to staff members was brought to a satisfactory conclusion. It may be recalled from local media coverage at the time that allegations about the Service had been made to ICAC in August, 1993 and again in March 1994. ICAC in turn had referred the complaints to the Department of Health for investigation. Each allegation was exhaustively investigated and the majority were unable to be sustained. In those cases where some substance was found, the Board and the Administration took the appropriate corrective steps to ensure that similar criticism would not be possible in future. The Audit Section of CCAHS (which received detailed criticisms in the Report of the Enquiry) has been strengthened and is now meeting the strict requirements of the Board and the Auditor-General. In the areas of staff appointments and petty cash handling (also raised by the complainants) administrative procedures are now in place to ensure compliance with the appropriate standards. Thanks are due to many people for the successful completion of another year in the life of the service (and 50th for Gosford Hospital).

To all of our supporters, the Auxiliaries, Pink Ladies and Volunteers, who give so generously of their time in both patient care support and fundraising.

To Dr Colin Summerhayes, Chairman of the Area Medical Staff Executive Council and all members of the Visiting Medical Staff for their support and co-operation.

To our local State and Federal Members of Parliament, who show a never-flagging interest in improving the health services for their constituents.

To the Department of Health and the Minister for Health for their support of our local needs.

Finally, to Stephen Christley (who picked up the reins of Acting CEO after Graham's departure), his Area Executive and all Area Health Staff without whom nothing could be accomplished.

D. W. George
Chairman, Board of Directors
For forty years the residents of the Central Coast worked to gain funding for a public hospital and this was finally achieved with the opening of the 30-bed Gosford District Hospital on the 26th May 1945.

The 1950s saw the hospital double with the addition of a 30-bed maternity unit and the Home Nursing Service was introduced into the Wyong Shire.

Gosford District Hospital was expanded by 84 beds in the 1960s and was provided with an Emergency Department, laundry, boiler house and kitchen. Mental Health, Pathology, Blood Bank and Pharmacy services commenced.

Building expansions in the 1970s enlarged Gosford Hospital by 34 beds, 10 psychiatric beds, a paediatric ward and areas for clinics, X-ray and service departments. The 64 bed Woy Woy Hospital was built in two stages and The Entrance/Long Jetty and Wyoming Hospitals became part of the Central Coast Area Health Service. The 1970s also saw the commencement of Community Health Services.

Many construction projects were completed and new services commenced in the 1980s. In particular the 50-bed Wyong Hospital (including an Emergency Department), the new Mandala Clinic, Renal Unit, Community Health Centres and Woy Woy Hostel and hydrotherapy pool were all opened. New services included diabetes education, health promotion, Long Jetty Extended and Developmentally Disabled Care and Mental Health Acute Care.

The 1990s have seen yet another huge expansion of facilities with 120 new beds at Gosford Hospital and 100 beds and hydrotherapy pool at Wyong Hospital. The new Children's Ward at Gosford and helipads at both Gosford and Wyong were opened and services were expanded to the current range as reported in this Annual Report.

from our small beginnings in 1945, and throughout the past 50 years, we have been proud to offer the best health care service to the Central Coast community.

by providing the latest technology and expertise in our Operating Theatres in both Gosford and Wyong Hospitals.
The members of the Medical Councils were deeply saddened at the passing of Dr Rod Kennedy, Area Medical Superintendent, earlier this year. Rod had been a source of experience and wisdom and his balanced advice has been missed.

Working relationships with the hospital executive and with the Board have been constructive during 1994-1995. I would like to take this opportunity to thank my colleagues, who have served on the Medical Councils this year, for their contributions and for the support they have given me.

Development of Gosford Hospital into full Teaching Hospital status will take time but we are pleased with improvements to the hospital, eg. the building of a new educational facility and the upgrading of the Renal Dialysis Unit. The training of doctors, already in the area as Teaching Hospital, has increased the scope of work and the upgrading of the facilities, eg. the appointment of a Director, Renal Dialysis, has been a source of experience and advice.

Changes in the institution of Wyong Hospital have been encouraging. Surgical and Anaesthetic appointments have facilitated care of patients in the Wyong Shire, in Orthopaedics, Urology and Vascular Surgery. Planning for Wyong Hospital to be able to deal with more complex operations and preparation for after-hours emergency surgical cover are examples of the progress being made.

The issue of waiting lists has been difficult to grapple with. Increased efficiency and additional effort by doctors and nursing staff has increased the number of surgical operations through-put. In a growth area such as the Central Coast, however, dramatic decreases in waiting lists are difficult to achieve as the population rises particularly with the decline in private insurance rates.

The institutional structures of the Central Coast Hospitals are under consideration. With the Divisions, the Medical Councils, the sub-committees, specialist sub-groups and overlaps between the medical groups in the different hospitals, the By-Laws need to be re-written to crystallise the ideal structural framework. Co-operation between the medical and the hospital executive groups should see this undertaking completed in the near future.

We look forward to the challenges associated with the provision of medical and surgical services on the Central Coast, a rapidly developing area. It has been a pleasure to have been involved at executive level in the organisation of these services.

Dr Colin Summerhays
Chairman, Area Medical Staff Executive Council
Area Executive

CHIEF EXECUTIVE OFFICER
Mr Graham McGuinness, BHA, Grad Dip PM & IR, AFCHSE, CHE
Portfolios
Policy, External Relations, Customer Focus, Public Relations, Internal Audit
Resigned 17th March 1995

DEPUTY CHIEF EXECUTIVE OFFICER
Dr Stephen Christley, MB BS(Hons), Grad Dip Paed, Dip(Obst) RACOG
Portfolios
Planning, Efficiency Review, Capital Works and Asset Management, Corporate Services, Human Resources, Casemix Funding, Health Outcomes and Service Evaluation, Allied Health, Paediatrics, Obstetrics, Wyong Hospital
Acting Chief Executive Officer from 17th March 1995

AREA DIRECTOR OF NURSING SERVICES
Miss Roberta Carter-Brown, GDM, MBA, RGN, RMN, BA, DNA, FCNA (NSW), FINA (NSW & ACT)
Portfolios
Quality Management, Continuous Quality Improvement, Staff Training, Nurse Education, Day-to-Day Patient Care, Medicine, Surgery, Critical Care, Area Secretariat, Patient Complaints, Annual Report, Letters of Appreciation

DIRECTOR OF FINANCE & BUDGET
Mr Philip Cowdery, Cert Acc.
Portfolios
Budgets, Revenue, Day-to-Day Financial Issues, Financial Monitoring and Management, Contracts and Performance

AREA MEDICAL SUPERINTENDENT
Dr Roderick Kennedy, MB BS, DPH, DHA, FRACMA, FAFPHM
Portfolios
Community & Public Health, Health Promotion, Medical Appointments, Health Outcomes, Aged Care & Rehabilitation, Mental Health, Diagnostic & Pharmacy, Freedom of Information, Waiting Lists
Deceased 17th April 1995
The role is currently being shared by the Director of Medical Services at Gosford Hospital, Dr Robert Spark, and the Co-ordinator of Community Health Services, Mr Paul Warwick

Organisation Chart

Board of Directors
Area Medical Staff
Executive Council
Chief Executive Officer
Public Relations/
Marketing
Internal Audit
Deputy
Chief Executive Officer
Area Director
of Nursing Services
Director of Finance
and Budget
Area Medical
Superintendent
Hospital
Site Management
Triumvirates of
Clinical Divisions
Directors of Support
Divisions & Area Services
Gosford
Long Jetty
Woy Woy
Wyong
Allied Health
Anaesthetics
Community & Public Health
Critical Care
Diagnostic & Pharmacy
Medicine
Mental Health
Obstetrics
Paediatrics/Child & Family Health
Rehabilitation & Aged Care
Surgery
Area Administration
Corporate Services
Finance
Human Resources
Chief Executive Officer’s Review of Operations

I am pleased to present this report on the Area’s activities. I would like first to acknowledge the contribution of Graham McGuinness, who resigned as CEO in March 1995 to take up the position of CEO of Brisbane Waters Private Hospital. Graham left the Area with our warm acknowledgement both of his role in initiating positive change and the significant personal impact which he had on the Area over a number of years. The Area also experienced a significant loss in the unexpected death of Dr Rod Kennedy, Area Medical Superintendent, in April 1995. Rod had a great commitment to public health and his innovative ideas and advocacy for specific projects and priority groups is much missed.

While the achievements of the Area during 1994/95 will be apparent throughout this report, I will here provide an overview of the 1994/95 performance of the COAHS towards the achievement of its objectives.

Detailed information on major goals and their outcomes are provided in the divisional reports.

OBJECTIVE 1

To improve the focus on meeting health care needs and achieving health outcomes

Key Strategies:
- Development of a focus on health outcomes
- Promotion of healthy lifestyles
- Improvement in Aboriginal health
- Extend integrated care
- Improvement in the health of people from non English speaking background (NESB)

Clinical Services Plan

The preparation of a Clinical Services Plan to guide service development in the Central Coast Area Health Service to the year 2001 has commenced. The plan is critical in ensuring effective use of the Area Health Service’s resources. Input has been sought from clinicians and consultation with the community will be undertaken. The criteria being used includes the needs of the Central Coast population, adequacy and efficiency of local services, changes in service delivery models and health gains likely to be achieved for the Central Coast community. The first draft is scheduled to be completed in November 1995.

Performance Indicators

Historically statistics within the public health system have mainly been a record of activity. However, during the year, managers have begun development of true indicators of performance. The performance indicators will need to measure performance in meeting customer expectations, the outcome of the services and the efficiency with which resources are used. The development of performance indicators will be a major thrust in 1995/96.

Clinical Indicators, as prescribed by the Australian Council on Healthcare Standards, have been introduced. The COAHS has exceeded the benchmarks on the indicators applicable to the Area. Results are included in the Division of Clinical Services report.

Mammography Assessment Clinic

The establishment of a Mammography Assessment Clinic in conjunction with the Northern Breast Screening Program now removes the need for women to travel out of the area for assessment of abnormalities found on initial screening.

Commonwealth Dental Program

Additional funding has enabled a significant expansion of the Area’s dental services. Dr Brian Redmayne and his staff have achieved improved customer satisfaction ratings and are congratulated on their efforts.

Aboriginal Health Liaison Officer

This position was established last year and with Vicki Bradford’s appointment has added impetus to progress in addressing Aboriginal health issues on the Central Coast.

Numerous education and awareness activities are planned to improve understanding of health issues of Aboriginal and Torres Strait Islanders for the Health Service staff and the community.

OBJECTIVE 2

To improve management and improve productivity

Key Strategies:
- Promote improved clinical outcomes
- Improve clinical resource management
- Promote and support quality improvement
- Enhance customer satisfaction
- Develop the health workforce
- Improve financial performance
- Move funding towards an output basis
- Develop information management
- Improve Occupational Health & Safety
- Meet area performance targets
- Improve management accountability and reporting
- Improve management of fixed assets

Clinical Pathways

A clinical pathway is a schedule guiding activities for the treatment of a particular illness or injury. Clinical pathways are being developed for a range of procedures so as to standardise treatment plans, improve education of staff and patients, and provide clinical and quality outcome measures. Three clinical pathways were commenced in orthopaedics and are now being introduced into other areas, eg urology and vascular surgery.

Commitment to Service

A statement on our commitment to service was developed and is now issued to every inpatient inside our upgraded patient information guide. All community health patients have access to an equivalent document specifically tailored to the community health setting. See Appendix X.

Management of Waiting Lists

Waiting list benchmarks were met during the year. The results are included in Appendix VI. Targets to reduce the waiting lists by 50% are established for 1995/96.

Patient Complaints and Appreciation

Patient complaints were all investigated by the appropriate staff and responded to formally. They are also analysed by the Patient Care Review Committee. Corrective and preventative action is undertaken wherever appropriate. This year 108 letters of complaint and 522 letters of appreciation were received. A listing of the categories of complaints and their relative percentages are included in Appendix XII.
Chief Executive Officer's Review of Operations

Management Development Program
Courses run for managers this year included the Myer Briggs Type Indicator, Leadership Styles and Ethics and Accountability. Also a management rotation program gave several managers the opportunity to develop new skills and to broaden their knowledge of the Health Service.

Human Resource Information System (HRIS)
A new computer software program for managing the Health Service's human resource, payroll and rostering information is in the process of implementation. The CCAHS is the pilot site for NSW Health. The core human resource management, rostering and payroll modules will be fully operational in January 1996. There will be cost benefits from processing these functions inhouse and from the time saved by automating the rostering process.

Enterprise Bargaining
Enterprise agreements are in place between the Area and the Nurses Association, Health and Research Employees Association, Trades Staff, Hospital Officers Association and Australian Salaried Medical Officers Association. All performance indicators included in these agreements have been met through the active participation of management and employees and the enterprise agreement committees.

Casemix Modified Budgets
Casemix is a patient classification system based on diagnostically related groups. The rationale behind basing hospital budgets on casemix is to accurately fund what a hospital needs depending upon which type and number of patients it treats and the average cost of treating those patients. This ideally encourages efficiency. The development of casemix based budgets for the CCAHS has been complicated by our divisional structure and its comparability with other hospitals. Divisional profiles have been developed and further comparative work will be undertaken in 1995/96.

Finance
The private bed day ratio in the Area's hospitals declined by 17.5% during the year, while overall admissions increased by 7.4% and same day admissions by 15.1%. The Area received $2.5m in general enhancement funding in 1994/95. Capital funds for medical ward refurbishment, education facility and the mortuary redevelopment were also received.

The Area obtained a $2m loan from the Department of Health, repayable in 1996/97 and 1997/98. Further budget enhancement is anticipated in 1995/96 to assist the Area in meeting the needs of the growing population of the Central Coast.

Restructured OH & S and Occupational Health and Safety
Occupational Health and Safety responsibility has been aligned with our Divisional structure. Claims management has been improved to the point where a surplus is anticipated from the managed fund.
An Occupational Health and Safety Registrar has been appointed, one of few such training positions in the public hospital system.

Quality Resource Unit
To achieve the Area's goal of meeting standards set by the Australian Quality Council this unit has been established through internal secondment as a resource to Divisions in business planning, process improvement and performance measurement. A Quality Strategic Plan is being developed.

ACHS Accreditation
All of the CCAHS services are currently accredited by the Australian Council on Healthcare Standards (ACHS). Re-accreditation is due in 1996 and a full accreditation survey will be undertaken in May next year. All Divisions have included in their 1995/96 business plans the goal to work towards a full three year accreditation.

Freedom of Information
For request details see Appendix II.

Long Jetty Healthcare Centre
This year has seen a name change for the Long Jetty Hospital to Long Jetty Healthcare Centre. This was undertaken so that the name more accurately reflected the role of the facility for residents and especially the many visitors to the area. The new title reflects the community (non acute) role of the service, which continues to provide facilities for GP inpatient care, a CADE unit, a variety of outpatient, palliative care and extended care services, and an after hours General Practitioner outpatients service.

Recruitment Difficulties
Besides the difficulty of recruiting anaesthetists as mentioned in Objective 3 — Wyong Maternity Delivery Service — other disciplines where problems were experienced included Emergency Staff Specialists, Psychiatrists, Emergency and Intensive Care Nurses and Pharmacists.
A range of strategies are being pursued to resolve shortages, eg negotiation with final year students, inhouse training courses and affiliation with the University of Newcastle.

Information Technology (IT)
An IT Strategic Plan was commissioned to provide guidelines for the Health Service's short, medium and long term IT strategies. The final report and recommendations are due in August 1995.
The Cerner Pathology Information System went live in July 1994 and the module that enabled results reporting to wards commenced operation in early 1995. Pathology results are now available more quickly and clinicians have 24 hour access to patients' current and previous Pathology results. This is particularly beneficial for faster treatment of patients attending the Emergency Department.

OBJECTIVE 3
To increase Area self sufficiency in provision of services

Key Strategy:
- Improve access to health services

Outflows to Other Areas
The following graph displays how the CCAHS is becoming more self sufficient with fewer patients having to travel to other areas for treatment. The number of patients leaving the area fell from 16,482 in 1990/91 to an estimated 14,372 in 1994/95. Ongoing service development, at Wyong in particular, will further reduce the need for patients to travel out of the Central Coast for treatment.

Radiotherapy Services
A private radiotherapy centre will be opened in Gosford early in 1995/96.
The majority of radiotherapy treatment is non-inpatient, however the practice will provide access to Central Coast hospitals inpatient and an excellent level of clinical collaboration is anticipated.

Wyong Maternity Delivery Service
The planned opening of Wyong Hospital Maternity Delivery Service was not achieved primarily due to inability to recruit the required number of anaesthetists to operate safely. The Health Service pursued many strategies to attract anaesthetists including extensive advertising and the contracting of a medical staff recruitment agency. A second Anaesthetist for Wyong, Dr Brian Warman, will commence in August 1995 and further recruitment efforts continue.
OBJECTIVE 4

To plan for changes in health care delivery

Key Strategies:
- Review specialty bed requirements within Area
- Progress teaching hospital status

Clinical Services Plan
As mentioned under Objective 1 the first draft of the plan is scheduled to be completed by November 1995.

Women's Health Strategic Plan
This plan was completed following broad consultation and will provide a framework for co-operation with other agencies.

Capital Works
The major refurbishment of Gosford Medical Ward 2 and Medical Ward 5, and the extension of the Renal Unit were completed. A new Education facility and Palliative Care facility were both commenced.

Clinical Assistant Dean
Dr Robert McGuinness was appointed as Clinical Assistant Dean and took up the position in January 1995. This position will facilitate the new affiliation of Gosford Hospital as a teaching hospital associated with The University of Newcastle's Faculty of Medicine. Dr McGuinness is responsible for the undergraduate medical education program in the hospital and the enthusiasm of the senior medical staff and Bob's astute stewardship augur well for the future development of medical undergraduate teaching at Gosford Hospital.

Clinical Chair Nursing Research
Dr Helen Baker was accepted as Clinical Chair Nursing Research and will take up her position later this year. She will promote the research of nursing practice within the framework of a quality organisation adding to the body of knowledge in particular areas to improve patient outcomes.

1995-96 Objectives
See Appendix XIII

THANK YOU

I extend my sincere appreciation to all of those who contributed to the CCAHS's performance this year. The invaluable support and guidance of Professor Don George and members of the CCAHS Board is much appreciated. To my fellow members of the Area Executive, Medical Staff Council, all staff, volunteers, auxiliaries, community service organisations and corporate sponsors, thank you for your outstanding commitment and enthusiasm. To the Department of Health and Minister for Health, thanks also for their support and guidance.

It has been a year of many achievements and each of them has been dependent on the efforts and goodwill of the Area staff.

In concluding, I pay tribute to all staff for their dedication and commitment to quality patient care and continual improvement in the way we deliver services. Congratulations to you all.

Dr Stephen Christley
Acting Chief Executive Officer

Achieving a Healthy Future

through implementing effective infection control procedures and education.
Divisional Reports

Clinical Divisions

Allied Health  Anaesthetics  Community & Public Health  Critical Care
Diagnostics & Pharmacy  Medicine  Mental Health  Obstetrics
Paediatrics/Child & Family Health  Rehabilitation & Aged Care  Surgery

Hospital Sites

Gosford  Long Jetty  Woy Woy  Wyong

Support Divisions

Area Administration  Corporate Services  Finance  Human Resources

Divisional Reports

Allied Health

BUSINESS ACTIVITY

Is comprised of seven departments which provide the services of Nutrition, Occupational Therapy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

MAJOR GOALS & OUTCOMES

To investigate opportunities for improved efficiency through review of current work practices.
- Multiskilling was used as a strategy to increase productivity in the Nutrition Dept by training nutrition assistants to make changes to most inpatient nutrition care plans.
- Occupational Therapy restructured its model of service delivery to improve services for outpatient paediatric clients.
- A critical pathway for rehabilitation patients with strokes was developed.

To further develop service delivery and patient satisfaction activities and attitude within the Division.
- Service agreements were introduced to all clinical divisions to inform service users of the rationale, therapies and activities performed and establish a baseline for service delivery.
- Psychology has started a computerised assessment service to provide faster feedback and more cost effective professional services in intelligence and neuropsychological assessment.
- Social Work introduced a number of new initiatives to provide a staff resource efficient service which included an increase in group programs for grief, incest survivors and domestic violence. Evaluation of the Child and Family Health Guidance Service revealed that 92% found the counselling helpful, 82% felt better after using the service, 96% would use the service again and 94% would recommend the service.

To further develop CDI skills within Allied Health and to initiate CDI projects to improve work processes.
- Physiotherapy established a shoulder outcome study and a functional knee score for Total Knee Replacement. Early results of the Total Knee Replacement clinical indicator study shows the Area Health in the top three hospitals in the state.
- An outcome study in the Podiatry service on the treatment of chronic neuropathic ulcers in diabetic clients demonstrated that effective co-ordinated podiatry services reduced hospital admissions and may ultimately reduce diabetic complications of foot or lower limb amputations.
- The NSW Speech Pathology Minimum Data Set Computer package is currently being trialled. It will allow for more efficient collection of key information to develop and improve clinical outcomes in patient treatment.

To achieve divisional productivity savings and remain within budget.
- The Division achieved productivity savings, however, did not remain within budget in Goods & Services. Strategies for managing expenditure in Goods and Services will be explored.

FUTURE DIRECTION

- The CCNAS Occupational Therapy Department will be co-hosting the NSW Association of Occupational Therapists 8th State Conference in September 1995.
- An Allied Health management information system will continue to be developed which will improve service evaluation.

Staff (FTE): 189  Budget: $2,776,238*

ACTIVITY & PERFORMANCE INDICATORS

<table>
<thead>
<tr>
<th>Year</th>
<th>New Registrations</th>
<th>Outpatient Occasions of Service</th>
<th>Inpatient Occasions of Service</th>
<th>Group Occasions of Service</th>
<th>Number of Participants in Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>94/95</td>
<td>12,298</td>
<td>949</td>
<td>102,580</td>
<td>9,305</td>
<td>42,181</td>
</tr>
<tr>
<td>95/96</td>
<td>18,877</td>
<td>78,870</td>
<td>121,987</td>
<td>5,101</td>
<td>30,377</td>
</tr>
</tbody>
</table>

*Excludes the budget for Allied Health staff costs to other Divisions.
**Divisional Reports**

### ANAESTHETICS

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**BUSINESS ACTIVITY**

The provision of Anaesthetics services.

**MAJOR GOALS & OUTCOMES**

- To increase the utilisation of Wyong theatres to meet the growing needs of that area.
  - The ability to increase theatre utilisation at Wyong depended on the appointment of a second anaesthetist. Meanwhile, the support of existing Area Anaesthetists and locums resulted in a 25% increase in operations performed at Wyong.

- To improve theatre efficiency.
  - There was improvement in the efficiency of the anaesthetists and surgeons. With co-operation of anaesthetists and surgeons, progress was achieved through more effective scheduling. The teamwork within theatres and the ongoing support extended by visiting anaesthetists and surgeons and the nursing, medical and support staff has been exemplary.

- To commence development of quality indicators.
  - There was continued refinement of quality indicators for studying wound infection rates, cancellations, return to theatres, changes to lists and waiting times. Some recommended changes in processes were implemented.

- To review the protocols dealing with the handling of Schedule 8 drugs in compliance with the Poisons Act.
  - A new protocol has been established for the handling of Schedule 8 drugs to comply with the Poisons Act.

- To achieve divisional productivity savings and remain within budget.
  - Productivity savings and budget surplus was achieved.

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**FUTURE DIRECTIONS**

- The focus for 1995/96 will be on efficiency and quality. While the waiting list reduction program will influence events for the first half of the year, the Division is also positioning itself for the longer term. This will be done by evaluating models of care that will meet core business needs as well as changing health trends and technologies. The six objectives for 1995/96 are:
  - to study the perioperative or other models of care within a strategic framework,
  - to review existing services and processes with a view to improving co-ordination, co-operation and integration,
  - to participate in the waiting list reduction program,
  - to study the feasibility of replacing the theatre information system,
  - to organise a nursing skills study to assist with developing education and training programs,
  - appointment of a second anaesthetist for Wyong Hospital. Dr B Warnam will commence on 7th August 1995.

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**COMMUNITY & PUBLIC HEALTH**

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**BUSINESS ACTIVITY**

- To improve the health of the people of the Central Coast by providing a wide range of health promoting and clinical services in an efficient, effective and equitable manner through a highly skilled, experienced multidisciplinary, progressive workforce.

- The Division is comprised of the Public Health Unit, Community Nursing, Health Promotion, Alcohol and Drug Service, Methadone Clinic, Adolescent Services, HIV and Sexual Health, Sexual Assault, Domestic Violence, Day Care Service, Palliative Care, Women's Health, Dental Services, Aboriginal Health and Confused Elderly Program.

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**MAJOR GOALS & OUTCOMES**

- To improve understanding and access to community health services.
  - A directory of services was developed and will be distributed to customers.

- To develop new strategies for the provision of dental care to children.
  - Dental Services were successful in reducing waiting lists for dentistry.

- To investigate alternate data collection systems.
  - A plan was developed to review data collection systems. Phase one of the plan was completed and phase two is ready to be implemented.

- To undertake health promotion activities.
  - A nutrition program was conducted throughout Central Coast High Schools.
  - Tobacco Sales to minors was investigated.
  - An Alcohol Screening Program was undertaken.

---

**FUTURE DIRECTIONS**

- The completion of a new Palliative Care facility at Long Jetty Healthcare Centre.
- To continue with outcome measurement plan developed in 1994/95.
- Implement phase two of data collection strategy.
- To further investigate external funding opportunities.
  - Ms Vicki Bradford, Aboriginal Health Liaison Officer, has planned numerous education and awareness activities to improve understanding of health issues for Aboriginal and Torres Strait Islanders.

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**Staff (FTE): 101**  **Budget: $10,332,552**

<table>
<thead>
<tr>
<th>ACTIVITY &amp; PERFORMANCE INDICATORS</th>
<th>94/95</th>
<th>95/96</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endoscopy Numbers</td>
<td>3,729</td>
<td>3,587</td>
</tr>
<tr>
<td>Caesarean Numbers</td>
<td>447</td>
<td>436</td>
</tr>
<tr>
<td>General</td>
<td>12,768</td>
<td>11,483</td>
</tr>
<tr>
<td>Total</td>
<td>16,944</td>
<td>15,506</td>
</tr>
</tbody>
</table>

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**Staff (FTE): 234**  **Budget: $12,410,306**

<table>
<thead>
<tr>
<th>ACTIVITY &amp; PERFORMANCE INDICATOR</th>
<th>94/95</th>
<th>95/96</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Occasions of Service</td>
<td>333,906</td>
<td>289,611</td>
</tr>
</tbody>
</table>
**BUSINESS ACTIVITY**

Provision of Emergency, Cardiac, Intensive Care and Renal Services. Emergency Departments are located at Gosford and Wyong. The Cardiac beds (36), the Intensive Care beds (14) and the Renal Chairs (11) are all located at Gosford.

**MAJOR GOALS & OUTCOMES**

Extend the Renal Unit from 7 to 11 chairs.

- The current capacity has significantly reduced the need for patients to travel outside the area for treatment.

To implement specialist staff development programs aimed at retention & recruitment of skilled staff.

- A peer debriefing program was implemented. It received positive feedback from staff. A Critical Care Course was successfully run which trained generalist nurses in critical care techniques.

Develop and plan for the implementation of a Critical Pathway for myocardial infarction.

- Project is under way and is expected to lead to more effective management of services.

The appointment of a part time staff specialist cardiologist.

- This has resulted in improved teamwork and an increased involvement by the cardiologist at ward level.

Score all patients using the National Triage Score and comply with these standards.

- All patients are given a rating according to the severity of their condition. There are strict conditions on how quickly each rating should be attended to ensure optimal outcomes.

Implement an integrated Emergency Department information system at Gosford Hospital.

- This has aided in more effective tracking of waiting times and patient flow through the Emergency Department.

Feasibility study into the introduction of transoesophageal echocardiography (alternative form of cardiac ultrasound).

- The new staff specialist cardiology brought the necessary skills to the CCAHS to commence sessions for inpatients and outpatients. This has reduced the need for patients to travel outside the area for this test. Also patients too sick to travel for this test may now have it performed at Gosford Hospital.

Employ the fifth staff specialist for the Emergency Departments.

- Not achieved due to the unavailability of specialist staff.

**FUTURE DIRECTION**

- Evaluate the appropriateness of admissions to the Intensive Care Unit.

- Meet benchmarks set in relation to the Emergency Department, ie Exit Block (refer to Glossary) time and patient waiting times.

**Divisional Reports**

<table>
<thead>
<tr>
<th>Staff (FTE): 214</th>
<th>Budget: $16,376,714</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY &amp; PERFORMANCE INDICATORS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>94/95</td>
</tr>
<tr>
<td>Admissions</td>
<td>17,901</td>
</tr>
<tr>
<td>Daily Average Inpatients</td>
<td>83.9</td>
</tr>
<tr>
<td>Bed Days</td>
<td>30,630</td>
</tr>
<tr>
<td>Occupancy Rate*</td>
<td>147.6%</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>1.5</td>
</tr>
</tbody>
</table>

*Occupancy Rate exceeds 100% because figures include Day Neonatal Unit which has multiple admissions to different chairs per day.

**DIVISIONAL REPORTS**

**Pharmacy**

**MAJOR GOALS & OUTCOMES**

- To expand aseptic manufacturing of solutions for TPN, IV additives for the Pain Service and through batch manufacturing.

- Delays were experienced due to the difficulties in recruiting a suitably qualified Oncology Pharmacist. Because of the delays TPN has not been produced however cytotoxics and IV additives have been produced inhouse resulting in a considerable cost saving. The manufacturing suite has been accredited to produce long dated products.

Implement a patient education program on prescription medication use.

- A new booklet on medication use for cardiac patients is proving very popular.

- Pharmacists have provided education to staff and the community.

Streamline workflows in the Pharmacy Department.

- Pharmacy handles the increased workload within the same resources.

**FUTURE DIRECTION**

- A new Mortuary is currently being built.

- To further develop the Oncology medication service. This will be made possible when the new Oncology Pharmacist starts in July.

- Benchmark statistics against national teaching hospital services will be developed.

- Establish Joint Pathology Service.

**Diagnostics & Pharmacy**

**BUSINESS ACTIVITY**

Pathology, Medical Imaging and Pharmacy Services.

**Pathology**

**MAJOR GOALS & OUTCOMES**

To implement a results reporting module to the Pathology computer system.

- Current and previous results are available more quickly and 24 hours a day.

- Emergency patients can be treated faster.

Improved customer service in the Patient Services Department of Pathology.

- The processes of the management of outpatients, collection of specimens, distribution of results and the handling of enquiries have all been redesigned to improve customer service.

Commence TB Testing inhouse as a cost saving measure.

- Conducting TB testing inhouse has resulted in cost savings.

**Medical Imaging**

**MAJOR GOALS & OUTCOMES**

To achieve productivity savings of $150,000.

- Productivity savings of $150,000 were achieved through rationalisation of stock bulk purchase agreements and work practice changes.

- To establish benchmarking and performance indicators at ward level.

- Indicators have been implemented for reject film, on-call, sick leave and examination per staff.

- To improve the reporting system.

- Dictaphones were replaced by a digital dictation system.

- To improve the CT,DSA and Ultrasound film processing.

- The manual method was replaced with an automatic system. This saved time and meant that more patients could be treated.

**Staff (FTE): 172**

**Budget: $7,887,476**

| **ACTIVITY & PERFORMANCE INDICATORS** |
| | 94/95 | 93/94 |
| Pathology (average patients/day)* | 460 | Unavailable |
| Medical Imaging Examinations | 64,702 | 64,200 |
| Pharmacy |
| - No. drugs dispensed | 300,000 | 316,000 |
| - No. drugs manufactured | 16,980 | Unavailable |

*New computer system in 94/95 facilitated this new statistic.
BUSINESS ACTIVITY
The provision of acute and sub-acute medical services and Biomedical Engineering Internal Ambulance, Neurophysiology, Respiratory Physiology, and Asthma Educator Services. There are 111 medical beds at Gosford. The 60 medical beds at Wyong are managed by the Site Management at Wyong.

MAJOR GOALS & OUTCOMES
Improve accommodation and facilities in Medical Wards 2, 3 and 4 and the old Children’s Ward.
- Refurbishment of M2 and the old Children’s Ward were completed.
- Plans to commence refurbishment of M3 and M4 were deferred due to the winter demand for medical beds.

To phase in medical specialties in general medical wards.
- Medical Ward 2 is now functioning as a specialised oncology/haematology unit. Further specialisation will be addressed when refurbishment is complete, however, all wards will retain a general medical component.

To establish and implement a Safety Management System within the Division.
- The Safety Committee has been formed with representation from all departments within the Division and has been actively involved in resolving a number of safety issues.

FUTURE DIRECTION
- Completion of refurbishments of further Medical Wards.
- Develop Clinical Pathways within the Division for CVA (cerebrovascular accident) and asthma.
- Prepare a business case for the appointment of a second Endocrinologist.
- Increase continuous quality improvement awareness by providing training at departmental level.
- Improve communication, support and educational opportunities for staff.
- Research more efficient use of the Internal Ambulance service.

Staff (FTE): 140  
Budget: $9,105,755  
ACTIVITY & PERFORMANCE INDICATORS

<table>
<thead>
<tr>
<th>94/95</th>
<th>93/94</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>3,707</td>
</tr>
<tr>
<td>Number of Patients Treated</td>
<td>5,580</td>
</tr>
<tr>
<td>Number of Bed Days</td>
<td>36,290</td>
</tr>
<tr>
<td>Occupancy Rate</td>
<td>88.1%</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>6.3</td>
</tr>
<tr>
<td>Number of Respiratory Tests</td>
<td>5,679*</td>
</tr>
<tr>
<td>Number of Neurophysiology Tests</td>
<td>816</td>
</tr>
<tr>
<td>Number of Asthma Patients/  Clients Educated</td>
<td>1,400</td>
</tr>
<tr>
<td>Number of Biomedical Engineering Services</td>
<td>2,064</td>
</tr>
<tr>
<td>Number of Internal Ambulance Trips/Transfers</td>
<td>10,174</td>
</tr>
</tbody>
</table>

*The counting methodology was changed during the year.

Mental Health Services provide multidisciplinary adolescent and adult inpatient (30 beds at Gosford), outpatient, day patient, community health centre based and rehabilitation care for adult residents of the Central Coast with a serious mental illness. Service provision is divided between two geographic districts, Gosford and Wyong, to ensure co-ordinated and effective clinical service delivery.

To develop measures of staff activity, service utilisation profile and costs related to outcome measures.
- The Mental Health Management Information System has been refined into a workable minimum data set to measure staff activity and service utilisation. The outcome of maintaining a favourable budget has been achieved and continues to be monitored in terms of appropriate resource use.

Identification of the needs of the target groups of the Mental Health Services.
- The Adolescent Mental Health worker, funded by the “Young People with Psychiatric Illness” project with the Youth Health Centre, identified the needs of Central Coast adolescent groups and submissions have been written.
- A workshop to facilitate greater communication and collaborative working relationships between the Mental Health Service and the Department of Community Services for the dual diagnosis of mental illness and developmental disability occurred in February 1995.
- A Policies and Procedures Sub-committee has been formed to review admission criteria to all parts of the service.

Staff (FTE): 71  
Budget: $4,760,536  
ACTIVITY & PERFORMANCE INDICATORS

<table>
<thead>
<tr>
<th>93/94</th>
<th>94/95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandala Admissions</td>
<td>569</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>12.8</td>
</tr>
<tr>
<td>Occupancy Rate</td>
<td>73.3%</td>
</tr>
<tr>
<td>Total IP/P OP Days</td>
<td>47,885</td>
</tr>
</tbody>
</table>
OBSTETRICS

BUSINESS ACTIVITY
The provision of a multidisciplinary maternity service. There are 32 beds at Gosford, 20 at Wyong and eight at Birralee.

MAJOR GOALS & OUTCOMES
To establish and implement a Safety Management System within the Division.
+ Safety Committee established with membership from all disciplines within the Division which meets on a regular basis.
To promote a more efficient use of the facilities in the Antenatal Clinic.
+ Continuous Quality Improvement project was completed with a reduction in length of time spent in the clinic by patients.
To introduce a Birth Register Database to the Division of Obstetrics at both Gosford and Wyong Hospitals.
+ Computerised Birth Register Database implemented at Gosford Hospital.
To open an obstetrics ward at Wyong Hospital.
+ Deferred, awaiting the availability of specialised staffing and infrastructure. (See Wyong Hospital report.)
To rationalise the use of Birralee Post Natal Unit.
+ Birralee beds were used only to supplement periods of high occupancy at Gosford.

To provide comprehensive guidelines to Resident Medical Officers for the management of the mother and baby during pregnancy and after delivery.
+ Guidelines compiled and published and made available to all medical staff and midwives.

FUTURE DIRECTION
- Further develop computerised database and monitor perinatal outcomes.
- To create a divisional Continuous Quality Improvement program including the development of strategies to measure customer needs and satisfaction.
- Implementation of a professional development program for staff from point of entry to middle management level.
- To initiate debriefing for new mothers and family members following difficult or complex labour and delivery.
- Undertake an Occupational Health and Safety numerical profile audit.

<table>
<thead>
<tr>
<th>Staff (FTE): 128</th>
<th>Budget: $7,338,021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY &amp; PERFORMANCE INDICATORS</strong></td>
<td>94/95</td>
</tr>
<tr>
<td>Admissions</td>
<td>6,073</td>
</tr>
<tr>
<td>No. of Patients Treated</td>
<td>6,723</td>
</tr>
<tr>
<td>No. of Babies Born</td>
<td>2,643</td>
</tr>
<tr>
<td>Occupancy Rate</td>
<td>74.2%</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>3.6</td>
</tr>
<tr>
<td>Community Midwife Service Occasions of Service</td>
<td>15,259</td>
</tr>
</tbody>
</table>

Achieving a Healthy Future

through continually improving patient services and facilities which are provided by our Orthotics Department.
PAEDIATRICS/CHILD & FAMILY HEALTH

Divisional Reports

To reduce the impact of child disabilities for individual children and their families.

The Early Intervention report of Children with Disabilities was submitted in 1984. To address some of the report's recommendations, the Central Coast Disability Council has developed a directory of services.

FUTURE DIRECTION

- To reduce the incidence of vaccine-preventable disease by ensuring full immunisation coverage rates of greater than 85% in children six years of age.
- To identify current barriers and inefficiencies in service delivery to parents of new infants and to establish contact with all new parents within two weeks of the birth of their child.
- To develop a workable model of preschool screening which enables children to be screened by the age of school entry.
- Improve staff development opportunities within the Division.
- Develop clinical pathways for Children's Ward.

REHABILITATION & AGED CARE

Divisional Reports

To provide appropriate care for aged persons and the disabled population and their carers on the Central Coast by the provision of an integrated health service of education, assessment, therapy and support to reduce illness and disability. There are 38 beds at Wyong and 30 beds at Woy Woy.

To commence the provision of an outpatient geriatric medicine clinic service in September 1984.

A Geriatric Medicine Outpatient Clinic was commenced at Gosford Hospital to improve service provision and access.

KEY ISSUES/EVENTS
- This was the first full year the PADP scheme was given the responsibility of administering the Department of Veterans' Affairs Rehabilitation Appliance Program (RAPI). This significantly increased the workload for PADP.
- The development and implementation of a comprehensive record for elderly patients admitted into inpatient services is expected to provide a streamlined and efficient tool for clinicians in the treatment and care of elderly patients.

FUTURE DIRECTION
- Reduce average length of stay in hospital of rehabilitation patients through early discharge and access to suitable rehabilitation services in the community.
- To assist in the development of proposals to increase the number of hostel and nursing home beds on the Central Coast.

Children's Ward

To improve access to antenatal education for all pregnant women and their support partners.

Many changes in the Preparation for Parenthood course were made. The course has been redesigned, group numbers have been increased and delivery suite tours are now conducted by hospital midwives to accommodate increasing demand.

Provide a ward orientation for paediatric patients prior to elective surgery.

Orientation for elective preoperative children has been implemented. Children are escorted on ward tour and introduced to staff.

To reduce the incidence of vaccine-preventable disease in Central Coast children.

A review was completed of the Immunisation Status of kindergarten children of the Central Coast which revealed 78% of children entering kindergarten had completed immunisation.

To acquire full time Social Worker position for Children's Ward.

The creation of a Children's Ward social worker position and the appointment of a full time Child Psychiatrist assisted in the provision of adequate child mental health services. The Child Psychiatrist will provide four hours/week of consultation for both the Child Health and Adolescent Services teams.

To improve access to antenatal education for all pregnant women and their support partners.

Many changes in the Preparation for Parenthood course were made. The course has been redesigned, group numbers have been increased and delivery suite tours are now conducted by hospital midwives to accommodate increasing demand.

To review services provided by the Orthotic department and improve utilisation of resources.

The Orthotic Department focused on core specialised services to inpatients and registered outpatients. Rationalisation of some services resulted in referral to other suppliers for shoes and other non-specialised services. This resulted in a decreased waiting time for patients with specialised orthotic needs.

To survey the general practitioners in Wyong area to determine their understanding of the Rehabilitation and Aged Care Services.

The survey showed that the general practitioners required more information and desired a greater involvement in the rehabilitation and aged care services for their patients.
BUSINESS ACTIVITY
To provide responsive and integrated surgical services by fostering best clinical and management practices in an environment of care, respect and dignity. The Division comprises six wards at Gosford and two at Wyong. There are 175 beds at Gosford including 15 Day Surgical and 40 beds at Wyong including 10 Day Surgical.
Surgical services are provided in the specialties of ENT, Faciomaxillary, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery, Urology and Vascular Surgery. The Division is fortunate in having a stable medical workforce and recently appointed an additional urologist and vascular surgeon to meet growth in demand.

MAJOR GOALS & OUTCOMES
To improve bed management so as to increase access and availability of beds.
- Admissions increased by 8.4% to 12,748, length of stay decreased by 5.3% to 3.7 days and occupancy increased by 2.6%.
- Improved flexibility in the management of beds led to better access, transfer and workloads.
- Establishment of a bed availability forecaster system.
- The admissions process for day-only surgery patients is now performed at the ward rather than in the Admissions Office. This has made the admissions process quicker.
- The Division of Surgery achieved these results through the co-operation and hard work of staff and the Surgical Triumvirate extends its appreciation to all staff.

FUTURE DIRECTIONS
- To study the perioperative or other models of care within a strategic framework.
- To review existing services and processes with a view to improving co-ordination, co-operation and integration.
- To expand the clinical pathway project into other surgical specialties.

CLINICAL SERVICES/GOSFORD
To pilot the central management of ENT and orthopaedic surgical waiting lists. Successfully piloted and centrally managed.

FUTURE DIRECTIONS
- Achieve pre-admission clinic attendance of all elective surgery patients.
- Pre-admission clinics have been expanded by three sessions per week, increasing the occasions of service in the clinic by 15%.

MAJOR GOALS & OUTCOMES
To expand pre-admission clinic attendance of all elective surgery patients.
- Pre-admission clinics have been expanded by three sessions per week, increasing the occasions of service in the clinic by 15%.
- A Bed Management Committee was formed which led to a dedicated position to manage efficient bed utilisation.

Activity & Performance Indicators
- Admissions: 12,748
- Average Length of Stay (days): 3.7
- Occupancy Rate: 81.6%
- Operations – General: 12,768
- Staff (FTE): 166
- Budget: $12,861,274

Activity & Performance Indicators
- Oncology Admissions: 1,687
- Clinical/audiology IP/OP ODS: 30,803
- Clinical Indicators
  - Trauma: Revised and will be reintroduced
  - Post-operative Pulmonary Embolism (at Feb '94): 0.94% (1%)
  - Hospital Re-admission (at June '94): <5.00% (5%)
  - Return to Operating Theatre (at April '94): 1.49% (2%)
  - Hospital Acquired Wound Infections
    - Clean Surgery: 2.97% (3%)
    - Contaminated Surgery: 2.70% (5%)
  - Medication Prescribing Errors (and Drug Monitoring) not examined as Clinical Indicator
  - Hospital Throughput/Output

Surgical Facility

Divisional Reports

Divisional Reports

Divisional Reports

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Divisional Reports

Divisional Reports
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 are:**
- 23 bed Community Hospital for sub-acute medical, palliative care and post-surgical patients.
- 16 bed residential care unit for the care of the elderly residents, Confused and Disturbed Elderly (CADE) Unit.
- Outpatient services available are Physiotherapy, Podiatry, Blood Bank, Extended Day Care, Early Childhood Centre, Palliative Care Headquarters, Dementia Care Day Centre, Wyong Community Access Centre, Outpatient General Practitioner Medical Services.

This year the name of Long Jetty Hospital was changed to the Long Jetty Healthcare Centre. The new name more accurately reflects the role of the facility which does not provide on-site emergency services.

Joining the staff this year was Fay Strachan, Social Worker and Judith Evans, Nurse Unit Manager.

**MAJOR GOALS & OUTCOMES**

To survey patients to determine the level of satisfaction.
- The surveys have indicated a high level of patient satisfaction with the services offered.

To rectify occupational health and safety risks across the site.
- The loading ramp adjacent to the Early Childhood Centre has been enclosed to prevent child injuries.
- Extractor fan was installed in the Extended Care Unit.
- Empty oxygen cylinders were stored securely.

Achieve Divisional productivity savings and remain within budget.
- Divisional productivity savings and budget were achieved.

**FUTURE DIRECTION**

- To further define the role of the Centre.
- To remain in budget and increase efficiency.
- Completion of the new Palliative Care facility.

**BUSINESS ACTIVITY**

- To remain in budget and increase efficiency.
- To further define the role of the Centre.

**STAFF**

<table>
<thead>
<tr>
<th>Staff (FTE): 22</th>
<th>Budget: $1,708,753</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY &amp; PERFORMANCE INDICATORS</strong></td>
<td>94/95</td>
</tr>
<tr>
<td>Admissions</td>
<td>803</td>
</tr>
<tr>
<td>Daily Average Inpatients</td>
<td>28.4</td>
</tr>
<tr>
<td>Bed Days</td>
<td>10,354</td>
</tr>
<tr>
<td>Occupancy Rate</td>
<td>86.0</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>12.8</td>
</tr>
<tr>
<td>Outpatients Treated</td>
<td>3,073</td>
</tr>
</tbody>
</table>

**OUTCOMES**

- Improved bed utilisation.
- A protocol and form were developed for respite care admissions. Prospective patients and their relatives have also been encouraged to visit and develop the care plan for the patient prior to admission. The audit of the new forms on admission showed that 80% of total patients admitted for respite had the information available on admission.
- This year there has been a 10% increase in the numbers of patients requiring nursing home placement upon discharge. 31% of patients were placed out of the local area.

**KEY ISSUES/EVENTS**

- The shortage of nursing home beds in the Peninsular area is impacting on the General Ward bed availability.
- A site to purchase additional essential equipment was organised by the staff and was greatly supported by the local community. The sum of $5,000 was raised.

**FUTURE DIRECTION**

- Improve liaison with Nursing Homes/Hostels in the area.
- Develop Non-acute Clinical Pathways for the Rehabilitation and General Unit patients.

**Divisional Reports**
Divisional Reports

KEY ISSUES/EVENTS
- The Postgraduate Medical Council approved a three year accreditation to Wyong Hospital and endorsed the medical staff training program.
- A purpose built helipad was constructed on the northern boundary of the hospital to facilitate the transfer of critically ill patients to specialist hospitals.
- Two self contained Rotary Lodge units were built in the hospital grounds by the Rotary Club of Toukley with generous assistance from local businesses and community. The units will provide short term accommodation for relatives who may live out of the area or when a relative is required to spend long periods with patients due to their medical condition.
- The continued support of the hospital throughout the year by the local community has enabled the purchase of medical equipment which will enhance the services available to the community.

FUTURE DIRECTION
- Dr B Warman, the second Visiting Anaesthetist, will commence duties in August 1995.
- A four bed monitored surgical observation unit will be opening which will allow more complex surgery to be undertaken.
- Operating theatre hours will be extended to enable emergency operations which will reduce the need to transfer or admit patients to Gosford Hospital and set in place infrastructure for enhancement of future services.
- Planning is continuing for the introduction of a pre-admission clinic for elective surgical patients.

B馆R BUSINESS ACTIVITY:
Site management of Wyong Hospital assists in the day to day operations of the Hospital, co-ordinating with the Divisions and all other services within the Central Coast Area Health Service.
The Wyong Hospital mission is to provide a comprehensive range of health services to residents and visitors within the Hospital catchment area, making best use of all resources. The Division of Wyong includes the medical wards (80 beds), outpatient clinics and administration. Critical Care, Surgical, Anaesthetics, Obstetrics and Corporate Services activity and budget for Wyong is reported under those divisions.

MAJOR GOALS & OUTCOMES
To appoint visiting medical officer staff to provide required specialist services.
- The appointment of Dr Macneil, Urologist, Dr. Docker, Gynaecologist & Obstetrician and Dr. Meek, Surgeon, to provide required specialist services.
- The appointment of Dr Macneil, Urologist, Dr. Docker, Gynaecologist & Obstetrician and Dr. Meek, Surgeon, to provide required specialist services.

To increase inpatient, outpatient and surgical activity.
- Surgical activity increased by 29% while Outpatient services in Clinics increased by 31.64%. The total number of inpatients treated this year amounted to 11,302 compared to 9,294 in 1993/94 an increase of 21.77%.
- Commence after hours surgery and opening of an obstetric service.
- These two major objectives set for 1994/95 were not achieved due to inability to recruit the required number of anaesthetists to operate these services safely.
- Recruitment of a third anaesthetist.
- Appointment not achieved. Recruitment effort continues as the appointment of another Anaesthetist is an essential requirement for a full obstetric service to be implemented.

<table>
<thead>
<tr>
<th>Staff (FTE): 59</th>
<th>Budget: $4,371,812</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY &amp; PERFORMANCE INDICATORS:</td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td>9,096</td>
</tr>
<tr>
<td>Daily Average Inpatients</td>
<td>50.2</td>
</tr>
<tr>
<td>Bed Days</td>
<td>18,322</td>
</tr>
<tr>
<td>Occupancy Rate</td>
<td>83.7%</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>6.8</td>
</tr>
<tr>
<td>NIODS</td>
<td>5,960</td>
</tr>
<tr>
<td>All IP/OP DSS</td>
<td>17,943</td>
</tr>
</tbody>
</table>
The organisational structure of the Division of Corporate Services was changed in July 1994.
The Division is composed of the following non-clinical support service departments:
Computer Services, CSSD, Domestic Services, Food Services, Linen Service, Printing Unit, Retail Services, Security and Fire Services, Supply/Distribution, Telecommunications and Transport.

Major Goals & Outcomes

To achieve greater than 98% system availability on mainframe computer applications.
- The mainframe hardware was available for use more than 99.75% of the time with no unscheduled downtime encountered between July 1994 and January 1995.
The implementation of a new 28-day cycle menu for patient and client services.
- Successful implementation with excellent results.
Redesign and modify the soiled linen sorting area to increase sorting capacity and reduce manual handling.
- Area has been redesigned by utilising a conveyor system and improving environmental comfort of staff.
Implementation of barcoding and computerised labelling systems in CSSD.
- Successful implementation with an increase in efficiency and effectiveness of stock handling. Being recognised as leaders in the field of CSSD by the "Open Training Education Network" TAFE.

To improve our customer service.
- Implementation of computer requesting by Supply.
- Improved speed and quality of service in Retail area.

Divisional Reports

- Adoption of best practice management characteristics.
- Improved responsiveness to customer needs through surveys.
- Introduction of informative newsletters.

Replacement of old paging system.
- New internal paging system installed with a significantly improved efficiency.

Improve our awareness of OH&S.
- Workplace safety committees have been established.
- Fully revised Patient Services Assistant training program.
- Safety co-ordinators appointed.
- Commenced hazard audits.
- Increase staff training in OH&S.

Installation of early warning fire detection systems in medical wards and Birralee.
- All areas completed and awarded certificates of compliance.

Future Direction

- Development of an Information Technology Strategic Plan.
- Ten per cent reduction in workplace injuries.
- Improve customer satisfaction surveys by 10%.
- Improve our waste management numerical profile by 15%.
- Establishment of a Group Linen Service.
- Extend the introduction of E-Mail facilities to new users.
- Introduction of the PIN system to improve accountability of phone usage.

Staff (FTE): 472  Budget: $18,149,365

Activity & Performance Indicators:

<table>
<thead>
<tr>
<th>Activity</th>
<th>94/95</th>
<th>93/94</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSSD</td>
<td>- packs produced/FTE</td>
<td>3,000</td>
</tr>
<tr>
<td>Food Services</td>
<td>meal units produced</td>
<td>1.07million</td>
</tr>
<tr>
<td>Linen Services</td>
<td>Cost of produced linen</td>
<td>.86c/kg</td>
</tr>
<tr>
<td>Printing Unit</td>
<td>No. of copies produced</td>
<td>7,115,674</td>
</tr>
<tr>
<td>Transport</td>
<td>No. of requests for pool vehicles</td>
<td>&amp; 3.9% unavailability</td>
</tr>
<tr>
<td>Computing</td>
<td>System availability</td>
<td>99.75%</td>
</tr>
</tbody>
</table>

Achieving a Healthy Future

through the introduction of Pathnet, the latest technology in pathology computing, which is providing 24 hour access to patient's current and previous pathology results.
**FINANCE**

**BUSINESS ACTIVITY**

The Division of Finance comprises the following departments: Admissions, Accounts Payable, Emergency Department Reception, Pay Office, Patient Enquiries, Revenue and Finance.

**MAJOR GOALS & OUTCOMES**

- To reduce month end close off time.
- To extend interdepartmental charging to include Medical Imaging.
- To implement on-line requisitioning for stock and non-stock items.
- To extend interdepartmental charging to include Medical Imaging.
- Medical Imaging has been costing to the Divisions and it is expected within the next two years that this will be extended to include charges associated with Pathology, Internal Ambulance and Computer Maintenance.
- The Area now requires all new vendors to accept payment by Electronic Funds Transfer. Existing vendors are co-operating with the Area and progressively moving from cheque to EFT payment. The solution involves the bank transfer being processed through the bank network overnight and the remittance advice being faxed rather than sent by mail. There are recurrent savings by using EFT instead of cheques as enclosing of the paperwork for mailing is no longer required. As at 30 June, 1995, 30% of vendors were on EFT.
- We wish to thank the Business Managers for their support and commitment during the year.

**FUTURE DIRECTION**

- Budgets modified by Casemix available 30/6/96.
- Improve financial performance with the implementation of new program structure, July 1996 for budgets, June 1996 for Actuals, with the modification of Oracle and Pay System. Together with the modification of the divisional structure to accommodate the new program requirements.

---

**HUMAN RESOURCES**

**BUSINESS ACTIVITY**

The Division of Human Resources is comprised of the following units: Personnel Department, Training and Development Unit, Occupational Health and Safety Unit, and the Information and Resource Centre.

**MAJOR GOALS & OUTCOMES**

- To increase the use of Electronic Funds Transfer (EFT).
- The Area now requires all new vendors to accept payment by Electronic Funds Transfer. Existing vendors are co-operating with the Area and progressively moving from cheque to EFT payment. The solution involves the bank transfer being processed through the bank network overnight and the remittance advice being faxed rather than sent by mail. There are recurrent savings by using EFT instead of cheques as enclosing of the paperwork for mailing is no longer required. As at 30 June, 1995, 30% of vendors were on EFT.
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**FUTURE DIRECTION**

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- Improve financial performance with the implementation of new program structure, July 1996 for budgets, June 1996 for Actuals, with the modification of Oracle and Pay System. Together with the modification of the divisional structure to accommodate the new program requirements.

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**Divisional Reports**

**Staff (FTE):** 60  **Budget:** $2,305,559

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**Divisional Reports**

**Staff (FTE):** 25  **Budget:** $1,439,009

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To establish a training brokerage for the recruitment of the long term unemployed via the Department of Employment, Education and Training (DEET) – Jobskills programme.
- Employment of the Jobskills co-ordinator funded by the programme.
- Approval obtained from DEET to establish brokerage.
- Three year contract signed by the Central Coast Area Health Service and DEET for the ongoing implementation of the program.
- Employment of sixty (60) trainees, each for a six month period, funded by the program.

Training of 200 professional staff in searching databases on CD-ROM network.

- Over 300 staff trained in the use of CD-ROM network.
- Direct access provided to latest databases available to professional staff on a 24-hour basis.

**FUTURE DIRECTION**

- Introduction of the Human Resources Information System (HRIS) throughout the Area Health Service. This is a complete human resource, payroll and rostering information package which will replace the existing Datapower and Hospay systems. As the pilot site for NSW, the Central Coast Area Health Service has a project team consulting with the appointed tenderer to ensure an efficient and cost effective implementation which will eventually spread statewide.
- To develop a management training program for all managers within the Central Coast Area Health Service.
- Installation of remote searching facility for visiting medical officers.
- Increase number of departments connected to the CD-ROM network.
- Devolving responsibility and accountability for workers compensation and rehabilitation costs to Divisions.

Code of Conduct – see Appendix XIV.
**Table 1**

CCAHS Staff as 30th June (full time equivalent)

<table>
<thead>
<tr>
<th></th>
<th>'96</th>
<th>'95</th>
<th>'94</th>
<th>'93</th>
<th>'92</th>
<th>'91</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>224.5</td>
<td>234.31</td>
<td>221.7</td>
<td>177.7</td>
<td>174.0</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>149.0</td>
<td>130.30</td>
<td>120.7</td>
<td>103.7</td>
<td>99.9</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>1075.5</td>
<td>1068.60</td>
<td>1015.6</td>
<td>880.5</td>
<td>851.8</td>
<td></td>
</tr>
<tr>
<td>Para-Medical and Community</td>
<td>443.5</td>
<td>432.60</td>
<td>391.8</td>
<td>314.9</td>
<td>280.2</td>
<td></td>
</tr>
<tr>
<td>Hotel Services</td>
<td>558.4</td>
<td>556.10</td>
<td>548.3</td>
<td>502.9</td>
<td>462.1</td>
<td></td>
</tr>
<tr>
<td>Medical and Nursing Support</td>
<td>116.2</td>
<td>115.70</td>
<td>91.7</td>
<td>85.4</td>
<td>89.3</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** 2567.10 2538.61 2390.10 2065.10 1957.30

1995 figures excludes 52 short-term Jobskills trainees funded by the Dept of Employment, Education & Training (DEET)

**Table 2** – Representation of Equal Employment Opportunity Groups (as at 31.3.95)

<table>
<thead>
<tr>
<th>Total Staff</th>
<th>Current</th>
<th>Employees %</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>2878</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>718</td>
<td>24.9</td>
</tr>
<tr>
<td>Women</td>
<td>2160</td>
<td>75.1</td>
</tr>
</tbody>
</table>

**EEO Respondents**

<table>
<thead>
<tr>
<th>All</th>
<th>330</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>98</td>
</tr>
<tr>
<td>Women</td>
<td>232</td>
</tr>
</tbody>
</table>

**Non English Speaking Backgrounds**

<table>
<thead>
<tr>
<th>All</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>14</td>
</tr>
<tr>
<td>Women</td>
<td>12</td>
</tr>
</tbody>
</table>

**People With A Physical Disability**

<table>
<thead>
<tr>
<th>All</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
</tr>
</tbody>
</table>

**Aboriginals And Torres Strait Islanders**

<table>
<thead>
<tr>
<th>All</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Datapower, confidential information provided on a voluntary basis by employees.

**Table 3** – Recruitment of Equal Employment Opportunity Groups (12 months to 31/3/95)

<table>
<thead>
<tr>
<th>Total Staff</th>
<th>Total Current</th>
<th>Employees %</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>450</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>138</td>
<td>30.7</td>
</tr>
<tr>
<td>Women</td>
<td>312</td>
<td>69.3</td>
</tr>
</tbody>
</table>

**EEO Respondents**

<table>
<thead>
<tr>
<th>All</th>
<th>127</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>33</td>
</tr>
<tr>
<td>Women</td>
<td>94</td>
</tr>
</tbody>
</table>

**Non English Speaking Backgrounds**

<table>
<thead>
<tr>
<th>All</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>4</td>
</tr>
<tr>
<td>Women</td>
<td>8</td>
</tr>
</tbody>
</table>

**People With A Physical Disability**

<table>
<thead>
<tr>
<th>All</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
</tr>
</tbody>
</table>

**Aboriginals And Torres Strait Islanders**

<table>
<thead>
<tr>
<th>All</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Datapower, confidential information provided on a voluntary basis by employees.

**Table 4** – EEO Groups by Salary Levels (as at 30/3/95)

<table>
<thead>
<tr>
<th>Salary Levels</th>
<th>Below $20,332</th>
<th>CO to A&amp;C Grade 1</th>
<th>A&amp;C Grade 1-2</th>
<th>A&amp;C Grade 3-5</th>
<th>Above A&amp;C Grade 10-12</th>
<th>Above A&amp;C Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Staff</td>
<td>39</td>
<td>965</td>
<td>310</td>
<td>710</td>
<td>781</td>
<td>78</td>
</tr>
<tr>
<td>Men</td>
<td>6</td>
<td>242</td>
<td>100</td>
<td>111</td>
<td>167</td>
<td>46</td>
</tr>
<tr>
<td>Women</td>
<td>33</td>
<td>663</td>
<td>210</td>
<td>599</td>
<td>614</td>
<td>32</td>
</tr>
</tbody>
</table>

**EEO Respondents**

<table>
<thead>
<tr>
<th>All</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>121</td>
</tr>
<tr>
<td>Women</td>
<td>210</td>
</tr>
</tbody>
</table>

**NESB**

<table>
<thead>
<tr>
<th>All</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>3</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
</tr>
</tbody>
</table>

**PWPD**

<table>
<thead>
<tr>
<th>All</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>2</td>
</tr>
<tr>
<td>Women</td>
<td>2</td>
</tr>
</tbody>
</table>

**Aboriginal**

<table>
<thead>
<tr>
<th>All</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>1</td>
</tr>
<tr>
<td>Women</td>
<td>6</td>
</tr>
</tbody>
</table>

HUMAN RESOURCES (cont)
Divisional Reports

**EQUAl EMPLOYMENT OPPORTUNITY (EEO)**

In conjunction with the Office of the Director of Equal Opportunity in Public Employment, agencies will be undertaking a resurvey of all staff together with an advertising campaign in an effort to obtain meaningful data on EEO. This data collection will occur late 1995. The Area Health Service is keen to participate in this process in an effort to update our records and obtain accurate information relating to the target groups.

Strategies pursued during the 1994/95 reporting year included:

- Communicating the principles of EEO throughout the organisation.
- Investigating the feasibility of developing job sharing within the Area Health Service.
- Continue to train managers and supervisors involved in recruitment in the application of EEO principles as they apply to the selection process.
- To attempt to increase the number of Aboriginals and Torres Strait Islanders and people from non-English speaking background within the Area Health Service.
- To determine the number of staff who have a disability and what action could be taken to provide reasonable adjustment.
- To provide non-English speaking background employees with the opportunity to attend language and literacy skills training.

The Area considers that its approach to EEO is both relative and pro-active within the organisation. EEO plays a key focus in the day-to-day functioning of the Area Health Service.

In addition, the Director of Equal Opportunity in Public Employment upon reviewing our annual report, considered it to be active, intensive and well supported by Area Executive. Furthermore, achievements of note included:

- Equity responsibilities of managers and supervisors were clearly stated in performance agreements and position descriptions.
- The integration of EEO awareness into training modules.
- The establishment of the Women’s Issues Network, and their addressing of women’s issues, such as the training and development needs of women managers.
- The level and number of women participating in formal and informal career development opportunities.

**OH&S/MANAGED FUNDS**

The Occupational Health & Safety Unit is responsible for all aspects of Workers’ Compensation, staff rehabilitation and OH&S management as well as all classes of insurance including Public Liability, Property Motor Vehicle and miscellaneous insurance policies. This year the unit was reorganised, an Occupational Health Physician was appointed and a major review completed on the management of occupational safety and injury prevention.

Strategies are being implemented including comprehensive hazard identification, establishment of more effective assessment and control systems ensuring participation of the workforce at all levels and devolution of Workers’ Compensation financial responsibility to the Divisions where the costs were incurred.

More effective Injury and Workers’ Compensation management has achieved our objective to significantly reduce the Workers’ Compensation deficit in 1994 and achieve a surplus in 1995. The deficit was reduced from $580,000 to $53,000. A significant surplus is projected for the buy out year 93/94 which would have been finalised in December of this year, however, following a major review of the Managed Fund by NSW Treasury and the implementation of a new Managed Fund structure, the outcome at this time is still unclear.

**20 YEARS OF SERVICE**

Kim Burnie
Dorothea Byrne
Judith Byrne
Margaret Dale
Carol Harrison
Christine Hyde
Beverley Lamb
Judith Lennon
Blain McBride
Sandra McKinnon
Heather Needham
Gail Nunan

Kim Penney
Lynette Power
Wayne Rickards
Margaret Stallard
Betty Steel
Keith Taylor
Douglas Tutt
Naomi Wellham-Hearn
Russell Wing
Sheila Wood
Brenda Woodroffe
Helen Worthington

**25 YEARS OF SERVICE**

Coral Kemble
Janet Wakefield

**50 YEARS OF CARING FOR THE COAST**

Through excellence of service from 1945 to 1995 and continuing into the future.
Hospital Auxiliaries

The Central Coast Area Health Service enjoys the generous support of the community in providing additional resources to meet the growing demand for health services. The Hospital Auxiliaries are a prominent part of the Area's fundraising. The total raised for the year was $109,204. The Area Health Service extends its sincere appreciation to all the members of the Hospitals' Auxiliaries and their respective office bearers. The following highlights were presented at the various 1994/95 Annual General Meetings of the Hospitals' Auxiliaries.

Gosford Hospital Auxiliary

The Auxiliary members raised $5,500 of which $2,000 was donated to the Renal Unit and $3,500 was donated to purchase a patient controlled analgesic pump.

President
Mrs Marion Fripp
Secretary
Mrs Margaret Smith
Treasurer
Mrs Glad Freelin

Kincumber Auxiliary

Auxiliary members raised $5,000, of which $2,500 was donated to the Renal Unit and $1,500 donated to the Kincumber Community Nurses.

President
Mrs Jean Johnson
Secretary
Mrs Roma Alexander
Treasurer
Mrs Roni Healy

Long Jetty Auxiliary

Auxiliary members raised $12,140 for the Long Jetty Healthcare Centre.

President
Mrs Thelma Peck
Secretary
Mrs Norma Hall
Treasurer
Mrs Kay Mellish

Durimbea Auxiliary

Auxiliary members raised $2,786.42 this year. $2,500 was given to purchase an oxygen meter for use in Gosford Hospital.

President
Mrs Dot Preston
Secretary
Mrs Nola Donehue
Treasurer
Mrs Ivy Foott

Toukley Auxiliary

Auxiliary members raised $6,000 to donate to Wyong Hospital, to purchase equipment as required.

President
Mrs Marge Dobbins
Secretary
Mrs Laura Wilson
Treasurer
Mrs Margaret McDougall

Woy Woy Auxiliary

(formerly known as Ettalong Beach Auxiliary)

The Auxiliary members raised $7,200 which was donated to Woy Woy Hospital. $4,500 was given to purchase a warming cabinet and $2,500 was given to purchase a portable suction machine and trolley. $200 was also donated to the Critical Care Appeal.

President
Mrs Win Crawford
Secretary
Mrs Rose Hozacl
Treasurer
Mrs Jean Dewar

Wynong Auxiliary

Wynong Auxiliary celebrated its 50th birthday. $515,794 has been raised by the Auxiliary members since its inception in 1965. $26,843.25 was raised by the members this financial year. $9,021 was donated to purchase a colposcope for Wynong Hospital. The Auxiliary has retained the remaining funds for the future purchase of monitors for observation beds in surgical wards at Wynong Hospital.

President
Mrs Peg Maloney
Secretary
Miss Doris Calahan
Treasurer
Mrs Sylvia Rowe

Pink Ladies

The members of the Pink Ladies Volunteer Service of the Central Coast Area Health perform selected tasks which enhance the stay and socialisation of patients. This service makes a positive impact on the patient's experience during hospitalisation and enhances the relationship between the Area Health Service and the community.

The Pink Ladies Volunteer Service assists the Area Health Service by performing non-nursing and non-medical tasks. All work is done on a voluntary basis.

Pink Ladies' duties include:
- Delivery and care of flowers to patients in wards
- Pick up and delivery of mail and laundry to patients
- Free library service
- Hairdressing
- Shopping and assisting with the trolley service
- Escorting patients to wards on routine admission
- Attending to patients and visitors in discharge lounge areas
- Supervision of nurses examinations
- Assisting at Council immunisation clinics
- Providing volunteer support to various departments such as Oncology, Outpatient Clinics, Nursing Administration, Renal Unit, Blood Bank, Mandala, Day Surgical Ward, Rehabilitation, Public Relations, Health Promotion and the Chaplain's Department.

The results of this survey led to Pink Ladies becoming involved in the department by serving tea and coffee to relatives and friends, assisting in minding children and generally assisting in non-nursing and non-medical services.

The Area Health Service extends its sincere appreciation to all the members of the Pink Ladies and its executive committee of President Marjorie Stokes, Secretary Jean Marsay and Treasurer Dorothy Biddle.

Pink Ladies provide services not only to patients, but also to relatives and friends.

During 1994/95, the Pink Ladies Volunteer Service also elected a constitution committee to update their constitution to provide a broader representation of Pink Ladies in its decision making process. Important changes included:
- Changing their name from Pink Ladies Auxiliary to the Pink Ladies Volunteer Service.
- Establishing a management committee, consisting of members elected from each of the Area's hospitals, who will form the decision making body.

As a part of the Area's CDI Program, a team of volunteers was trained to conduct patient satisfaction surveys in the Emergency Department.

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As a part of the Area's CDI Program, a team of volunteers was trained to conduct patient satisfaction surveys in the Emergency Department.
TEACHING & RESEARCH
The signing of an agreement in 1994 with the Faculty of Medicine of the University of Newcastle has progressed Gosford Hospital to Teaching Hospital Status. Dr Robert McGuinness was appointed as Clinical Assistant Dean and commenced in January 1995.

MEDICAL STUDENT TRAINING
Medical students spend time in Mandala Clinic gaining experience in interviewing techniques. Third year students spend eight weeks in Emergency Medicine gaining experience in all aspects of emergency services. In Year 4 all urology training for medical students of the University of Newcastle is carried out at Gosford Hospital under the supervision of specialist urologists, and Year 5 students spend time in Psychiatry, Paediatrics and Reproductive Medicine. Further placements will be developed in 1996.

TRANSITIONAL SUPPORT PROGRAM
75 new nursing graduates completed the Transitional Support Program in 1994/95. The program consists of a broad clinical experience over a 12 month period in medical and surgical nursing, as well as nine specialty areas. 80% of graduates from this program remain on staff within the Area Service.

CONTINUING NURSE EDUCATION
The Nurses Education Centre offers a wide variety of continuing education opportunities to nursing staff at all levels. These include in-house programs in clinical issues, management and professional development. During 1994/95 seminars were conducted for Enrolled Nurses and Paediatric Nurses. The centre is involved in facilitating clinical experience to nursing students and to school students as part of a work experience program.

ENROLLED NURSING
The Advanced Certificate for Enrolled Nurses conducted by the Central Coast Area Health Service successfully continues to graduate twenty four (24) Enrolled Nurses per year. The course is combined with TAFE North Sydney. The students attend for fourteen weeks theoretical component at TAFE and 38 weeks are spent in various clinical settings throughout the Central Coast Area Health Service.

MIDWIFERY PROGRAM
The hospital based Midwifery course continues to provide for students, a fully accredited theoretical program and the opportunity to gain excellent clinical expertise within the Maternity Unit and the community. In 1994/95 thirty three students completed the course. Graduates have a sound knowledge of midwifery practice and are well able to assist women and their families throughout the birthing process.

RESEARCH PROJECTS
Approved by the Ethics Committee during 1994/95

<table>
<thead>
<tr>
<th>Description</th>
<th>Researcher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measuring health outcomes of people on Methadone in both the clinic &amp; pharmacy setting</td>
<td>Dr. Tony Gill, Central Coast Area Health Service</td>
</tr>
<tr>
<td>A study to evaluate the effects of a media campaign on illegal cigarette sales to minors</td>
<td>Don Cook, Central Coast Area Health Service</td>
</tr>
<tr>
<td>Study of tuberculosis prevalence among residents of Central Coast Nursing Homes, September – December 1994</td>
<td>Veth Guerarra, Michael Levy, Leasley Cotton, Lucy Cook, Dr. Rod Kennedy, Central Coast Area Health Service</td>
</tr>
<tr>
<td>Trial of dissemination strategies for antenatal smoking cessation programs</td>
<td>R. A. Walsh, University of Newcastle</td>
</tr>
<tr>
<td>OASIS – Acute Ischemic Syndromes Registry. Registry of patients admitted to hospital with acute ischemic chest pain without ST elevation.</td>
<td>Dr. Fraser Bates, Organisation to assess strategies for Ischemic Syndromes</td>
</tr>
<tr>
<td>Can increased detection of clinically asymptomatic prostate cancer explain the rising incidence of prostate cancer in NSW</td>
<td>Dr. Margaret McCreedie, NSW Cancer Council</td>
</tr>
<tr>
<td>Study of frontal lobe functions</td>
<td>Dr. Mick Hunter, University of Newcastle</td>
</tr>
<tr>
<td>Comparison of Salotol with Lignocaine for refractory cardiac arrest</td>
<td>Dr. Edward Opgen</td>
</tr>
<tr>
<td>Observation database study. Patient data collection form suitable for HIV positive patients.</td>
<td>Community HIV/AIDS Trial Network (CHATN)</td>
</tr>
<tr>
<td>Lubeluzole in acute ischaemic stroke treatment.</td>
<td>Dr. Andrew Wagg, Dr. Dennis Crimmins, CCAHS</td>
</tr>
<tr>
<td>Correlates and consequences of the injecting of benzodiazepines among injecting drug users.</td>
<td>Dr. Shane Darke, National Drug &amp; Alcohol Research Centre</td>
</tr>
<tr>
<td>Suicide intervention: Investigation and Practice development</td>
<td>Peter Carstairs, CCAHS</td>
</tr>
<tr>
<td>Patients responses to signs and symptoms of acute myocardial infarction</td>
<td>Kathleen Dracup, Visiting Professor of Nursing, University of Technology</td>
</tr>
<tr>
<td>Wyong Physiotherapy exercise project group.</td>
<td>Genevieve Danforth, Central Coast Area Health Service</td>
</tr>
</tbody>
</table>
The Public Relations and Marketing Department in conjunction with Divisional Management developed and launched a major appeal to raise funds for critical care equipment and facilities.

Entitled "The Critical Care Appeal ...When Every Second Counts", the Appeal included the production of a video, a full colour brochure and a major direct mail campaign, and a series of special events and promotions.

From its initial launch in May 1994, the Appeal has raised $190,143, well exceeding its initial target of $100,000.

Major beneficiaries of the Critical Care Appeal include Gosford Hospital’s Intensive Care Unit, Renal Unit, Cardiac Unit, Diagnostic Cardiology, and the Emergency Departments at Gosford and Wyong Hospitals.

It is also pleasing to note that the previous fundraising campaign for the Children’s Ward is still active and received donations of $8,210 this year.

The Central Coast Area Health Service’s fundraising is conducted in accordance with the Charitable Fundraising Act 1991, with the following objectives:

- To promote proper and efficient management and administration of fundraising appeals for charitable purposes;
- To ensure proper keeping and auditing of accounts in connection with such appeals; and
- To prevent deception of members of the public who desire to support worthy causes.

The Area Health Service sincerely thanks all our donors who supported the Appeal.
Your generous support will assist in providing the best health services for our community.

<table>
<thead>
<tr>
<th>94/95 Receipts:</th>
<th>Critical Care Appeal</th>
<th>Children’s Ward Appeal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>$100,249</td>
<td>$6,210</td>
</tr>
<tr>
<td>Interest</td>
<td>$10,412</td>
<td>$14,779</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$110,661</td>
<td>$20,989</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>94/95 Expenses:</th>
<th>Critical Care Appeal</th>
<th>Children’s Ward Appeal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>$11,661</td>
<td>$469</td>
</tr>
<tr>
<td>Indirect</td>
<td>$5,833</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$17,504</td>
<td>$469</td>
</tr>
</tbody>
</table>

"There are no words that I can think of that would be good enough to express my gratitude for what you all did."

Extract from Letter of Appreciation from Mr T.B.

Financial Statements

of the Central Coast Area Health Service
1994-1995
FINANCIAL OVERVIEW FOR 1994/95

The Area’s budget allocation provided by the Department of Health was received on the 10 August 1994. The agreed final expense budget (General Fund) totalled $159,134,851 (Accrual), with a revenue budget (General Fund) of $10,980,630. While the financial statements have been prepared on an accrual accounting basis, the primary emphasis on the budgetary performance is the cash result. This is still the focus of the NSW Treasury.

94/95 RECURRENT BUDGET (GENERAL FUND)

The Expense Budget was structured as follows:

1) Employee Related 
2) Visiting Medical Officers 
3) Goods & Services 
4) Provision for Doubtful Debts 
5) Depreciation 
6) Superannuation 
7) Repairs & Maintenance

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Related</td>
<td>104,563,807</td>
</tr>
<tr>
<td>Visiting Medical Officers</td>
<td>7,647,807</td>
</tr>
<tr>
<td>Goods &amp; Services</td>
<td>27,200,209</td>
</tr>
<tr>
<td>Provision for Doubtful Debts</td>
<td>64,000</td>
</tr>
<tr>
<td>Depreciation</td>
<td>7,400,000</td>
</tr>
<tr>
<td>Superannuation</td>
<td>7,123,000</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>5,126,028</td>
</tr>
</tbody>
</table>

The pie chart below indicates that 65.7% of total budget was spent on employee related expenditure i.e. Salaries & Wages, Long Service Leave Provision, Annual Leave Provision etc.

The Revenue Budget was structured as follows:

1. Patient Fees 
2. Intra Health Charges 
3. Other User Charges 
4. Interest

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Fees</td>
<td>6,327,000</td>
</tr>
<tr>
<td>Intra Health</td>
<td>7,122,450</td>
</tr>
<tr>
<td>Other User</td>
<td>2,703,130</td>
</tr>
<tr>
<td>Interest</td>
<td>238,050</td>
</tr>
</tbody>
</table>

The above pie chart indicated that the Area spent 86.9% of its allocation on Acute Hospital and Community Health Services (Program 2.3), 4.3% was spent on program 2.8, while 5.6% was spent on program 2.9. Included in the above program allocation was funding for a number of specific projects and enhancements.

FINANCIAL POSITION

The financial statements included in the Annual Report have been prepared using accrual accounting principles.

The combined General Fund and Special Purpose & Trust Fund operating statement for the year ended 30 June 1995 reveals an accrual net operating cost of service of $148,754,000. The Area’s total assets exceed $165,399,000 while its liabilities total $33,626,000. The net worth of the Area is $131,773,000 (Total Equity). The Area finished the Financial Year (94/95) with an unfavourable variation to General Fund Expense Budget of $200,425 (Accrual Result).

The Department of Health provided a Non Current Loan, against recurrent allocation of $2,000,000.

The Central Coast Area Health Service received budgeted funding under eight health programs:

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Regulatory Services</td>
<td>340</td>
</tr>
<tr>
<td>Health Promotion &amp; Education</td>
<td>581</td>
</tr>
<tr>
<td>Services for Drug &amp; Alcohol</td>
<td>534</td>
</tr>
<tr>
<td>Support of Area Health Service – Public Hospital</td>
<td>115,632</td>
</tr>
<tr>
<td>Dental Health Services</td>
<td>2,689</td>
</tr>
<tr>
<td>Services Mainly for Mentally Ill</td>
<td>5,616</td>
</tr>
<tr>
<td>Services Mainly for Aged &amp; Disabled</td>
<td>6,396</td>
</tr>
</tbody>
</table>

The Central Coast Area Health Service received budgeted funding under eight health programs.
1. CAPITAL DRIVEN ENHANCEMENTS
Development of Services at Gosford & Wyong Hospitals $2,500,000

2. SERVICE IMPROVEMENT FUNDING
Program 2.8 – Mental Health Services $300,000

3. PROGRAM & ENHANCEMENT FUNDING
1.3. Injury Prevention Program $90,000
Health Promotion Traineeship $21,000
2.2 Tobacco Advertising $10,000
2.3 DRG Infrastructure Support $50,000
Health Outcomes $50,000
Child Protection Services $37,225
Waiting List Incentive Scheme $440,000

4. PROGRAM & ENHANCEMENT FUNDING: Community
2.5 Community Dental Health $398,500
2.8 Community Mental Health $262,000
Mental Health $10,000
2.9 Dementia Care National Action Plan $64,200
HACC $41,183
New Palliative Care $187,000
Community Care Project $191,279
PADP $15,000

EFFICIENCY GAINS
Savings required to be achieved in 94/95 totalled $1,641,000. Savings were spread across the following programs:

PROGRAM 1.1 Public Health Services $7,300
PROGRAM 1.3 Health Promotion $13,000
PROGRAM 2.3 Area Health – Public Hospital Services $1,522,700
PROGRAM 2.5 Dental Services $29,000
PROGRAM 2.9 Aged & Disabled Services $69,000

The savings target was achieved through initiatives set by the divisional and departmental managers.

CAPITAL FUNDING
During 1994/95 the Department of Health by way of special grants, provided the following funds:

Cerner Pathology Laboratory System $454,450
Gosford Hospital Stage 3 Development $2,882,131
Mental Health Supported Accommodation $269,781
Oracle Financial Systems $30,400

NON CURRENT CAPITAL LOAN
Human Resource Information System (HRIS) $357,030

CONSULTANCY FEES PAID IN THE FINANCIAL YEAR ENDED 30 JUNE 1995.
Consultancy fees costing more than $30,000 are as follows:

<table>
<thead>
<tr>
<th>Consultant's Name</th>
<th>Nature of Consultancy</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coulson &amp; Associates Pty Ltd</td>
<td>Total Quality Improvement</td>
<td>62,750.00</td>
</tr>
<tr>
<td>Oracle Systems (Australia) Pty Ltd</td>
<td>Oracle Financial System</td>
<td>52,424.00</td>
</tr>
<tr>
<td></td>
<td>Implementation</td>
<td></td>
</tr>
<tr>
<td>The number of consultants engaged during the year costing less than $30,000 were 25</td>
<td></td>
<td>106,089.61</td>
</tr>
<tr>
<td>Total amount paid to Consultancy firms was</td>
<td></td>
<td>221,263.61</td>
</tr>
</tbody>
</table>

OVERSEAS TRAVEL & CONFERENCES
15th Annual Comprehensive Fine Needle Biopsy Course – Hawaii 9,643.16
Update of Sepsis Respiratory Failure and Seminar on Cost Containment in I.C.U. – USA 3,929.51
Asian & Oceanian Centenary Congress and Roentgen Centenary Congress – Malaysia & UK 55,911.03
South Pacific Under Water Medicine Society Annual Conference – Fiji 3,418.64
IUVDTC World STD/AIDS Congress 1995 – Singapore 3,441.38
Biennial Meeting of the International Society for Gynaecological Endoscopy – London 3,305.01
FIGO '94 International Scientific Program Committee – Montreal, Canada 4,465.64
European & World Congress Cardiology Meeting – Berlin 3,788.41
Cerner Users Meeting and Site Visit – Chicago, USA 6,652.00
5th OSET Conference – Washington DC, USA 3,800.00
NSW Palliative Care Association, Annual Conference 11,247.75
10th International Conference on Care of the Terminally Ill – Montreal, Canada 1,098.88
International Search for Staff Anaesthetist – New Zealand 115,135.34
Central Coast Area Health Service

Certification of Accounts

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

(i) the financial statements of the Central Coast Area Health Service for the year ended 30 June 1995 have been prepared in accordance with the requirements of Australian accounting standards, the Public Finance and Audit Act, 1983 and its regulations, and the Public Hospitals Act, 1929 and its regulations;
(ii) the financial statements exhibit a true and fair view of the financial position and transactions of the Area Health Service; and
(iii) there are no circumstances which would render any particulars in the accounts to be misleading or inaccurate.

Dr S Christley
Acting Chief Executive Officer

Mr B Margin
Acting Chairman

Dated: Wednesday, August 9, 1995

Central Coast Area Health Service

Independent Audit Report for Central Coast Area Health Service

To Members of the New South Wales Parliament
and the Board of the Central Coast Area Health Service

Scope
I have audited the accounts of the Central Coast Area Health Service for the year ended 30 June, 1995. The preparation and presentation of the financial statements consisting of the statement of financial position, operating statement, and statement of cash flows, together with the notes thereto and the information contained therein is the responsibility of the Board of the Area Health Service. My responsibility is to express an opinion on these accounts to Members of the New South Wales Parliament and Members of the Board based on my audit as required by Sections 34 and 45F(i) 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 statements.

My audit has been conducted in accordance with the provisions of the Act and Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with the requirements of the Public Finance and Audit Act 1983, Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) so as to present a view which is consistent with my understanding of the Central Coast Area Health Service's financial position, and the results of its operations and its cash flows.

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

Audit Opinion
(a) In my opinion, the financial statements of the Central Coast Area Health Service comply with Section 45E of the Act and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Central Coast Area Health Service as at 30 June 1995 and the results of its operations and its cash flows for the year then ended; and
(b) I report in accordance with Section 24 of the Charitable Fundraising Act, 1991, that:
   i) the accounts of the Central Coast Area Health Service show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 1995;
   ii) the accounts and associated records of the Central Coast Area Health Service have been properly kept during the year in accordance with the Act;
   iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the Act; and
   iv) there are reasonable grounds to believe that the Central Coast Area Health Service will be able to pay its debts as and when they fall due.

M. T. Spriggins ACA
Director of Audit
(Duly authorised by the Auditor-General of New South Wales Under Section 41C(1A) of the Act)

Sydney,
3 October, 1995
### Central Coast Area Health Service

**Statement of Financial Position as at 30 June 1995**

<table>
<thead>
<tr>
<th>Notes</th>
<th>Actual 30/6/95</th>
<th>Budget 30/6/95</th>
<th>Actual 30/6/94</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>11</td>
<td>6,302</td>
<td>4,718</td>
</tr>
<tr>
<td>Receivables</td>
<td>12</td>
<td>1,983</td>
<td>1,720</td>
</tr>
<tr>
<td>Inventories</td>
<td>13</td>
<td>3,095</td>
<td>3,088</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>11,390</td>
<td>9,526</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>14</td>
<td>154,009</td>
<td>152,228</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td></td>
<td>154,009</td>
<td>152,228</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>165,399</td>
<td>161,754</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and Advances</td>
<td>15</td>
<td>8,286</td>
<td>6,198</td>
</tr>
<tr>
<td>Provisions for Employee Entitlements</td>
<td>17</td>
<td>21,073</td>
<td>18,831</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>29,339</td>
<td>25,029</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>16</td>
<td>2,368</td>
<td>0</td>
</tr>
<tr>
<td>Provisions for Employee Entitlements</td>
<td>17</td>
<td>1,919</td>
<td>4,690</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td></td>
<td>4,287</td>
<td>4,690</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td>33,626</td>
<td>29,719</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td>131,773</td>
<td>132,035</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated surplus</td>
<td>18</td>
<td>131,773</td>
<td>132,035</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
<td>131,773</td>
<td>132,035</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these statements.

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### Central Coast Area Health Service

**Operating Statement for the year ended 30 June 1995**

<table>
<thead>
<tr>
<th>Notes</th>
<th>Actual 30/6/95</th>
<th>Budget 30/6/95</th>
<th>Actual 30/6/94</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Related</td>
<td>3</td>
<td>112,914</td>
<td>111,860</td>
</tr>
<tr>
<td>Visiting Medical Officers</td>
<td>4</td>
<td>8,918</td>
<td>7,848</td>
</tr>
<tr>
<td>Goods and Services</td>
<td>4</td>
<td>25,892</td>
<td>27,564</td>
</tr>
<tr>
<td>Repairs, Maintenance and Replacements (Minor Items)</td>
<td>2(e), 5</td>
<td>5,252</td>
<td>5,239</td>
</tr>
<tr>
<td>Depreciation</td>
<td>2(1), 14</td>
<td>7,861</td>
<td>7,400</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td></td>
<td>160,837</td>
<td>159,711</td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>User Charges</td>
<td>6</td>
<td>11,264</td>
<td>11,163</td>
</tr>
<tr>
<td>Donations and Industry Contributions</td>
<td>7</td>
<td>444</td>
<td>64</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>375</td>
<td>478</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td></td>
<td>12,083</td>
<td>11,705</td>
</tr>
<tr>
<td><strong>Net Cost of Services for the Year Before Abnormal Revenue</strong></td>
<td></td>
<td>148,754</td>
<td>148,006</td>
</tr>
<tr>
<td>Abnormal Item</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Net Cost of Services for the Year After Abnormal Revenue</strong></td>
<td></td>
<td>148,754</td>
<td>148,006</td>
</tr>
<tr>
<td><strong>Add Government Contributions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Health Department Cash Payments</td>
<td>2(i)</td>
<td>128,152</td>
<td>128,152</td>
</tr>
<tr>
<td>NSW Health Department Capital Appropriation</td>
<td>2(1)</td>
<td>3,836</td>
<td>3,836</td>
</tr>
<tr>
<td>State Acceptance of Superannuation Liability</td>
<td>2(b)</td>
<td>7,455</td>
<td>7,133</td>
</tr>
<tr>
<td></td>
<td></td>
<td>139,443</td>
<td>138,121</td>
</tr>
<tr>
<td><strong>Add</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industry Contributions/Donations</td>
<td>9</td>
<td>252</td>
<td>252</td>
</tr>
<tr>
<td>(Loss) on disposal of assets</td>
<td></td>
<td>(175)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Surplus/(Deficit) for Year</strong></td>
<td></td>
<td>(9,434)</td>
<td>(8,833)</td>
</tr>
<tr>
<td>Accumulated Surplus at the beginning of the year</td>
<td></td>
<td>141,207</td>
<td>140,868</td>
</tr>
<tr>
<td>Accumulated Surplus at the end of the year</td>
<td></td>
<td>131,773</td>
<td>132,035</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these statements.
Central Coast Area Health Service

Statement of Cash Flows for the year ended 30 June 1995

<table>
<thead>
<tr>
<th>Notes</th>
<th>Actual 30/6/95</th>
<th>Budget 30/6/95</th>
<th>Actual 30/6/94</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td><strong>Cashflow from Operating Activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Related</td>
<td>101,120</td>
<td>101,744</td>
<td>100,777</td>
</tr>
<tr>
<td>Suppliers and Other Services</td>
<td>39,999</td>
<td>39,705</td>
<td>27,001</td>
</tr>
<tr>
<td><strong>Total Payments</strong></td>
<td>140,119</td>
<td>141,449</td>
<td>127,778</td>
</tr>
<tr>
<td>Receipts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>User Charges</td>
<td>11,199</td>
<td>11,190</td>
<td>11,995</td>
</tr>
<tr>
<td>Donations and Industry Contributions</td>
<td>696</td>
<td>778</td>
<td>451</td>
</tr>
<tr>
<td>Other</td>
<td>375</td>
<td>0</td>
<td>1,984</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td>12,270</td>
<td>11,968</td>
<td>14,430</td>
</tr>
<tr>
<td><strong>Net Cash Used on Operating Activities</strong></td>
<td>22</td>
<td>122,849</td>
<td>129,481</td>
</tr>
<tr>
<td><strong>Cashflow from Investing Activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases of Property Plant and Equipment</td>
<td>8,929</td>
<td>5,123</td>
<td>8,151</td>
</tr>
<tr>
<td>Proceeds from the sale of Property, Plant and Equipment</td>
<td>1,390</td>
<td>0</td>
<td>1,383</td>
</tr>
<tr>
<td><strong>Total Net Cash Used on Investing Activities</strong></td>
<td>7,539</td>
<td>5,123</td>
<td>6,768</td>
</tr>
<tr>
<td><strong>Net Cash Outflow from Operating and Investing Activities</strong></td>
<td>(135,388)</td>
<td>(124,604)</td>
<td>(120,200)</td>
</tr>
<tr>
<td><strong>Government Funding</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consolidated Fund Recurrent Appropriation</td>
<td>128,152</td>
<td>128,152</td>
<td>119,202</td>
</tr>
<tr>
<td>Consolidated Fund Capital Appropriation</td>
<td>3,636</td>
<td>3,636</td>
<td>4,141</td>
</tr>
<tr>
<td>Proceeds from Borrowings</td>
<td>2,368</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Net Cash Provided by NSW Health Department</strong></td>
<td>124,156</td>
<td>123,788</td>
<td>123,343</td>
</tr>
<tr>
<td><strong>Net Increase/(Decrease) in Cash</strong></td>
<td>(1,232)</td>
<td>(2,816)</td>
<td>3,157</td>
</tr>
<tr>
<td>Opening Balance</td>
<td>7,534</td>
<td>0</td>
<td>4,297</td>
</tr>
<tr>
<td>Closing Cash Balance</td>
<td>6,302</td>
<td>(2,816)</td>
<td>7,534</td>
</tr>
<tr>
<td><strong>Cash and its Equivalents have been included in the Statement of Financial Position as follows:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>6,302</td>
<td>0</td>
<td>7,534</td>
</tr>
<tr>
<td>Closing Cash Balance</td>
<td>6,302</td>
<td>0</td>
<td>7,534</td>
</tr>
<tr>
<td>(Cash and Cash Equivalents as above)</td>
<td>6,302</td>
<td>0</td>
<td>7,534</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these statements.

Central Coast Area Health Service

Notes to and forming part of the Financial Statements
For the year ended 30 June 1995

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

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

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

Budgets are on an accrual basis and these figures have been included for comparative purposes in the financial statements presented.

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

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

(a) Employee Entitlements
These include estimated amounts expected to be paid to employees for their pro rata entitlement to long service and annual leave (including Annual Leave Loading) and are accrued annually at current pay rates having regard to the period of service. These amounts have been dissected between current and non-current portions based on past experience and, in respect of non current values, have been recognised in the financial statements at present discounted value of the estimated future cash outflows as required by AAS30, "Accounting for Employee Entitlements", which has effect from the commencement of the 1994/95 year.

In determining the present value of future cash outflows the interest rates attaching to Government Guaranteed Securities, which have terms to maturity approximating the terms of the related liability, are used.

The change in value is consistent with actuarial assessment and has been taken up as an adjustment against the Accumulated Surplus. The change is reported in Notes 17 & 18 and in the Operating Statement.

In accordance with AAS30 salary accruals and salary deductions not yet remitted have been reported in Employee Leave Provisions for the 1994/95 year. The basis of measurement is materially consistent with the provisions of AAS30.

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

Employee entitlements exclude the value of voluntary services provided. Note 22 refers.
Central Coast Area Health Service

Notes to and forming part of the Financial Statements
For the year ended 30 June 1995 (continued)

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

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

(d) Acquisition of Assets
The cost method of accounting is used for the acquisition.

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

(f) Depreciation
Depreciation is provided on a straight-line basis against all depreciable assets so as to write off the depreciable amount of each depreciable asset as it is consumed over its useful life. Details of depreciation rates for major asset categories are as follows:

<table>
<thead>
<tr>
<th>Asset Category</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>2.5%</td>
</tr>
<tr>
<td>Electro Medical Equipment</td>
<td></td>
</tr>
<tr>
<td>- Costing less than $200,000</td>
<td>10.0%</td>
</tr>
<tr>
<td>- Costing more than or equal to $200,000</td>
<td>12.5%</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>20.0%</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>10.0%</td>
</tr>
<tr>
<td>Plant and Machinery</td>
<td>10.0%</td>
</tr>
<tr>
<td>Linen</td>
<td>20.0%</td>
</tr>
<tr>
<td>Furniture, Fittings and Furnishings</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

(g) Patient Fees
Patient fees are derived from chargeable inpatients and non-inpatients on the basis of rates specified by the NSW Health Department from time to time.

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

(i) 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.

(j) NSW Health Department Cash Payments
Cash payments are made by the NSW Health Department on the basis of the net allocation for the Area as adjusted for approved supplementations mostly for employee enterprise agreements and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the operating result on the basis that the allocation is earned in return for the health services provided in 1994/95 on behalf of the Department.

(k) Inventories
All inventories have been valued at the lower of cost and net realisable value, and have been classified as current assets based on expected use. Costs are assigned to individual items of stock mainly on the basis of weighted average costs. Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.

(l) Property, Plant and Equipment
(i) Land and Buildings are valued by independent valuers at five yearly intervals. Generally, land is valued on the basis of existing use and buildings on the basis of depreciated replacement cost.

(ii) Land and Buildings which are owned by the Health Administration Corporation or the Crown and administered by the Area are deemed to be owned by the Area and are reflected as such in these financial statements.

(iii) Physical assets costing less than $5,000 in value are expenses in the year of acquisition.
(iv) Donated physical assets are capitalised and brought into account at fair market value if such value is $5,000 or more [see (iii) above].
(v) The recoverable amount test required under AAS10, Accounting for the Revaluation of Non Current Assets is deemed by the NSW Health Department to be inappropriate as the service potential of assets is generally not dependent on their ability to generate net cash inflows.

(m) NSW Health Department/Capital Allocations or Appropriations
Capital Allocations made in the 1994/95 year have been treated as revenue in these financial statements being brought to account after the Net Cost of Services.

(n) Research and Development Costs
Research and development costs are charged to expense in the year in which they are incurred.

(o) General Fund Revenues
The NSW Health Department implemented a policy of net appropriation with all revenues earned now being retained at an Area Health Service level and, with NSW Health Department Cash Payments, applied to offset the expenses incurred.
Notes to and forming part of the Financial Statements
For the year ended 30 June 1995 (continued)

(p) Accumulated Leave Provisions
Under the Leave Mobility provisions applicable in the Government Sector from May 1993, the Area receives moneys equivalent to the value of employee leave transferred. Note 17 reflects the values involved

(q) Equity
Consistent with NSW Department of Health advice, balances formerly recorded as Opening Equity, Accumulated Surplus/Deficit and Reserves (both Asset Revaluation and Asset Replacement) were transferred to Accumulated Funds as at 1 July 1994.

3 Employee Related Expenses
Employee related expenses comprise the following: 1995 1994
$'000 $'000
Salaries and Wages 91,829 83,430
Enterprise Agreements/Awards - -
Long Service Leave [see note 2(a)] 2,408 1,122
Annual Leave [see note 2(a)] 8,770 8,849
Redundancies 85 120
Workers' Compensation Insurance 2,367 1,600
Superannuation [see note 2(b)] 7,455 7,299
112,914 102,459

4 Goods and Services
1995 1994
$'000 $'000
Expenses on Goods and Services 27,841 25,502
Food Supplies 5,232 4,138
Drug Supplies 5,105 4,944
Medical & Surgical Supplies 4,337 3,516
Special Service Departments 1,619 1,906
Fuel, Light & Power 2,113 1,680
Domestic Charges 4,702 4,883
25,892 23,569

5 Replacements, Maintenance and Repairs
1995 1994
$'000 $'000
Expenses on replacements, maintenance and repairs comprise the following:
Renovations and Additional Works 6,866 2,665
Repairs and Maintenance 1,990 2,613
5,252 4,655

6 User Charges
1995 1994
$'000 $'000
User charges comprise the following:
Patient Fees [see note 2(g)] 7,428 6,526
Staff Meals and Accommodation 400 380
Use of Hospital Facilities [see note 2(h)] 1,435 891
Other 2,807 3,467
12,070 11,264
### Central Coast Area Health Service

**Notes to and forming part of the Financial Statements**

**For the year ended 30 June 1995 (continued)**

#### 7 Donations and Industry Contributions

<table>
<thead>
<tr>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Grants;</td>
<td>379</td>
</tr>
<tr>
<td>Other; Recreation, Personal &amp; Other Services</td>
<td>65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>444</strong></td>
</tr>
</tbody>
</table>

#### 8 Other Income

<table>
<thead>
<tr>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Other income comprises the following:</strong></td>
<td></td>
</tr>
<tr>
<td>Interest Revenue</td>
<td>375</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>375</strong></td>
</tr>
</tbody>
</table>

#### 9 Disposal of Assets

<table>
<thead>
<tr>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Cost or value</td>
<td>2,017</td>
</tr>
<tr>
<td>Accumulated Depreciation</td>
<td>452</td>
</tr>
<tr>
<td>Written Down Value</td>
<td>1,565</td>
</tr>
<tr>
<td>Proceeds from Sale</td>
<td>1,290</td>
</tr>
<tr>
<td>Gain (loss) on sale</td>
<td>(175)</td>
</tr>
</tbody>
</table>

#### 10 Abnormal Item

<table>
<thead>
<tr>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
</tr>
<tr>
<td>Adjustment relates to the correction of the valuation placed on buildings in a prior period while the buildings were still under construction.</td>
<td></td>
</tr>
<tr>
<td>This adjustment relates to 1992 Opening Equity.</td>
<td></td>
</tr>
<tr>
<td>The adjustment is for Stages 2 &amp; 3 buildings as well as ground improvements (Car Park) Stage 3.</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Abnormal Item</strong></td>
<td>0</td>
</tr>
</tbody>
</table>

#### 11 Current Assets-Cash

<table>
<thead>
<tr>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>11</td>
</tr>
<tr>
<td>Cash at Bank</td>
<td>4,184</td>
</tr>
<tr>
<td>Funds on Deposit</td>
<td>2,107</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,302</strong></td>
</tr>
</tbody>
</table>

#### 12 Current Assets – Receivables

<table>
<thead>
<tr>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>(a) Patient Fees-Compensable</td>
<td></td>
</tr>
<tr>
<td><em>Other</em></td>
<td>130</td>
</tr>
<tr>
<td><em>Other</em></td>
<td>851</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>981</strong></td>
</tr>
<tr>
<td>Less Provision for Bad and Doubtful Debts</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>967</td>
</tr>
<tr>
<td>Prepayments</td>
<td>160</td>
</tr>
<tr>
<td>Other</td>
<td>868</td>
</tr>
<tr>
<td>Less Provision for Bad and Doubtful Debts</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>866</td>
</tr>
<tr>
<td>(b) Bad debts written off</td>
<td>1,993</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>50</td>
</tr>
</tbody>
</table>

#### 13 Current Assets – Inventories

<table>
<thead>
<tr>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Drugs</td>
<td>654</td>
</tr>
<tr>
<td>Medical &amp; Surgical Supplies</td>
<td>1,548</td>
</tr>
<tr>
<td>Food &amp; Hotel Supplies</td>
<td>111</td>
</tr>
<tr>
<td>Engineering Supplies</td>
<td>198</td>
</tr>
<tr>
<td>Other including goods in transit</td>
<td>584</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,095</strong></td>
</tr>
</tbody>
</table>
### Notes to and forming part of the Financial Statements

**For the year ended 30 June 1995**

#### 14 (a) Property, Plant & Equipment

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>1994</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Construction in Progress</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>8,655</td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td>137,248</td>
<td>113,038</td>
</tr>
<tr>
<td>In Progress</td>
<td>416</td>
<td>395</td>
</tr>
<tr>
<td>Machinery</td>
<td>18,582</td>
<td>17,382</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>156,489</td>
<td>130,915</td>
</tr>
<tr>
<td><strong>Capital Expenditure/ Donations</strong> [see note 2(k)(ii) &amp; (iii)]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inter-Govt Agency</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transfers</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disposals</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Balance 30 June 1995</strong></td>
<td>8,845</td>
<td>125,029</td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance 1 July 1994</td>
<td>0</td>
<td>10,638</td>
</tr>
<tr>
<td>Charge for the year</td>
<td>0</td>
<td>4,498</td>
</tr>
<tr>
<td>[see note 2(ii)]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment for disposals</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inter-Govt Agency</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Balance 30 June 1995</strong></td>
<td>0</td>
<td>15,136</td>
</tr>
<tr>
<td><strong>Carrying Amount</strong></td>
<td>8,845</td>
<td>125,029</td>
</tr>
<tr>
<td>30 June 1995</td>
<td>15,136</td>
<td>14,559</td>
</tr>
</tbody>
</table>

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

(ii) Land & Buildings were valued by Mr. Robert Glover A.V.L.E. (VAL) registered valuer, on 1 January, 1992 [See note 2(k)(ii)] Mr. Robert Glover is not an employee of the Area.

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

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

(v) Discussions have been held with organisations as necessary and agreement has been reached in terms of reporting assets in the appropriate entity's statement of financial position.

(b) **Details of Inter Government Agency transfers are as follows:**

<table>
<thead>
<tr>
<th>Plant &amp; Equipment</th>
<th>Cost</th>
<th>Reserve</th>
<th>W.D.V.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW Red Cross Blood Transfusion Service</td>
<td>31,231</td>
<td>10,505</td>
<td>20,726</td>
</tr>
</tbody>
</table>

#### 15 Creditors

<table>
<thead>
<tr>
<th></th>
<th>1995 $'000</th>
<th>1994 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Trust Accounts</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>6,376</td>
<td>5,332</td>
</tr>
<tr>
<td>Private Practice Trust Funds</td>
<td>1,486</td>
<td>929</td>
</tr>
<tr>
<td>Capital Works</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td>Other Creditors</td>
<td>421</td>
<td>347</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8,268</td>
<td>6,683</td>
</tr>
</tbody>
</table>

#### 16 Borrowing's

<table>
<thead>
<tr>
<th></th>
<th>1995 $'000</th>
<th>1994 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. Loan Against Recurrent Allocation</td>
<td>2,000</td>
<td>0</td>
</tr>
<tr>
<td>Dept. Capital Loan</td>
<td>368</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,368</td>
<td>0</td>
</tr>
</tbody>
</table>

The agreement with the Department of Health is for an interest free loan; of which the Recurrent Allocation Loan is to be repaid by 30 June, 1998, and the Capital Loan is to be repaid by 30 June, 2001.

#### 17 Provisions

<table>
<thead>
<tr>
<th></th>
<th>Opening Balance 30/6/94</th>
<th>Accrued Salaries</th>
<th>Reserve</th>
<th>W.D.V.</th>
<th>AASJO Adjustments to Accrued Salaries</th>
<th>Provision for the Year</th>
<th>Entitlements Transferred In</th>
<th>Payments during the Year</th>
<th>Adjusting Balance 30/6/95</th>
<th>Closing Balance 30/6/95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Annual Leave</td>
<td>8,467</td>
<td>0</td>
<td>8,770</td>
<td>43</td>
<td>8,297</td>
<td>8,983</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Long Service Leave</td>
<td>9,671</td>
<td>339</td>
<td>2,409</td>
<td>72</td>
<td>1,189</td>
<td>10,024</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub Total</td>
<td>17,538</td>
<td>339</td>
<td>11,179</td>
<td>115</td>
<td>9,486</td>
<td>22,992</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Salaries &amp; Wages &amp; Other Related Payments</td>
<td>1,454</td>
<td>0</td>
<td>2,531</td>
<td>0</td>
<td>0</td>
<td>3,985</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>18,992</td>
<td>339</td>
<td>13,710</td>
<td>115</td>
<td>9,486</td>
<td>22,992</td>
<td></td>
<td>22,992</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Current 16,873 21,073

(b) Non-current 1,780 1,919

18,653 22,992
For the year ended 30 June 1995

Notes to and forming part of the Financial Statements

Central Coast Area Health Service

18 Equity

<table>
<thead>
<tr>
<th>Year</th>
<th>Accumulated Funds</th>
<th>Asset Revaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1995 K$'000</td>
<td>1994 K$'000</td>
</tr>
<tr>
<td>Balance at beginning of year</td>
<td>141,207</td>
<td>136,592</td>
</tr>
<tr>
<td>Adjustment to Accumulated Surplus</td>
<td>0</td>
<td>339</td>
</tr>
<tr>
<td>Operating surplus (deficit) for the year</td>
<td>(9,434)</td>
<td>4,276</td>
</tr>
<tr>
<td>Total</td>
<td>131,773</td>
<td>141,207</td>
</tr>
</tbody>
</table>

19 Contingent Liabilities

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

(b) Sessional Visiting Medical Officers Superannuation
For the period 1 July 1993 to 31 January 1994, the Department, by agreement with the Australian Medical Association, withdrew at least 5% from normal hourly rates paid to Sessional VMO’s with monies either being lodged to the credit of approved superannuation funds or held in the General Fund. The Department’s position is that no superannuation guarantee charge liability exists in respect of NSW Health entities for any Visiting Medical Officer since 1 July 1992. A judicial decision has not yet been handed down on this position.

(c) Nursing and Other Staff
The Industrial Relations Commission issued a judgement on a leave dispute, known as the “Hospay Dispute,” in 1983. The Department has now agreed with the Nurses’ Association and the PSA how the judgement is to be implemented.

The Nurses’ Association has raised the matter of staff who have received less than their full annual leave entitlements. The Department is investigating whether this has been offset by additional ADO’s. Discussions between the parties are continuing.

(d) Enterprise Bargaining
Framework “Heads of Agreement” documents designed to facilitate enterprise bargaining at the Area Health Service level for staff specialists, support staff, administrative staff and maintenance staff were signed in June 1994 by the Director-General and the relevant unions, including the Health and Research Employees’ Association (representing support staff), the Australian Salaried Medical Officers’ Federation (representing staff specialists), the Hospital Officers’ Association (representing senior managers) and the various maintenance unions.

The framework provides for a 5% increase in three instalments - 3% in January 1994, 3% in July 1994 and 3% in July 1995. The agreements will expire on 30 June 1996. The third instalment is subject to the achievement of performance related objectives identified prior to payment of the second instalment.

The cost of the agreements to be paid in 1995/96 is assessed at $3,102,920.00 and will be the subject of an increased allocation from the NSW Health Department.

(e) Award Claims
The PSA and the POA have filed applications for an award to replace the Crown Employees (Public Sector – Salaries December 1993) Award. The claim for is for a 12% increase from 1 July 1995, with the award to expire 18 months later.

HREA has made an award application for an award to cover psychologists which includes a new classification structure and pay increases. The PSA currently has coverage of psychologists and has lodged a demarcation dispute. The parties have agreed to stand over the matter of the award application until the demarcation matter is settled. Hearing dates of the demarcation are set down for June 1995.

The additional cost of the agreements to be paid in 1995/96 is assessed at $891,884.00 and will be the subject of an increased allocation from the NSW Health Department.
## Program Statement

<table>
<thead>
<tr>
<th>Program</th>
<th>1994</th>
<th>1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Descriptions

**Program 1.1 - Public Health - Regulatory Services**

**Objective:** To maintain and improve public health and environmental health standards

**Program 1.3 - Health Promotion & Education**

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

**Program 2.2 - Services Specifically for Drug & Alcohol Dependent Persons**

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

**Program 2.3 - Support for Area Health Services & Public Hospitals**

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

**Program 2.4 - External Health Services**

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

**Program 2.5 - Support for Dental Health Services**

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

**Program 2.6 - Services Specifically for Aboriginals**

**Objective:** To raise the health status of Aboriginals

**Program 2.8 - Services Mainly for Psychiatrically Ill**

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

**Program 2.9 - Services Mainly for the Aged & Disabled**

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

#### Notes to and forming part of the Financial Statements

For the year ended 30 June 1995 (continued)
24 Restricted Assets
(a) No contributions were recognised as revenues during the financial year in respect of which expenditure had yet to be made as at balance date in the manner specified by contributors.
(b) No contributions were recognised as revenues during the financial year which were provided specifically for expenditure over a future period.
(c) No contributions that were recognised as revenues during a previous financial year, were obtained for expenditure in respect of the current financial year.
(d) Contributions which were unexpended at balance date (including those received in prior years) included the following:

<table>
<thead>
<tr>
<th>Fund</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care Appeal Fund</td>
<td>120</td>
</tr>
<tr>
<td>Children's Ward Fund</td>
<td>126</td>
</tr>
</tbody>
</table>

25 Charitable Fundraising Activities
Fundraising Activities
The Central Coast Area Health Service conducts direct fundraising in all hospitals under its control. Income received and the cost of raising income for specific fundraising, has been audited and all revenue and expenses have been recognised in the financial statements of the Central Coast Area Health Service. Fundraising activities are dissected as follows:

<table>
<thead>
<tr>
<th>Source</th>
<th>Direct Expenditure</th>
<th>Indirect Expenditure</th>
<th>Net Proceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeals (In House)</td>
<td>120</td>
<td>8</td>
<td>114</td>
</tr>
<tr>
<td>Raffles</td>
<td>12</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Percentage of Income: 100% (Direct), 8.70% (Indirect), 86.96% (Net Proceeds)

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:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Equipment</td>
<td>20</td>
</tr>
<tr>
<td>Purchase of Land &amp; Buildings</td>
<td>100</td>
</tr>
<tr>
<td>Balance held in Special Purpose</td>
<td>0</td>
</tr>
</tbody>
</table>

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.

26 Related Party Disclosures
(a) The following entities are considered to be related parties:

- Grawill Motors Pty Limited of which Mr. L. Graham is a director and has a substantial financial interest.

(b) Name of Related Party Description of Transaction Terms and Conditions Class of Related Party Value of Transaction 1995-$'000 Value of Transaction 1994-$'000

<table>
<thead>
<tr>
<th>Related Party</th>
<th>Description of Transaction</th>
<th>Terms and Conditions</th>
<th>Class of Related Party</th>
<th>Value of Transaction 1995-$'000</th>
<th>Value of Transaction 1994-$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grawill Motors Pty Limited</td>
<td>Purchase &amp; service of motor vehicles</td>
<td>Normal commercial terms &amp; conditions at Government Contract Prices</td>
<td>Director</td>
<td>828</td>
<td>959</td>
</tr>
</tbody>
</table>

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

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

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

End of Audited Financial Statements.
APPENDIX I
SIGNIFICANT COMMITTEES

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care Review Committee</td>
<td>To monitor and respond to patient complaints. Also receives numerous letters of commendation and thanks.</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>Is responsible for providing advice to the Board on all aspects of financial planning for the Area Health Service including the provision of an Annual Budget.</td>
</tr>
<tr>
<td>Audit Committee</td>
<td>Facilitates a reporting mechanism to the Board of the effectiveness of relevant controls and action taken on Internal and External Auditors' findings. Representatives from the Board, Area Executive, Finance Department, Internal and External Auditors.</td>
</tr>
<tr>
<td>Ethics Committee</td>
<td>Considers and makes recommendations upon research proposals following NHMRC guidelines. Considers ethical issues referred to it. Promotes awareness and education of ethical issues.</td>
</tr>
<tr>
<td>Area Planning Committee</td>
<td>To provide advice to the Board on the health needs of the Area's population and priorities for provision of service.</td>
</tr>
<tr>
<td>Medical Appointments Advisory Committee</td>
<td>Formulates and maintains:</td>
</tr>
<tr>
<td></td>
<td>A Definition of Terms prescribing the categories of appointments, clinical privileges and related conditions of services, offered from time to time. Specific policies and procedures for peer review in the conduct of investigations or disciplinary actions.</td>
</tr>
<tr>
<td>Credentials Sub-Committee</td>
<td>Provides advice to the Medical Appointments Committee of matters concerning clinical privileges of Visiting Practitioners and Staff Specialists.</td>
</tr>
<tr>
<td>House &amp; Resources Committee</td>
<td>Monitors the maintenance of Hospital and Area Health Service grounds, buildings and equipment.</td>
</tr>
</tbody>
</table>

COUNCILS REPRESENTING MEDICAL STAFF

<table>
<thead>
<tr>
<th>Councils Name</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff Councils</td>
<td>To provide advice to the Area Medical Staff Executive Council on medical matters relating to the Hospitals for which the Councils were established.</td>
</tr>
<tr>
<td>Area Medical Staff Executive Council</td>
<td>To advise the Board on Area-wide medical matters. This may include appropriate conditions of clinical practice, appropriate policies and practices regarding the clinical organisation of services, community health service needs, quality assurance programs and the professional and ethical conduct of medical staff.</td>
</tr>
</tbody>
</table>

APPENDIX I (continued)
MANAGEMENT COMMITTEES

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Executive Committee</td>
<td>The Area Executive meets weekly to determine Area policies and management strategies and to review the performance of the service as a whole.</td>
</tr>
<tr>
<td>Divisional Executive Committee</td>
<td>Meets monthly to discuss policies, service and equipment enhancements, Area-wide issues and inter-divisional issues and make recommendations to the Area Executive. Attended by Representatives from Area Executive, each Clinical and Support Division and Site Management.</td>
</tr>
<tr>
<td>Occupational Health &amp; Safety Committee</td>
<td>Was established in accordance with the NSW OH&amp;S Act 1983 and is a form of joint consultation between the Employees and Management for the special purpose of preventing accidents, injuries and occupational disease.</td>
</tr>
</tbody>
</table>

APPENDIX II
FREEDOM OF INFORMATION

<table>
<thead>
<tr>
<th>Period</th>
<th>No. of Applications Received</th>
<th>No. of Applications Carried Forward</th>
<th>Outcomes of Applications</th>
<th>Fees Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Granted</td>
<td>Granted in part</td>
<td>Received</td>
<td>Processing Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0-36 days</td>
</tr>
<tr>
<td>90/91</td>
<td>41</td>
<td>40</td>
<td>1</td>
<td>$990</td>
</tr>
<tr>
<td>91/92</td>
<td>49</td>
<td>45</td>
<td>2</td>
<td>$1140</td>
</tr>
<tr>
<td>92/93</td>
<td>131</td>
<td>114</td>
<td>9</td>
<td>$3186</td>
</tr>
<tr>
<td>93/94</td>
<td>163</td>
<td>143</td>
<td>10</td>
<td>$5495.20</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>25</td>
<td>1</td>
<td>$525</td>
</tr>
<tr>
<td>94/95</td>
<td>172</td>
<td>158</td>
<td>14</td>
<td>$5495</td>
</tr>
<tr>
<td></td>
<td>53</td>
<td>49</td>
<td>0</td>
<td>$1035</td>
</tr>
</tbody>
</table>

APPENDIX III
SENIOR EXECUTIVE SERVICE OFFICERS

<table>
<thead>
<tr>
<th>Levels of Positions</th>
<th>No of Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>SES Level 5</td>
<td>1</td>
</tr>
<tr>
<td>SES Level 3</td>
<td>1</td>
</tr>
<tr>
<td>SES Level 1 (one with finance loading)</td>
<td>2</td>
</tr>
</tbody>
</table>

No of Positions Filled by Women: 4
APPENDIX IV
BOARD MEETING ATTENDANCES 1994/95

<table>
<thead>
<tr>
<th>Name</th>
<th>Board Meetings</th>
<th></th>
<th>Board Meetings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ordinary Special</td>
<td></td>
<td>Ordinary Special</td>
<td></td>
</tr>
<tr>
<td>Prof Donald George</td>
<td>11</td>
<td>3</td>
<td>Ma Teresa Findlay-Barnes</td>
<td>9</td>
</tr>
<tr>
<td>Mr Barry Margin</td>
<td>8</td>
<td>1</td>
<td>Mrs Janet Wakefield</td>
<td>5</td>
</tr>
<tr>
<td>Mr Leslie Graham</td>
<td>9</td>
<td>3</td>
<td>Mr Robert Baldwin</td>
<td>8</td>
</tr>
<tr>
<td>Mr Graham McGuinness</td>
<td>6</td>
<td>3</td>
<td>Mr Paul Tonkin</td>
<td>11</td>
</tr>
<tr>
<td>Mr Lawrence Flynn</td>
<td>1</td>
<td>1</td>
<td>Mr Bryan Wilson</td>
<td>8</td>
</tr>
<tr>
<td>Mr Mervyn Mote</td>
<td>1</td>
<td>1</td>
<td>Dr Stephen Christlay</td>
<td>5</td>
</tr>
<tr>
<td>Mr Barry Fullerton</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In attendance:
- Members of the Area Executive, and
- Dr Colin Summerhay, Chairman of the Area Medical Staff Executive Council,
- Dr Campbell Tiley, Deputy of the Area Medical Staff Executive Council,
- Dr John Vaughan, Chairman of the Wyong Medical Staff Council

APPENDIX V
PRINCIPAL LEGISLATION ADMINISTERED

- Medical Practitioners Act 1983
- Mental Health Act 1983
- Notification of Births Act 1915
- Nurses Registration Act 1953
- Pathology Laboratories Accreditation Act 1987
- Pharmacy Act 1984
- Public Health (Amendment) Act 1937

APPENDIX VI
WAITING LIST BENCHMARKS – JULY 1994 TO JUNE 1995

<table>
<thead>
<tr>
<th>Month</th>
<th><strong>Benchmark 1 4%</strong></th>
<th><strong>Benchmark 2 15%</strong></th>
<th><strong>Benchmark 3 5%</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>September 1994</td>
<td>0.8%</td>
<td>13.20%</td>
<td>2.49%</td>
</tr>
<tr>
<td>December 1994</td>
<td>0.97%</td>
<td>9.51%</td>
<td>3.48%</td>
</tr>
<tr>
<td>March 1995</td>
<td>1.58%</td>
<td>13.30%</td>
<td>3.27%</td>
</tr>
<tr>
<td>June 1995</td>
<td>0.99%</td>
<td>13.27%</td>
<td>2.73%</td>
</tr>
</tbody>
</table>

**Benchmark 1 – 4 patients per 100 waiting longer than 7-30 days**
**Benchmark 2 – 10 patients per 100 waiting longer than 6 months**
**Benchmark 3 – 5 patients per 100 waiting longer than 12 months**

APPENDIX VII
SIGNIFICANT JUDICIAL DECISIONS & CHANGES IN ACTS & SUBORDINATE LEGISLATION

Not Applicable.

APPENDIX VIII
MAJOR ASSETS/LAND – DISPOSALS OR ACQUISITIONS

<table>
<thead>
<tr>
<th>Acquisitions</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Roundtree Street, Lakehaven</td>
<td>$233,540</td>
</tr>
<tr>
<td>85 Holden Street, Gosford</td>
<td>$164,628</td>
</tr>
</tbody>
</table>

APPENDIX IX
Funds Granted to Non-Government Community Organisations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Program Funding Source</th>
<th>Funding Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARAFM – Central Coast Branch</td>
<td>Mental Health (Prog 2.8)</td>
<td>$53,000 Mutual support services for members, families and carers of the mentally ill.</td>
</tr>
<tr>
<td>Central Coast Community Women’s Health Centre</td>
<td>Women’s Health (Prog 2.7)</td>
<td>$263,800 Clinical, counselling and health education services for women in the Central Coast area.</td>
</tr>
<tr>
<td>Family &amp; Youth Support Services of Wyong Shire</td>
<td>Community Services (Prog 2.7)</td>
<td>$53,200 Child sexual assault adolescent offenders project.</td>
</tr>
<tr>
<td>Gosford City Community &amp; Information Service</td>
<td>HACC (Prog 2.9H)</td>
<td>$59,800 Centre based respite for dementia sufferers.</td>
</tr>
<tr>
<td>Kamira Farm</td>
<td>Drug &amp; Alcohol (Prog 2.2)</td>
<td>$142,200 A residential rehabilitation service for women and their children.</td>
</tr>
<tr>
<td>Lifeline Central Coast</td>
<td>Community Services (Prog 2.7)</td>
<td>$11,800 24 hour crisis counselling and intervention.</td>
</tr>
<tr>
<td>Positive Support Network</td>
<td>AIDS (Prog 2.3 AIDS)</td>
<td>$30,500 Care and support for people with HIV/AIDS on the Central Coast.</td>
</tr>
<tr>
<td>Transitional Enterprises</td>
<td>Mental Health (Prog 2.8)</td>
<td>$34,600 Supported accommodation, living skills training, respite care and outreach service for people with mental illness.</td>
</tr>
<tr>
<td>Wyong Shire Council Drug &amp; Alcohol Referral Centre</td>
<td>Community Services (Prog 2.7)</td>
<td>$35,467 Child sexual assault, adolescent offenders project.</td>
</tr>
<tr>
<td>Central Coast Drug &amp; Alcohol Referral Centre</td>
<td>Drug &amp; Alcohol (Prog 2.2)</td>
<td>$132,540 Assessment, referral, counselling and education services focused on alcohol and other drugs. (Funded through the CCAHS.)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$816,847</td>
</tr>
</tbody>
</table>

APPENDIX X
COMMITMENT TO SERVICE

The CCAHS commitment to service document is made available to all patients. The document has been tailored for community health patients and is titled for them “Client’s Rights and Responsibilities”. The Commitment to Service document covers access to health services, individual care, information about health services available, taking part in health care decisions, patient suggestions and complaint mechanisms.
### Appendix XI
#### Statistical Summary

<table>
<thead>
<tr>
<th></th>
<th>95/96</th>
<th>94/95</th>
<th>93/94</th>
<th>92/93</th>
<th>91/92</th>
<th>90/91</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute General Hospitals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td>16,347</td>
<td>51,817</td>
<td>48,235</td>
<td>40,393</td>
<td>34,565</td>
<td>32,664</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>4.1</td>
<td>4.4</td>
<td>4.7</td>
<td>4.9</td>
<td>5.1</td>
<td>5.5</td>
</tr>
<tr>
<td>No. of Operations</td>
<td>19,000</td>
<td>16,944</td>
<td>15,506</td>
<td>14,492</td>
<td>11,604</td>
<td>11,512</td>
</tr>
<tr>
<td>No. of Births</td>
<td>2,652</td>
<td>2,643</td>
<td>2,579</td>
<td>2,510</td>
<td>2,337</td>
<td>2,993</td>
</tr>
<tr>
<td>Total Bed Days</td>
<td>232,200</td>
<td>227,334</td>
<td>222,235</td>
<td>206,988</td>
<td>185,670</td>
<td>183,374</td>
</tr>
<tr>
<td>Bed Occupancy Rate (%)</td>
<td>89.3</td>
<td>88.5</td>
<td>86.8</td>
<td>86.1</td>
<td>87.1</td>
<td>88.8</td>
</tr>
<tr>
<td>Day Only Admissions</td>
<td>20,062</td>
<td>17,713</td>
<td>16,251</td>
<td>13,060</td>
<td>10,601</td>
<td>9,997</td>
</tr>
<tr>
<td><strong>All Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIGOS</td>
<td>716,819</td>
<td>712,354</td>
<td>655,970</td>
<td>516,658</td>
<td>543,894</td>
<td>521,815</td>
</tr>
<tr>
<td>Daily Average of Inpatients</td>
<td>610.4</td>
<td>598.7</td>
<td>583.0</td>
<td>539.6</td>
<td>480.1</td>
<td>495.5</td>
</tr>
<tr>
<td>ADA</td>
<td>818.3</td>
<td>805.9</td>
<td>775.6</td>
<td>694.9</td>
<td>642.3</td>
<td>655.6</td>
</tr>
<tr>
<td>Staff Employed June 30 (FTE)</td>
<td>2,567.10</td>
<td>2,567.10</td>
<td>2,538.61</td>
<td>2,390.10</td>
<td>2,065.10</td>
<td>1,957.30</td>
</tr>
<tr>
<td>Budgeted Gross</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Payments ($M)</td>
<td><em>146.0</em></td>
<td><em>139.2</em></td>
<td><em>131.7</em></td>
<td>121.8</td>
<td>99.1</td>
<td>95.1</td>
</tr>
<tr>
<td>FTE Staff per ADA</td>
<td>3.14</td>
<td>3.19</td>
<td>3.27</td>
<td>3.44</td>
<td>3.22</td>
<td>2.99</td>
</tr>
<tr>
<td>Operating Cost per ADA ($/day)</td>
<td>480.1</td>
<td>480.1</td>
<td>480.1</td>
<td>480.1</td>
<td>480.1</td>
<td>480.1</td>
</tr>
<tr>
<td>Aust CPI (All Groups)</td>
<td>4.5</td>
<td>1.7</td>
<td>1.9</td>
<td>1.2</td>
<td>3.4</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES:**
1. *Accrual adjusted to cash to enable comparison with previous year.
2. 95/96 figures are projections.
3. CPI adjusted Gross Operating Payments projection for 95/96 = 94/95 GDP + $2m growth money only.
4. Information supplied by Human Resources and Finance Divisions and Planning and Service Development Unit.

### Appendix XII
#### Complaints & Appreciation Statistics

<table>
<thead>
<tr>
<th>Complaint Category</th>
<th>94/95</th>
<th>93/94</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff competency and/or procedures</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Nursing staff competency and/or procedures</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Nurses manner, attitude and/or communication</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td>Waiting times</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Doctors manner, attitude and/or communication</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Staffing/services inadequate or inappropriate</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Waiting list/theatre lists</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Premature or inappropriate discharge</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Other staff competency and/or procedures</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Other Issues</td>
<td>19%</td>
<td>26%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Letters of Complaint</td>
<td>186</td>
<td>111</td>
</tr>
<tr>
<td>Letters of Appreciation</td>
<td>552</td>
<td>447</td>
</tr>
</tbody>
</table>

### Appendix XIII
#### Objectives and Key Strategies for 1995/96

**CCAHS Strategy No 1**
To improve the focus on meeting health care needs and achieving health outcomes

1. Improve Aboriginal health
2. Develop health gain initiatives and improve clinical outcomes
3. Protect and promote health and educate for healthy lifestyles
4. Target groups
5. Pursue research and development
6. Increase access, equity and informed choice for patients
7. Reduce waiting lists and times
8. Enhance community-based services and integration of service delivery

**CCAHS Strategy No 2**
To improve management and improve productivity

1. Develop best practice in clinical and management procedures and planning
2. Improve organisational development and management of the health workforce
3. Enhance financial resource management and planning
4. Improve patient satisfaction
5. Improve OH&S
6. Improve waste management
7. Meet Area performance targets

**CCAHS Strategy No 3**
To increase Area self sufficiency in the provision of services

1. Further develop services
2. Continue minor works program

**CCAHS Strategy No 4**
To plan for changes in health care delivery

1. Consult with the community, service users and other organisations on policies and services
2. Improve integration of system planning and management
3. Improve information management and planning
4. Improve capital asset management and planning
5. Promote health industry development

### Appendix XIV
#### Code of Conduct

The CCAHS has adopted the Code as documented in the Dept of Health Circular 91/100 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 has been no changes to the code this year.
ACCESS
Telephone: (043) 20 4561
Telephone: (043) 43 8444
Telephone: (043) 34 8888
Telephone: (043) 93
Wyong Road,
Cnr
Area Executive
Pacific
Postal
Holden Street,
G
Holden Street,
Office Hours: 8.30am-5.00pm

Bn & sforJ Hosp1tal
Pacific
~
Pacifie!
~~
2259

Address:
~

Wyong
Kincumber Rear of Kincumber (in the grounds of Wyong Hospital)

8.30am-5.00pm, Monday to Friday

Hours of Operation:

ACCRUAL ACCOUNTING

A comprehensive measure of the average daily 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.

ACCIDENTAL 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.

AMBULATORY CARE

Any form of care other than as a hospital inpatient.

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 – DROs).

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.

CHARGEABLE PATIENTS

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

CONTINUOUS QUALITY IMPROVEMENT (CQI)

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

DIAGNOSTIC RELATED GROUPS (DRG)

The best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 500 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

EXIT BLOCK

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

FTE

Full Time Equivalent.

INPATIENT

An inpatient is a person who is admitted to hospital.

NATIONAL TRIAGE SCALE

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.

NON-INPATIENT OCCASIONS OF SERVICE (NIDOS)

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.

OCCASIONS OF SERVICE (OOS)

Refer to Non-Inpatient Occasions of Service.

OCCUPANCY RATE

The percentage of available beds which have been occupied over a given period.

QUALITY INDICATOR

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

RESOURCE ALLOCATION FORMULA (GRAF)

A formula developed in 1986 which calculates the budget share for each Area and District based on their population and health needs. Replaced historical allocation of budgets.

TRIAGE

Process used to sort patients into clinical priority groups, according to the urgency with which treatment medical and nursing) is required.

VITALITY

Management group of three persons.

Principle Source: Department of Health
ACKNOWLEDGEMENT TO ANNUAL REPORT COMMITTEE

The Area Executive of the Central Coast Area Health Service wishes to acknowledge the commitment and efforts of the Annual Report Committee in the planning and preparation of this, the 51st Annual Report of health services provision for the Central Coast. Their hard work is much appreciated.

Committee Members:

R Carter-Brown (Chairperson)
A Mundy (Report Co-ordinator, Editing)
M Hanson (Art & Design)
J Kidsall (Art & Design)
P Hollaman (Photography)
K Carroll (Minute Secretary)

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