1997-1998 Annual Report

Central Coast Area Health Service
Letter to the Minister

The Hon Dr Andrew Refshauge, MP
Deputy Premier,
Minister for Health,
Minister for Aboriginal Affairs,
Parliament House
Macquarie Street,
Sydney NSW 2000

Dear Dr Refshauge

We have pleasure in presenting the Annual Report of the Central Coast Area Health Service for the year ending June 30 1998.

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

Yours faithfully

Professor Donald George
Chairman of the Board

Mr Jon Blackwell
Chief Executive Officer

History and Mission

Our History

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

Our Mission

To Promote and Enhance the Health and Well-Being of the People of the Central Coast.

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

Key Target Areas

- Improving the Health of the Community
- Equity and Access
- Quality of Service
Profile

The Population

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

The Central Coast continues to have a high proportion of people aged 65 and over compared with the state average (Central Coast 16.7%, NSW 12.7%) and a slightly higher proportion of children aged 0 to 14 (Central Coast 22.1%, NSW 21.0%). While the Central Coast population continues to grow, the birth rate, in keeping with the rest of the State, is slowly declining (1995 Central Coast 14.8 births per 1,000 population, NSW 14.2).

Over the last few years the number of births to Central Coast residents has been stable at around 3,800 p.a.

The two main causes of death of Central Coast residents continue to be cancer and heart disease, accounting for half of the 2,546 deaths registered during 1996. Over half of these deaths were males (55%). For males, the main causes of death were cancer (32%), heart disease (25%), respiratory diseases (10%) and stroke (7%). For females, the main causes of death were cancer (25%), heart disease (22%), stroke (13%), other circulatory disease (9%) and respiratory disease (9%).

Corporate Governance

Membership of the Board of Directors comprises the Chief Executive Officer who is appointed by the State Governor, the Staff Representative who is elected by the staff and other Directors who are appointed by the Minister for Health. The Board is subject to the direction and control of the Minister for Health and Directors' positions are honorary. The Board of Directors is responsible for the overall direction and oversight of the Area Health Service with responsibility for management of day-to-day operations and administration delegated to the Chief Executive Officer and Area Executive.

Hospitals (total beds 745)

Gosford 467
(Medical 132, Surgical 162, Intensive Care 12, Cardiac 36, Paediatric 38, Mental Health 30, Obstetrics 32, Endoscopy 5, Renal 11, Oncology 9)

Wyong 156
(Medical 60, Surgical 30, Rehabilitation 30, Obstetrics 14, Day Surgical 6, Short Stay 10, Endoscopy 6)

Woy Woy 63
(General 33, Rehabilitation 20, Orthopaedic 10)

Long Jetty 33
(General 33)

Non Acute 26
(CADE 16, Mental Health Residences 10)
Performance and Activity

<table>
<thead>
<tr>
<th>Inpatients</th>
<th>97/98</th>
<th>96/97</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions+</td>
<td>63,166</td>
<td>56,399</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>3.3</td>
<td>4.2</td>
</tr>
<tr>
<td>No of Operations</td>
<td>17,891</td>
<td>16,717</td>
</tr>
<tr>
<td>No of Births</td>
<td>2,759</td>
<td>2,589</td>
</tr>
<tr>
<td>Occupied Bed Days</td>
<td>244,990</td>
<td>234,551</td>
</tr>
<tr>
<td>Bed Occupancy Rate (%)</td>
<td>93.9</td>
<td>91.3</td>
</tr>
<tr>
<td>Same Day Admissions</td>
<td>26,358</td>
<td>22,485</td>
</tr>
<tr>
<td>Daily Average of Inpatients</td>
<td>644.2</td>
<td>621.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non Inpatients</th>
<th>97/98</th>
<th>96/97</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Inpatient Occasions of Service*</td>
<td>739,947</td>
<td>670,304</td>
</tr>
<tr>
<td>Dental Flows Equivalents*</td>
<td>-</td>
<td>49,544</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All Services</th>
<th>97/98</th>
<th>96/97</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Daily Average (ADA)</td>
<td>855.3</td>
<td>835.3</td>
</tr>
<tr>
<td>Staff Employed June 30 (FTE)</td>
<td>2,752</td>
<td>2,631</td>
</tr>
<tr>
<td>Net Cost of Services ($Million)</td>
<td>178.3</td>
<td>158.2</td>
</tr>
<tr>
<td>FTE Staff per ADA</td>
<td>3.22</td>
<td>3.15</td>
</tr>
<tr>
<td>Net Cost of Services per ADA ($)</td>
<td>571.16</td>
<td>518.88</td>
</tr>
</tbody>
</table>

*Excludes the CADE Unit and the Mental Health Residences.
*From 1997/98 Dental figures are now calculated the same as all other Non-inpatient Occasions of Service and included in these figures.

Our Values

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

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

**Efficiency**
by ensuring our activities optimise resource use.

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

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

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

**Equity of Access**
through maximising equitable access to comprehensive health services.

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

Highlights

**Improving the Health of the Community**
Aboriginal Health Services were expanded by the appointment of a number of positions.
In partnership with key local, state and commonwealth organisations the Area Health Service commenced development of a Quality Ageing Strategy which will seek to provide ways for improving the quality of life for older people living on the Central Coast.
Hospital admissions increased by almost 7,000 to over 63,000. Bed Occupancy Rate increased 3% to 94% and the number of births increased 6.5%.

The community-based Suicide Safety Network (Central Coast) has been formed with the support and part resourcing by the Area Health Service.
Three major planning documents completed during the year included the Area Health Plan, the Asset Strategic Plan and the Project Feasibility Plan.

**Quality of Service**
The net cost of services in 1997/98 was $178,307,000 and the Area Health Service came within 0.0005% of meeting budget by recording an adjusted deficit of $90,000 based on an accrual result.

The Hospital Watch Program was officially launched by the NSW Police Commissioner Peter Ryan.
The Area Health Service had its accreditation status extended until the 26th July 1999 by the Australian Council on Healthcare Standards.
Gosford Hospital was recognised by the NSW Department of Health as a Principal Referral Hospital. Also the Area Health Service signed a new agreement with the University of Newcastle confirming the commencement of a Bachelor of Nursing Degree and an expansion of the Bachelor of Medicine Programs based at Gosford Hospital.

"2GO Give Me Five For Kids Appeal" raised $45,000 for the Children's Ward at Gosford Hospital.

The Seniors Better Health Appeal raised $131,092 to the end of June. The Hospital Auxiliaries raised almost $80,000.

The Long Jetty Healthcare Centre celebrated its 40th birthday this year.

**Concerns**
The suicide rate on the Central Coast remains a key concern so this year the community-based Suicide Safety Network (Central Coast) was formed.

The Area Health Service's performance in Workers Compensation, although still a concern, has improved with the number of claims reduced by 16% and the premium shortfall for Workers Compensation Insurance reduced by 42%.
Key Performance Results

**Admissions (thousands)**

1997/98 saw a 12% increase in admissions continuing a trend for increasing hospital admissions.

**Occupied Bed Days (thousands)**

Occupied Bed Days increased due to increasing numbers of admissions.

**Average Length of Stay (days)**

Average Length of Stay decreased further to 3.3 days due to an increase of 17% in Day Only Surgery.

**Occupancy Rate (%)**

Occupancy Rates continued to rise to this year’s peak of 93.9%.

**Same Day Admissions (thousands)**

Same Day Admissions continue to increase. This year’s increase was 17% over last year.

**Non-Inpatient Occasions of Service (thousands)**

There is a continuing trend for increasing NIOOS. From 1997/98 Dental figures are included in the NIOOS.

**FTE Staff per ADA (thousands)**

FTE Staff per ADA increased due to additional services introduced for which new staff were employed.

**Net Cost of Services per ADA (indexed)**

Operating cost per ADA increased due to an increase in inpatient services of 12% and significant award increases for staff. This result remains significantly below the statewide benchmark.
NSW Health Department Benchmarks

Gosford Emergency Department

Emergency Department Information System (EDIS) 

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark 1 - T1 - Resuscitation</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Benchmark 2 - T2 - Emergency</td>
<td>80%</td>
<td>72%</td>
</tr>
<tr>
<td>Benchmark 3 - T3 - Urgent</td>
<td>70%</td>
<td>71%</td>
</tr>
<tr>
<td>Benchmark 4 - T4 - Semi Urgent</td>
<td>70%</td>
<td>77%</td>
</tr>
<tr>
<td>Benchmark 5 - T5 - Non Urgent</td>
<td>85%</td>
<td>91%</td>
</tr>
<tr>
<td>Benchmark 6 - Access Block</td>
<td>90%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Except for Benchmarks 2 and 6 the Area Health Service has met or exceeded the Emergency Department Benchmarks and achieves rates that compare favourably against 20 other major trauma centres. The result in Benchmark 2 reflects the high workload in the Emergency Department and the lack of an appropriately designed and sized Emergency Department, including a separate resuscitation area. Future building works will be required to correct this situation. Benchmark 6 was 3% short of the target and reflects the high bed occupancy rate within the Area Health Service which in part is caused by external factors such as the shortage of nursing home beds on the Central Coast.

Day Only Benchmarks

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract Extraction +/- IOL</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td>Arthroscopy</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Release of Carpel Tunnel</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>85%</td>
<td>100%</td>
</tr>
<tr>
<td>Biopsy of Breast</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

All Day Only Benchmarks were achieved.

Area Waiting List Benchmarks

<table>
<thead>
<tr>
<th>Benchmark</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark 7</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Benchmark 8</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Benchmark 9</td>
<td>0.8%</td>
<td>0.36%</td>
</tr>
<tr>
<td>Benchmark 10</td>
<td>60%</td>
<td>54%</td>
</tr>
</tbody>
</table>

The Waiting List Benchmarks were achieved except for the percentage of elective surgery performed day only. Current system constraints prevent the achievement of the target. The constraints include the lack of dedicated perioperative facilities at Gosford and Wyong Hospitals, the poor transport facilities for rural patients, the high levels of frail and elderly patients and the lack of integrated information systems. As these constraints are expected to be present for the short to medium term the target has been renegotiated with the Department of Health down to 54% for 1998/99.

Patient Feedback

Letter of Appreciation Received

"3 August 1997
Dear Nursing Staff and Meal Staff
I am writing to thank you for all the care and comfort that you gave to my stepmother Ella. Your caring and consideration – your wonderful compassion and understanding was evident not only to Ella but to myself on my many visits to the hospital over the past two months.
To all your staff – my thanks and gratitude for not just doing a job - but reaching beyond and making a sick lady feel a sense of dignity and security in the wonderful care you all extended to her in the one time in her life that she could not depend on her own independence to see her through.
In deep appreciation
Ms N K"
Clinical Indicators

Hospital Wide Clinical Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Actual</th>
<th>Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>CI.4 Unplanned Return to</td>
<td>0.97%</td>
<td>0.8-1.2%</td>
</tr>
<tr>
<td>Operating Theatre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July – Sept review</td>
<td>1.14%</td>
<td></td>
</tr>
<tr>
<td>Feb – Mar review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CI.5a Wound Infection Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean wounds</td>
<td>6.7%</td>
<td>&lt;7.9%</td>
</tr>
<tr>
<td>Contaminated wounds</td>
<td>5.2%</td>
<td>&lt;4.1%</td>
</tr>
<tr>
<td>CI.5b Bacteraemia rates</td>
<td>&lt;0.3%</td>
<td>&lt;0.3%</td>
</tr>
<tr>
<td>CI.6.2 Toxic Drug Monitoring</td>
<td>83%**</td>
<td></td>
</tr>
</tbody>
</table>

*An elevated rate of infection for clean wounds occurred over several months. Investigations did not identify any common trend or specific cause.

The indicator is being monitored continually and all relevant staff have been consulted in regards to employing aseptic techniques.

**This indicator relates to the monitoring of the use of the drug Gentamicin. The Area Health Service has increased the level of monitoring of patients who meet the criteria from 34% last year to 83% this year. This indicator does not have a designated Australian Council on Healthcare Standards (ACHS) threshold.

Cardiology Indicator

The Time to Thrombolytic Therapy for Myocardial Infarction study showed that 64% of patients now receive their therapy within 1 hour of presentation, with the previous study showing 23%. The improvement was a result of educating the Emergency Department staff in early therapy.

Quality

The Area Health Service successfully passed an Australian Council on Healthcare Standards (ACHS) Focus Survey extending our accreditation status until the 26th July 1999. The surveys noted that the Area Health Service had made a strong commitment to addressing the recommendations of the survey conducted in 1996, and had embraced the principles of EQUIP. EQUIP is the extensive ACHS Quality Program which the Area Health Service is implementing.

160 quality projects were completed this year and a number of projects continue into next year. Many of the achievements listed throughout this Annual Report were obtained through quality improvement projects.

The Area Health Service participated in the development of the "NSW Department of Health Better Practice Guidelines for Complaints Handling" and also the "Admission and Discharge of Patients for Elective Procedures." These guidelines are now being implemented.

The inaugural Quality Achievement Week attracted sixty entries from across the Area Health Service and outlined the achievements the various Divisions had made in improving the quality of their services. Entries were by way of notice board displays, posters or written papers.

The Area Health Service continued to provide Australian Quality Council (AQC) accredited courses to staff and private sector employees. Four Area Health Service staff completed the Level III Certificate in Quality. Congratulations go to Jill Streher, Kerry Doyle, Kevin Lieschke and Dan Zickgraf.

Finance Summary

The net cost of services in 1997/98 was $178,307,000 and the Area Health Service came within 0.005% of meeting budget recording an adjusted deficit of $90,000 based on an accrual result. The number of days outstanding for Trade Creditors as at the 30th June was 35 which was well within the benchmark limit of 45 days set down by the Department of Health. The Area Health Service received $12,100,000 in enhancement funds to establish or expand the following services:


The Area Health Service also received $410,000 in Burdekin Funds for the Mental Health Service.

Please refer to the Finance Section of this Annual Report for more details.

How the Health Dollar was Spent:

By Category:

- Employee Related 70.7%
- Grants 0.1%
- Depreciation 4.1%
- Maintenance 2.6%
- Goods and Services 16.0%
- Visiting Medical Officers 5.6%

By Program:

- Overnight Acute 52.2%
- Same Day Acute 7.4%
- Mental Health 5.4%
- Emergency Services 7.2%
- Outpatient Services 5.8%
- Aboriginal Health 0.1%
- Primary and Community Care 9.0%
- Population Health 1.0%
- Teaching and Research 1.0%
- Rehab and Extended Care 10.7%
Report of the Chairman and Chief Executive Officer

Budget Boost
The Area Health Service received a $12.5 million increase to funding this year. Although not bringing the Area Health Service up to its full population-based share of the State's health budget it has enabled new services to be introduced and existing medical, surgical and community services to be expanded. A few examples of the many enhanced services include the establishment of a Community Detoxification Service and a Chronic Pain Service, the addition of a four-bed High Dependency Unit with cardiac monitoring in C2 Ward and the employment of a Psychologist, Early Childhood Nurse and Social Worker for the Child & Family Health Services in the Wyong Shire.

Central Coast Cancer Care Centre
The new Central Coast Cancer Care Centre was officially opened by Dr Andrew Refshauge, Minister for Health and Minister for Aboriginal Affairs on 14 May 1998. Capital funding for the development was largely provided by the local community with the Central Coast Cancer & Palliative Care Fund Inc. raising $220,000 toward construction of the new facility.

Patient Care Improvements
New CT Scanning and Ultrasound equipment was purchased during the year. Ultrasound is a growing area of Medical Imaging. Each year, over 3100 patients have an ultrasound at Gosford Hospital and over 560 at Wyong Hospital. With the new machines comes the opportunity to increase the scope and number of examinations offered. The Spiral CT unit will shorten scanning times for patients.

The Wyong Hospital Dental Clinic was completed and construction of a new Community Health Centre commenced at the Long Jetty Healthcare Centre site.

Aboriginal Health
Aboriginal Health Services were expanded by the appointment of a number of positions including: Aboriginal Hospital Liaison Officer at Gosford and Wyong, Youth Health Liaison Officer, Alcohol and Other Drug Liaison Officer, Primary Health Care Registered Nurse and Mental Health Registered Nurse.

Wyong Hospital
An Obstetric Service for low risk mothers commenced at Wyong Hospital in October 1997 following the appointment of Dr Ray Hyslop, Staff Specialist. The Minister of Health officially commissioned the suite on the 17th and the first baby was born on the 27th at 6.10pm. The unit follows the midwifery model of care with medical input accessed through midwife referral.

Strategic Planning
Three of the most important planning documents completed during the year include the Area Health Plan, the Asset Strategic Plan and the Project Feasibility Plan.

Financial Performance
The net cost of services in 1997/98 was $178,307,000 and the Area Health Service came within 0.0005% of meeting budget recording an adjusted deficit of $90,000 based on an accrual result. An Area Casemix & Data Unit was established to develop Transtran and Casemix costing to facilitate improved management information and more effective benchmarking between Area Health Services.

Quality Ageing Strategy
In partnership with key local, state and commonwealth organisations the Area Health Service is developing a Quality Ageing Strategy which will seek to provide ways for improving the quality of life for older people living on the Central Coast.

Health Promotion
The Active Over 50 Project continues to expand with a choice of more than 60 weekly activity times at over 30 venues. The private fitness industry's participation is a key feature in this program and General Practitioners are currently involved in research on looking at motivation in people over 50 years to undertake physical activity.

The staff “Winter Weight Loss Competition” run for Heart Week won the National Heart Foundation Award for Best Health Service Project.

Hospital Watch Program
Another major initiative to address security of patients, staff and equipment was the launch of the Hospital Watch Program. The program was officially launched by the NSW Police Commissioner Peter Ryan and is similar to the Neighbourhood Watch Program but in the Hospital setting.

Quality Program
The Area Health Service successfully passed an Australian Council on Healthcare Standards
(ACHS) Focus Survey extending our accreditation status until the 26th July 1999. The Area Health Service is well advanced at implementing “EQUIP”, the extensive ACHS Quality Program.

Mental Health and Suicide Prevention

The community-based Suicide Safety Network (Central Coast) has been formed with the support and part resourcing by the Area Health Service. The Network has given a focus for the community’s concern about the current high levels of suicide on the Central Coast. Over 200 organisations and individuals belong to the network and a number of joint initiatives are being progressed by the working parties.

The Young People with Psychiatrist Illness (YPPI) program continues to deliver best practice programs for young people with mental illness and was recently recognised for their work by receiving a bronze award by the Mental Health Services Conference (THEMHS).

Principal Referral Hospital

Gosford Hospital is now recognised by the NSW Department of Health as a Principal Referral Hospital and joins other hospitals in the category such as Westmead, Royal North Shore, Royal Prince Alfred and John Hunter. This elevation in status recognises the increasing and more complex workload and level of services.

In October the Area Health Service signed a new agreement with the University of Newcastle confirming the commencement of a Bachelor of Nursing Degree and an expansion of the Bachelor of Medicine Program at Gosford Hospital. This highlights Gosford Hospital’s growing status as a Teaching Hospital.

Fundraising

In an era of increasing competition for the fundraising dollar from other national, state and local charitable organisations, 1997/98 stands out as an exceptional year in fundraising for the Area Health Service. It is exceptional not only because of the amount of money raised but the fact that it came from so many caring people from every part of the Coast. It demonstrates the strength of partnership between the Area Health Service and the community. Besides the Central Coast Cancer & Palliative Care Fund Inc. donation of $220,000, already mentioned, another highpoint was the “$50 Give Me Five For Kids Appeal” which raised $45,000 for the Children’s Ward at Gosford Hospital.

In October the Seniors Better Health Appeal was launched by the Area Health Service. The appeal featured a strong promotional and advertising campaign along with a mail-out to every Central Coast household. By June $131,092 had been raised, including a donation of $11,000 from Elcom Credit Union. The Appeal was strongly supported by the local media, with the Central Coast Express as the major media sponsor.

Our six hospital auxiliaries have again demonstrated their support for the Area Health Service. This group of volunteers, many of them with many years of service, have raised almost $80,000 for our hospitals, 13% more than the previous year. All of the funds donated go towards the purchase of much needed medical equipment and other items as specified by the Auxiliaries.

Patient Feedback

The letters of appreciation totalled 506 this year. The number of written and documented phone complaints totalled 238. Each complaint was investigated, reviewed and a response given. The complaints were discussed at the Patient Care Review Committee and a report given to the Board. Where appropriate, strategies were put in place to address the issue.

Long Jetty Healthcare Centre

Long Jetty Healthcare Centre celebrated its 40th birthday this year. It opened on January 25th 1958 funded through community fundraising. It became a public hospital in October 1972 and now provides sub-acute medical care, dementia and palliative care, physiotherapy, podiatry, extended day care and an early childhood centre. Congratulations and appreciation to all of those who worked in and supported the Centre throughout its history.

Board Membership

Professor Don George, Mr Paul Tonkin and Ms Veronica Graf were appointed for a further four year term. Unfortunately Ms Therese Findlay-Barnes will not be returning but she departs with the Board’s appreciation for a wonderful job done, not only on the Board, but also in chairing the Patient Care Review Committee. Mr Bryan Wilson resigned in January. Over the years Mr Wilson made a significant contribution to the Board and sub-committees and leaves with the Board’s sincere appreciation and best wishes.

Area Executive Membership

This year marked the end of an era with the retirement of Dr Bobbie Carter-Brown from the position of Area Director of Nursing Services. Bobbie has over 30 years of service in the Public Health Sector many of which were on the Central Coast. She has made a significant contribution to the advancement of the Nursing profession in Australia and the development of the Central Coast Area Health Service. She goes into retirement with the best wishes of all her colleagues. The Area Health Service extends a warm welcome to the new Area Director of Nursing Ms Jenny Becker.

Restructure

The Area Health Service management structure will change from the 1st of July 1998. Some Divisions will be amalgamated and some services will be relocated into different Divisions. The restructure will provide a platform for more effective planning for future health services, better integration of services and a more customer-focused perspective.

Appreciation

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

- Each member of staff; the Visiting Medical Staff, particularly the chairs and deputies of the Medical Staff Councils, Dr Jim Rogers, Dr Deo de Wit, Dr Jim Hasn and Dr John Burrell; the Auxiliaries, Fundraisers and Sponsors; Pink Ladies, Chaplains and Volunteers; the Area Executive; the Board of Directors; our local State and Federal Members of Parliament, the Director General of the NSW Department of Health and the NSW Minister for Health.

[Signature]

Professor Donald George
Chairman of the Board

[Signature]

Mr Jon Blackwell
Chief Executive Officer
Board of Directors

Chairman
Professor Donald George AO Bsc, BE, PHD(Syd), DEng(Hon)(Newc), FIEE, C Eng, FIE Aust, FIEE, FIMechE, FAPI, Professor Emeritus
Former Vice Chancellor Newcastle University
Appointment: 31/7/98 – 30/6/2002 Age: 71
Committee Chair: Ethics Committee, Medical Appointments Advisory Committee
External Appointments: Deputy Chairman, Board of Trustees, Asian Institute of Technology, Bangkok; Chairman, Aged and Disabled Support Services (Wyong Shire); Chairman, Central Coast Community Care Association; Treasurer, Palliative Care Foundation; Chairman, Newcastle Newspapers Pty Ltd Advisory Board.
Board Meetings Attended: 11

Vice Chairman
Mr Paul Tonkin LLB, Grad Dip JP
Solicitor, Partner in Tonkin Drysdale Partners
Appointment: 31/7/98 – 30/6/2002 Age: 31
Committee Chair: Health Outcomes Council
External Appointments: Founding President of the Peninsula Chamber of Commerce 1990. President of the same body to date; Chairman of Employment Transactions Australia Inc.
Board Meetings Attended: 10

Treasurer
Mr Michael Kalaher B Pharm
Managing Director Kelvest Pty Ltd
External Appointments: Nil
Board Meetings Attended: 10

Board Members
Mr Jon Blackwell MA
Chief Executive Officer,
Appointment: 30/6/97 – 30/6/2002 Age: 48
Portfolios: Public Relations, Internal Audit, Population Health & Planning
Board Meetings Attended: 11

Mr Bryan Wilson SAB, JP
Central Coast Coroner
Appointment: 1/8/94 – 31/7/98 Age: 51
Resigned 12/1/98
Committee Chair: Audit Committee
External Appointments: Chairperson, Central Coast Access Committee
Board Meetings Attended: 4

Mrs Pamela Sainsbury
Administration Officer
External Appointments: Director, Central Coast Community Care Association
Board Meetings Attended: 9

Ms Rhonda Baldock
Hostel Supervisor
External Appointments: Director, Central Coast Community Care Association
Board Meetings Attended: 9

Mr Richard Hagan
Committee Chair: Area Planning & Resource Committee, Board Liaison Committee
External Appointments: Vice Chairman, Central Coast Hospice Palliative Care Foundation
Incorporated, Vice Chairman, Central Coast Community Care Association
Board Meetings Attended: 8

Ms Teresa Findlay Barnes Grad Dip Soc Comm, Churchill Fellow 91
Manager of Family and Youth Support Services of Wyong Shire Inc.
Appointment: 1/8/94 – 31/7/98
Committee Chair: Patient Care Review Committee
External Appointments: Secretary, NSW Family Support Services Association; Vice President, National Association of Services Supporting Australia’s Families; President, ITRAC Wyong Shire Family Resource Centre; President, Old Peoples Welfare Council, Kiah Lodge; Member, Ministerial Advisory Committee re Reform to Substitute Care
Board Meetings Attended: 9

Ms Veronica Graf
Branch Manager, NSW Aboriginal Land Council – Sydney and Newcastle Region
Appointment: 31/7/98 – 30/6/2002
External Appointments: Chairperson, Yerin Aboriginal Health Services Inc.
Board Meetings Attended: 1

Mr Carl Smith BSc, Dip Ed, Dip Teaching, Grad Dip App Sc. [Health Information Management]
Clinical Information Manager
Board Meetings Attended: 10

Ms Ann Conning RN, CM, Grad Dip [Nursing], WHN (Cert NSW), FPA NP [Aust], JP, Quality Management [Cert III]
Manager, Women’s Health
External Appointments: Chairperson C.C. Health Reference Group, Peninsula Women’s Health Centre Management Committee
Board Meetings Attended: 11

In Attendance at Board Meetings
- Members of the Area Executive,
- Dr Jim Rogers, Deputy Chairman of the Area Medical Staff Executive Council,
- Dr Deo de Wit, Chairman of the Area Medical Staff Executive Council,
- Dr John Burrell, Vice Chairman of the Wyong Medical Staff Council,
- Dr Jim Hass, Chairman of the Wyong Medical Staff Council.
Area Executive

Chief Executive Officer
Mr Jon Blackwell MA
Appointment: 30/6/97 – 30/6/2002
Portfolios: Public Relations, Internal Audit, Population Health & Planning

Area Director of Nursing
Miss Roberta Carter-Brown OAM, Hon DEd MBA, BA, RGN, RMN, DNA, DNE, FCNA (NSW), FINA (NSW & ACT)
Resigned: 28/2/98
Portfolios: Nursing, Anaesthetics, Paediatrics and Child and Family Health, Obstetrics, Wyong Hospital, Quality Resource Unit

Director of Corporate Services
Mr Ron Robinson BA(Hons), MA, Grad Dip Urban & Regional Planning
Portfolios: Corporate Services, Capital Works & Asset Management, Human Resources

Area Director of Medical Services
Dr Vasco de Carvalho MBBS, FRACMA
Portfolios: Medicine, Critical Care, Diagnostics & Pharmacy, Wyong Hospital, Long Jetty Healthcare Centre, Clinical Services Administration

Director of Finance & Budget
Mr Philip Cowdery Cert. Acc
Portfolios: Finance, Pay Office, Revenue, Accounts Payable, Coremex and Data Unit, Supply and Distribution

Director of Community Health
Mr Paul Warwick
Portfolios: Community Health, Allied Health, Aged Care & Rehabilitation and Mental Health

Organisation Chart

Board of Directors

Area Medical Staff Executive Council

Chief Executive Officer*

Internal Audit

Population Health & Planning

Public Relations

Director of Corporate Services*

Area Director of Medical Services*

Area Director of Nursing Services*

Director of Finance & Budget*

Director of Community Health*

Site Management
Gosford & Clinical Services Division, Long Jetty, Wyoy, Woy

Triumvirates of Clinical Divisions
Allied Health
Anaesthetics
Community Health
Critical Care
Diagnostics & Pharmacy
Medicine
Mental Health
Obstetrics
Paediatrics and Child & Family Health
Rehabilitation & Aged Care
Surgery

Directors of Support Divisions & Area Services
Corporate Services
Finance
Human Resources
Capital Works & Asset Management

*Denotes Area Executive
Clinical Divisions

Allied Health

Business Activity
The Division of Allied Health incorporates the departments of Nutrition, Occupational Therapy, Physiotherapy, Podiatry, Social Work, Psychology and Speech Pathology. Provision of professional therapy, counselling and education services are provided in both the hospital and community settings.

Major Goals and Outcomes
To automate the Division’s statistical information system to improve management information.
The Division introduced use of the Australian Allied Health Classification System of intervention codes and continues to investigate suitable allied health management information systems.
To reduce waiting times in the Podiatry Clinics through the Podiatrist and technical assistant working in tandem.
Enhancement funding was received to facilitate the purchase of additional equipment necessary to run two-chair clinics. A new two-chair clinic system will be introduced in 1998/99 and a reduction in waiting time is expected and will be monitored.
To introduce screening of patients on admission to identify those with malnutrition.
Introduction of the malnutrition screening tool has been delayed awaiting completion of validity trials. A preliminary project has been introduced to improve the nutritional needs of elderly patients in hospital.

To develop a quality staff supervision and mentoring model to support staff needs and improve job satisfaction levels.
A clinical supervision workshop was conducted which resulted in a working party being formed to review staff needs and develop a model of supervision. A list of compulsory and recommended Education Centre courses was developed for use in conjunction with the Performance Management Appraisal.
To facilitate more appropriate care of dementia patients while in an acute hospital.
Social Work staff established guidelines for staff and developed a booklet for relatives and carers.
To reduce Physiotherapy staff incidence of back pain.
A 12-month project was run where staff actively participated in a preventative back pain exercise program. There was a decrease in both frequency and severity of back pain. A decrease in the number of manual handling incidences resulted in no new workers’ compensation cases being filed.
To reduce Speech Pathology paediatric waiting lists for screening and assessment.
Waiting time has been significantly reduced through implementation of initiatives such as:
- an articulation screen clinic for school aged clients with mild speech/language difficulties,
- development of a prioritisation criteria by disorder type and severity,
- development of information sheets,
- Pre-school Communication workshops and
- parent articulation training groups.

To improve communication and information regarding Psychology Department services.
Posters and pamphlets have been produced on various topics such as depression, panic attacks, trauma and a guide to psychology services.
Feedback from referring agents and distribution of calendar information has been improved through the use of electronic mail.

Key Issues/Events
The “Winter Weight Loss Competition” conducted by the community nutrition team for Heart Week won the National Heart Foundation Award for Best Health Service Project. It also won a commendation in the staff health section of the Health Promoting Hospital Awards.
The introduction of the Aged Care Reforms by the Commonwealth Government resulted in significant changes to the discharge planning of patients to nursing homes and hostels. Social Work staff received education on the new policy to enable them to address patient and family concerns.
The continued increasing demand for allied health services was addressed by receipt of enhancement funding for multidisciplinary positions in diabetes, cardiac, oncology, chronic pain, community rehab, orthopaedics, neurology and geriatrics.

Future Direction
A joint Aboriginal Health and Nutrition Department project officer has been employed to develop a Food Budgeting Booklet for Aboriginal people to improve access to appropriate nutrition information and education.
A compendium of evidence-based short-term assessments and intervention strategies for specific disorders/problems is being developed in the Psychology Department.
The Sexual Assault Unit and Child Protection Unit are being amalgamated. This will improve communication between the Area Health Service and the Department of Community Services and strengthen the co-ordination of follow-up for children at risk.

Key Performance Indicators
Overall Sexual Assault, Viewings and Domestic Violence call outs increased 28% from 123 in 1996/97 to 157 in 1997/98. The main increase came from Domestic Violence call outs.

Anaesthesia & Operating Theatres

Business Activity
The Division comprises the departments of Acute Pain Service, Anaesthesia, Endoscopy, Operating Theatres and Surgical Bookings. There are six theatres and an endoscopy procedure room at Gosford and two theatres and an endoscopy procedure room at Wyong.

Major Goals and Outcomes
To achieve the four best practice targets for elective surgery as negotiated between the NSW Department of Health and the Area Health Service.
- The number of urgent medical and surgical patients who have waited more than one month was 0% as targeted.
- The number of medical and surgical patients waiting more than 12 months was reduced to 6.2% compared to the target of 9%.
- Gosford’s operating capacity was boosted by 5% to ensure that an additional 600 patients could be treated. Eye surgery was introduced into Wyong Hospital following a $0.25million investment in eye instrumentation. This new service avoids the major inconvenience for patients and their relatives of having to travel to Gosford for eye surgery. To meet the needs of the ageing population of the Central Coast over 20% additional joint operations were...
Conductive Therapy (ECT) service from Gosford Operating Theatres to the Mandalay psychiatric complex. Several benefits were achieved from this change including removal of the need to transport patients, freeing up operating theatre resources, increasing the skills of psychiatric nursing staff and providing a more conducive environment for patients and staff for the procedure.

A joint appointment between the Newcastle University and the Area Health Service was established. The Anaesthetic Nursing Unit Manager/Researcher position was the first such position in NSW. However the position in its current form is proving too complex a task and will not be continued.

**Future Direction**
Best practice in elective surgery will be pursued through an operating framework devised by industry experts.

Continued implementation of the Department of Health's Priority Access Strategy for patients will remain an important health objective.

New technologies and procedures will continue to be reviewed and implemented where appropriate and where funding can be secured.

**Key Performance Indicators**

<table>
<thead>
<tr>
<th></th>
<th>Gosford</th>
<th>Wyong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>13,642</td>
<td>4,249</td>
</tr>
<tr>
<td>Average time per procedure</td>
<td>39.8 min</td>
<td>29.5 min</td>
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<tr>
<td>Average cost per procedure</td>
<td>$782</td>
<td>$659</td>
</tr>
<tr>
<td>Elective list utilisation</td>
<td>95.99%</td>
<td>Not available</td>
</tr>
</tbody>
</table>

**Community Health**

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

**Major Goals & Outcomes**

- **To promote early discharge and improve breast surgery client outcomes.**
  - Community Nursing have worked collaboratively with the Surgical Division to develop a project which enables early discharge of patients following breast surgery. A Breast Care Support Nurse from the Surgical Division and Community Nurses provide followup for patients in their own home.
  - To improve the provision of treatment and care for people living with Hepatitis C.
    - A project was conducted for local General Practitioners providing training and skill building in the care of people with Hepatitis C. Workshops, surgery visits and resource manuals were provided to the participating 30% of local General Practitioners.
  - To improve diabetes education to Aboriginal clients.
  - Additional Diabetes Educators have been employed to extend services to weekly clinics at the Eleanor Duncan Aboriginal Centre at Wyong.
  - To improve the quality of Palliative Day Care Service in the Woy Woy Peninsula.
    - A new Day Care facility was officially opened in May 1998 by the NSW Minister for Health Dr Andrew Refshauge. The facility is called Grevillea Cottage and was purpose built for patient comfort in a relaxed and non clinical environment. The opening increased a general community awareness of the Hospice Palliative Care Service. The service experienced an increase of 15% in referrals this year to 734.
  - To provide Community Detoxification Services on the Central Coast.
    - The Community Detoxification Service was established and assists patients through drug and alcohol withdrawal in the community.
    - For those who are unable to safely withdraw at home the Service assists clients to access residential detoxification services in other areas.
  - To improve dental prosthetic services.
    - The Dental Service restructured its dental prosthetic service to reduce waiting list numbers and waiting time for denture provision. Dental prostheses are now made in-house.
  - To improve access of young people to health services.
    - Youth Health has collaborated widely with other health and community organisations to improve access for young people to mainstream health services. Initiatives included working with the Mobile Youth Krisis Service (MYKS) and the Mental Health Acute Care Services in offering a prompt response to young people with urgent needs. The Dumping Depression Campaign was developed in conjunction with the Health Promotion Unit and Mental Health Division. The campaign involved consultation with young people and promotes young people's resilience and competencies and strategies in dealing with depression.
  - To improve Aboriginal Health.
    - Aboriginal Health Services were expanded by the appointment of Aboriginal Hospital Liaison Officers at Gosford and Wyong. Youth Health Liaison Officer, Alcohol and Other Drug Liaison...
Officer, Primary Health Care Registered Nurse and Mental Health Registered Nurse to further improve Aboriginal and Torres Strait Islander client’s access and health.

Key Issues/Events
Research undertaken has shown that the Community Nursing model of practice for wound management is equal to world best standards. Findings demonstrate a reduction in length of stay, healing times and an increase in healing rates. The Hepatitis C Shared Care Project was launched at the Crowne Plaza in November 1997. Keynote speaker was Professor Bob Batey, Convenor of Australian National Council of AIDS and Related Diseases Hepatitis C Committee. The launch was attended by 85 local doctors.

The Child Protection Service (PANOC – Prevention of Abuse and Neglect of Children) is being established in conjunction with the Sexual Assault Service.

The Central Coast Health General Practitioner Drug and Alcohol Project has been identified as a model for NSW, and the Centre for Education and Information on Drugs and Alcohol (CEDIA) has been funded to work with the Area Health Service to disseminate the project state-wide in late 1998.

The Area Health Service is the host organisation for the Regional Violence Prevention Specialist position under the NSW Strategy to Reduce Violence Against Women. This strategy seeks to enhance the safety of women and children through the planning of violence prevention strategies.

Future Direction
The divisions of Community Health, Allied Health, Aged Care & Rehabilitation and Mental Health will be amalgamated to provide a platform for more effective planning for future health services. Other benefits include better integration of services, a more customer focused perspective, improved access and a more efficient use of resources.

The Community Health Planning Framework was developed to drive the future planning and delivery of community health services. This framework emphasises the importance of improving the relationships with both internal and external health providers including GPs and Non Government Organisations.

The Area received approval and funding from the Health Department to establish two new community health centres at Tuggerah and Erina. A new project is planned between the Emergency Department and Community Nursing for the follow-up of aged patients who have been discharged from the Emergency Department.

A review of services and development of a new strategic plan will be undertaken by HIV/Sexual Health.

The third phase of the General Practitioner Drug and Alcohol Project has commenced and will be completed by mid 1999.

Critical Care

Business Activity
Departments include the Cardiac Unit (Coronary Care, High Dependency Unit, and Cardiac Ward), Diagnostic Cardiology Services, Cardiac Rehabilitation, Intensive Care Unit and Gosford Hospital Emergency Department

Major Goals and Outcomes
To expand the capacity of the Cardiac Unit.
Through enhancement funding a four-bed High Dependency Unit with cardiac monitoring was introduced into the C2 Ward. Also four extra beds are available for six months each year to assist with the high volume of activity over the winter months. The Performance Agreement target admissions to the additional beds was 110. The unit achieved 243 admissions with no increased length of stay.

To improve access to cardiac rehabilitation.

The Cardiac Unit has employed additional nursing and allied health staff to provide flexible options for cardiac rehabilitation. These included hospital-based rehabilitation, outpatient supervised program, home visits by the Community Nurses and evening seminars. The target number of occasions of service to cardiac rehabilitation was 947 and the program achieved 940.

To improve the management and treatment of emergency patients.

Critical Pathways have been developed for the treatment of asthma, stroke, unstable angina, acute myocardial infarction, back pain, croup, drowning, febrile children, funnel web spider bite, head injury and upper gastro-intestinal tract bleeding. The Critical Pathways clearly define the appropriate timing and co-ordination of treatment.

Key Issues/Events

Diagnostics & Pharmacy

BUSINESS ACTIVITY – Pathology, Medical Imaging and Pharmacy services.

Pathology Department

Business Activity
Provision of diagnostic pathology services for all patients of the Area Health Service.

Major Goals and Outcomes
To establish the Pathology Department as an independent business unit.

Pathology was successfully established as an independent business unit within the NSW Health Department guidelines. Charging of pathology to clinical areas based directly on tests ordered has been running well with gaining the top candidate medal and a further two completed their Fellowship Exam.

Future Direction
The Emergency Department is pursuing the development of a dedicated Paediatric Unit within the current Gosford Hospital Emergency Department.

A research project studying health outcomes for cardioversions performed in the Intensive Care Unit and also research into Continuous Venous Hoemo Diffusion (CVVHD) are being developed.

Former patients of the Intensive Care Unit that have been successfully nursed through artificial ventilation will be followed up through a series of informal patient forums designed to identify the debriefing needs of this specific group.

The expansion of cardiac rehabilitation services is being planned and patient focus groups will be held to determine appropriate areas for development.

Diagnostics & Pharmacy
comprehensive reporting of the costs to Business Managers. This has provided an increased understanding of the cost structure of Pathology and utilisation patterns.

To improve customer service.

A Clinical User Advisory Group was formed with Medical and Nursing Representatives. This has resulted in useful feedback regarding a number of aspects of pathology and in particular has resulted in improvements in the presentation of reports and the handling of results completed after discharge.

To maintain full NATA accreditation as required by the Health Insurance Commission.

Gosford and Wyong laboratories both achieved full accreditation with the National Association of Testing Authorities.

Key Issues/Events

The Central Coast Area Pathology Service has joined with the Royal College of Pathologists of Australasia "Benchmarking in Pathology Project." This Australia wide project will enable the unit to benchmark financial performance against peer laboratories, enable rationalisation of referred testing on a financial basis and improve understanding of expenditure issues.

Future Direction

Increased collaboration with the Institute of Clinical Pathology and Medical Research, Westmead.

Key Performance Indicators

Pathology had 490,700 occasions of service, an increase in workload of less than 1% over the previous year.

Medical Imaging Department

Business Activity

The Medical Imaging Department provides a full range of services that encompass general x-ray, CT, Angiography, Ultrasound and Mammography.

Major Goals and Outcomes

To provide higher quality diagnostic tests.

New CT Scanning and Ultrasound equipment was purchased during the year. Ultrasound is a growing area with Medical Imaging. Each year, over 3100 patients have an ultrasound at Gosford Hospital and over 560 at Wyong Hospital. With the new machines purchased, the department has the opportunity to increase the scope and number of examinations offered. The Wyong Department now offers a range of Doppler and Superficial Port examinations. The Spiral CT Unit will shorten scanning times for patients.

Key Issues/Events

The Wyong service for Medical Imaging has been enhanced through further utilisation of the on-call service and the provision of extra staff for the operating theatres.

Angiography services are in greater demand due to the increased number of arterial stentings performed.

Future Direction

A review of future service requirements will be undertaken.

Pharmacy Department

Business Activity

The Pharmacy department provides medications, advice on medications and other specialised drug associated services to patients and staff, and to the surrounding Central Coast community.

Major Goals and Outcomes

To improve the accuracy of medications lists for patients admitted to the Emergency Department.

A part-time pharmacist is now working in the Emergency Department.

To improve patient education for medications in specialised clinical units.

A pharmacist is now providing service to the Renal unit and the psychiatric unit (Mandala). This service includes patient discussion groups and provision of individualised consumer product information leaflets produced by the pharmacist.

To provide pharmacy expertise to the acute and chronic pain teams.

A pharmacist has been permanently appointed to this area. This has resulted in the successful introduction of specialised services to post-operative patients.

To improve the management of Clinical Drug Trials in the hospital setting.

A Clinical Trials Pharmacist was appointed part-time one day a week. This pharmacist provides assistance to the investigators, Ethics Committee and all people involved in each individual drug trial through a working advisory sub-committee. This committee has reviewed several policies and procedures and makes recommendations to the Ethics committee on matters regarding Clinical Trials. The result has been improved effectiveness and efficiency of Clinical Drug Trials.

Key Performance Indicators

1. Drug expenditure has increased by 3% p.a.

2. Drugs represented 3.9% of total hospital expenditure (same in 1996/97).

3. Pharmacist activities have increased by 33% on 1996/97 figures.

4. Inpatient dispensing has increased by 6%.

5. Outpatient services have increased by 10%.

6. Improved inventory management by reducing stockouts by 64%.

7. Wastage improved by crediting $168,749 worth of stock back in workable stock.
8. Expired stock amounted to $59,905 or 0.8% of drug expenditure p.a.
9. Discharge time to patients in wards averaged at 92 minutes (23% improvement to 120 min target set 1996/97).
10. Medication error rate remained at 0.6%, the same as 1996/97.

**Medicine**

**Business Activity**
The provision of acute and sub-acute medical services in five medical wards (123 beds), renal and cancer care day services, respiratory physiology and neuro physiology services, biomedical engineering and internal ambulance services.

**Major Goals and Outcomes**

*To improve the management of asthma in the community.*

An intensive course for nursing was conducted to upgrade the respiratory knowledge of nurses working in the subspecialty. This enabled the nurses to provide patient education to enhance self-management of asthma and chronic airways disease. An Asthma Care Model is to be implemented in the near future with a goal of improved patient self-management and reduced admissions to hospital. A program of clinical indicators has been established to measure quality in patient management and improvements have been demonstrated in aspects of care.

*To improve the management of patients with acute stroke.*

The development of an acute stroke unit in Medical Ward 4 and the creation of a Cerebrovascular Accident Care Model has enabled stroke management that meets and exceeds the targets set by the National Stroke Strategy. Early rehabilitation has been facilitated through the provision of a gymnasium within the recently refurbished medical ward M4.

*To improve the management of patients with chronic renal failure.*

A service review has resulted in improvements in the management and care of patients requiring continuous ambulatory peritoneal dialysis (CAPD). Clinical databases have been established allowing ongoing measures of quality. Resource development and accreditation programs for nursing staff have increased expertise.

*To improve the management of oncology patients.*

Cancer care services were expanded with the opening of the Central Coast Cancer Care Centre. Dr Rodney Araney was appointed as Staff Specialist Medical Oncologist and a cancer support group co-ordinator is being recruited. Service improvements have eliminated waiting lists for acute beds for chemotherapy and provided diversional therapy for patients with long-term admissions.

Specialist nursing skills have been improved through co-operative ventures with the Nurse Education Centre and the development of learning packages for new graduates.

*To improve the management of acute episodes in palliative care.*

Beds within Gosford Medical Ward 5 have been set aside for palliative care patients.

Co-operative efforts between the staff of Medical Ward 5, the Palliative Care Team Acute Pain Service and the Pharmacy Department have resulted in improved management of symptoms for palliative care patients.

*To participate in research into evidence-based medicine.*

The Division continues to participate in international research into anticoagulation agents for stroke and antibiotic management of pneumonia. Research into falls prevention has led to the development of a Falls Prevention Strategy which has been implemented throughout the Division.

**Key Issues/Events**

The new Central Coast Cancer Care Centre was officially opened by Dr Andrew Refshauge, Minister for Health and Minister for Aboriginal Affairs on 14 May 1998. Capital funding for the development was largely provided by the local community with the Central Coast Cancer & Palliative Care Fund Inc. raising $220,000 toward construction of the new facility.

The respiratory physiology services were expanded with the purchase of a whole body Plethysmograph Unit that measures lung volumes and airflow resistance. This unit, costing $50,000, was generously funded from the Respiratory Specialists Equipment and Training Trust Fund.

**Future Direction**

Detailed design plans have been completed for the satellite Renal Dialysis Unit as part of the Lakehaven Community Health Centre. This facility is expected to be commissioned in mid 1999. Operational strategies for the commencement of renal dialysis services in the Wyong Shire will be developed.

As part of the implementation of the Cancer Care Model of Care, issued by the NSW Health Department, a detailed review of the cancer care services being delivered to Central Coast residents will be conducted.

To pursue the refurbishment of Gosford Medical Ward 1.

Renovations to the Respiratory Investigation Laboratory will be undertaken to provide expanded facilities for exercise testing equipment.

**Mental Health**

**Business Activity**
The Division of Mental Health provides inpatient, outpatient and community services to people who have a serious mental illness. Facilities and services include Mandala Clinic, Mental Health Acute Care Service, Community Mental Health Nursing, residential facilities in Gosford and Wyong Shires, living skills centres in Gosford and Wyong Shires, Aged Care Mental Health Service, Mental Health Service to Aboriginal and Torres Straight Islanders and suicide prevention services.

**Major Goals and Outcomes**

*To streamline access to services.*

As a result of community feedback and staff planning procedures a Central Intake System was established. This system provides a single phone number for Gosford and Wyong residents providing direct access to a clinician who can make a brief assessment over the telephone and refer to the most appropriate part of the Mental Health Service or other services. Initial evaluation has been positive both from clients and from referring agencies.

*To improve management of anxiety, depression and personality disorders.*

After literature review and investigation of services provided elsewhere, specialist clinics have been established and provide best practice in the management of anxiety and depressive disorders predominantly through the use of group programs.

*To establish prevention programs in relation to early childhood.*

The Positive Parenting Program (PPP) was established in collaboration with the Department of Education, Department of Community Services and the Area Health Services Department of...
Child and Family Health. This has been a successful collaborative program investing resources into preventative activities as a means of reducing future behavioural and mental health problems in young people.

To establish prevention programs in pre-adolescent and adolescent mental illness.

Young people with a parent or sibling with mental illness have been identified as a high risk group. Programs specifically for this group as well as for older children have been implemented.

To expand general hospital liaison services.

A Consultation Liaison Nurse was appointed to assist in the management of people with mental health problems in the general ward and in particular by providing advice and support to the nursing staff.

To reduce the incidence of suicide.

Best practice procedures have been developed and implemented for the management of people who have previously attempted suicide to reduce the risk of further suicide attempts. The Division of Mental Health has continued its commitment and support to the regional Suicide Safety Network which coordinates suicide prevention services throughout the Central Coast community.

To improve inpatient services.

A consumer consultant was appointed in Mandala Clinic and provides a focus for clients, their families and staff, in improving communication and facilitating care. A volunteer service coordinated by the Consumer Consultant provides a variety of services to patients to make their stay more comfortable.

To develop specific prevention and intervention services for children and young people.

A Children and Young Peoples Mental Health Coordinator and six Family Intervention Workers were appointed. They provide school link programs; short term interventions for children, young people and their families; and support other professionals who have contact with young people with mental health problems.

Key Issues/Events

To ensure that the best practice programs for young people with mental illness and was recently recognised for their work by receiving a bronze award at the the Mental Health Services Conference (THMHS).

The Dumping Depression campaign will be officially launched by the NSW Premier on 7 August 2000 at the opening of the YPP Centre. This program provides information about early identification of depression in young people and advice about avenues for support. Young people were involved in the development of the program and in the design of posters and cards. The program was widely advertised among young people and on “shopper docket” sites. This program also received a bronze award at the Mental Health Services Conference (THMHS).

Future Direction

To secure specialised adolescent mental health beds initially in other Areas but in the long-term by having a purpose built facility on the Central Coast.

To pursue the development of sub acute and psychogeriatric mental health beds in the Wyong Shire.

To establish best practice management for adult survivors of childhood trauma who are at higher risk of developing mental illness.

Obstetrics

Business Activity

Provision of Maternity Services through Maternity and Delivery Wards at Gosford and Wyong Hospitals, a Neonatal nursery at Gosford, a Community Midwife Service, a Post Nataal Depression Service and Genetic Counselling.

Major Goals & Outcomes

To provide local birthing facilities for women living in Wyong Shire.

The Wyong Hospital Delivery Suite was opened on 27th October 1997 and provides labour and delivery care for low risk women in a midwifery led unit, with support from Obstetricians and Paediatricians.

To improve Continuity of Care.

Wyong Community Midwives commenced on 29th June 1998 with expected outcomes of improved Continuity of Care. A midwife is appointed for each woman, and provides care throughout the pregnancy, delivery and postnatal period.

To improve access to Ante-natal Clinic facilities.

Strategies to reduce the waiting time for a Clinic appointment were introduced in Gosford and Wyong Ante-Natal Clinics. The waiting time has been reduced from 11 weeks to 2 weeks or less.

To improve the choice in pain management for women in labour.

A large triangular shaped bath has been installed in the delivery suite at Gosford Hospital to provide an additional method of pain relief.

To evaluate outcomes for women delivering babies at Wyong Hospital.

A research project has been commenced relating to the first 100 women who delivered their babies at Wyong Hospital.

To enhance Genetic Counselling Services on the Central Coast.

For twelve months, commencing February 1998, the part time Genetic Counsellor position has been increased to full time hours to meet increased demand for services. Funding is being sought to enable this change to be permanent. Referrals are received from Obstetricians, General Practitioners, Paediatricians and Physicians.

To evaluate and reduce the number of inductions of labour.

The Division introduced a change in the method of determining the estimated date of confinement. This method extends the gestation period calculation by three days. The evaluation and effect on the number of inductions and outcomes will be monitored by the Continuous Quality Improvement Team managing this project.

Key Issues/Events

There has been an 6.7% increase in the number of births compared with last year.

Dr J Palmer was awarded a conjoint lectureship in the Discipline of Reproductive Medicine and has become involved in the Undergraduate teaching organisation of the University of Newcastle. He was elected in March as a member of the Board of the Hunter Post Graduate Medical Institute and will represent the Central Coast. Dr J Palmer was also elevated to the position of Examiner of the Royal Australian College of Obstetricians and Gynaecologists.

Future Direction

The Community Midwifery model of care will be offered to increased numbers of women.

The use of Outreach Ante-natal Clinics will be explored.

The development of Collaborative Models of Care by midwives and medical staff for risk
Child & Family Health Services

To improve the initiation and continuation of breastfeeding.

The existing program was continued with a focus on research to identify patterns of breastfeeding and reasons for non-breastfeeding or discontinuation.

To provide immediate telephone support for clients requiring child health counselling.

The implementation of a central phone contact line has enabled many clients to receive immediate assistance over the phone. This has resulted in reductions in waiting times for appointments with the counselling service.

Key Issues/Events

Children's Ward

The building of an outdoor play area for children admitted to isolation rooms, has further improved the facilities offered to the families of inpatient children. The ward has been refurbished with new carpet, including child friendly claws and bears imprinted into the design.

Significant local community support has continued for the children in hospital. The funds donated have enhanced the provision of acute paediatric services and equipment.

The appointment of Dr Adam Buckmaster as a staff specialist Paediatrician has enhanced the training program for medical officers. Also senior medical officer coverage after hours has been strengthened by the allocation of an additional Registrar.

Child & Family Health Services

The Australian Childhood Immunisation Register data showed that the Central Coast had the highest immunisation completion rates for any area of New South Wales in the period to 31 December 1997 for children under 18 months of age. Over 70% of Year 7 and 10 students were immunised. Child and Family Health Services supported the National Immunisation Days by providing immunisations at two local shopping centres.

The "Chertsey Interagency School as Community Centre Project" run jointly by the Departments of Education and Training, Community Services and Health won the Premier’s Award for Direct Service Delivery.

A new multipurpose electric wheelchair to facilitate assessments of disabled children at the East Gosford Support Unit was purchased with funds donated by the Transport Workers Union (Convoy for Kids).

Child and Family Health staff manned a Sunday stall at the Erina Fair Children’s Week to provide information about child and family health issues. Conferences and seminars conducted included:

- 'The Emotional Well-being of Children' attended by over 160 people
- 'Botox Therapy for Children with Cerebral Palsy' attended by 40 people
- 'Immunisation Seminar for Central Coast General Practice Division' attended by 20 GPs
- 'Attachment Theories’ seminar attended by 55 people
- 'Child Development’ workshop run for Department of Community Services district officers
- ‘Newborn and Infant Care’ seminar presented to 25 general practitioners

Future Directions

Children’s Ward

To improve the delivery of acute and subacute care to children by:

- developing a philosophy of shared care with the parent/primary carer
- identifying the needs of the child as expressed by the children themselves
- providing written health information.

Paediatrics and Child & Family Health

Business Activity

The Division provides acute and subacute inpatient care (Children’s Ward) and community-based child and family health care services.

Major Goals and Outcomes

Children’s Ward

To expand the successful Ward Grannie Scheme.

The total number of volunteer hours and services have both increased through the extra assistance of the Pink Ladies and Ward Grandparents. This has provided additional support to the children and their parents during hospitalisation.

To reduce the incidence of vaccine preventable disease.

Routine checking and updating of the immunisation status of all children in Children’s Ward was implemented.

To improve the range of nutritional meal choices offered to children.

An expanded selection of child-friendly menus were implemented following a Continuous Quality Improvement Project involving the Nutrition Department.

Child Health Services

To reduce waiting times for access to Child & Family Health Services in the Wyong Shire.

Three additional positions including one full-time Psychologist, one full-time Early Childhood Nurse and one part-time Social Worker were employed as a result of enhancement funding.

To improve psychiatric services to children and their families.

A part-time Staff Specialist Child Psychiatrist was employed and this has significantly decreased the waiting times for families seeking psychiatric assessment and treatment.

To offer increased access to group support and community development for parenting issues.

Parent information workshops and groups were conducted for issues such as Attention Deficit Hyperactivity Disorder, Domestic Violence and Social Skills. Also the number of Postnatal Parenting Education and Support Groups has been increased.

To improve the management of Post-Natal Depression and Distress.

Training was undertaken for staff to increase identification and management of this condition.

Routine assessment of all mothers attending Early Childhood Clinics was commenced.

To reduce the incidence of vaccine preventable disease.

Routine checking and updating of immunisation for babies and children attending Early Childhood Health Clinics was initiated.

An expanded selection of child-friendly menus were implemented following a Continuous Quality Improvement Project involving the Nutrition Department.

Associated pregnancy is proposed, which includes Ambulatory Models of antenatal care.

Benchmarking with other similar organisations will be pursued.

An inaugural Shared Care conference will be held in October 1998 involving General Practitioners, Visiting Medical Officers and Obstetric Unit Medical and Nursing Staff.
To further improve the ward environment by:
- the creation of child-friendly signage
- improving parents live-in facilities.

**Child & Family Health Services**

The Counselling Team in collaboration with Family Intervention Workers will develop a crisis response process to deal with urgent referrals.

To develop enhancement proposals to facilitate home visiting programs for vulnerable families.

To further develop the collaborative intake system and allocation of referrals with the other Area Health Service Departments of Mental Health, Youth Health, Obstetrics, Emergency Department and Community Health.

To develop a process, in collaboration with Child Protection Unit, to deal with families where abuse has occurred.

To develop parenting support through centre-based groups and through preschools and schools.

**Rehabilitation and Aged Care**

**Business Activity**

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

**Major Goals and Outcomes**

**To enhance the acute geriatric inpatient medical service.**

Eleven beds were designated as acute geriatric medical beds in the Medical Ward 4 at Gosford Hospital.

**To reduce domiciliary consultation waiting times.**

A Family Medicine Program Special Skills Community Registrar at Wyong was recruited and this position has led to a reduction in waiting times.

**To improve service efficiency.**

An electronic patient database was introduced and can be accessed by the Geriatric Team from several locations throughout the Area Health Service. This saves considerable time for patients and staff as staff previously had to delay services until they were able to access hard copies of patient information. The system also calculates health outcomes statistics.

**To increase skills for Central Coast General Practitioners in Geriatric Medicine.**

Two General Practitioners spend one session a week with the Department of Geriatric Medicine, Aged Care Assessment Team and the Dementia Care Program for thirteen weeks. To aid this program an Aged Care Attachment syllabus, work book and evaluation form were developed. The program was funded for two years under a Better Practice Grant to the Division of General Practice.

**To improve the quality of care for older people admitted to the Area Health Service.**

The Older Persons' Admission Module guidelines (OPAM) were developed and introduced.

**To improve the management of behaviour disturbance in general medical and surgical patients.**

An area-wide committee has been meeting since May and will report by the end of the year.

**To improve psychogeriatric services to the Central Coast.**

Funding for a Psychogeriatrician has been obtained and recruitment efforts, while proving challenging, are continuing.

**To reduce the need for patients with persistent pain to have to travel to Sydney.**

A limited multidisciplinary pain service was established in February to reduce the need for patients with persistent pain to have to travel to Sydney for assessment and assistance.

**To improve the knowledge and function of those with arthritis.**

An Arthritis education program was established.

**To improve the supply of incontinence items.**

The PDP (Provision of Appliances to Disabled Persons) Department now has redesigned its ordering and delivery system to improve the supply of incontinence items.

**To improve acceptance of orthoses in children.**

To improve acceptance of orthoses in children, the child can now choose an impregnated pattern inorthoses e.g. butterflies or pandas.

**Key Events/Issues**

Dr Tomiko Barrett was employed as the third Geriatrician on staff in December 1997.

The Division is experiencing recruitment difficulties for the positions of Advanced Trainee, Geriatric Medicine and a Psychogeriatrician.

**Future Direction**

Continued re-evaluation of the service to manage the increase in referrals and after-hours work.

Investigation of a domiciliary service for acute geriatric medicine with the Division of Community Health.

**Surgery**

**Business Activity**

The Division of Surgery covers the nine specialties of Ear Nose and Throat (ENT), Otolaryngology, General Surgery, Gynaecology, Orthopaedics, Plastic Surgery, Urology and Vascular Surgery.

**Major Goals and Outcomes**

To achieve NSW Department of Health's best practice targets for elective surgery through partnerships with visiting surgeons and the provision of ward resources.

Four elective surgery targets were established between NSW Health and the Area Health Service. Three were achieved by the 30 June deadline. Targets that were met were the reduction of the number of patient medical and surgical patients waiting more than 1 month to 0%, reduction of the number of medical and surgical patients waiting for more than 12 months to 6.2% (target 9%) and the number of medical and surgical patients who incurred admission delays to 0%.

The number of elective surgery cases performed on a day only basis was 53% compared to the target of 60%. Current constraints hindering the achievement of this target include poor transport for outlying suburbs necessitating overnight accommodation, the proportion of patients with co-existing problems (comorbidities) and the absence of purpose-built perioperative facilities.

To plan and implement pre and post admission care strategies to improve day surgery rates for selected procedures.

The individual targets for each of the 5 selected procedures were achieved. These procedures included Cataract Extraction, Arthroscopy, Carpal Tunnel Release, Cystoscopy and Breast Biopsy. Pre- and post-operative phone calls to
same day surgery patients assisted with the organisation of admission, surgery and discharge processes.

To reduce the incidence and severity of workplace related injuries and illnesses. Several approaches were employed to minimise hazards and protect the safety of staff, patients and visitors. Regular audits were conducted of the physical environment, work systems and practices. Staff were encouraged to exercise before and during shifts to minimise injury. An extensive education program on manual handling was undertaken in late 1997 to train staff on new moving and transferring techniques. Staff were also educated on legislative requirements and ways of managing the aggressive patient.

About 70% of staff have undergone training to date. The plan is to complete training by the end of 1998. The number of safety incidents was 95 of which 16 progressed to the claims stage. The staff education, audit and hazard reduction programs are expected to progressively reduce incidents.

To develop a patient satisfaction survey of perioperative services.

A major project was undertaken to develop a patient survey that covered the patient's experience through preadmission, admission, surgery, ward-based care and discharge. The survey scope was different from most previous surveys in that it will attempt to measure satisfaction across the continuum of care. The multi-disciplinary team plans to test the survey in mid 1998.

Key Events/Issues
The Day Surgical Ward was relocated to overcome the problems experienced with its distance from the Operating Theatres. Admission times were staggered to reduce patient waiting times. Also the clerical admissions process is now undertaken in the ward so that patients need only attend one location within the hospital.

In an effort to promote 'seamless care' the management of the Preadmission and Surgical Outpatient Clinics was transferred from the Division of Clinical Services to the Division of Surgery in January.

In a joint project with Community Nursing and Women's Health a Breast Surgery Case Manager was appointed in June. The Case Manager's role is to [1] follow the progress of mastectomy and lumpectomy patients from preadmission to discharge, [2] educate and accredit surgical and community nurses, and [3] implement innovative practices in breast surgery.

Future Direction
A Patient Health Questionnaire is to be introduced at Gosford following its successful implementation at Wyong Hospital. The questionnaire assesses the health status and social situation of the patient and indicates the necessity of a Preadmission Clinic attendance.

A Patient Satisfaction Survey will be implemented in late 1998. When fully refined, the survey will provide a comprehensive measure of the quality of surgical and associated services from the patients perspective.

Hospital Sites
Gosford Hospital and Clinical Services Administration

Business Activity
The Gosford Hospital site is managed by the Director of Medical Services, Director of Nursing and a Business Manager. They are responsible for co-ordinating the day to day operational activities on the Gosford campus. This particularly includes resolution of cross divisional issues and facilitating efficient bed management.

Departments include Medical Training and Administration, Nursing Administration, Outpatient Clinics, Clinical Information Services (Medical Records), Pink Ladies Volunteer Service, Nurse Education and Discharge Planning.

Major Goals and Outcomes
To improve bed management.

Revised Bed Management Guidelines have been produced which standardise our approach along a best practice model. This has enabled the Area Health Service to achieve more efficient utilisation of inpatient beds.

To ensure that patient administration services are provided efficiently and effectively.

A standing committee has been convened to monitor the interaction between clinical information systems and patient administration systems throughout the Area Health Service. The committee also oversees any refinements or developments of these systems.

To meet the new Department of Health reporting guidelines for Medical Record coding.

Procedures were refined and workflows rearranged to meet the new Department of Health guidelines on the coding of statistical information from Medical Records.

Key Events/Issues
Office refurbishment was undertaken in the Medical Training and Administration, Clinical Information Services and Nursing Administration Departments which improved Occupational Health and Safety, productivity and staff comfort.

In October 1997 Gosford Hospital was awarded 12 months accreditation from the Postgraduate Medical Council. In response to staffing difficulties during the winter of 1997 a major recruitment project was undertaken which has resulted in improved medical staffing levels in 1998.

Future Direction
The Area Disaster Response Plan will be revised in line with the NSW Healthplan.

Internal and external signage at Gosford Hospital will be improved.

After-hours security in terms of controlled access and secure car parking will be further improved.

Long Jetty Healthcare Centre

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

Services provided within the centre include a 33 bed Community Hospital for sub-acute medical, palliative care and post-surgical patients, a 16 bed residential care unit for the care of...
Major Goals and Outcomes
To develop a Community Rehabilitation Team.
A Community Rehabilitation Team (CRT) commenced to provide rehabilitation for outpatients in the community. This occurred in conjunction with the Division of Aged Care and Rehabilitation. Two multidisciplinary teams exist, one each at Woy Woy and Wyong, as well as additional physiotherapy availability at Gosford.
The CRT has been functional for 8 months and provides high quality home-based rehabilitation services. This service will assist in reducing the period of time that patients need to remain in hospital. The rehabilitation process encompasses the continuum of care philosophy and involves family and carers.

Key Events/Issues
The Ladies Auxiliary continued their valuable support and raised $18,000 for the purchase of patient care equipment. Their efforts are to be commended and are greatly appreciated by patients and staff.
The inaugural Woy Woy Hospital Golf Day was a huge success. Ladies Auxiliary members, members of the community and staff joined together to play a round of golf and raise money for patient care equipment.

Future Direction
Negotiations continue with the Department of Health regarding the renovation of inpatient areas.
Work has commenced on the new Community Health Centre located on Long Jetty site. Once complete it will allow health services in the north eastern area of the Central Coast to be centralised.

Woy Woy Hospital Business Activity
To provide non-acute and outpatient services to the residents of the Peninsula and southern areas of the Central Coast. This is achieved through the provision of a 33 bed General Unit, a 30-bed Rehabilitation Unit, Outpatient and Hydrotherapy services, Physiotherapy, Occupational Therapy, Speech Pathology, Nutrition and Social Work are provided and an after-hours General Practitioner Service operates in conjunction with local General Practitioners.

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

Major Goals and Outcomes
To commence an Obstetric Service for low risk mothers.
The Obstetric Service commenced in October 1997 following the appointment of Dr Ray Hyslop, Staff Specialist. The Unit follows the midwifery model of care with medical input accessed through midwife referral. The total number of births as at June 30 was 234.

Key Events/Issues
The appointment of Dr Garry Niewkamp as Director of Emergency Services in September 1997 has increased the emergency medical staffing and resulted in a effective team approach to Emergency Services at Wyong Hospital.
Dr Tamiko Barrett was appointed as Staff Specialist Geriatrician in December 1997. Her appointment compliments other medical staff within the Geriatric Service.

Key Performance Indicators
Patients placed in Nursing Homes 140
Average Length of Stay of patients awaiting Nursing Home placement 31.23 days
Future Direction
Renovations will be undertaken in the Emergency Department which will provide upgraded triage facilities for the patients attending, as well as improving security for both patients, staff and visitors.

Renovations are also planned for the Outpatient Clinic to improve the availability of space and in the main reception area to upgrade security.

A review will be conducted of the Day Surgical Ward facilities to formulate a plan to upgrade the Unit on a short-term and long-term basis incorporating a peri-operative service.

The management of Anaesthesia and Surgical activity will be transferred to Wyong Hospital from the Anaesthesia and Surgical Divisions based at Gosford Hospital.

The management of the Domestic and Food Services (Wyong Hospital responsibilities) will be transferred to Wyong Hospital from the Corporate Services Division.

Further increase surgical activity within the limits of bed availability and budget resources.

To assist and support the Division of Medicine to commence an Oncology clinic at the Hospital.

Support Divisions

Capital Works & Asset Management

Business Activity
Capital Works and Maintenance Departments.

Major Goals and Outcomes
To develop an Asset Strategic Plan.
Completed in September 1997 the Asset Strategic Plan provides an assessment of the capability of the Area Health Service's existing assets to meet the clinical service needs of the Central Coast population to the year 2006. It also outlines an investment program to meet any shortfalls of the assets and provides a detailed assessment of the condition of our existing infrastructure.

To progress the Capital Works Program.
The major projects including the Wyong Hospital Dental Clinic and the Central Coast Cancer Care Centre (at Gosford Hospital) were both completed.

At the Long Jetty Healthcare Centre site works commenced for the construction of a Community Health Centre which will replace the old inadequate Bateau Bay Community Health Centre and also land was purchased in preparation for the construction of a Community Health Centre at Lakehaven.

To undertake a project feasibility study for the upgrade of Gosford and Wyong Hospitals and Community Health Services.

The recommendations identified in the Asset Strategic Plan were progressed to the completion of a Project Feasibility Study. The Project

Future Direction
Feasibility Study was completed in November 1997 and details the requirements for the next major capital works developments within the Area Health Service. The Study outlines $94 million of building works to be undertaken at Gosford Hospital, Wyong Hospital and the implementation of additional Community Health Centres at Erina and Tuggerah.

To secure accommodation for expanding services.
The Area Health Service purchased a number of strategically located properties in Holden Street, Gosford. The properties will provide accommodation for Community Health Services.

To progress capital works planning and complete a Project Definition Plan for the proposed $94 million Capital Works Program.

To finalise construction of the Long Jetty Community Health Centre at the Long Jetty Healthcare Centre site.

To finalise the environmental issues impacting the Lakehaven site and commence construction of the Lakehaven Community Health facilities and Renal Unit.

To pursue funding and undertake capital works to refurbish inpatient facilities at Long Jetty Healthcare Centre.

To identify and purchase land at Tuggerah and Erina for Community Health facilities and commence construction of new facilities.

To pursue funding for the replacement of the coal-fired boilers with de-centralised and distributed hot water and steam equipment.
Corporate Services

Business Activity

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

Major Goals and Outcomes

To develop networking opportunities with other Area Health Services, to provide cost effective support services.

The obsolete Gosford laundry was closed and a joint partnership with Hunter Area Health Service was formed. The laundry, previously operated by Brambilas at Cardiff, was purchased and refurbished. It is now called Pacific Linen and provides linen supplies to all hospitals in both All Health Services.

To improve the operating theatre instrument sterilisation system by reducing the manual handling required by staff and achieving the required Australian Standard.

A barcode tracking system has been introduced in CSSD. Manual handling tasks have been reviewed and modification to existing workflows introduced.

To more closely align the provision of Domestic Services to the needs of patient care and the provision of a clean and tidy external environment.

Domestic Services has been reviewed and a more focused system of identifying needs has been implemented.

To develop a food service which is more responsive to the needs of specific patient groups.

The Food Services Department, as part of a multidisciplinary project team, has focused upon nutrition for the elderly in order to provide improved services. All aspects of the food service delivery are under review.

To develop an information system which has a strong focus on assisting clinical staff in their care of patients.

The commencement of the Clinical Workstation Program has provided order entry and results reporting facilities for medical and nursing staff at ward level. Also Stage 1 of the Community Health information system has been implemented.

To improve hospital security;

The Hospital Watch Program was implemented and involves all staff in the protection of people and property within the hospital sites. The program has been supported by the the NSW Police Service and is already providing a real benefit to staff, patients and visitors.

Finance & Budget

Business Activity

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

Major Goals and Outcomes

Integration of Supply & Distribution Centre.

With the review of area management structure the Supply & Distribution Centre moved from the Division of Corporate Services to the Division of Finance.

Establish an Area Casemix & Data Unit.

An area Casemix & Data Unit was established to develop Trendstar and Casemix costing to enable benchmarking between areas.

To improve revenue collection.

Bulk billing of privately referred outpatients in the Pathology, Oncology and Gynecology Clinics commenced in April 1998. To coincide with this, the Madicalls Electronic Direct Interface software was installed in the Revenue section. This system interfaces with the Health Insurance Commission and the Area's billing system to allow direct claiming and payment.

The admission liaison service continued to provide assistance to patients. Not only did it provide additional revenue in assisting the Area to reach its revenue targets, it provided a valuable contact for all patients to access information.

Future Direction

Implement VMoney, a payments system for Visiting Medical Officers.

Upgrade Oracle Financial System with Version 10.7 to be year 2000 compliant.

Introduce MiMate, a management reporting system to assist Internal Department Managers to obtain their financial results simply and rapidly.

Develop further, the internal budget process to improve reporting for Department Heads and Business Managers.

To maximise the benefits of Trendstar for users.

Trendstar is an extremely complex system and over the next 12 months it is anticipated that Trendstar will develop and be used for the following:

- Reporting of patient costing data to NSW Department of Health.
- Development of case based budgets for clinical inpatient areas.
- Facilitate reviews of clinical practice.
- Financial Reporting.
- Analysis of variances in a range of activity and financial measures.
- Analysis of quantity outcomes i.e. clinical indicators and benchmarking.

Population Health & Planning

Business Activity

The Division is comprised of the Health Promotion Unit, Public Health Unit and the Area Planning Unit. The functions of the Division include health service planning, health promotion programs, population health surveillance and monitoring, health research and evaluation. The Division fosters collaborative approaches to improving health outcomes across the Central Coast.

Major Goals and Outcomes

To develop the Central Coast Area Health Plan.

The draft plan was completed and identifies the major strategic issues and directions for the Area over the next five years. Its preparation has involved consultation between the Area Executive, Divisional management, the community and staff. The plan will be reviewed annually to ensure that it remains relevant to the rapidly changing industry environment.

To support the formation of the community-based Suicide Safety Network (Central Coast).

The community-based Suicide Safety Network (Central Coast) has been formed with the support of, and partly resourced by, the Health Promotion Unit. The Network has given a focus for the community's concern about the current high levels of suicide on the Central Coast. Over 200 organisations and individuals belong to the network and a number of joint initiatives are being progressed by the working parties.

To improve feedback on infectious disease notifications and outbreaks.

A PC based fax alert system was developed to send notifications to GPs and Area Health Service facilities when disease outbreaks occur, or specific issues arise. This is a timely and complementary service to our bi-monthly newsletter.
To reduce the risk of Legionnaires' disease in the community.

An environmental health project was undertaken to inspect all water cooling towers on the Central Coast, assess their compliance with legislation and recommendations were made to owners and local government. The survey provided a service to owners with information about maintenance and legislative requirements.

To maintain and improve the safety of food on the Central Coast.

In addition to the ongoing food inspection and education initiatives, we participated in a state seafood survey determining levels of heavy metals and pesticides in seafood, with 8 Public Health Units taking part. The Central Coast Public Health Unit collected 77 samples representing 16% of the total samples obtained (470). Laboratory analysis is underway and a detailed state report is being prepared.

To improve the health outcomes for people with diabetes.

The Plan for Diabetes Services on the Coast was completed and endorsed by Area Executive and the Board. Its implementation is well underway with expanded Allied Health Services in community health centres and improved integration with general practice. There is a Services Management Committee with joint Central Coast Division of General Practice and Area Health Service representation overseeing and co-ordinating services.

To improve the health outcomes of people with coronary heart disease.

The Plan for Coronary Heart Disease Services was completed and endorsed by the Area Health Service. The Expert Advisory Group has finished its task, and recommended the establishment of a Services Management Committee. The role of the committee is to ensure the plan is carried out, and to review services in light of developments with clinical guidelines and evidence-based healthcare.

To present cervical cancer among women of the Central Coast by improving the number of women presenting for pap smears, and ensuring a high quality screening process.

The Central Coast Cervical Screening Strategic Plan was completed and accepted by the Area Health Service and the NSW Cervical Screening Program. One of the main projects was to work with the Division of General Practice to develop a practice-based review of cervical screening — this will continue into the next year. Foundations were laid for the community-based projects which are the main focus for next year.

To develop the Central Coast Health Facilities Plan.

This plan was completed by Turner Consulting in December 1997, after extensive involvement of Area Executive, the Planning Unit and the project steering committee. The plan both evaluated the condition and function of current capital assets within the Area and identified the capital development needs of the Area for the next twenty years. In brief, the Plan found that a capital investment in the order of $100 million is required now if the Area is to sustain its capacity to meet the health care needs of the local population into the future.

To encourage Central Coast residents and external agencies to become involved in Area Health Service Planning.

The Planning Project Team has consulted extensively with staff, community agencies and members of the public in the development of plans for the Area Health Service. A number of public forums have been organised and the ongoing activity of a number of working parties has featured community representation and the participation of several community service organisations. A comprehensive Area Health Plan has been developed which outlines the strategies to be used by the Area Health Service over the next five years, to ensure equity of access to high quality health services.

To establish the Central Coast Area Health Service as a Health Promoting Health Service.

To ensure that the Area Health Service's own practices and messages support better health in the community a Health Promoting Health Service Committee was formed. Issues being progressed by this Committee include making all Area Health Service sites smoke free, encouraging good nutrition, safe working habits and healthy lifestyles among staff.

To increase the Area's representation and participation in statewide health planning initiatives.

The Divisional Manager and members of the Planning team have been involved in a number of statewide activities. This participation assists the Area Health Service to be at the leading edge in planning and providing health services for the Central Coast community. An example includes membership of the Resource Distribution Formula (RDF) Committee which examines the distribution of health resources throughout NSW.

To analyse local and statewide data in order to plan for the ongoing provision of high quality health services for the Central Coast community.

The planning team has been involved in a number of projects over the past year which relate to the provision of services on the Central Coast. Examples include analysing data in support of an application for extra beds and for the redevelopment of existing facilities and comparing local and state-based information about the rates of performance of various health procedures. The team has also analysed the activity in a number of local service areas, such as Radiology and Community Health.

To expand the alcohol reduction strategies.

The “Guidelines for Safe No Alcohol Entertainment” guidelines were developed and enthusiastically implemented by organisers of under 18 year old events. This resulted in a dramatic reduction in violence. Also a “Get Drunk and You're Out of the Game” campaign was developed as a joint initiative between the liquor industry and local police and focuses on responsible service of alcohol.

To review the Health Outcomes Council.

The Health Outcomes Council review was conducted by Kathy Edgar of Wollongong University. Kathy recommended that the scope of operations of the Council be extended to encompass broader strategic resource allocation issues. This report is being considered by the Council.

Key Issues/Events

Upgrade of the Infectious Disease system required a wide area network link for Public Health Unit — this was completed in 1998. It has also improved our access to HOIST — a data access and analysis system maintained by the Public Health Division of the NSW Health Department. This will allow us to develop our capability to monitor population health status.

Ross River Fever — the 1997/98 summer/autumn period was a low activity time after the “outbreak” season early in 1997. The Unit hosted a meeting of local government representatives and Associate Professor Richard Russell to review the Central Coast situation. A cabinet green paper is being prepared to address a co-ordinated government departments response. This will be included in our Central Coast Regional Environmental Health Plan.

The Public Health Unit participated in statewide investigations of outbreaks of gastroenteritis following the Thredbo rescue workers' Government House function and of cryptosporidium at the beginning of 1998. The latter outbreak was epidemiologically linked to swimming pools.

Public Health Unit staff have investigated several outbreaks of infectious diseases over the year including two Christmas functions with suspected food poisoning — affecting a party of 12 and
To develop a Central Coast Region Environmental Health Plan with the cooperation of both Gosford and Wyong Councils.

The Public Health Unit will undertake a rural drinking water quality survey in 1998/99.

The Cancer Advisory Group of the Health Outcomes Council is planning a Colorectal Cancer Working Group to oversee the implementation of guidelines for the prevention and management of colorectal cancer.

The Public Health Unit will build on the Phymacy and 1997 GP Survey, with a follow-up survey of vaccine storage in general practice to evaluate the uptake of the national guidelines.

The Public Health Unit convenes the immunisation Taskforce which will complete the immunisation Strategic Plan for the Central Coast.

The Planning Unit will manage a the development of a cross agency Child and Youth Strategic Plan for the Central Coast.

**Key Performance Indicators**

Legionella in Area Health Service water-cooling systems — during 1997/98 there were 13 sampling occasions with no periods legionella-free, 9 times when 1-2 systems were idle, and 4 times where more than 3 systems failed.

Vaccine preventable disease notifications — the notifications for 1997/98, pertussis - 105, measles - 5, rubella - 4.

Food surveillance - 601 routine inspections of food premises were carried out. 90% of these inspections resulted in a verbal warning for breaches of a minor nature. However, 5% were issued with a written warning where it was considered a serious breach of standards had occurred. 111 complaints were received during the year. 69 inspections were performed relating to these complaints.

**Division of Human Resources**

**Business Activity**

The Division provides an integrated human resource service to other divisions and departments within the Area Health Service and comprises the following units: Information and Resource Centre, Occupational Health and Safety Unit, Personnel Department and Training and Development Unit.

**Major Goals and Outcomes**

Implementation of Criminal Record Checking and Proof of Identify Requirements for all new staff.

The requirements of Department of Health Circular 97/80 — "Procedures for Recruitment and Allegation of Staff and Other Persons — Vetting and Management of Allegations and Improper Conduct" was fully implemented during the year. This included all new staff providing documents to prove their identity and also being screened by the NSW Police Service for a criminal record.

**Aboriginal and Torres Strait Islander Employment.**

Through the Health Industry Group Training Company the Area Health Service employed 15 clerical trainees under the Aboriginal and Torres Strait Islander Training Program. The Trainees were allocated to departments across the Area Health Service to develop their clerical skills and they have undertaken in-house training courses through the Training and Development Unit.

**Expansion of the Spokeswomen's Program.**

A formal Spokeswomen's Program was endorsed and implemented during the year. The number of spokeswomen increased from two to four thereby ensuring representation across the Area Health Service. The Area has appointed the Area Director of Nursing as the Women's Liaison Officer.

**Information and Resource Centre Enhancement.**

The Information and Resource Centre has purchased a significant amount of new resources in the areas of Medicine, Nursing, Allied Health and Management to cater for the increased demand from clients.

Also in conjunction with the University of Newcastle Library access has been provided for medical and nursing students to the online information services available at the Newcastle campus.

**OLHES Manual Handling Project.**

The manual handling project piloted at Woy Woy Hospital was extended across the Area Health Service. This initiative has resulted in a reduction of manual handling claims from 16.5 in 1996/97 to 14.2 this year. This represents a 13% decrease.

**Key Issues/Events**

Union coverage for staff covered by classifications in the Professional and Associated Staff [Conditions of Employment] Award changed. A decision by the NSW Industrial Relations Commission effective from 1 June 1998 means that para-medical and medical staff are now covered by the Health and Research Employees Association. These staff were previously covered by the Public Service Association.

In September a new award for skilled trades staff was introduced. The award provides a new classification structure for trades staff recognising the additional skills and knowledge obtained by staff.

The Health Employees Conditions of Employment [State] Award was introduced this year and incorporates the provisions of the Hospital Secretaries [State] Award and the Hospital Employees Conditions of Employment [State] Award.

**Future Direction**

The Information and Resource Centre will be providing access to Healthnet. Healthnet is an online database for accessing Medical, Nursing and Allied Health Information.
Equal Employment Opportunity

### Staff Numbers Recruited by Level for 12 Months ending 30 June 1998 (Actual not FTE)

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<tr>
<th>Level</th>
<th>Total Staff</th>
<th>Respondents</th>
<th>Men</th>
<th>Women</th>
<th>Aboriginal People &amp; Torres Strait Islanders</th>
<th>People from Racial, Ethnic, Religious &amp; Minority Groups</th>
<th>People whose language was not English</th>
<th>People with a Disability Requiring Adjustment or Work</th>
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<td>94</td>
<td>20</td>
<td>100</td>
<td>0</td>
<td>11</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>$43,367 - $56,080</td>
<td>45</td>
<td>20</td>
<td>25</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td>$56,081 - $70,101</td>
<td>23</td>
<td>11</td>
<td>18</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>&gt; $70,101 (non SES)</td>
<td>9</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>&gt; $70,101 (SES)</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

**TOTAL**

502 369 134 368 5 29 21 15 4

### Staff Numbers by Level as at 30 June 1998 (Actuats not FTE)

<table>
<thead>
<tr>
<th>Level</th>
<th>Total Staff</th>
<th>Respondents</th>
<th>Men</th>
<th>Women</th>
<th>Aboriginal People &amp; Torres Strait Islanders</th>
<th>People from Racial, Ethnic, Religious &amp; Minority Groups</th>
<th>People whose language was not English</th>
<th>People with a Disability Requiring Adjustment or Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $23,339</td>
<td>47</td>
<td>41</td>
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<td>1011</td>
<td>261</td>
<td>914</td>
<td>8</td>
<td>54</td>
<td>31</td>
<td>91</td>
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<tr>
<td>$30,655 - $34,269</td>
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<td>306</td>
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<td>262</td>
<td>3</td>
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<td>1033</td>
<td>873</td>
<td>163</td>
<td>870</td>
<td>6</td>
<td>57</td>
<td>25</td>
<td>69</td>
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<tr>
<td>$43,367 - $56,080</td>
<td>321</td>
<td>281</td>
<td>105</td>
<td>216</td>
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<td>30</td>
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<td>16</td>
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<td>$56,081 - $70,101</td>
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<td>28</td>
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<td>13</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>&gt; $70,101 (non SES)</td>
<td>60</td>
<td>43</td>
<td>51</td>
<td>9</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>&gt; $70,101 (SES)</td>
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<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

**TOTAL**

3109 2627 773 2336 22 180 106 210 82
Training

Allied Health Clinical Training

In 1997/98 138 undergraduate students from seven universities across NSW undertook clinical training in all seven professional departments of Allied Health. Universities which access the Area Health Service for clinical training include Sydney, Newcastle, Charles Sturt, Western Sydney, New South Wales, Wollongong and Macquarie. Three Area Health Service senior clinical psychologists hold Clinical Associate positions with the University of New South Wales. They provided professional supervision and clinical training to three post-graduate psychologists from the University of NSW.

The total number of students undertaking clinical training has gradually increased in recent years with the introduction of additional baccalaureate programs in Occupational Therapy, Physiotherapy and Podiatry. The clinical diversity in the areas of training available make the Area Health Service a popular choice with many students.

A proposal to develop a Clinical Student Unit in Speech Pathology has been made by the University of Newcastle and is being considered. The demand for quality clinical training has been addressed by individual professional departments through quality improvement projects such as Student Orientation Folders, Student Placement Satisfaction Surveys and Clinical Skills Tutorial Programs.

<table>
<thead>
<tr>
<th>Allied Health Clinical Training 1997/98</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
</tr>
<tr>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Podiatry</td>
</tr>
<tr>
<td>Psychology</td>
</tr>
<tr>
<td>Social Work</td>
</tr>
<tr>
<td>Speech Pathology</td>
</tr>
<tr>
<td>Others</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Undergraduate Medical Student Training

Our involvement as a Teaching Hospital affiliated with the Faculty of Medicine and Health Sciences at Newcastle University continues to be fulfilling for all concerned. Professor Rob Sanson-Fisher has been appointed the new Dean of the Faculty, with Professor Roger Holmes as Vice Chancellor.

Initiatives for the coming year include relocation and expansion of the library and the creation of a common room in the Harry Mattocks building. Planning is also underway to extend the role of Gosford Hospital into the next millennium.

Postgraduate Medical Training

Ongoing education and training for Junior Medical Officers is facilitated by the Director of Clinical Training and monitored by the General Clinical Training Committee. Formal Intern training sessions are held on Thursday mornings and a general educational session is held at lunch time on Wednesdays.

Gosford Hospital is recognised for specialty training in Emergency Medicine, Obstetrics, Psychiatry, Anaesthetics and a variety of medical and surgical subspecialty areas. Most departments conduct regular educational sessions aimed specifically at registrar training in addition to teaching at the bedside and in the Operating Theatres. The Emergency Department in particular continues the excellent tradition of a high pass rate for Registrars sitting their fellowship examinations.

Nurse Education

This year has been an extremely busy period for Nurse Education with the department taking on additional roles and responsibilities. There are three positions available for the year.

- Nurse Educator: This is a full-time position, and the incumbent will be responsible for coordinating the Hospital Watch Program, supporting the Occupational Health and Safety Unit with the Manual Handling Program and changes to the General and Nursing New Staff Orientation Program. Continuing Education for all nursing staff remains a high priority.
- Undergraduate Medical Training: This is a part-time position, and the incumbent will be responsible for coordinating the Undergraduate Nursing Program, assisting the Security Department with the introduction of additional baccalaureate programs in Occupational Therapy, Physiotherapy and Podiatry.
- Clinical Training: This is a part-time position, and the incumbent will be responsible for coordinating the Clinical Training Committee.

Midwifery Education

This year 26 people have completed the Midwifery Course conducted collaboratively between the Area Health Service and the University of Newcastle. The Graduate Diploma in Midwifery was accredited by the NSW Nurses Registration Board for a further three years from January 1998. Graduates are employed across all states in Australia and in the UK.

Student Enrolled Nurse Program

Once again the program has been successful with the completion of 16 Enrolled Nurses being entered for enrolment. For the future in two years a CCAHS student topped the State in the TAFE component of the course, with a further three Excellence awards from North Sydney TAFE. This year we have seen a further five students progress to the undergraduate nursing studies program held on the Gosford Hospital Campus.

Occupational Health and Safety

The focus on occupational health and safety in the organisation has been consistently promoted to ensure that new levels of performance are reached. The Occupational Health & Safety Unit has continued to provide specialised support in issues of occupational health, safety and rehabilitation across the Area Health Service.

A continuation of the Safety Management System into its second year with an emphasis on reporting incidents promptly. This has resulted in an increase in the number of incidents reported from 1,681 last year to 1,959 this year. The design of a new incident form requires managers to complete an accident investigation promptly. This has resulted in an increase in the number of reports.

The design of a new incident form requires managers to complete an accident investigation promptly. This has resulted in an increase in the number of workers compensated for workplace injuries.
Divisional Management

Key: DBM - Divisional Business Manager
DMM - Divisional Medical Manager
DNM - Divisional Nursing Manager
DIR - Director Health Services
DMS - Director of Medical Services
DNM - Divisional Nurse Manager
DON - Director of Nursing
RO - Executive Officer
MGR - Manager

Clinical Divisions:

Allied Health

DIR - Ms Brenda McLeod, BS(OT), OTR
DBM - Mr Matt Hannah BAppSc (Speech Pathology) MHA

Anaesthesia & Operating Theatres

DNM - Ms Vijay Wark BA (AppScSc), MOTN, MACORN (NSW)
DMM - Dr lan Dicks MBBS, FFARACS, FANZCA
DBM - Mr Brighton Fong BA (Psych), ASA

Community Health

DIR - Mr Paul Warwick
DBM - Mr Matt Hannah BAppSc (Speech Pathology) MHA

Critical Care

DNM - Ms Julie Witchard, RN, CM, Grad Cert Coronary Care, Grad Cert Renal Disease and Transplantation, BHSc, Grad Dip Bus. Mgmt, AFAIM
DBM - Ms Elizabeth Ambler, BHS(M) (Operational)
DMM - Emergency, Dr David Kirkpatrick, MB BS, FACM
DMM - Intensive Care, Dr Tony McDonogh, MB BS, BSc (Med FFARACS)
DMM - Cardiology, Dr John Woods, MB BS, DCH FRACP

Diagnostic & Pharmacy

DNM - Dr Deo de Wit MBChB MMed MD MRCPath
DIR - Ms Kerry Davidson BPharm
DBM - Ms Elizabeth Ambler BHSM (Operational)

Divisional Management

Medicine

DNM - Dr Simon Rogers, MD, FRACP
DMM - Ms Rosemary Kennedy, RN, CM, CPAeds, BA (Hlth Sc Mgr)
DBM - Mr Geoff Workman, ACCY Cert, Dip HA, ACHSE, AAIM, AASA

Mental Health

DNM - Dr John Bardos MBBS, FRANZCP
DMM - Mr Peter Santangelo RN, BA Grad Dip Health Services Mgt, MN
DBM - Ms Farley Wouterlood CSC, FICM - Ms Susie Gildey RN, MN (31/5/97 to 16/7/98)

Obstetrics

DNM - Dr John Palmer, MB, BCH, BAO, FRACOG, FRCOG
DMM - Mrs Carol McCloy, RN, CM,
DBM - Mr Geoff Workman, ACCY Cert, Dip HA, ACHSE, AAIM, AASA

Paediatrics and Child & Family Health

DNM - Dr John Erikson, MBBS, FRACP (Paeds)
DMM - Ms Rosemary Kennedy, RN, CM, CPAeds, BA (Hlth Sc Mgt)
DBM - Mr Geoff Workman, ACCY Cert, Dip HA, ACHSE, AAIM, AASA

Rehabilitation & Aged Care

DNM - John Death MB BS, FRACP
DMM - Mr Matt Hannah BAppSc (Speech Pathology) MHA

Surgery

DNM - Dr Bill Munro MBBS, FRACS
DMM - Mr Vincent Carroll BHS (Nursing), Grad Dip Bus Admin
DBM - Mr Brighton Fong BA (Psych), ASA

Hospital Sites:

Gosford Site and Clinical Services Administration

DON - Ms Sandie Carpenter RN, CM, ICC, Dip Nursing Admin, BHS, Grad Cert Bus. Mgmt, AFAIM, INA
DMS - Dr Robert Spark, MBBS, MHP, MRACMA, ACHSE, CHE
DBM - Mr Alan Mundy, BCom, AAIM, ACHSE, CHE

Long Jetty Healthcare Centre

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

Woy Woy Hospital

DON/EO - Ms Helen Merkenhof RGN RM DCNS (GER) BHM

Wyong Hospital

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

Support Divisions:

Corporate Services

DIR - Mr Ron Robinson BA(Hons), MA, Grad Dip Urban & Regional Planning
DBM - Mr Greg Bridge

Finance

DIR - Mr Phil Cowdery, Cert Acc

Human Resources

DIR - Mr M O'Malley, Pers AC BHS(Mgmt)
DBM - Mr Greg Bridge

Population Health & Planning

MGR - Mr Glenn Desailly, RPM, Dip Social Wk, Grad Dip Educ & Counsel, Grad Dip Human Serv Research, MBA
DBM - Mr Alan Mundy, BCom, AAIM, ACHSE, CHE
Pink Ladies
The Pink Ladies Volunteer Service is composed of ladies and men who work at Gosford, Wyong and Woy Woy Hospitals and Long Jetty Healthcare Centre. This group of voluntary workers perform selected tasks which enable extra care to be given to patients in hospital and enhance the relationship between the Area Health Service and the Community.

The membership has steadily grown from a small founding group established in March 1969 to the current number of over 145. Several members have performed many years of continuous service. With our 30th birthday next year, we still have one member from the founding group. This year a volunteer completed service in the Public Relations Department after 25 years of service and we are endeavouring to find a replacement for this department. Two ladies recently completed service at Long Jetty Hospital after 15 and 20 years. Woy Woy and Wyong Hospitals are expanding which is increasing the need for more volunteers.

This year has seen the introduction of some new initiatives. Funds were raised to furnish the Chapel at Gosford Hospital and the Wyong Pink Ladies are following suit for the Chapel at Wyong Hospital. Pink Ladies assist with child minding at the Family Care Cottages at Wyong for the women attending the Postnatal Depression Group. Four very dedicated ladies have volunteered for the eight week groups, conducted four times a year. This will also extend to Kanwal Cottage at Wyong Hospital in the near future. Wyong Hospital Emergency Department is now provided with a hostess service seven days a week and we are hoping to introduce a similar roster at Gosford Hospital Emergency Department in the near future.

The Children’s Ward Play Therapy Area is now fully staffed by volunteers under the guidance of the Play Therapist and activities are now being extended into the ward. The ladies enable parents to have time-out by supervising children in the ward or playroom.

The Pink Ladies continue tending to the flowers, attending patients’ laundry, delivering messages and mail and talking to the patients in the medical and surgical wards. Other tasks include hairdressing, a library trolley and other practical assistance throughout the Hospital. Outside the hospital we provide volunteers to assist at the Immunisation Clinics conducted by Wyong and Gosford Councils.

The Pink Ladies farewelled Mary Bonnard as Pink Ladies Supervisor after many years of faithful service and welcomed Fay Sheppard as the new supervisor.

Chaplaincy
The Chaplaincy service is available to every patient at Gosford, Wyong and Woy Woy Hospitals and Long Jetty Healthcare Centre. The Chaplain Co-ordinator has been assisted this year with four voluntary ward chaplains at Wyong, two at Woy Woy and one at Gosford. Our Gosford voluntary Chaplain retired in June having spent 2,500 hours in the wards over the past five years.

In addition the Chaplain Co-ordinator trained five trainees from February through March and introduced them to the Chaplaincy service at their fortnightly orientation.

The third annual Ecumenical Prayer and Thanksgiving Service for Central Coast health care workers was held at Gosford Uniting Church with over one hundred staff from various hospitals and nursing homes attending.

Hospital Auxiliaries
The United Hospital Auxiliaries of New South Wales is a voluntary organisation established in 1933 to support hospitals and health services in communities throughout the state.

Here on the Central Coast we have a very strong and active group of six auxiliaries who have again demonstrated their support for the Area Health Service. This group of volunteers, many of them with many years of service, have raised almost $80,000 for our hospitals, 13% more than the previous year. All of the funds donated go towards the purchase of much needed medical equipment and other items as specified by the Auxiliaries.

Not only have the Auxiliaries had an excellent fundraising year, they have also had an overall increase in their numbers.

In addition to their own fundraising activities, the auxiliaries assisted with the Seniors Better Health Appeal, particularly at the six shopping centre promotions. Their help was most appreciated and instrumental in making the Appeal a success.

The Central Coast Area Health Service takes this opportunity to acknowledge the dedication of our auxiliaries, their hard work, and the valuable support they provide. We look forward to the ongoing excellent relationship with the auxiliaries as our partners in Caring for the Coast.

Auxiliary Office Bearers
(President, Secretary and Treasurer)
Gosford Mrs Phyllis Sparks, Mrs Kate Spence, Mrs Glad Frewin
Kincumber Mrs Jean Stanifield, Mrs Roma Alexander, Mrs Rona Healey
Ourimbah Mrs Dot Preston, Mrs Yvonne Smith, Miss Narelle Sparks
Woy Woy Mrs Maureen Hurt, Mrs Rose Hozack, Mrs Jean Dewar
Wyong Mrs June Morgan, Miss Doris Colahan, Mrs Sylvia Rowe
Long Jetty Mrs Thelma Peck, Mrs Doreen Ryder, Ms Betty Smith

Fundraising
In an era of increasing competition for the fundraising dollar from other national, state and local charitable organisations, 1997/98 stands out as an exceptional year in fundraising for the Area Health Service. It is exceptional not only because of the amount of money raised but the fact that it came from so many caring people from every part of the Coast. It demonstrates the strength of partnership the Area Health Service and the community share.

One of the highlights of the year was the donation of $220,000 by the Central Coast Cancer & Palliative Care Fund Inc. for the building extensions to the Cancer Care Centre. The Centre was officially opened by the Minister for Health in May. The Fund members worked hard and campaigned tirelessly to raise funds and deserve special recognition. Another highlight was the ‘GO Give Me Five For Kids’ Appeal that raised $45,000 for the Children’s Ward at Gosford Hospital.

Other highlights included the TVW Convoy for Kids, the Magic Show put on by the Wyoming Lions Club, the donation from the Woy Woy Bowling Club raised through Australia Day activities, the generous donation from the Terrigal/Wamberal Lions Club and so many more, far too many to mention here.

In October the Seniors Better Health Appeal was launched by the Area Health Service. The appeal featured a strong promotional and advertising campaign along with a mail-out to every Central Coast resident. By June $131,092 had been raised, including a donation of $11,000 from Bloom Credit Union. The Appeal was strongly supported by the local media, with the Central Coast Express as the major media sponsor.

As part of its communication strategy to the community in general and to donors in particular, the Area Health Service commenced the
The improved waste management system includes the waste minimisation strategies of reuse, reduction, and recycling. Our efforts in recycling will reduce our general waste volumes going to landfill. Our objective is to reach the Department of Health target of 60% reduction by the year 2000.

New initiatives this year include glass and can recycling at Gosford site, with other sites soon to follow. Vegetation waste is mulched and used on gardens. The worm farm at Wyong continues to prosper, consuming the kitchen waste from that site. An improved waste segregation process will permit a reduction in costs of contaminated waste stream.

**Ethnic Affairs Priority Program**

Continued training was provided for staff and Divisional Managers regarding NESB (Non English Speaking Background) issues with a view to improving the organisation’s response to multiculturalism.

The NESB Liaison Officer did not commence as anticipated, however, funding has been retained so that the officer, when appointed, will be able to work full-time in a period when an NESB plan is developed.

Ongoing liaison has continued with the Central Coast NESB Interagency and valuable input has been received from them.

The joint partnership with the Hunter Area Health Service continues to provide good access to interpreter services and the Area Health Service acknowledges their ongoing support.

**Papers Published**


**Papers Presented**

**National and International Conferences**

Hastie, C. “Community Mobilisation” and “Reflection and Mentoring – Key strategies for midwifery in the 21st century” at the National Capers Conference “Teaching and Learning for Change” Brisbane April 1998.

Melfart, L “Should all pregnant women be offered Down Syndrome Screening test?” Breaking through the Myths: Evidence Based Antenatal Care Conference. Brisbane July 1997.

Howe, D “Catch us if you can. Working directly with young people with problematic drug and alcohol use and a mental illness.” Keynote speech, National Drug and Alcohol Conference Melbourne January 1998.

Howe, D “Working with young people experiencing significant mental health problems” International Suicide Conference, Adelaide, October 1997

Howe, D “Best practice in home based management” Mental Health Services Conference (THMHS), Sydney August 1997

Wodiff, P. “The development of the Model of Wound Management adopted by Central Coast Area Health Service Nurses.” 75th Jubilee Conference of Wilt’s University, Johannesburg, South Africa. August 1997.

**Research Approved by the Ethics Committee**

Breastfeeding Initiation & Duration Rates on the Central Coast NSW

Dr Helena Milkanicis – CCAS

Effects of IY333334 in the Treatment of Osteoporosis in Males

Dr Chris White – CC Osteoporosis Centre
Statistical Summary

Inpatients

<table>
<thead>
<tr>
<th>97/98</th>
<th>96/97</th>
<th>95/96</th>
<th>94/95</th>
<th>93/94</th>
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<tbody>
<tr>
<td>Admissions+</td>
<td>63,166</td>
<td>56,399</td>
<td>56,630</td>
<td>51,817</td>
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<tr>
<td>Average Length of Stay (days)</td>
<td>3.3</td>
<td>4.2</td>
<td>4.2</td>
<td>4.4</td>
</tr>
<tr>
<td>Number of Operations</td>
<td>17,891</td>
<td>16,717</td>
<td>18,031</td>
<td>16,944</td>
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<tr>
<td>Number of Births</td>
<td>2,759</td>
<td>2,589</td>
<td>2,611</td>
<td>2,643</td>
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<tr>
<td>Occupied Bed Days</td>
<td>244,990</td>
<td>234,531</td>
<td>237,396</td>
<td>227,334</td>
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<tr>
<td>Bed Occupancy Rate (%)</td>
<td>92.4</td>
<td>90.8</td>
<td>91.3</td>
<td>88.5</td>
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<tr>
<td>Same Day Admissions</td>
<td>26,358</td>
<td>22,485</td>
<td>21,710</td>
<td>18,713</td>
</tr>
<tr>
<td>Daily Average of Inpatients</td>
<td>644.2</td>
<td>621.4</td>
<td>626.4</td>
<td>644.7</td>
</tr>
</tbody>
</table>

Non-Inpatient Occasions of Service

Non-Inpatient Occasions of Service* | 579,947 | 670,304 | 645,145 | 602,507 | 578,059 |
| Dental Flows Equivalents* | — | 49,544 | 79,709 | 109,847 | 77,911 |

All Services

Adjusted Daily Average (ADA) | 855.3 | 835.3 | 860.2 | 805.9 | 775.6 |
| Staff Employed June 30 | 2,752 | 2,631 | 2,626 | 2,567 | 2,539 |
| Net Cost of Services $000 | 178,307 | 158,199 | 150,659 | 148,677 | 126,366 |
| FTE Staff per ADA | 2.2 | 2.15 | 2.05 | 2.19 | 2.27 |
| Net Cost of Services per ADA ($) | 511.16 | 518.88 | 479.85 | 505.44 | 446.37 |
| Net Cost of Services per ADA Indexed ($) | 523.27 | 478.73 | 444.05 | 482.70 | — |
| Australian CPI (All Groups) | 0.7 | 0.3 | 3.1 | 4.5 | — |

+ Excludes the CADE Unit and Mental Health residences

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

Staff Numbers* and Budget Per Division for 1997/98

<table>
<thead>
<tr>
<th>FTE as at June 30</th>
<th>FTE</th>
<th>Budget $</th>
</tr>
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<tbody>
<tr>
<td>Allied Health#</td>
<td>206</td>
<td>4,534,206</td>
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<tr>
<td>Anaesthetics</td>
<td>126</td>
<td>13,966,642</td>
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<tr>
<td>Area Administration</td>
<td>17</td>
<td>1,870,632</td>
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<tr>
<td>Capital Works and Asset Management</td>
<td>69</td>
<td>5,074,656</td>
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<tr>
<td>Community Health</td>
<td>226</td>
<td>12,942,454</td>
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<tr>
<td>Corporate Services</td>
<td>487</td>
<td>19,944,066</td>
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<tr>
<td>Critical Care</td>
<td>209</td>
<td>14,997,674</td>
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<tr>
<td>Diagnostics and Pharmacy</td>
<td>150</td>
<td>5,877,866</td>
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<tr>
<td>Finance</td>
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<td>2,490,592</td>
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<tr>
<td>Graduate/Clinical Services Administration</td>
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<td>Human Resources</td>
<td>30</td>
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<td>Infection Control</td>
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<tr>
<td>Medicine</td>
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<tr>
<td>Mental Health</td>
<td>121</td>
<td>8,799,214</td>
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<tr>
<td>Obstetrics</td>
<td>136</td>
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<td>Paediatrics and Child &amp; Family Health</td>
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<td>6,093,703</td>
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<tr>
<td>Population Health</td>
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<td>Rehabilitation and Aged Care</td>
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<td>3,054,327</td>
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<tr>
<td>Surgery</td>
<td>161</td>
<td>13,511,693</td>
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<tr>
<td>Woy Woy</td>
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<td>3,579,944</td>
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<tr>
<td>Wyong</td>
<td>199</td>
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<tr>
<td>Total</td>
<td>2,752</td>
<td>166,429,214</td>
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#These figures represent all Allied Health FTE's but only the budget for those unallocated to other Divisions.
### Inpatients – Activity By Division

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<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics – Endoscopy</td>
<td>2,123</td>
<td>1,384</td>
<td>2,200</td>
<td>83</td>
<td>5.3</td>
<td>75.9</td>
<td>68.5</td>
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<tr>
<td>Critical Care – Total</td>
<td>18,703</td>
<td>17,381</td>
<td>30,614</td>
<td>29,713</td>
<td>83</td>
<td>81.4</td>
<td>147.5</td>
<td>144.9</td>
<td>1.5</td>
<td>1.5</td>
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<tr>
<td>Emergency Dept</td>
<td>9,912</td>
<td>8,654</td>
<td>9,841</td>
<td>8,657</td>
<td>27</td>
<td>23.7</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
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<tr>
<td>ICU/Cardiac Ward</td>
<td>2,636</td>
<td>2,483</td>
<td>14,617</td>
<td>14,810</td>
<td>40</td>
<td>40.6</td>
<td>75.4</td>
<td>86.1</td>
<td>2.7</td>
<td>3.4</td>
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<tr>
<td>Neonatal Ward</td>
<td>6,155</td>
<td>6,244</td>
<td>6,156</td>
<td>6,245</td>
<td>16.9</td>
<td>17.1</td>
<td>147.5</td>
<td>189.2</td>
<td>1.0</td>
<td>1.0</td>
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<tr>
<td>Medicine</td>
<td>4,211</td>
<td>3,813</td>
<td>40,945</td>
<td>33,852</td>
<td>91.8</td>
<td>92.7</td>
<td>91.8</td>
<td>88.0</td>
<td>6.3</td>
<td>6.2</td>
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<tr>
<td>Medicine – Oncology</td>
<td>2,660</td>
<td>1,839</td>
<td>2,660</td>
<td>1,839</td>
<td>7.3</td>
<td>5.0</td>
<td>0</td>
<td>0</td>
<td>1.0</td>
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<tr>
<td>Mental Health – Mandala</td>
<td>709</td>
<td>714</td>
<td>9,803</td>
<td>9,687</td>
<td>26.9</td>
<td>26.5</td>
<td>92.9</td>
<td>88.5</td>
<td>12.5</td>
<td>12.5</td>
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<tr>
<td>Obstetrics</td>
<td>8,823</td>
<td>6,335</td>
<td>25,434</td>
<td>23,205</td>
<td>47.2</td>
<td>48.5</td>
<td>102.6</td>
<td>95.0</td>
<td>2.5</td>
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<tr>
<td>Paediatrics</td>
<td>3,026</td>
<td>2,755</td>
<td>8,506</td>
<td>8,044</td>
<td>23.3</td>
<td>22.0</td>
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<td>56.8</td>
<td>2.2</td>
<td>2.3</td>
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<tr>
<td>Surgery</td>
<td>10,769</td>
<td>10,219</td>
<td>24,584</td>
<td>16,585</td>
<td>78.6</td>
<td>80.4</td>
<td>3.3</td>
<td>3.7</td>
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<tr>
<td>Long Jetty – General Ward</td>
<td>637</td>
<td>703</td>
<td>11,204</td>
<td>10,486</td>
<td>30.7</td>
<td>28.7</td>
<td>93.2</td>
<td>87.5</td>
<td>17.6</td>
<td>15.0</td>
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<tr>
<td>Woy Woy</td>
<td>842</td>
<td>1,097</td>
<td>21,713</td>
<td>25,611</td>
<td>95.5</td>
<td>97.2</td>
<td>94.7</td>
<td>90.3</td>
<td>22.8</td>
<td>23.1</td>
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<tr>
<td>Wyong – Total</td>
<td>10,663</td>
<td>9,606</td>
<td>46,727</td>
<td>44,598</td>
<td>128</td>
<td>122.2</td>
<td>99.9</td>
<td>96.8</td>
<td>3.9</td>
<td>4.6</td>
<td></td>
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<tr>
<td>Emergency</td>
<td>4,694</td>
<td>4,051</td>
<td>4,651</td>
<td>4,006</td>
<td>12.7</td>
<td>11.0</td>
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<td>0</td>
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<tr>
<td>Others</td>
<td>5,969</td>
<td>5,549</td>
<td>42,076</td>
<td>40,592</td>
<td>115.3</td>
<td>111.2</td>
<td>88.1</td>
<td>88.1</td>
<td>7.3</td>
<td>6.8</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>63,166</strong></td>
<td><strong>56,399</strong></td>
<td><strong>246,990</strong></td>
<td><strong>234,551</strong></td>
<td><strong>644.2</strong></td>
<td><strong>651.4</strong></td>
<td><strong>92.9</strong></td>
<td><strong>91.3</strong></td>
<td><strong>3.3</strong></td>
<td><strong>4.2</strong></td>
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</tbody>
</table>

1 Presentations to Gosford Emergency Department in 1997/98 were 41,846 and in 1996/97 were 40,711. Admissions through the Gosford Emergency Department were 21,017 in 1997/98 and 19,721 in 1996/97.

2 Medical Admissions include only patients directly admitted to the Medical Ward and excludes those transferred in from within the Area Health Service e.g. from the Emergency Department.

3 Obstetrics Admissions include qualified and unqualified babies and Wyong postnatal.

4 Presentations to Wyong Emergency Department in 1997/98 were 29,557 and in 1996/97 were 27,829. Admissions through the Wyong Emergency Department were 7,296 in 1997/98 and 6,738 in 1996/97.

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

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

Executive Summary

The Central Coast Area Health Service received its Budget Allocation for the 1997/98 financial year from the NSW Department of Health on the 29 July 1997.

In addition to the NSW Budget the following conditions apply:

1. The agreed Expense Budget (General Fund & Special Purpose Fund) accrual totalled $200,479,000, with a Revenue Budget (General Fund & Special Purpose Fund) accrual totalled $19,053,000.

2. The Department of Health in providing this allocation, insisted that the Area comply with their Annual Budgets and that such compliance be monitored as follows:
   - Operate within the advised level of government cash payments.
   - Operate within the net cost of services as initially determined by the NSW Health Service and agreed to by the Department of Health.
   - Ensure that general creditors were not over 45 days as at the end of any month.
   - Ensure that all creditor loan advances during 1996/97 were repaid in three equal annual instalments commencing 1997/98.
   - Ensure that the need for further creditor loans during 1997/98 is eliminated.
   - Ensure that all other loans were repaid in line with agreements with the Department of Health.
   - Ensure that special's funds for new services and 1996/97 carry forward initiatives are utilised for that purpose.

3. Key Ingredients

   - The cash variance on payments was $391,798 favourable and $1,332,330 unfavourable on receipts. This had a net budget impact of being $4,059,468 favourable.

   - After deducting the favourability on Special Projects of $4,054,205, the adjusted cash position at the end of 1997/98 year was $5,263 favourable.

4.9% of the budget was allocated to employee related expenditure, i.e. Salaries & Wages, Long Service Leave and Annual Leave Provisions as well as Superannuation.

The 1997/98 Revenue Budget was structured as follows:

1. Sale of Goods & Services $18,316,000
2. Investment Income $437,000
3. Grants & Contributions $300,000

4. Income from patient fees represented 41.1% of total local income.

5. Income from Linen Service revenues – Other Health Services and Non Health Services totalled $2,503,000 or 14.5% of total local income. This is the first year that revenue from the Linen Service has been included as a result of the joint venture with Hunter Area Health Service in the purchase of Pacific Linen Service.
Program Expenditure
The Central Coast Area Health Service provides services to the Community under nine (9) health programs.

The net cost of each service was as follows:
Program 1.1 Population Health $919,000
Program 2.1 Primary and Community Care $16,021,000
Aboriginal Health Services 5.8%

<table>
<thead>
<tr>
<th>Program Number</th>
<th>Name</th>
<th>1997/98</th>
<th>1996/97</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Outpatient Services</td>
<td>$10,393,000</td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Emergency Services</td>
<td>$13,478,000</td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>Overnight Acute Service</td>
<td>$94,379,000</td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>Same Day Acute Service</td>
<td>$13,235,000</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Mental Health</td>
<td>$9,694,000</td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Rehab and Extended Care</td>
<td>$19,101,000</td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>Teaching and Research</td>
<td>$908,000</td>
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</tbody>
</table>

Employee Entitlements
1997/98 1996/97
$'000  $'000

<table>
<thead>
<tr>
<th>Current:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Annual Leave</td>
<td>10,269</td>
<td>9,453</td>
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<tr>
<td>Employee Long Service Leave</td>
<td>2,289</td>
<td>2,106</td>
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<tr>
<td>Accrued Salaries &amp; Wages</td>
<td>1,837</td>
<td>3,211</td>
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<tr>
<td>Other</td>
<td>0</td>
<td>338</td>
</tr>
<tr>
<td>Aggregate Employee Entitlements</td>
<td>14,395</td>
<td>15,108</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non Current:</th>
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</thead>
<tbody>
<tr>
<td>Employee Annual Leave</td>
<td>540</td>
<td>498</td>
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<tr>
<td>Employee Long Service Leave</td>
<td>12,135</td>
<td>10,557</td>
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<tr>
<td>Other</td>
<td>0</td>
<td>1,353</td>
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<tr>
<td>Aggregate Employee Entitlements</td>
<td>12,675</td>
<td>12,408</td>
</tr>
</tbody>
</table>

During the year a number of Specific Projects and Service Enhancement funds were received and included in the programs listed previously.
These were as follows:
Specific Project Description
SPH Special Public Health
SPHP Special Health Promotion
HDIN Health Outcomes
DAS Drug & Alcohol
SCDA State – Control Drug Abuse
NCDA National Drug Strategy
AIDS AIDS
NWHP National Women's Health Program
CWA Commonwealth Acute Care
CMYH Youth Health
DEN Dental
NGO Non Government Organisations


Survey 1997-1998
Survey 1996-1997

The pie chart above indicates that the Central Coast Area Health Service spent 52.1% of its allocation on Overnight Acute Hospital Services, 51.6% on Emergency Services, 10.7% on Rehabilitation and Extended Care, 9.0% on Primary and Community Care and 5.4% on Mental Health Services.

Enhancement Project Funding Description
E027 Public Health
E020 Aboriginal Health
C010 Community Paediatrics
E022 Wyong Shire C.H.C.
E023 Establish Diabetes
E024 Drug & Alcohol Service
E025 Ethnic Health NESB

NCDN NCDN NGOs 47,007
AIDN AIDN NGOs 42,205
AHE Aboriginal Health 207,148
CMDS Day Surgery 73,484
NNHP National Mental Health 1,725,325
GERA Geriatric Assessment 681,453
HACC Hospital and Community Care 1,954,473
PDP PDP 540,629
CMPC Commonwealth Palliative Care 1,138,797

Capital Works
The NSW Health Department provided funds totaling $1,929,751 for the following Capital Works projects during the 1997/98 financial year.

<table>
<thead>
<tr>
<th>Project Number</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lakehaven Community Health Centre</td>
<td>172,300</td>
</tr>
<tr>
<td>2</td>
<td>Long Jetty Community Health Centre</td>
<td>200,000</td>
</tr>
<tr>
<td>3</td>
<td>Clinical Information Access</td>
<td>15,000</td>
</tr>
<tr>
<td>4</td>
<td>CCAHS Hosrep to Cerner</td>
<td>92,800</td>
</tr>
<tr>
<td>5</td>
<td>Comm. Health I.T. D.P.T. rollout</td>
<td>103,264</td>
</tr>
<tr>
<td>6</td>
<td>Holden Street Property Purchase</td>
<td>450,000</td>
</tr>
<tr>
<td>7</td>
<td>CCAHS Stage 2 Strategy</td>
<td>100,000</td>
</tr>
<tr>
<td>8</td>
<td>Gosford Hospital C.T. Replacement</td>
<td>640,000</td>
</tr>
<tr>
<td>9</td>
<td>CCAHS Year 2000 Conversion</td>
<td>138,087</td>
</tr>
<tr>
<td>10</td>
<td>CCAHS Infection Control</td>
<td>18,300</td>
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</tbody>
</table>
### Consultancies
Consultancy Fees Paid in the Financial Year Ending 30 June 1998

<table>
<thead>
<tr>
<th>Consultant's Name</th>
<th>Nature of Consultancy</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Coast Division of General Practice</td>
<td>Cervical Screening Initiatives</td>
<td>30,000.00</td>
</tr>
<tr>
<td>CSC Australia</td>
<td>Training and Consultancy Fees for Trender Project</td>
<td>167,650.48</td>
</tr>
<tr>
<td>Public Works Department NSW</td>
<td>Architectural and Project Management services for Long Jetty and Lakehaven Community Health Care Centres</td>
<td>249,800.00</td>
</tr>
<tr>
<td>Turner Consulting Services</td>
<td>Gosford Stage 4, Wyong Stage 3 and Community Health – Procurement Feasibility Plans</td>
<td>85,100.00</td>
</tr>
</tbody>
</table>

The number of consultants engaged during the year costing less than $30,000 were 37, 174,269.68

### Staff Specialists Overseas Travel & Conferences
(as per Staff Specialist Award conditions)

- **7,801.23** Study Leave, Royal College of Physicians Meeting (Shared Care in HIV and AIDS: Shifting Care or Shifting Costs), London – England, International Society of Sexually Transmitted Disease Research Meeting, Seville – Spain
- **9,648.65** Study Leave, European Congress on Menopause, Vienna – Austria, Unconventional Conventions 21st Medical Congress “Medicine in Turkey” 1997, Istanbul – Turkey
- **10,923.70** Study Leave, Unconventional Conventions 21st Medical Congress “Medicine in Turkey” 1997, Istanbul – Turkey
- **2,979.40** 1997 Annual Scientific Meeting “Stroke Society of Australasia”, Singapore
- **2,710.06** Annual Scientific Meeting “New Zealand Stroke Seminar”, Taunana – New Zealand
- **15,215.41** British Geriatric Society Spring Meeting, Edinburgh – Scotland
- **14,504.48** 1998 Hospice & Palliative Care Study Seminar, London – England
- **35,475.87** Study Leave, 42nd Anders Lindquist Conference, Malmo – Sweden, Hospital visits, Stockholm, Oslo, Norway, Copenhagen, Sweden and Denmark
- **5,885.29** International Anesthesia Research Society 71st Clinical and Scientific Congress, Orlando, Florida – USA
- **2,544.13** International Trauma Anesthesia and Critical Care Society “Trauma, A Team Approach To The Clinical Challenge” Alaska – USA
- **4,797.41** South Pacific Underwater Medicine Society 1998 Annual Conference, Palau – Micronesia
- **13,073.17** Study Leave, American College of Emergency Physicians Scientific Assembly, Los Angeles – USA
- **4,914.67** Study Leave, Royal College of Physicians Meeting (Shared Care in HIV and AIDS: Shifting Care or Shifting Costs), London – England, International Society of Sexually Transmitted Disease Research Meeting, Seville – Spain
- **12,618.49** Study Leave, American College of Emergency Physicians Scientific Assembly, Los Angeles – USA
- **9,263.35** American Society of Haematology Conference, San Diego – USA
- **2,231.91** 28th British Congress of Obstetrics & Gynaecology, Harrogate – England
- **11,590.07** 28th British Congress of Obstetrics & Gynaecology, Harrogate – England
- **3,885.65** Study Leave, University of Cape Town, Groote Schuur Hospital, Cape Town – South Africa
- **8,477.27** American Geriatrics Society Annual Scientific Meeting, Seattle – USA

$188,540.21

### Certification of Financial Statements
The attached financial statements of the Central Coast Area Health Service for the year ended 30 June 1998:

- (i) have been prepared in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements
- (ii) present fairly the financial position and transactions of the health organisation; and
- (iii) have no circumstances which would render any particulars in the accounts to be misleading or inaccurate.

J. Blackwell
Chief Executive Officer

Dated: Thursday, August 27, 1998

Professor D George
Board Chairman
To the Members of the New South Wales Parliament and Members of the Board

I have audited the accounts of the Central Coast Area Health Service for the year ended 30 June 1998. The Board of the Central Coast Area Health Service is responsible for the financial report consisting of the accompanying statement of financial position, operating statement for the year ended 30 June 1998, statement of changes in shareholders' funds for the year ended 30 June 1998, schedule of actual and actual expenditure together with the notes thereto, and the information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and the members of the Board based on my audit as required by sections 45E and 45F(l) of the Public Finance and Audit Act 1983 and the Charitable Fundraising Act 1991. My responsibility does not extend here to an expression of the consequence used in formulating budget figures disclosed in the financial report.

My audit has been conducted in accordance with the provisions of the Act and Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates.

These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial report is presented fairly in accordance with the requirements of the Public Finance and Audit Act 1983. Accounting Standards and other mandatory professional reporting requirements in so far as present a view which is consistent with my understanding of the Central Coast Area Health Service’s financial position, the results of its operations and its cash flows.

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

Audit Opinion

(a) In my opinion, the financial report of the Central Coast Area Health Service complies with Article 45F of the Act and presents fairly in accordance with applicable Australian Auditing Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 1998 and the results of its operations and its cash flows.

(b) I report, in accordance with section 24 of the Charitable Fundraising Act 1991, that:

1. 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 1998.

2. The accounts and associated records of the Central Coast Area Health Service have been properly kept during the year in accordance with the Act.

3. 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

4. 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.

Independent Auditors Regarding Year 2000 Compliance

Without qualification to the opinion expressed above, attention is drawn to the following matters:

(a) The year 2000 effect of the above mentioned systems is a significant risk that could affect the organization.

(b) The organization should plan and implement new systems that are not affected by the year 2000 effect.

(c) The organization should review their systems and operations to determine the transition strategy.

(d) The organization should reviewing their business practices to determine the impact of the year 2000 effect.

M.T. BRIGGS, CA

15 September 1998

Central Coast Area Health Service
Operating Statement for the Year Ended 30 June 1998

<table>
<thead>
<tr>
<th>Notes</th>
<th>Actual 1998 $'000</th>
<th>Budget 1998 $'000</th>
<th>Actual 1997 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
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<td>Goods and Services</td>
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<td>Sale of Goods and Services</td>
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<td>Grants and Contributions</td>
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<td>Total Revenues</td>
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<td>Gain/(Loss) on Sale of Non Current Assets</td>
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<td>NET COST OF SERVICES</td>
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<td>Add Government Contributions</td>
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<td>NSW Health Department Recurrent Payments</td>
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<td>NSW Health Department Capital Payments</td>
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<td>Acceptance by the Crown Transactions Entity of Superannuation Liability</td>
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</table>

The accompanying notes form part of these Financial Statements.
Central Coast Area Health Service  
Statement of Financial Position as at 30 June 1998

<table>
<thead>
<tr>
<th>Notes</th>
<th>Actual 1998 $'000</th>
<th>Budget 1998 $'000</th>
<th>Actual 1997 $'000</th>
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<tbody>
<tr>
<td><strong>Current Assets</strong></td>
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</tr>
<tr>
<td>Cash</td>
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<td>Investments</td>
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<td>2,614</td>
<td>2,614</td>
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<td>Receivables</td>
<td>6,150</td>
<td>5,007</td>
<td>1,829</td>
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<td>Inventories</td>
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<td>3,703</td>
<td>3,394</td>
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<td>10,055</td>
<td>12,390</td>
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<td><strong>Non-Current Assets</strong></td>
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<td>Land and Buildings</td>
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<td>141,579</td>
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<td>Plant and Equipment</td>
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<td>17,958</td>
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<td><strong>Total Non-Current Assets</strong></td>
<td>159,537</td>
<td>162,697</td>
<td>160,949</td>
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<td><strong>Total Assets</strong></td>
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<td>172,752</td>
<td>173,339</td>
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<td><strong>Current Liabilities</strong></td>
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<td>Accounts Payable</td>
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<td>Borrowings</td>
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<td>Borrowings</td>
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<td>1,727</td>
<td>1,727</td>
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<td>Employee Entitlements</td>
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<td>12,675</td>
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<td><strong>Total Non-Current Liabilities</strong></td>
<td>14,402</td>
<td>5,210</td>
<td>13,058</td>
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<td><strong>Total Liabilities</strong></td>
<td>34,895</td>
<td>36,417</td>
<td>33,585</td>
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<td><strong>Net Assets</strong></td>
<td>139,664</td>
<td>136,335</td>
<td>139,754</td>
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<tr>
<td><strong>Equity</strong></td>
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<td>Accumulated Funds</td>
<td>23</td>
<td>125,976</td>
<td>122,647</td>
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<tr>
<td><strong>Total Equity</strong></td>
<td>139,664</td>
<td>136,335</td>
<td>139,754</td>
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</table>

The accompanying notes form part of these Financial Statements.

Central Coast Area Health Service  
Statement of Cash Flows For the Year Ended 30 June 1998

<table>
<thead>
<tr>
<th>Notes</th>
<th>Actual 1998 $'000</th>
<th>Budget 1998 $'000</th>
<th>Actual 1997 $'000</th>
</tr>
</thead>
<tbody>
<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>(128,744)</td>
<td>(131,467)</td>
<td>(111,622)</td>
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<td>Suppliers and Other Services</td>
<td>(50,428)</td>
<td>(50,826)</td>
<td>(42,214)</td>
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<tr>
<td><strong>Total Payments</strong></td>
<td>32</td>
<td>(179,172)</td>
<td>(182,293)</td>
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<tr>
<td>Receipts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of Goods and Services</td>
<td>12,732</td>
<td>15,139</td>
<td>12,764</td>
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<tr>
<td>Interest</td>
<td>488</td>
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<td>558</td>
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<tr>
<td>Other</td>
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<td>300</td>
<td>788</td>
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<tr>
<td><strong>Total Receipts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM GOVERNMENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Health Department Recurrent payments</td>
<td>167,241</td>
<td>15,139</td>
<td>12,764</td>
</tr>
<tr>
<td>NSW Health Department Capital payments</td>
<td>1,930</td>
<td>1,930</td>
<td>1,171</td>
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<tr>
<td><strong>Net Cash Flows from Government</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>NET CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
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<td>4,244</td>
<td>2,754</td>
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<tr>
<td><strong>CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from Sale of Property, Plant and Equipment</td>
<td>1,515</td>
<td>0</td>
<td>1,457</td>
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<td>Purchases of Property Plant and Equipment</td>
<td>(8,997)</td>
<td>(9,902)</td>
<td>(4,905)</td>
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<td><strong>NET CASH USED ON INVESTING ACTIVITIES</strong></td>
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<tr>
<td><strong>CASH FLOWS FROM FINANCING ACTIVITIES</strong></td>
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<td></td>
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<tr>
<td>Proceeds from Borrowings</td>
<td>2,779</td>
<td>2,150</td>
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<tr>
<td>Repayment of Borrowings</td>
<td>(1,077)</td>
<td>(650)</td>
<td>(1,335)</td>
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<tr>
<td><strong>NET CASH FLOWS FROM FINANCING ACTIVITIES</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>NET INCREASE/(DECREASE) IN CASH</strong></td>
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<td></td>
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<tr>
<td>Opening Cash and Cash Equivalents</td>
<td>7,167</td>
<td>6,993</td>
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<td><strong>CLOSING CASH AND CASH EQUIVALENTS</strong></td>
<td>27</td>
<td>5,631</td>
<td>1,345</td>
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</table>

The accompanying notes form part of these Financial Statements.
### Central Coast Area Health Service

#### Program Statement – Expenses and Revenues For the Year Ended 30 June 1998

**For the Year Ended 30 June 1998**

<table>
<thead>
<tr>
<th>Agency’s Expenses and Revenue</th>
<th>Program 1.1</th>
<th>Program 2.1</th>
<th>Program 3.1</th>
<th>Program 4.1</th>
<th>Program 5.1</th>
<th>Program 6.1</th>
<th>Grant Total</th>
</tr>
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<tr>
<td></td>
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<td>1997 $'000</td>
<td>1998 $'000</td>
<td>1997 $'000</td>
<td>1998 $'000</td>
<td>1997 $'000</td>
<td>1998 $'000</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Related</td>
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<td>998</td>
<td>12,740</td>
<td>10,040</td>
<td>80</td>
<td>0</td>
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<tr>
<td>Other Operating Expenses</td>
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<td>162</td>
<td>3,110</td>
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<td>376</td>
<td>430</td>
<td>1</td>
<td>0</td>
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<td>Depreciation and Amortisation</td>
<td>46</td>
<td>54</td>
<td>490</td>
<td>578</td>
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<td>0</td>
<td>217</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Factor Costs</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Expenses</td>
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<td>0</td>
<td>0</td>
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<tr>
<td><strong>Total Expenses</strong></td>
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<td>1,255</td>
<td>16,634</td>
<td>14,166</td>
<td>92</td>
<td>0</td>
<td>10,816</td>
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<tr>
<td><strong>Retained Revenue</strong></td>
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<td>Sale of Goods and Services</td>
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<td>90</td>
<td>60</td>
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<td>Other Revenue</td>
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<td>0</td>
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<td>0</td>
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<tr>
<td><strong>Total Retained Revenue</strong></td>
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<td>516</td>
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<tr>
<td><strong>Net Cost of Services</strong></td>
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<td>16,110</td>
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<td>91</td>
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<td>16,631</td>
<td>14,082</td>
<td>89</td>
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<td><strong>Surplus/(Deficit for the Year)</strong></td>
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<td>(97)</td>
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<td>12</td>
<td>0</td>
<td>112</td>
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**For the Year Ended 30 June 1998**

<table>
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<tr>
<th>Planned Expenditure</th>
<th>Actual Expenditure</th>
<th>Total Payments</th>
<th>Planned Expenditure</th>
<th>Actual Expenditure</th>
<th>Capital Payments</th>
<th>Recurrent Payments</th>
</tr>
</thead>
<tbody>
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<td>1.24</td>
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<td>1.27</td>
<td>1.27</td>
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**Central Coast Area Health Service Summary of Planned and Actual Allocations Received For the Year Ended 50 June 1998**

<table>
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<tr>
<th>Planned Expenditure</th>
<th>Actual Expenditure</th>
<th>Total Payments</th>
<th>Planned Expenditure</th>
<th>Actual Expenditure</th>
<th>Capital Payments</th>
<th>Recurrent Payments</th>
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</thead>
<tbody>
<tr>
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<td>1.24</td>
<td>1.17</td>
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<td>1.35</td>
<td>1.24</td>
<td>1.17</td>
<td>1.27</td>
<td>1.27</td>
</tr>
<tr>
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<td>1.17</td>
<td>1.35</td>
<td>1.24</td>
<td>1.17</td>
<td>1.27</td>
<td>1.27</td>
</tr>
<tr>
<td>1.24</td>
<td>1.17</td>
<td>1.35</td>
<td>1.24</td>
<td>1.17</td>
<td>1.27</td>
<td>1.27</td>
</tr>
</tbody>
</table>
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

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 Health Service. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or donor, are nevertheless controlled by the Health Service.

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

2. Summary of Significant Accounting Policies
The Health Service's financial statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards and the other mandatory professional reporting requirements, the requirements of the Public Finance and Audit Act and Regulations, the Financial Reporting Directions published in the Financial Reporting Code for Budget Dependant Agencies or issued by the Treasurer under section 9(2)(a) of the Act and the requirements of the Public Hospitals Act, 1929 and its regulations.

Where there are inconsistencies between the above requirements, the legislative provisions have prevailed. Statements of Accounting Concepts are used as guidance in the absence of applicable Accounting Standards, other mandatory professional reporting requirements and legislative requirements.

Except for certain investments and property, plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

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

(a) NSW Health Department Recurrent Payments
Cash Payments are made by the NSW Health Department on the basis of the net allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements 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 1997/98 on behalf of the Department.

(b) Employee Entitlements
Wages and Salaries, Annual Leave, Long Service Leave, Sick Leave and On-Costs.

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

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

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

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

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

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

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

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

(f) Acquisition of Assets
The cost method of accounting is used for the initial recording of all acquisition of assets controlled by the agency. Cost is determined as the fair value of assets given up as consideration plus the costs incidental to the acquisition.

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

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

Land and Buildings which are owned by the Health Administration Corporation or the State and administered by the Health Service are deemed to be owned by the Health Service and are reflected as such in the financial statements.
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

(g) Plant and Equipment
   Individual items of plant and equipment costing $5,000 and above are capitalised.

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

Details of depreciation rates for major asset categories are as follows:
- Buildings: 2.5%
- Electro Medical Equipment: 10.0% - Costing less than $200,000
- Electro Medical Equipment: 12.5% - Costing more than or equal to $200,000
- Commercial Vehicles: 20.0%
- Computer Equipment: 20.0%
- Office Equipment: 10.0%
- Plant and Machinery: 10.0%
- Linen: 20.0%
- Furniture, Fittings and Furnishings: 5.0%

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

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

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

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

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

(k) 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.

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

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

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

Interest revenues are recognised as they accrue.

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

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

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

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

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial
Instruments", information is disclosed in Note 29 in respect of the credit risk and interest rate risk of
financial instruments. All such amounts are carried in the accounts at net fair value. The specific
accounting policy in respect of each class of such financial instrument is stated hereunder.

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

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

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 4.58%

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

Terms and Conditions - Accounts are issued on 30 day terms.
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

Investments
Accounting Policies - Investments reported at cost are short term deposits. Interest is recognised in the Operating Statement when earned.
Terms and Conditions - Short term deposits have an average maturity of 75 days and effective interest rate of 4.58%.

Accounts Payable
Accounting Policies - Accounts Payable are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.
Terms and Conditions - Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

Borrowings
Accounting Policies - Loans are carried at the principle amount. Interest is charged as an expense as it accrues.
Terms and Conditions - Non interest bearing loan of $650,000 is repayable at yearly intervals with the final instalment due on 30 June 1999. Interest bearing loans are payable at yearly intervals with interest charged at 7.25%.

(p) Comparative Figures
Comparative figures have not been provided on the financial instruments disclosure because AAS33, "Presentation and Disclosure of Financial Instruments", has been applied for the first time in the 1997/98 financial statements.

Employee Related Expenses
Employee related expenses comprise the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>108,961</td>
<td>95,309</td>
</tr>
<tr>
<td>Long Service Leave [see note 2(b)]</td>
<td>2,989</td>
<td>2,527</td>
</tr>
<tr>
<td>Annual Leave [see note 2(b)]</td>
<td>10,783</td>
<td>9,659</td>
</tr>
<tr>
<td>Redundancies</td>
<td>150</td>
<td>28</td>
</tr>
<tr>
<td>Workers Compensation Insurance</td>
<td>5,415</td>
<td>4,119</td>
</tr>
<tr>
<td>Superannuation [see note 2(c)]</td>
<td>9,046</td>
<td>8,097</td>
</tr>
<tr>
<td></td>
<td>137,344</td>
<td>119,719</td>
</tr>
</tbody>
</table>

4 Goods and Services

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Expenses on Goods and Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Supplies</td>
<td>2,785</td>
<td>2,727</td>
</tr>
<tr>
<td>Drug Supplies</td>
<td>7,442</td>
<td>6,705</td>
</tr>
<tr>
<td>Medical &amp; Surgical Supplies</td>
<td>6,793</td>
<td>6,104</td>
</tr>
<tr>
<td>Special Service Departments</td>
<td>3,604</td>
<td>4,114</td>
</tr>
<tr>
<td>Fuel, Light &amp; Power</td>
<td>1,406</td>
<td>1,802</td>
</tr>
<tr>
<td>Domestic Charges</td>
<td>3,119</td>
<td>1,745</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>7,305</td>
<td>6,067</td>
</tr>
<tr>
<td></td>
<td>32,454</td>
<td>29,264</td>
</tr>
</tbody>
</table>

b) Administrative expenses include:

<table>
<thead>
<tr>
<th>Description</th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>349</td>
<td>289</td>
</tr>
<tr>
<td>Aircraft Expenses [Ambulance]</td>
<td>134</td>
<td>32</td>
</tr>
<tr>
<td>Books, Magazines &amp; Journals</td>
<td>185</td>
<td>207</td>
</tr>
<tr>
<td>Consultancies</td>
<td>112</td>
<td>269</td>
</tr>
<tr>
<td>- Operating Activities</td>
<td>707</td>
<td>269</td>
</tr>
<tr>
<td>- Capital Works</td>
<td>318</td>
<td>269</td>
</tr>
<tr>
<td>Contract for Patient Services</td>
<td>495</td>
<td>183</td>
</tr>
<tr>
<td>Courier and Freight</td>
<td>767</td>
<td>741</td>
</tr>
<tr>
<td>Elimination of Private Practice Funds</td>
<td>130</td>
<td>0</td>
</tr>
<tr>
<td>External Audit Fees</td>
<td>192</td>
<td>111</td>
</tr>
<tr>
<td>- Audit Work</td>
<td>63</td>
<td>66</td>
</tr>
<tr>
<td>Hospital Ambulance Transport Costs</td>
<td>117</td>
<td>145</td>
</tr>
<tr>
<td>Insurance</td>
<td>192</td>
<td>111</td>
</tr>
<tr>
<td>Legal Expenses</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td>Membership/Professional Fees</td>
<td>67</td>
<td>198</td>
</tr>
<tr>
<td>Motor Vehicle Expenses</td>
<td>728</td>
<td>651</td>
</tr>
<tr>
<td>Payroll Services</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Postal Services</td>
<td>165</td>
<td>138</td>
</tr>
<tr>
<td>Printing &amp; Stationery</td>
<td>963</td>
<td>807</td>
</tr>
<tr>
<td>Provisions for Bad &amp; Doubtful Debts</td>
<td>56</td>
<td>21</td>
</tr>
<tr>
<td>Rates &amp; Charges</td>
<td>441</td>
<td>325</td>
</tr>
<tr>
<td>Rent of Premises</td>
<td>498</td>
<td>219</td>
</tr>
<tr>
<td>Staff Training &amp; Development</td>
<td>310</td>
<td>238</td>
</tr>
<tr>
<td>Staff Specialists' Study &amp; Conference Leave</td>
<td>-879</td>
<td>236</td>
</tr>
<tr>
<td>Telephone Costs</td>
<td>1,139</td>
<td>1,082</td>
</tr>
<tr>
<td>Travelling - Overseas</td>
<td>75</td>
<td>50</td>
</tr>
<tr>
<td>Travelling - Domestic</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Reimbursement of travelling expenses</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Central Coast Area Health Service

Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

<table>
<thead>
<tr>
<th></th>
<th>1998 $'000</th>
<th>1997 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Replacements, Maintenance and Repairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repairs and Routine Maintenance</td>
<td>3,112</td>
<td>2,427</td>
</tr>
<tr>
<td>Replacements and Additional Equipment</td>
<td>2,602</td>
<td>3,090</td>
</tr>
<tr>
<td>less than $5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5,714</td>
<td>5,517</td>
</tr>
<tr>
<td>6 Depreciation and Amortisation Expense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation – Buildings</td>
<td>4,160</td>
<td>4,141</td>
</tr>
<tr>
<td>Depreciation – Plant and Equipment</td>
<td>3,822</td>
<td>3,276</td>
</tr>
<tr>
<td></td>
<td>7,982</td>
<td>7,417</td>
</tr>
<tr>
<td>7 Grants and Subsidies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Government Organisations</td>
<td>853</td>
<td>813</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>857</td>
<td>813</td>
</tr>
<tr>
<td>8 Finance Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>129</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>129</td>
<td>0</td>
</tr>
<tr>
<td>9 Sale of Goods and Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of Goods and Services comprise the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Fees [see note 2(i)]</td>
<td>6,915</td>
<td>6,626</td>
</tr>
<tr>
<td>Staff – Meals and Accommodation</td>
<td>430</td>
<td>372</td>
</tr>
<tr>
<td>Use of Hospital Facilities [see note 2(ii)]</td>
<td>1,393</td>
<td>1,624</td>
</tr>
<tr>
<td>Car Parking</td>
<td>245</td>
<td>166</td>
</tr>
<tr>
<td>Lease and Rental Income</td>
<td>104</td>
<td>109</td>
</tr>
<tr>
<td>Linen Service Revenues – Other Health Services</td>
<td>1,878</td>
<td>0</td>
</tr>
<tr>
<td>Linen Service Revenues – Non Health Services</td>
<td>625</td>
<td>0</td>
</tr>
<tr>
<td>Sale of Prosthesis</td>
<td>446</td>
<td>175</td>
</tr>
<tr>
<td>Other</td>
<td>4,785</td>
<td>3,692</td>
</tr>
<tr>
<td></td>
<td>16,821</td>
<td>12,764</td>
</tr>
<tr>
<td>10 Investment Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>488</td>
<td>558</td>
</tr>
<tr>
<td></td>
<td>488</td>
<td>558</td>
</tr>
</tbody>
</table>

Central Coast Area Health Service

Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

<table>
<thead>
<tr>
<th></th>
<th>1998 $'000</th>
<th>1997 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Grants and Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Commission grants</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Other – Recreation, Personal &amp; Other Services</td>
<td>922</td>
<td>743</td>
</tr>
<tr>
<td>Asset Donation</td>
<td>63</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>1,005</td>
<td>788</td>
</tr>
<tr>
<td>12 Gain/(Loss) on Sale of Non Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Plant and Equipment</td>
<td>5,886</td>
<td>2,585</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>3,459</td>
<td>1,126</td>
</tr>
<tr>
<td>Written Down Value</td>
<td>2,427</td>
<td>1,459</td>
</tr>
<tr>
<td>Less Proceeds from Sale</td>
<td>1,515</td>
<td>1,457</td>
</tr>
<tr>
<td>Gain/(Loss) on Sale of Non-Current Assets</td>
<td>(912)</td>
<td>(2)</td>
</tr>
<tr>
<td>13 Conditions on Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Purchase of Assets</td>
<td>Health Promotion, Education and Research</td>
</tr>
<tr>
<td>Contributions recognised as revenues during current year for which expenditure in the manner specified had not occurred as at balance date</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Revenues recognised in previous years which were obtained for expenditure in the current financial year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Amount of unexpended Contributions as at Balance date</td>
<td>608</td>
<td>119</td>
</tr>
</tbody>
</table>

Comment on restricted assets appears in Note 19.
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

14 Programs/Activities of the Central Coast Area Health Service

Program Descriptions

Program 1.1 Population Health Services
Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 2.1 Primary and Community Based Services
Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program 2.2 Aboriginal Health Services
Objective: To raise the health status of Aborigines and to promote a healthy lifestyle.

Program 2.3 Outpatient Services
Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

Program 3.1 Emergency Services
Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program 3.2 Overnight Acute Inpatient Services
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program 3.3 Same Day Acute Inpatient Services
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

Program 4.1 Mental Health Services
Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 5.1 Rehabilitation and Extended Care Services
Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 6.1 Teaching and Research
Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

15 Investments

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Loans and Deposits</td>
<td>2,014</td>
<td>2,614</td>
</tr>
<tr>
<td></td>
<td>2,014</td>
<td>2,614</td>
</tr>
</tbody>
</table>

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

16 Receivables

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Sale of Goods and Services</td>
<td>1,185</td>
<td>1,270</td>
</tr>
<tr>
<td>Other Debtors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Prepayments</td>
<td>625</td>
<td>212</td>
</tr>
<tr>
<td>- Accrued Income</td>
<td>360</td>
<td>137</td>
</tr>
<tr>
<td>- NSW Department of Health</td>
<td>3,117</td>
<td>0</td>
</tr>
<tr>
<td>- Other</td>
<td>878</td>
<td>229</td>
</tr>
<tr>
<td>Sub Total</td>
<td>6,165</td>
<td>1,848</td>
</tr>
<tr>
<td>Less Provision for Doubtful Debts</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>6,150</td>
<td>1,829</td>
</tr>
<tr>
<td>(b) Bad debts written off during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sale of Goods and Services</td>
<td>56</td>
<td>43</td>
</tr>
<tr>
<td>- Other</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Sale of Goods and Services includes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Fees - Compensable</td>
<td>205</td>
<td>301</td>
</tr>
<tr>
<td>Patient Fees - Other</td>
<td>980</td>
<td>969</td>
</tr>
</tbody>
</table>

17 Inventories

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>805</td>
<td>762</td>
</tr>
<tr>
<td>Medical and Surgical Supplies</td>
<td>1,694</td>
<td>1,838</td>
</tr>
<tr>
<td>Food and Hotel Supplies</td>
<td>116</td>
<td>124</td>
</tr>
<tr>
<td>Engineering Supplies</td>
<td>170</td>
<td>174</td>
</tr>
<tr>
<td>Other including goods in transit</td>
<td>456</td>
<td>496</td>
</tr>
<tr>
<td></td>
<td>3,241</td>
<td>3,394</td>
</tr>
</tbody>
</table>
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

18 Property, Plant & Equipment

<table>
<thead>
<tr>
<th></th>
<th>Land $'000</th>
<th>Buildings $'000</th>
<th>Construction In Progress $'000</th>
<th>Plant &amp; Equipment $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost or Valuation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance 1 July 1997</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At Valuation Date 1/7/96</td>
<td>13,892</td>
<td>165,641</td>
<td>0</td>
<td>0</td>
<td>179,533</td>
</tr>
<tr>
<td>At Valuation Date 30/6/92</td>
<td>0</td>
<td>0</td>
<td>21,276</td>
<td>21,276</td>
<td></td>
</tr>
<tr>
<td>At Cost</td>
<td>0</td>
<td>423</td>
<td>339</td>
<td>15,700</td>
<td>16,462</td>
</tr>
<tr>
<td><strong>Capital Expenditure/Disposals [see note 2(k)(ii)]</strong></td>
<td>380</td>
<td>958</td>
<td>0</td>
<td>7,703</td>
<td>9,041</td>
</tr>
<tr>
<td><strong>Reclassifications</strong></td>
<td>0</td>
<td>(550)</td>
<td>0</td>
<td>(5,336)</td>
<td>(5,886)</td>
</tr>
<tr>
<td><strong>Balance 30 June 1998</strong></td>
<td>380</td>
<td>864</td>
<td>856</td>
<td>20,716</td>
<td>22,816</td>
</tr>
<tr>
<td>At Cost</td>
<td>380</td>
<td>864</td>
<td>856</td>
<td>20,716</td>
<td>22,816</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14,272</td>
<td>165,955</td>
<td>856</td>
<td>39,343</td>
<td>220,426</td>
</tr>
</tbody>
</table>

**Depreciation**

<table>
<thead>
<tr>
<th></th>
<th>Land $'000</th>
<th>Buildings $'000</th>
<th>Construction In Progress $'000</th>
<th>Plant &amp; Equipment $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance 1 July 1997</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At Valuation Date 1/7/96</td>
<td>0</td>
<td>35,712</td>
<td>0</td>
<td>0</td>
<td>35,712</td>
</tr>
<tr>
<td>At Valuation Date 30/6/92</td>
<td>0</td>
<td>0</td>
<td>15,216</td>
<td>15,216</td>
<td></td>
</tr>
<tr>
<td>At Cost</td>
<td>0</td>
<td>0</td>
<td>5,394</td>
<td>5,394</td>
<td></td>
</tr>
<tr>
<td><strong>Charge for the year [see note 2(f)]</strong></td>
<td>0</td>
<td>4,160</td>
<td>0</td>
<td>3,822</td>
<td>7,982</td>
</tr>
<tr>
<td><strong>Adjustment for disposals</strong></td>
<td>0</td>
<td>(368)</td>
<td>0</td>
<td>(3,091)</td>
<td>(3,459)</td>
</tr>
<tr>
<td><strong>Balance 30 June 1998</strong></td>
<td>0</td>
<td>44</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
<td>39,504</td>
<td>0</td>
<td>21,385</td>
<td>60,889</td>
</tr>
</tbody>
</table>

**Carrying Amount at 30 June 1998**

<table>
<thead>
<tr>
<th></th>
<th>Land $'000</th>
<th>Buildings $'000</th>
<th>Construction In Progress $'000</th>
<th>Plant &amp; Equipment $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Valuation Date 1/7/96</td>
<td>13,892</td>
<td>125,595</td>
<td>0</td>
<td>0</td>
<td>139,487</td>
</tr>
<tr>
<td>At Valuation Date 30/6/92</td>
<td>0</td>
<td>0</td>
<td>4,550</td>
<td>4,550</td>
<td></td>
</tr>
<tr>
<td>At Cost</td>
<td>380</td>
<td>856</td>
<td>856</td>
<td>13,408</td>
<td>15,500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>14,272</td>
<td>126,451</td>
<td>856</td>
<td>17,958</td>
<td>159,537</td>
</tr>
</tbody>
</table>

(i) Land & Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 2(k)(ii)].
(ii) Land & Buildings were revalued by Mr Robert Glover AVLE (VAL) registered valuer, on 1 July 1996 [See note 2(k)(ii)] Mr Robert Glover is not an employee of the Health Service.
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

<table>
<thead>
<tr>
<th>21 Borrowings</th>
<th>1998 $'000</th>
<th>1997 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>1,275</td>
<td>650</td>
</tr>
<tr>
<td>Non Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>1,727</td>
<td>650</td>
</tr>
</tbody>
</table>

Other loans represent monies to be repaid to the NSW Health Department. Final Repayment is scheduled for

Repayment of Borrowings
Not later than one year | 1,275 | 650 |
Between one and two years | 675 | 650 |
Between two and five years | 700 | 0 |
Later than five years | 352 | 0 |
Total Borrowings at face value | 3,002 | 1,300 |

22 Current/Non-Current Liabilities – Employee Entitlements

<table>
<thead>
<tr>
<th>23 Equity</th>
<th>Accumulated Surplus/(Deficit)</th>
<th>Asset Revaluation</th>
<th>Total Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998 $'000</td>
<td>1997 $'000</td>
<td>1998 $'000</td>
<td>1997 $'000</td>
</tr>
<tr>
<td>Balance at beginning of the financial year</td>
<td>126,066</td>
<td>129,570</td>
<td>13,688</td>
</tr>
<tr>
<td>Operating Surplus/(deficit) for the year</td>
<td>(90)</td>
<td>(3,504)</td>
<td>0</td>
</tr>
<tr>
<td>Increment/(Decrement) on Revaluation of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Building and Improvements</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Balance at the end of the financial year</td>
<td>125,976</td>
<td>126,066</td>
<td>13,688</td>
</tr>
</tbody>
</table>

24 Trust Funds
The Central Coast Area Health holds Trust Fund moneys of $1.61 million which are used for the safe keeping of patients moneys, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

<table>
<thead>
<tr>
<th>25 Contingent Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Claims on Managed Fund</td>
</tr>
</tbody>
</table>

Since 1 July 1989, The Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by the Health Service. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Health Service.
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

(b) 1995/96 Workers Compensation Hindsight Adjustment
When the New Start [to the] Treasury Managed Fund was introduced in 1995/96 hindsight adjustments in respect of Workers Compensation [Three years from commencement of Fund Year] and Motor Vehicle [eighteen months from commencement of [Fund Year]] became operative.
A contingent liability/asset may therefore exist in respect of the 1995/96 Workers Compensation Fund year.
The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz. those advised as at 30 June 1997 estimate that a liability/assets of $1,115,040 is applicable.
This estimate however, is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 1998.

(c) Sessional Visiting Medical Officers Superannuation
For the period 1 July 1993 to 31 January 1994, the Department, by agreement with the Australian Medical Association, withdrew at least 5% from normal hourly rates paid to Sessional VMO's with 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.

(d) Year 2000 Compliance
The Health Service has estimated that the cost of Year 2000 compliance will be in the vicinity of $2M - $4M based upon a report prepared by the Health Service's Year 2000 Project Team in consultation with a firm of external consultants.

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

<table>
<thead>
<tr>
<th>Income Raised $'000</th>
<th>Direct Expenditure $'000</th>
<th>Indirect Expenditure $'000</th>
<th>Net Proceeds $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeals (In House)</td>
<td>131</td>
<td>53</td>
<td>75</td>
</tr>
<tr>
<td>Raffles</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>138</td>
<td>53</td>
<td>82</td>
</tr>
<tr>
<td>Percentage of Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100.00%</td>
<td>38.41%</td>
<td>2.17%</td>
<td>59.42%</td>
</tr>
</tbody>
</table>

Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc.
Indirect Expenditure includes overheads such as office staff administration costs, cost apportionment of light, power and other overheads.
The net proceeds were used for the following purposes:

$'000
Purchase of Equipment 17
Research 5
Held in Special Purpose and Trust Fund pending purchase 82

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.

27 Cash and Cash Equivalents
For the purposes of the Cash Flow Statement, cash includes cash and bank.
Cash at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Statement of Financial Position as follows:

<table>
<thead>
<tr>
<th>1998 $'000</th>
<th>1997 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>3,617</td>
</tr>
<tr>
<td>Investments</td>
<td>2,014</td>
</tr>
<tr>
<td>Closing Cash and Cash Equivalents</td>
<td>5,631</td>
</tr>
</tbody>
</table>
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

28 Reconciliation of Net Cost of Services to Net Cash Flows to Operating Activities

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Cash Used on Operating Activities</td>
<td>4,244</td>
<td>6,872</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(7,982)</td>
<td>(7,417)</td>
</tr>
<tr>
<td>Provision for Employee Entitlements</td>
<td>446</td>
<td>(2,354)</td>
</tr>
<tr>
<td>Provision for Doubtful Debts</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Acceptance by Crown of Liability for Superannuation</td>
<td>(9,046)</td>
<td>(8,097)</td>
</tr>
<tr>
<td>Net Loss on Disposal of Assets</td>
<td>(912)</td>
<td>(2)</td>
</tr>
<tr>
<td>Assets Written Off to Expense</td>
<td>0</td>
<td>(54)</td>
</tr>
<tr>
<td>Increase/(Decrease) in Receivables</td>
<td>4,317</td>
<td>(21)</td>
</tr>
<tr>
<td>Increase/(Decrease) in Inventories</td>
<td>(153)</td>
<td>156</td>
</tr>
<tr>
<td>(Increase)/Decrease in Creditors</td>
<td>(54)</td>
<td>(686)</td>
</tr>
<tr>
<td>NSW Health Department Recurrent Payments</td>
<td>(167,241)</td>
<td>(145,427)</td>
</tr>
<tr>
<td>NSW Health Department Capital Payments</td>
<td>(1,930)</td>
<td>(1,171)</td>
</tr>
<tr>
<td>Net Cost of Services</td>
<td>(178,307)</td>
<td>(158,199)</td>
</tr>
</tbody>
</table>

29 Financial Instruments

a) Interest Rate Risk

Interest rate risk is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Central Coast Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the [consolidated] Statement of Financial Position date are as follows:

<table>
<thead>
<tr>
<th>Financial Instruments</th>
<th>Floating Interest Rate</th>
<th>Fixed Interest rate maturing in 1 year or less</th>
<th>Over 1 to 2 years</th>
<th>More than 2 years</th>
<th>Non-Interest Bearing</th>
<th>Total carrying amount as at the Statement of Financial Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>3,602</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>3,617</td>
</tr>
<tr>
<td>Receivables</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6,150</td>
<td>6,150</td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>0</td>
<td>2,014</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,014</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>3,602</td>
<td>2,014</td>
<td>0</td>
<td>0</td>
<td>6,165</td>
<td>11,781</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Liabilities</th>
<th>Borrowings-Other</th>
<th>Accounts Payable</th>
<th>Total Financial Liabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1,275</td>
<td>1,727</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1,275</td>
<td>1,727</td>
</tr>
</tbody>
</table>

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract or financial position failing to discharge a financial obligation thereunder. The Central Coast Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position. Credit Risk by classification of counterparty:

<table>
<thead>
<tr>
<th></th>
<th>Governments</th>
<th>Banks</th>
<th>Patients</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assets</td>
<td>$500</td>
<td>$000</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Cash</td>
<td>15</td>
<td>5,616</td>
<td>0</td>
<td>0</td>
<td>5,631</td>
</tr>
<tr>
<td>Receivables</td>
<td>3,117</td>
<td>0</td>
<td>1,185</td>
<td>1,848</td>
<td>6,150</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>3,132</td>
<td>5,616</td>
<td>1,185</td>
<td>1,848</td>
<td>11,781</td>
</tr>
</tbody>
</table>

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from these entities totalled $0 at balance date.

c) Net Fair Value

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

d) Derivative Financial Instruments

The Health Service holds no Derivative Financial Instruments.

30 1997/98 Voluntary Services

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

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

31 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 who are left in the custody of the Health Services by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services. All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is specifically for the benefit of necessitous patients or necessitous outgoing patients.
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

32 Budget Review

Net Cost of Services
The actual net cost of services was lower than budget by $3,119,000, this was primarily due to the enhancement funds for the Wyong Community Health Centre at Lakehaven, which were not spent due to delays in the building project unspent quaranteened Special Project funds which are to be rolled over into the 1998/99 financial year.

Assets and Liabilities

Investments: were lower than budget by $600,000, which was due to an increase in Special Purpose and Trust Fund expenditure.

Inventory: was lower than budget by $462,000, which is due to decreasing inventory levels particularly, theatre inventories.

Property, Plant and Equipment: was lower than budget by $3,160,000, which was mainly due to the Pacific Linen Joint Venture.

Accounts Payable: exceeded budget by $61,000, which was due to an increase in Capital Works creditors.

Borrowings: exceeded budget by $202,000 which was due to the additional Pacific Linen Service Joint Venture loan.

Employee Entitlements: were lower than budget by $1,785,000 which is due to increased pay rates combined with decreased leave balances.

33 Post Balance Date Events

(a) Awards
Agreements with unions provide for the following increases payable after 30 June 1998.

<table>
<thead>
<tr>
<th></th>
<th>1 July 1998</th>
<th>1 January 1999</th>
<th>1 July 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW NA</td>
<td>3</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>HREA</td>
<td>6</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>PSA</td>
<td>5</td>
<td>5</td>
<td>–</td>
</tr>
<tr>
<td>ASMOF</td>
<td>3</td>
<td>3</td>
<td>–</td>
</tr>
<tr>
<td>Trades</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

(b) Motor Vehicles
During the 1998/99 financial year an operating lease facility is to be established for the motor vehicle fleet of all Health Services. The new facility will be established through an open tender process to arranged through the NSW Treasury.

Under the arrangement all existing vehicles suitable for acquisition under an operating lease facility will be sold and leased back to the Health Service.

The capital funds to be released through the sale of motor vehicles is to be paid to the Consolidated Fund to support the budget.

(c) Long Jetty Community Health Centre
Since 30 June 1998 but prior to the signing of these financial statements the Area Health Service entered into an agreement for the construction of a Community Health Centre on the grounds of the Long Jetty Health Care Centre for an amount of $1.8 million.

34 Year 2000 Date Change
The Central Coast Area Health Service is investigating if and to what extent the date change from 1999/2000 may affect its activities. The Central Coast Area Health Service has established a program to help ensure that the impact of the transition to the Year 2000 on the Health Service and its constituency is minimised by seeking to ensure that its significant/core computer hardware, software and/or systems are Year 2000 compliant.

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

The Central Coast Area Health Service's activities may also be affected by the ability of third parties dealing with the Central Coast Area Health Service to also manage the effect of the Year 2000 date change. These third parties have not been willing to provide assurances that their systems are year 2000 compliant.'
Central Coast Area Health Service
Notes to and forming part of the Financial Statements
For the Year Ended 30 June 1998

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

<table>
<thead>
<tr>
<th>Description</th>
<th>1998 $'000</th>
<th>1997 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficit for the Year</td>
<td>56</td>
<td>0</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>154</td>
<td>0</td>
</tr>
<tr>
<td>Receivables</td>
<td>491</td>
<td>0</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>645</td>
<td>0</td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Land and Buildings</td>
<td>118</td>
<td>0</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>2,888</td>
<td>0</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td>3,006</td>
<td>0</td>
</tr>
<tr>
<td>Total Assets</td>
<td>3,651</td>
<td>0</td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>140</td>
<td>0</td>
</tr>
<tr>
<td>Borrowings</td>
<td>625</td>
<td>0</td>
</tr>
<tr>
<td>Employee Entitlements</td>
<td>139</td>
<td>0</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>904</td>
<td>0</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>1,727</td>
<td>0</td>
</tr>
<tr>
<td>Employee Entitlements</td>
<td>41</td>
<td>0</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>1,768</td>
<td>0</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>2,672</td>
<td>0</td>
</tr>
<tr>
<td>Net Assets</td>
<td>979</td>
<td>0</td>
</tr>
<tr>
<td>Equity</td>
<td>979</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>1998 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>283</td>
</tr>
<tr>
<td>Between one and two years</td>
<td>283</td>
</tr>
<tr>
<td>Between two and five years</td>
<td>850</td>
</tr>
<tr>
<td>Later than five years</td>
<td>1,251</td>
</tr>
<tr>
<td>Total Operating Lease Commitments</td>
<td>2,667</td>
</tr>
</tbody>
</table>

End of Audited Financial Statements

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

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

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

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

Major Assets/Land Disposals or Acquisitions

<table>
<thead>
<tr>
<th>Description</th>
<th>Acquisitions</th>
<th>Disposals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT Scanner</td>
<td>$ 792,250</td>
<td></td>
</tr>
<tr>
<td>4 Properties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77, 81, 83 &amp; 89 Holden Street, Gosford</td>
<td>$ 694,798</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Significant Judicial Decisions & Changes In Acts And Subordinate Legislation
The Health Services Bill 1997 (NSW) was passed in December 1997 and will come into force on 1st July 1998. The Bill consolidates the Public Health Act 1929 and the Area Health Services Act 1996 into a single piece of legislation.

Senior Executive Service Officers

<table>
<thead>
<tr>
<th>No. of SES Positions</th>
<th>97/98</th>
<th>96/97</th>
<th>95/96</th>
<th>94/95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels of Positions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SES Level 5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SES Level 2</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SES Level 1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Number of Positions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>filled by Women</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
### Funds Granted to Non Government Community Organisations

<table>
<thead>
<tr>
<th>A.R.A.F.M.I. Branch</th>
<th>Funded Organisation</th>
<th>Amount (AUD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Coast Branch</td>
<td>Mental Health (Program 8)</td>
<td>$56,800</td>
</tr>
<tr>
<td>Central Coast Community</td>
<td>Women's Health (Program 2)</td>
<td>$285,356</td>
</tr>
<tr>
<td>Family &amp; Youth Support Services of Wyong Shire</td>
<td>Community Services (Program 2)</td>
<td>$133,200</td>
</tr>
<tr>
<td>Karama Farm</td>
<td>Drug &amp; Alcohol (Program 2)</td>
<td>$152,000</td>
</tr>
<tr>
<td>Lifeline Central Coast</td>
<td>Community Services (Program 2)</td>
<td>$12,300</td>
</tr>
<tr>
<td>Positive Support Network</td>
<td>AIDS (Program 2)</td>
<td>$42,205</td>
</tr>
<tr>
<td>Transitional Enterprises</td>
<td>Mental Health (Program 8)</td>
<td>$37,100</td>
</tr>
<tr>
<td>Wyong Shire Council</td>
<td>Community Services (Program 2)</td>
<td>$37,900</td>
</tr>
<tr>
<td>Salvation Army - Salh Farm</td>
<td>Drug &amp; Alcohol (Program 2)</td>
<td>$47,007</td>
</tr>
<tr>
<td>Centacare Services Broken Bay</td>
<td>Community Services (Program 2)</td>
<td>$49,500</td>
</tr>
</tbody>
</table>

**Total** $853,368

### Patient Feedback

<table>
<thead>
<tr>
<th>Year</th>
<th>Total numbers of complaints</th>
<th>Total numbers of letters of appreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>97/98</td>
<td>238</td>
<td>506</td>
</tr>
<tr>
<td>96/97</td>
<td>203</td>
<td>499</td>
</tr>
<tr>
<td>95/96</td>
<td>206</td>
<td>567</td>
</tr>
<tr>
<td>94/95</td>
<td>186</td>
<td>552</td>
</tr>
<tr>
<td>93/94</td>
<td>111</td>
<td>447</td>
</tr>
</tbody>
</table>

From 95/96 onwards the number of complaints include documented telephone complaints as well as written complaints.

### Freedom of Information (FOI)

The number of new requests dropped to 1 from the 51 last year. Information does not have to be supplied under FOI if alternative sources are available and the NSW Health Department (DOH) has provided another option. Information is now available under DOH circular 96/34 "NSW Health Information Privacy Code of Practice".

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

### Section A: FOI requests

<table>
<thead>
<tr>
<th>Requests</th>
<th>Personal</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A2</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A3</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>A4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A8</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

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

### Year 2000 Project

#### The scope and status of the Year 2000 Project

The CCAHS Year 2000 Project encompasses assessment & rectification of all critical resources within critical business functions throughout the CCAHS. The assessment phases of the project have been carried out using the methodology distributed by the NSW Government Office of Information Technology. A Business Risk Analysis has been conducted as per this methodology to determine the Area's critical business functions, their resources, and to assess these resources for Year 2000 compliance. The rectification phase of the project has begun in order to mitigate the risks identified during the assessment phase.

#### Any proposal to develop contingency plans to ensure the continued operation of the business functions

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

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

These plans are to be incorporated into the Area Disaster Planning process.

#### Any proposal to obtain independent verification of the Year 2000 compliance strategies

An independent consultant selected from the NSW Government ITS2060 panel has been used to assist with the Business Risk Analysis. The same consultant has also carried out an audit of the CCAHS Year 2000 Rectification Plan and the processes being used for developing Year 2000 contingency plans as required by the NSW Office of Information Technology.

#### The estimated total cost of the Year 2000 Activities

The current estimated costs for the assessment and rectification phases of the CCAHS Year 2000 project is approx. $3,000,000.
ACCESS (EXIT) BLOCK
The period of time the patient stays in the emergency department after the emergency department staff have completed their assessment and treatment of the patient.

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

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

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

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

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

AMBULATORY CARE
Any form of care other than as a hospital inpatient.

BEST PRACTICE
Identifying and matching the best performance of others.

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

CADE
Confused and Disturbed Elderly.

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

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

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

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

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

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

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

FTE
Full Time Equivalent.

INPATIENT
An inpatient is a person who is admitted to hospital.

NON-INPATIENT OCCASIONS OF SERVICE (NIOOS)
Services provided by a health service facility to clients/patients who receive those services without being an admitted client/patient at the time of receiving the services e.g. Outpatient Department Services, Emergency Department Services, Community Health Services.

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

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

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

TRIUMVIRATE
Management group of three persons
Principal Source: NSW Health Department
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## Acknowledgement to the Annual Report Committee

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

### Committee Members
- A. Mundy (Chairperson, Editing)
- S. Aldrick (Photography)
- J. Becker (Area Executive)
- K. Carroll (Minute Secretary)
- L. Dobson (Editing)
- T. Hayes (Public Relations)
- M. Hanson (Graphic Design)
- J. Kidnall (Graphic Design)
- D. Linnen (Finance)
- H. Merkenhof (Editing)
- D. Peters (Editing)
- R. Spark (Medical)
- D. Sprogg (Editing)

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**Notes:** The Area Health Service changed the format of the Annual Report this year to meet the new NSW Department of Health guidelines on cost-effective Annual Reporting.
Central Coast Area Health Service

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Telephone: (02) 4320 2111

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Pacific Highway, Hamlyn Terrace 2259
PO Box 4200, Lakehaven 2263
Telephone: (02) 4393 8000

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

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

TTY
Telephone (for the deaf) (02) 4325 2747

Area Executive Unit
Holden Street, Gosford 2250
PO Box 361, Gosford 2250
New South Wales, Australia
Telephone: (02) 4320 3219
Facsimile: (02) 4325 0566
Office Hours: 8.30am – 5.00pm

Public Relations
Telephone: (02) 4320 3221
Facsimile: (02) 4320 2500

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

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

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

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

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

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

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

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

KEY
- Hospital with Emergency Dept
- Hospital
- Community Health Centre
- Northern Railway
- F3 Freeway

To Newcastle

To Sydney