WA Country Health Service

Annual Report 2004-05

Department of Health
Government of Western Australia

Statement of Compliance

To the Hon Jim McGinty MLA
MINISTER FOR HEALTH

In accordance with Section 66 of the *Financial Administration and Audit Act 1985,* I hereby submit for your information and presentation to Parliament, the Report of the WA Country Health Service for the year ended 30 June 2005.

This report has been prepared in accordance with the provisions of the *Financial Administration and Audit Act 1985.*

Dr Neale Fong
Acting Director General
Accountable Authority

30 August 2005

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ILLUSTRATIONS

Director General's Overview

The WA Country Health Service (WACHS) recognises the challenges facing country communities for the provision of safe and sustainable health services. This year has seen the development and implementation of many innovative approaches in service delivery to respond to the diversity in regions and to meet our priorities.

Considerable progress has been made in implementing the reforms from the Country Health Services Review 2003 and in progressing the development of the regional network model across the WACHS. This has resulted in better integration of health service delivery to country people and it provides a good foundation for a sustainable health service model at all levels in the organisation. The streamlining of administration has led to improved coordination and planning across the health service and the savings achieved are being reinvested into new services including expanded renal dialysis services, the provision of better quality aged care, and improved primary and mental health programs and dental services.

The WACHS continues to enhance the capacity of the health workforce in rural areas through recruitment and retention of key medical personnel including:

- The creation of two new psychiatric positions located in Albany and Geraldton.
- The recruitment and appointment of new medical specialists in paediatrics, obstetrics/gynaecology, psychiatry, orthopaedics, general surgery and physician services in Broome, Kalgoorlie and Albany Regional Resource Centres. This investment in specialist medical staff has increased the number of patients who can be treated at regional centres or locally and reduces the need for patients to travel to Perth.
- The Broome Regional Resource Centre has appointed additional key medical staff - a General Surgeon, Paediatrician, District Medical Officer and a regional Physician. An additional District Medical Officer has also been appointed in Halls Creek. Recruitment is currently underway for a second regional physician.
- The Kalgoorlie Regional Resource Centre has appointed an additional Obstetrician/Gynaecologist and paediatrician and the Albany Regional Resource Centre has consolidated its specialist services with the employment of an Obstetrician/Gynaecologist.

In addition significant emphasis is placed on providing professional support and development opportunities through initiatives such as:

- Participation in Career Expos such as the Nurses Expo and the Rural Allied Health forum, which target future health professionals.
- Innovation in accessing professional development opportunities via Telehealth videoconferencing.
- Financial support through scholarships to support student health professionals.
- New graduate nursing programs to take up positions in rural and remote areas.
- Supporting health professional students to undertake practicum's in rural communities.
- Development of professional support networks for specific health service professionals including speech pathologists and physiotherapists.

These initiatives have resulted in the reduced reliance on agency and locum staff and the permanent appointment of more health professionals in rural areas.

The 2004-05 business plan for the WACHS made provision for significant investment in the redevelopment of hospitals and health centres across all regions. Capital investment for the year exceeded $44 million and included the Geraldton Regional Resource Centre scheduled to open in September 2005, major redevelopments in the Kimberley and the commencement of the redevelopment of the Moora Hospital.

Director General's Overview

The extensive capital works programme will continue into 2005-06 with major construction works exceeding $52 million to be undertaken for the Broome and Port Hedland Regional Resource Centres and the Carnarvon, Denmark, Derby, Kununurra, Moora, Morawa and Wyndham health facilities.

The WA Country Health Service acknowledged the importance and value of community engagement in health service planning and this is being achieved through the District Health Advisory Councils. The Councils are providing community input into health planning and development, and service management. The communication networks established with the Councils provides them with regular contact with WACHS senior management, the Director General of Health and the Minister for Health.

This has been a very productive year for the WACHS as we continued to review business operations at all levels within our organisation to ensure all efforts are directed towards delivering on the health priorities for rural communities. In particular we will continue to focus on strengthening our health workforce, building on our partnerships with government and non-government service providers, and developing our service delivery models to more effectively address the health needs of rural WA.

My thanks go out to all of the individuals who have worked tirelessly in our endeavour to advance the health status for country people and I look forward to our continued efforts and commitment in providing rural communities with a high quality health care system.

About Us

Our Purpose

Our purpose is to ensure healthier, longer and better lives for all Western Australians.

Our Vision

Our vision is to improve and protect the health of Western Australians by providing a safe, high quality, accountable and sustainable health care system. We recognise that this care is achieved through an integrated approach to all the components of our health system. These components include **workforce, hospitals** and infrastructure, **partnerships, communities, resources** and **leadership.** We also recognise that WA Health must work with a vast number of groups if it is to achieve the vision of a world-class health system.

Strategic Directions and Intentions

These six strategic directions provide the framework for improving WA Health and the care of Western Australian's over the next five years, and will ensure our success in *delivering a healthier WA*.

Healthy Workforce
Our health system workforce is foundational to the delivery of health care. Our intent is to ensure that WA Health is committed to providing and promoting a healthy working environment, which inspires staff and enables participation in the 'Delivering a *Healthy* WA' agenda.

We need to ensure our workforce continues to be vibrant and engaged and that our workforce planning is responsive to local, national and international workforce pressures. To do this it is essential that WA Health have appropriate workforce planning tools to enable it to prepare and respond to future workforce demands.

The strategic workforce plan will provide a framework for addressing health workforce issues. It aims to ensure that workforce shortages are minimised, opportunities are provided for training and professional development and that a high standard of knowledge and skills is achieved and recognised.

Healthy Hospitals
While a key thrust of the reform agenda is to move the focus of patient care away from hospitals, a significant proportion of health system activity still relates to hospitals. With it comes the key task of delivering safe, comprehensive, high quality clinical services to patients.

Our intent is to commit to improving access and efficiency to hospital and health care services based on population needs now and into the future. This will include a significant hospital building and capital redevelopment program over the next 13 years. The result will be better alignment and integration between our facilities, clinical services and the development of integrated clinical networks.

Healthy Partnerships
The ongoing success of the reform program and the health system as a whole is dependent on strong relations with other health care related bodies. We rely on such partnerships in the planning and delivery of innovative, cost effective, and high quality health care services.

Our intent is to create stronger links and partnerships with other government agencies, non-government organisations, consumers, community groups, private providers, health professionals and the Australian Government, all of who have an interest in the well being of our health system.

About Us

Strategic Directions and Intentions

Healthy Communities
Community health is a critical part of our health system and includes promotion of health, illness prevention, early detection of disease and access to affordable community based health care services for all people.

Our intent is to focus on improving lifestyles, working on the prevention of ill health, and the implementation of a long-term, integrated health promotion program in collaboration with government and non-government agencies, General Practitioners and community groups.

Priority will also be given to the improvement of community based chronic and long-term conditions and on expanding equitable and accessible services in the community.

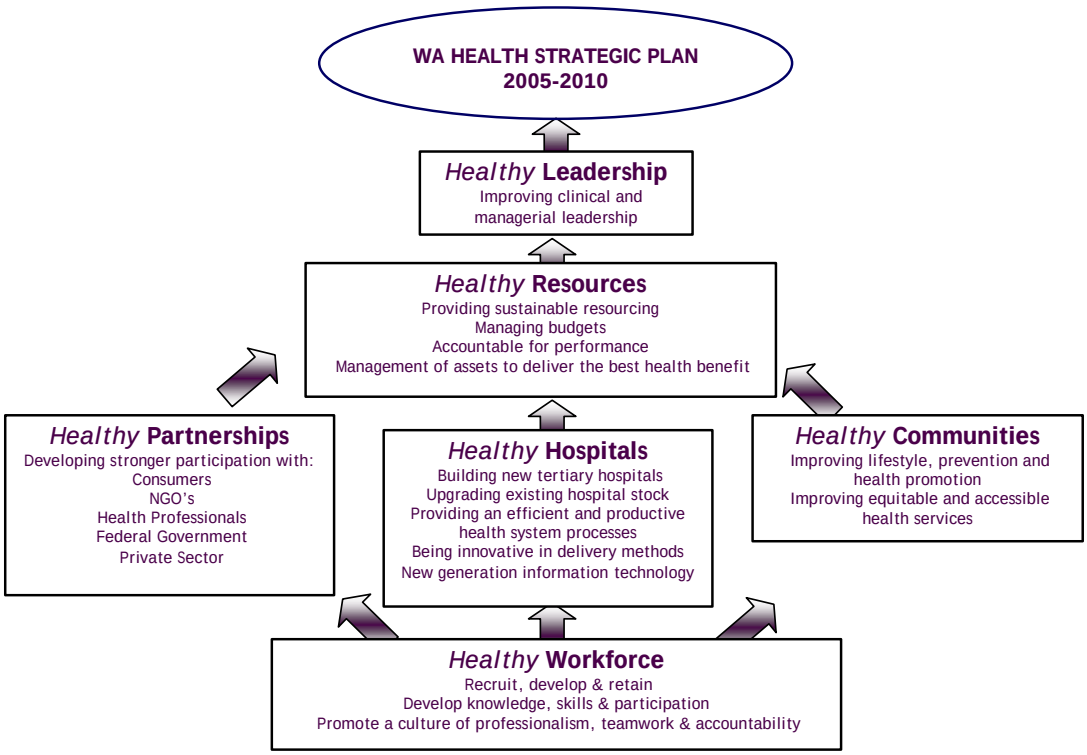
Healthy Resources
A key rationale for reform in the WA Health System is the need to deliver a sustainable, equitable and accountable health care service to the people of Western Australia.

Our intent is on sustainable resourcing and effective management of health budgets and resources. Accountability for health system resourcing and performance reporting will be improved to provide progress reporting to our community.

Healthy Leadership
Healthy Leadership is vital to the effectiveness of the health system into the future. Our intent is to continue to develop the leadership capacity and capability in WA Health by creating an environment that identifies, nurtures and promotes strong leadership at all levels within health care services.

A focus will be on recognising, developing and supporting our leaders in order to deliver continuing superior health care service and to ensure that WA Health has the capacity to identify and respond to the changing community health needs and the delivery of the strategic objectives.

Figure 1: Delivering a Healthy WA



About Us

Address and Location

During 2004-05 the WA Country Health Service has continued to review its operations and structure. This has seen the consolidation of the WACHS Head Office functions into new premises at 189 Wellington Street Perth.
In addition our Kimberley Regional office also relocated to new premises in Broome.

WACHS Head Office
189 Wellington Street
EAST PERTH WA 6004

☎ (08) 9223 8500
🖷 (08) 9223 8599

Health care services for the WACHS are delivered across the regional areas listed below:

- Kimberley.
- Pilbara Gascoyne.
- Midwest and Murchison.
- Wheatbelt.
- Great Southern.
- Goldfields South East.

Contact details for these are:

Kimberley
Postal Address:
Locked Bag 4011
BROOME WA 6725

Unit 4, 9 Dampier Terrace,
BROOME WA 6725

☎ (08) 9194 1600
🖷 (08) 9194 1666

Pilbara Gascoyne
Postal Address:
PO Box 63
PORT HEDLAND WA 6721

Morgans Street
PORT HEDLAND WA 6721

☎ (08) 9158 1794
🖷 (08) 9173 2964

Midwest and Murchison
Postal Address:
PO Box 22
GERALDTON WA 6531

Onslow Street
GERALDTON WA 6530

☎ (08) 9956 2209
🖷 (08) 9956 2421

Wheatbelt
Postal Address:
PO Box 690
NORTHAM WA 6401

Unit 2 Avon Mall
178 Fitzgerald Street
NORTHAM WA 6401

☎ (08) 9622 4350
🖷 (08) 9622 4351

Goldfields South East
Postal Address:
PO Box 716
KALGOORLIE WA 6433

1st Floor, Viskovich House
377 Hannan St
KALGOORLIE WA 6430

☎ (08) 9088 6221
🖷 (08) 9088 6223

Great Southern
Postal Address:
PO Box 165
ALBANY WA 6331

'Callistemon House'
Cnr Hardie Road and Warden Avenue
ALBANY WA 6330

☎ (08) 9892 2662
🖷 (08) 9842 1095

About Us

Services Provided

The WA Country Health Service is implementing a hospital role delineation framework, which will focus on building the capacity of Regional Resource Centres to deliver acute services, develop our Integrated District Health Services and network health services in smaller towns. This strategic initiative will strengthen our primary health care focus and enable us to provide specialised community and residential care services and aged health care services via regional networks. Under the WACHS Regional Network Model hospital facilities are grouped as follows:

Regional Resource Centres
Regional Resource Centres provide comprehensive acute care services and support major specialties and sub-specialty services based on regional requirements. Regional Resources Centres in WACHS are situated in Albany, Broome, Geraldton, Kalgoorlie and Port Hedland.

Integrated District Health Services
Integrated District Health Services provide health care for towns with populations of between 4,000 – 12,000 people and have an increased role in the provision of primary and secondary care. Integrated District Health Services are situated in Esperance, Katanning, Moora, Narrogin, Merredin, Northam, Carnarvon, Newman, Nickol Bay, Derby and Kununurra.

Small Health Centres
Health Centres provide health care to small populations of between 1,000 – 4,000 people and are focused on emergency care, community based services and residential care. eg. Multi Purpose Service health care model. Health Centres are situated in Beverley, Boddington, Bruce Rock, Corrigin, Cunderdin, Dalwallinu, Denmark, Dongara MPC, Dumbleyung, Exmouth, Fitzroy Crossing, Gnowangerup, Goomalling, Halls Creek, Kalbarri MPC, Kellerberrin, Kojonup, Kondinin, Kununoppin, Lake Grace, Laverton, Leonora, Meekatharra, Morawa, Mullewa, Narembeen, Norseman, North Midlands, Northampton, Onslow, Paraburdoo, Pingelly, Plantagenet, Quairading, Ravensthorpe, Roebourne, Southern Cross, Tom Price, Wagin, Wickham, Wongan Hills, Wyalkatchem, Wyndham and York.

The WACHS administers and manages 57 hospitals, 21 nursing posts, 17 aged care facilities, 39 health centres, 117 child, community, dental, alcohol and drug, mental and public health facilities, 502 staff accommodation facilities and over 19 office and general service buildings and facilities. Hospitals throughout the health service provided 1,323 beds (May 2005).

In 2004 the WACHS delivered 3,345 live born infants, provided 23,708 same day procedures and discharged 75,384 hospital cases with an average length of stay of 2.89 days. It also provided 7,194 individual consultations from a community mental health service and there were 243,378 attendances to its emergency departments.

Direct inpatient and medical services, community and public health, and corporate support services are provided and include:-

Direct Patient Services
Accident and Emergency
Acute, general and specialist medical and surgical
Renal dialysis
Paediatrics
Obstetrics and gynaecology
Aged and extended care
Psychiatric and mental health
Occupational medicine
Pain management

Medical Support Services
Ambulance
Audiology
Medical imaging
Occupational therapy
Pathology
Pharmacy
Dietetics and nutrition
Physiotherapy
Podiatry
Social work
Speech pathology

About Us

Services Provided (cont)

Community and Support Services
Aged care assessments
Community, child, adolescent and maternal health
Public and environmental health, health promotion
Chronic illness and disease control
Residential aged care
Home and Community Care
Community Aged Care Packages
Carer respite
Community mental health
Palliative care
Community aids and appliances
Medical transport
Remote area health services

Other Services
Patient Assisted Travel
Telehealth facilities
Hospital in the Home
General administration and service management
Engineering and maintenance
Hotel and catering
Medical records

About Us

Vision and Mission Statements – WA Country Health Service

Vision
To create unified, well networked and strengthened systems in the WA Country Health Service and a "Whole of Community" approach to new and innovative future solutions.

Mission
To provide a robust and sustainable system of health service delivery that meets contemporary health needs.

Key Strategic Initiatives and Objectives in 2004-05

The WA Country Health Service vision and strategic directions outlined in the Country Services Review 2003 encompass the recommendations of the Reid Review.

These strategic directions focus on building the capacity and sustainability of rural health services to achieve better health outcomes for rural West Australians through:

- Clarifying the role of each service and building an integrated regional network model of service delivery.
- Developing strong linkages and coordinated patient transit between services within regions and with the metropolitan area.
- Focusing on health priority areas, particularly chronic disease management, Aboriginal health, child and maternal health, mental health, and alcohol and drug abuse.
- Strengthening our engagement with the community.

In addition new methods for service delivery models are being implemented to ensure continuity and sustainability of service provision.

The priorities for WACHS over the next five years are:

- Implementing our role delineation framework:
  - ~ Building the capacity of Regional Resource Centres.
  - ~ Developing Integrated District Health Services.
  - ~ Networking health services in smaller towns and strengthening their primary health care focus.
  - ~ Providing specialised community and residential care services to meet the needs of elderly rural residents.
  - ~ Introducing and supporting new ways to engage the community in health service planning.
- Developing sustainable health service infrastructure to meet the current and future needs of the rural community.
- Workforce development:
  - ~ Strengthening access to specialist services within rural areas.
  - ~ Building the clinical workforce.
  - ~ Developing sustainable alternative service models that recognise workforce shortages and changing community expectations.
  - ~ Introducing nurse practitioners.
  - ~ Supporting general practitioners.
  - ~ Strengthening the primary health care and community focus of health services.
- Patient transport and coordination:
  - ~ Strengthening transport linkages across the rural health system.
  - ~ Coordinated and strengthened aero-medical transport service.
  - ~ Better supported road transport service that values and supports volunteers.
  - ~ Better coordination and support for patients in transit through the health service.
- Expanding the use of Telehealth.
- Improving health outcomes in priority areas including:
  - ~ Aboriginal health.
  - ~ Mental health.
  - ~ Alcohol and drug abuse.
  - ~ Maternal and child health.
  - ~ Chronic diseases.
- Reviewing medical funding models.
- Community engagement.

Compliance Reports

Enabling Legislation

The Department of Health is established by the Governor under section 35 of the *Public Sector Management Act 1994.* The Director General of Health is responsible to the Minister for Health for the efficient and effective management of the organisation. The Department of Health supports the Minister in the administration of 45 Acts and 105 sets of subsidiary legislation.

Acts administered

Acts Amendment (Abortion) Act 1998
Alcohol and Drug Authority Act 1974
Anatomy Act 1930
Animal Resources Authority Act 1981
Blood Donation (Limitation of Liability) Act 1985
Cannabis Control Act 2003
Chiropractors Act 1964
Co-opted Medical and Dental Services for the Northern Portion of the State Act 1951
Cremation Act 1929
Dental Act 1939
Dental Prosthetists Act 1985
Fluoridation of Public Water Supplies Act 1966
Health Act 1911
Health Legislation Administration Act 1984
Health Professionals (Special Events Exemption) Act 2000
Health Services (Conciliation and Review) Act 1995
Health Services (Quality Improvement) Act 1994
Hospital Fund Act 1930
Hospitals and Health Services Act 1927
Human Reproductive Technology Act 1991
Human Tissue and Transplant Act 1982
Medical Act 1894
Mental Health Act 1996
Mental Health (Consequential Provisions) Act 1996
Nuclear Waste Storage and Transportation (Prohibition) Act 1999
Nurses Act 1992
Occupational Therapists Registration Act 1980
Optical Dispensers Act 1966
Optometrists Act 1940
Osteopaths Act 1997
Perth Dental Hospital Land Act 1942
Pharmacy Act 1964
Physiotherapists Act 1950
Podiatrists Registration Act 1984
Poisons Act 1964
Psychologists Registration Act 1976
Public Dental Hospital Land Act 1934
Queen Elizabeth II Medical Centre Act 1966
Radiation Safety Act 1975
Tobacco Control Act 1990
University Medical School Act 1955
University Medical School Teaching Hospitals Act 1955
Western Australian Bush Nursing Trust Act 1936
Western Australian Bush Nursing Trust Act Amendment Act 1947
White Phosphorous Matches Prohibition Act 1912

Acts Passed During 2004-05

Health Legislation Amendment Bill 2004
Human Reproductive Technology Amendment Bill 2003
Human Reproductive Technology Amendment Bill (Prohibition of Human Cloning) 2003

Acts in Parliament at 30 June 2005

Chiropractors Bill 2005
Health Amendment Bill 2005
Occupational Therapists Bill 2005
Optical Dispensers Repeal Bill 2005
Osteopaths Bill 2005
Physiotherapists Bill 2005
Podiatrists Bill 2005
Tobacco Products Control Bill 2005

Amalgamation and Establishment of Boards

There were no Boards amalgamated or established during 2004-05.

Ministerial Directives

The Minister for Health did not issue any directives on Department of Health operations during 2004-05.

Compliance Reports

Statement of Compliance with Public Sector Standards

In the administration of the WA Country Health Service, I have complied with the Public Sector Standards in Human Resources Management, the Western Australian Public Sector Code of Ethics and our Code of Conduct.

I have put in place procedures designed to ensure such compliance and have undertaken appropriate internal processes to satisfy myself the statement made above is correct.

Human Resource Management
The WA Country Health Service has adopted a number of mechanisms to ensure that it complies with the requirements of the Public Sector Standards for Human Resource Management. Compliance requirements are emphasised in staff training and orientation programs.

The WACHS employs mechanisms to assess compliance and maintain its focus on the standards including:

- Staff surveys.
- Quality assurance audits conducted by WACHS human resource staff.
- Independent internal audits performed by the Internal Audit Branch.
- External auditing agencies such as the Office of the Auditor General.
- Training programs and workshops.
- Information gathered from exit interviews.
- When required, standards breach and grievance investigations.

Code of Ethics and Code of Conduct
Codes of Ethics and Conduct are actively promoted in all WACHS workplaces and the health service monitors compliance with the codes across all sites. New employees are provided with copies of the codes and they are discussed at orientation and induction courses. Regular training is also provided for all staff to maintain their awareness of the codes and apply this knowledge to behaviour in the workplace. Staff are required to acknowledge their understanding and acceptance of the codes.

The WACHS has an agency level Code of Conduct supporting the WA Public Sector Codes of Conduct and Ethics.

During 2004-05 the WACHS received six complaints alleging non-compliance with the codes. Five were investigated and resolved internally while one was referred to an external agency for resolution.

Table 1: Summarised Breach Claims of Public Sector Standards

HR Practice	Number of Applications Lodged 2004-05	Number Resolved in Agency	Number Referred to OPSSC	Number withdrawn in Agency	Number Under Review 2004-05
Recruitment and Selection	4	3	1	0	0
Performance Management	1	0	1	0	0
Temporary Deployment (Acting)	0	0	0	0	0
Grievance Resolution	3	0	2	0	1
Total	**8**	**3**	**4**	**0**	**1**

The WA Country Health Service has not been investigated or audited by the Office of Public Sector Standards Commissioner for the period to 30 June 2005.

Dr Neale Fong
Acting Director General
Accountable Authority

30 August 2005

Management Structure

Accountable Authority

The Acting Director General of Health, Dr Neale Fong is the Accountable Authority for the WA Country Health Service.

Pecuniary Interests

Senior officers of the WA Country Health Service have declared no pecuniary interests in 2004-05.

Senior Officers

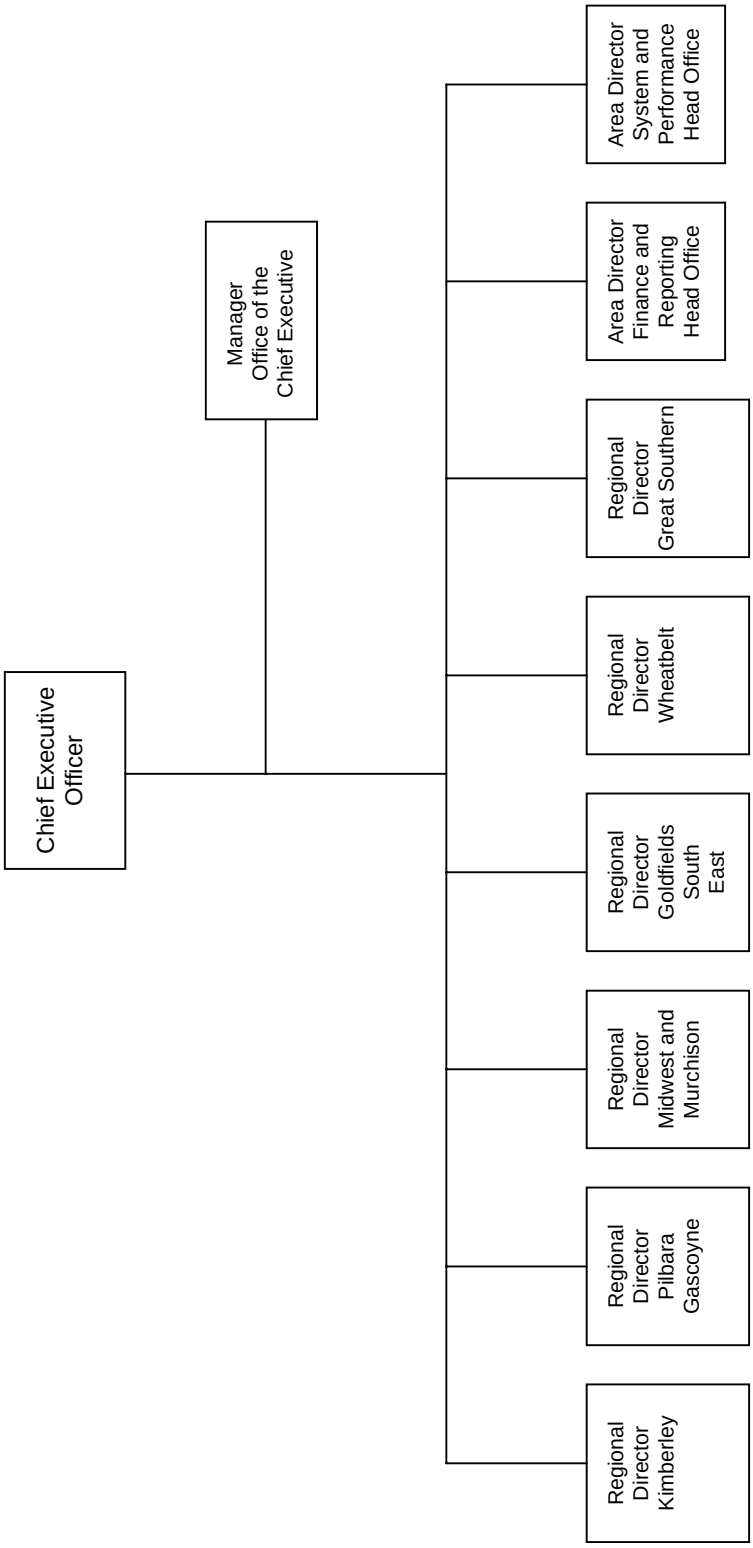
The senior officers of the WA Country Health Service and their areas of responsibility are listed below:

Table 2: WACHS Senior Officers

Area of Responsibility	Title	Names	Basis of Appointment
WA Country Health Service (WACHS)	Chief Executive Officer	Christine O'Farrell	Contract
WACHS-Goldfields South East	Regional Director	Bronwen Scott	Permanent
WACHS-Great Southern	Regional Director	Keith Symes	Permanent
WACHS-Kimberley	Regional Director	Kay Atfield	Permanent
WACHS-Midwest and Murchison	Regional Director	Shane Matthews	Permanent
WACHS-Pilbara Gascoyne	Regional Director	Patrik Mellberg	Permanent
WACHS-Wheatbelt	Regional Director	Tim Shackleton	Permanent
WACHS – Finance and Reporting Head Office	Area Director	Trevor Canning	Permanent
WACHS – System and Performance Head Office	Acting Area Director	Ian Smith	Temporary

Management Structure

WA Country Health Service Structure as at 30 June 2005



Achievements and Highlights

Healthy Hospitals

WA Country Health Service

Telehealth

During 2004-05 the WACHS developed a strategic plan for Telehealth services providing recommendations for leadership and capacity building, clinical service development, resourcing and support, and monitoring and reporting. There are currently 86 videoconference locations and 19 teleradiology sites.

Medical Equipment

The WACHS allocated $9 million for the purchase of medical equipment throughout the health service.

Acquisitions included:

- A diathermy machine, electrocardiograph and patient monitoring equipment at the Broome Regional Resource Centre, patient monitoring and cataract equipment at Derby Hospital and cardiac defibulators for Fitzroy Crossing and Wyndham Hospitals.
- Mobile x-ray units at the Port Hedland Regional Resource Centre and Carnarvon Hospital, ultrasound scanners for Nickol Bay and Carnarvon Hospitals. Approval has also been received to purchase a Computerised Tomography (CT) unit for the Port Hedland Regional Resource Centre expected to be operational by the end of 2005.
- Endoscopy equipment, patient monitors and an x-ray film processor for the Midwest and Murchison.
- A diathermy machine, patient monitoring equipment, x-ray generating unit, obstetric ultrasound and patient ventilator for the Kalgoorlie Regional Resource Centre, and endoscopy and instrument sterilising equipment for Esperance Hospital.
- A new ultrasound machine and endoscopy and monitoring equipment for Albany Regional Resource Centre and a new mobile x-ray machine for Katanning Hospital.
- A electrocardiograph, endoscopy equipment, x-ray units for Narrogin Hospital, patient monitoring and endoscopy equipment and x-ray equipment for Northam Hospital mobile x-ray and patient monitoring equipment, an electrocardiograph and cardiac defibulator for Merredin Hospital, patient monitoring equipment for Goomalling Hospital and cardiac defibulators for Moora and Narembeen Hospitals.

Rural Health Related Transport Services

The WACHS completed its review of health related transport services in the country resulting in recommendations to improve road and aeromedical transport. These included:

- Improved integration with the Royal Flying Doctor Service.
- Increased services for Aboriginal patients in Perth.
- Updating the PATS database and improving information, forms design and training.
- Updating transport policies.

National Medication Safety Breakthrough Project

The WACHS is continuing its involvement in the National Medication Safety Breakthrough Project, a collaborative approach to addressing issues such as medication errors, medication compliance and asthma management.

Kimberley

National Medication Collaborative

The Broome Regional Resource Centre participated in the National Medication Collaborative to achieve a reduction in medication errors.

Ambulatory Surgery Initiative

During 2004-05 the Ambulatory Surgery Initiative has reduced the waiting list for elective surgery in Broome. Kununurra has provided additional theatre access for endoscopes and general surgery.

Pilbara Gascoyne

Wickham Health Services

The redevelopment of the Wickham Hospital to a primary health care and health information centre was completed. This followed an evaluation that determined the original hospital service delivery model was not sustainable. The development of the new service model followed an extensive community engagement and consultation process.

Achievements and Highlights

Healthy Hospitals (cont)

Pilbara Gascoyne

Hospital Service Initiatives

A number of hospital service initiatives were undertaken in the Pilbara Gascoyne including:

- The implementation of oral surgery at Carnarvon Hospital.
- The refurbishment of Newman Hospital.
- The refurbishment of Onslow Hospital that included acquisition of equipment for emergency patient care and resuscitation.

Midwest and Murchison

Picture Archiving and Communication System

Geraldton Region Resource Centre will be the first facility in regional Western Australian to receive a Picture Archiving and Communication System. This technology helps patients receive their treatment quicker and provides more accurate diagnoses.

Goldfields South East

Accreditation

Kalgoorlie-based services underwent a joint accreditation survey in August 2004 and were awarded two year accreditation status. This result reflected dedicated effort and teamwork by staff in all areas of the Resource Centre, Mental Health Service and Population Health Unit.

Renal Dialysis Services

The capacity of the dialysis unit at Kalgoorlie Regional Resource Centre was increased from 16 to 22 places in response to increasing needs in the local community. Opportunities for staff to undertake university based dialysis education studies have been supported . A tender for the provision of new dialysis machines is currently at the evaluation stage. These strategies will reduce the need for patients to relocate to Perth in order to access dialysis services.

National Medication Safety Breakthrough Collaborative

The Kalgoorlie Regional Resource Centre and Esperance Hospital are participants in the National Medication Safety Breakthrough Collaborative. The collaborative focusses on improving medication safety in an inpatient setting, reducing medication incidents, improving medication charting and increasing the patient's understanding of the importance of taking medications once discharged from hospital. The program has raised community awareness of medication safety through involvement of community organisations, local pharmacies, radio and television stations, and newspapers.

The Esperance Integrated District Health Service has also implemented strategies to educate people about the proper use of asthma medication, resulting in improvements from 18% to 40% in the use of asthma medication action plans.

Mental Health Emergency Care Interface Project

Kalgoorlie Regional Resource Centre and the Goldfields South East Mental Health Service are participating in the Mental Health Emergency Care Interface Project conducted by the National Institute of Clinical Studies (NICS). The project aims to reduce waiting times and “did not wait” episodes for mental health patients presenting at emergency departments, and to reduce the rate of unscheduled re-presentation.

Great Southern

Great Southern Mental Health Service

The Great Southern Mental Health Service developed and implemented an early intervention program for people who experience their first episode of psychosis. The program reduces the time from diagnosis to treatment, minimises the onset of more serious mental illness, and supports family and carers of the patient.

Great Southern Population Health Unit

The Great Southern Population Health Unit developed and implemented a diabetes complication clinic for high risk diabetics to ensure treatment is provided on a timely basis to reduce the development and severity of complications for diabetic patients.

Achievements and Highlights

Healthy Hospitals (cont)

Albany Regional Resource Centre
A number of new initiatives have been implemented at the Albany Regional Resource Centre including:

- Upgrading of the maternity ward.
- Provision of additional peak demand beds.
- Commencing negotiations with St John of God Health Care to establish a private day surgery service.

Wheatbelt
Multi Purpose Service Leading Practice Aged Care Project.
Stage 2 of the MPS Leading Practice Project in the Wheatbelt has involved implementing a range of strategies based on consultation, policy development, education and capacity building. This project particularly focussed on the involving staff at all levels. The implementation of best practice residential aged care documentation and monitoring processes has enabled a greater focus on contemporary aged care practice.

Achievements and Highlights

Healthy Workforce

WA Country Health Service

Staff Attraction and Retention

During 2004-05 the WACHS has embarked on a number of initiatives designed to attract, recruit and retain health professionals and provide professional development opportunities. These initiatives included:

- Graduate programs with trained preceptors.
- Opportunities to upgrade qualifications.
- Participation in careers seminars.
- Overseas recruiting programs.
- Placement of student nurses into learning environments in medical and health facilities in rural areas.
- Financial and operational support for approved staff development opportunities.
- Access to staff development through Telehealth.

Medical Specialist Services Plan

During 2004-05 the WACHS has undertaken the development of a ten year specialist services plan to improve and increase the level of resident and visiting medical services needed in rural areas. Work has identified current services by medical speciality and service gaps and priorities. A community consultation phase has commenced to seek input from community and key stakeholders into the development of the final plan.

Therapy Assistants

The WACHS has implemented an innovative Therapy Assistant training package consisting of 18 modules delivered via videoconference. This training model will assist in providing allied health services in rural and remote communities.

Nurse Practitioners

The WACHS is progressing the implementation of the nurse practitioner workforce model. A Project Officer has been appointed to assist the Steering Group have nurse practitioner sites and functions approved, and to develop WACHS-wide clinical protocols for all identified nurse practitioner roles.

NurseWest

NurseWest is a central point of contact for all temporary nurses in the public health system. It offers nurses the opportunity to join a government nursing pool that allows flexible modes of employment. The NurseWest initiative has been extended to the WACHS and is expected to reduce reliance on agency nursing staff across the health service.

Kimberley

Aboriginal Health Workers

Aboriginal Health Workers have been employed at Broome and Halls Creek to work in the acute care sector. These positions provide clinical assessment, cultural interpretation and support for aboriginal people.

Primary Health Care Access Program (PHCAP)

Through the PHCAP intiative, the Kimberley Population Health Unit has been able to eliminate sole nurse remote area postings. This increase in nursing staff enables increased primary health service delivery and contributes to a reduction in staff turnover related to “burn out” in the remote settings.

Pilbara Gascoyne

Staff Housing

Matched funding of $750,000 between the Pilbara Development Commission and the WACHS will provide for the construction of four new staff houses in Port Hedland.

Staff Security

A new duress system to improve staff security, including mental health staff has been implemented at a number of sites.

Midwest and Murchison

Graduate Allied Health Program

The Graduate Allied Health Program (supported learning environment) entered its second year. The program has proved particularly successful in recruiting allied health staff.

Nursing Recruitment

A regional approach to nursing recruitment is proving very successful and has resulted in a marked reduction in the use of agency nursing staff.

Geraldton Mental Health Services

In November 2004 additional funding was allocated to employ extra staff to improve mental health services in Geraldton.

Achievements and Highlights

Healthy Workforce (cont)

Goldfields South East

Occupational Safety and Health
Goldfields South East has conducted a comprehensive audit of the type and availability of personal protective equipment and the equipment inventory has been standardized across the Goldfields South East.

Major Incident Medical Management
Two training programs have been conducted for Major Incident Medical Management Support (MIMMS) with twenty staff trained in MIMMS responses.

Three representatives attended a workshop on chemical biological radiological (CBR) training and these staff menbers have beeen integral in developing appropriate CBR plans.

Operations Manager Kalgoorlie Regional Resource Centre
The Goldfields South East have appointed an Operations Manager for the Kalgoorlie Regional Resource Centre, responsible for the day-to-day operation of the hospital enabling the Director of Nursing to focus on clinical nursing leadership.

Public Health Physician
A public health physician position has been created providing medical support, guidance and coverage across a range of areas including environmental health, communicable disease control, chronic disease and ambulatory care.

Podiatrist
In January 2005 the Goldfields South East employed a salaried podiatrist based at the Kalgoorlie Regional Resource Centre. Services focus on treating patients with end stage renal disease and other multiple morbidities as well as providing other health workers with skills instruction on feet assessment, treatment and maintenance programs. Clinical referral pathways have been developed to ensure that priority patients receive appropriate treatment.

Great Southern

Consultant Psychiatrist
During 2004-05 the Great Southern has been able to appoint a second Consultant Psychiatrist commencing in April 2005. The appointee has been granted Fellowship of the Royal Australian and New Zealand College of Psychiatrists.

Visitations by Senior Registrar in Psychiatry
Additional funding has enabled a Senior Registrar in Psychiatry to regularly visit the Great Southern Mental Health Service.

Respectful Workplace Program
The Great Southern developed and implemented a Respectful Workplace Program to prevent and resolve workplace bullying.

Performance Development
The Great Southern developed and implemented a performance development system to improve accountability and job satisfaction, and to address employee development needs.

Achievement Recognition
Early in 2005, two overseas trained specialists were granted Fellowship of the Royal Australasian College of Surgeons in recognition of their achievement in meeting the high standards set by the College.

Wheatbelt

Wheatbelt Public Health Unit
The Wheatbelt Public Health Unit was successful in receiving a health promotion scholarship to employ a graduate to design and implement a physical activity program. The program was used by primary and allied health staff for 'at risk' patients and demonstrated a significant change in health professional's confidence in prescribing physical activity to clients and a marked increase in walking behaviours by the participants. During 2005 the project will be extended across the Wheatbelt.

Service Recognition
Nursing staff at Boddington Hospital were awarded the Health Consumer Council Certificate of Excellent Service to Consumers recognising the provision of a flexible service to consumers in a rural area. An enrolled nurse at the Narrogin Hospital was awarded the Rural and Remote Nurse category in the "Nurse of the Year" awards.

The Pingelly Health Service was awarded a Ministers Award for Excellence for Employers of New Apprentices. Staff completed certificates in different health streams, providing a new skill set among the health service.

Achievements and Highlights

Healthy Partnerships

WA Country Health Service

District Health Advisory Councils

Seventeen District Health Advisory Councils (DHAC) have been established across the WACHS. The DHACs provide community participation in health planning, development and service management and provide local representation and regular contact with WACHS senior staff, the Director General of Health and the Minister for Health.

A network of Council Chairpersons has been implemented to facilitate liaison across the WACHS. This group met in April 2005 and discussions at this forum resolved to further build the role of the Councils to achieve greater community engagement and specified four key focus areas for Health Advisory Council Development:

- Advocacy and Communication.
- Health Service Planning.
- Healthy Communities.
- Quality.

Disability Service Commission Partnership

The WACHS is working in partnership with the Disability Services Commission (DSC) to enhance services to people with disabilities in rural communities. The WACHS and the DSC have signed a Memorandum of Understanding (MOU) to improve access to allied health services including physiotherapy, speech therapy and occupational therapy.

Rural Clinical School

A MOU has been negotiated with the Rural Clinical School to increase the opportunities for medical student placements in rural hospitals. Current sites include Albany, Broome, Derby, Esperance, Kalgoorlie, Karratha, Geraldton and Port Hedland.

Kimberley

Caring Communities

The Regional Palliative Coordinator Caring Communities program was established in Broome aiming to increase awareness in rural and remote communities of palliative care services, and to provide more choice to consumers.

Fitzroy Sharing Information Project

The Fitzroy Valley Health Service and Nindilingarri Cultural Health Service (NCHS) partnership MOU and Sharing Information Project Agreement was signed. Communicare (Health Information Software Package) links were established and the project commenced.

Aged Care Education

An MOU with Kimberley TAFE was developed outlining the provision for the Kimberley Aged Care Service to implement Certificate III Aged Care training in remote aboriginal communities.

Respite Services

An MOU with non-government residential care facilities for the provision of respite services and the management of the Kimberley wide respite booking system was developed and implemented.

Home and Community Care Program

Agreements with 18 remote aboriginal communities for delivery of Home and Community Care program (HACC) services in Kimberley commenced in 2004-05.

Planning and Liaison Networks

Work continued on developing and maintaining strong working relationships for delivering health outcomes with the Aboriginal Community Controlled Health Organisations (Kimberley Aboriginal Medical Service Community and Nindilingarri), Indigenous Coordination Centre (previously ATSIC), the WA Government Departments for Community Development, Indigenous Affairs, Police, Justice, Education and Planning and Infrastructure.

The Kimberley Community Drug Service Team has entered into an MOU with the Department of Justice and Youth Services, outlining clinical pathways and support for drug and alcohol services.

Achievements and Highlights

Healthy Partnerships (cont)

Kimberley
Gordon Enquiry Recommendations
The WACHS is working collaboratively with several government agencies to implement the recommendations of the Gordon Enquiry. These include the WA Police Service and the Department for Community Development in the management of Sexually Transmitted Infections in minors and with the Department of the Premier and Cabinet to address infant, child and maternal health. The WACHS has also participated in the planning of the Multifunction Police Facility at Warmun community.

Pilbara Gascoyne
Interagency Strategy for Alcohol Misuse
The Pilbara Gascoyne participated in a multi-agency forum to establish an interagency strategy with liquor licensees for the reduction of fortified wines to reduce the effects of alcohol misuse.

Midwest and Murchison
Regional Managers Forum
The Midwest, Murchison and Gascoyne Interagency Regional Managers Forum was established and met regularly in 2004-05 resulting in improved interagency cohesion and communication.

Goldfields South East
Community Based Palliative Care
A new partnership arrangement has been developed between Kalgoorlie Regional Resource Centre and the Silver Chain Nursing Association (SCNA) for the delivery of community-based palliative care. Under the partnership, SCNA staff will work closely with the Regional Resource Centre to meet the needs of terminally ill patients within their home environment, enhancing their quality of life and reducing their need to be hospitalised.

Great Southern
Primary Health
A Primary Health Partnership Agreement is in place with the Great Southern Division of General Practice to improve health outcomes for the people living in the Great Southern.

Palliative Care
To ensure that services are delivered in a coordinated and effective manner to those in need, the Great Southern has entered into partnership agreements for palliative care with Albany Hospice Inc and the Silver Chain Nursing Association, and for mental health with Southern Agcare and the Great Southern Division of General Practice.

Crunch & Sip Program
The WA Department of Health launched the Crunch & Sip Program in May 2005. This public health program targets nutrition and hydration for school students to aid physical and mental performance. The Crunch & Sip Program is based on the Fruit & Water Policy in Schools Project developed by the Great Southern Public Health Unit and the Albany and Narrogin Education Districts.

Wheatbelt
Education and Training
In conjunction with TAFE eighty staff are undertaking Certificates III and IV in Aged Care and training for diabetes and Meals on Wheels services.

Wheatbelt Physical Activity Council
During 2004-05 the Wheatbelt Physical Activity Council was successfully established with participation from a number of key Wheatbelt agencies including Department of Sport and Recreation, Main Roads, Wheatbelt Division of General Practice, Be Active Coordinators, Primary Health and local government.

Dental Health Services Boddington
The Wheatbelt has entered a partnership arrangement with a private dental practice for the provision of dental services to the towns of Boddington, Wandering and Quindanning.

Achievements and Highlights

Healthy Communities

WA Country Health Service

RuralLink

RuralLink is a specialist after-hours mental health telephone service for the rural communities of Western Australia provided by the metropolitan based psychiatric emergency team. This program, launched in September 2004, supports country people with mental health issues, their families and carers.

Mentally Healthy

The Mentally Healthy WA project aims to improve mental health in communities in regional Western Australia. This will be achieved by increasing individual resilience and community cohesion. The WA Country Health Service has joined a consortium of Healthway, Southwest Area Health Service, Lotterywest and the Centre for Behavioural Research in Cancer Control and Curtin University to implement a community-based mental health promotion campaign in seven regional centres in Western Australia: Albany, Esperance, Geraldton, Kalgoorlie, Karratha, Northam/York/Toodyay, and Manjimup/Pemberton. This project is in its planning stage and will be conducted over three years. It will inform best practice in the area of Mental Health Promotion.

Pit Stop Program for Men

The Pit Stop Program for Men is a men's health screening program designed to prevent illness and increase early diagnosis of disease. The program has been successfully implemented across the WACHS and was presented at agricultural shows, workplace health promotion events, health expos and conferences during 2004-05.

Renal Dialysis Service Planning

The WACHS has completed a comprehensive review of renal disease in the Kimberley and data analysis of renal disease in the Pilbara Gascoyne, Midwest and Murchison and Goldfields South East. This is the first time that such analysis has been conducted in Australia on such a large, remote population and will be used to improve renal services across the WACHS.

Transport Review

In 2004-05 a review of transport services has been undertaken to examine the issues of moving people to services and services to people. This review has included examination of the current Patient Assistance Travel Scheme (PATS) financial assistance program.

Kimberley

Community Midwifery

A Community Midwifery program commenced in 2004-05 at Broome targeting indigenous and high risk women.

Primary Health Care Access Program

Kimberley Public Health Unit (KPHU) achieved substantial infrastrucuture improvements in primary health care services in remote Aboriginal communities, through the Primary Health Care Access Program (PHCAP). PHCAP is a collborative venture between KPHU and the Kimberley Aboriginal Medical Services Corporation (KAMSC), and is funded by the Australian Government to improve health care services in the Kimberley.

Community Drug Service Team

Kimberley Community Drug Service Team worked in partnership with Milliya Rumurra Residential Rehabilitation Service to deliver education sessions to the Dampier Peninsula as part of the Dampier Peninsular Prevention Project (prevention from harm from drugs and alcohol).

Mental Health

Kimberley mental health team in partnership with KAMSC produced a mental health promotion television advertisement.

Achievements and Highlights

Healthy Communities (cont)

Pilbara Gascoyne

Emergency Medical Trailers

Emergency services in the Pilbara Gascoyne have raised nearly $23,000 towards designing and building an emergency medical trailer to be used as a mobile emergency medical unit at accident sites in the area.

Aged Care Facilities South Hedland

The tendering process has been completed for the first stage of the construction of the 56 bed residential aged care facility.

Health Services Development

The Pilbara Gascoyne has developed a number of health service initiatives to improve health care delivery including:

- Improved communications between Carnarvon and Exmouth with more frequent visits and networking.
- Implementation of strategies to identify and manage post natal depression for young families in the Newman community.
- Commencing a visiting ultrasonographer service.
- The appointment of a diabetes educator in Tom Price.
- The implementation of a regular patient transport service to Karratha for inter-hospital transfers and Patient Assisted Travel Scheme (PATS) eligible clients with specialist appointments from Onslow. This lessens the anxiety of organising difficult travel arrangements and reduces the general fatigue and stress of the trip to Karratha.
- The continued funding and management of the Pilbara National Respite for Carers Program and new funding and management of an additional program, Pilbara Commonwealth Carelink Centre.
- The restructure of Population Health to include allied and community health services throughout the Pilbara Gascoyne.
- The development and implementation of a 'Healing Circle' initiative by the Community Drug Service Team and Health Promotion in Carnarvon for indigenous women who have been the subject of domestic violence.
- The acquisition of funding from the Office of Aboriginal Health to establish a Regional Sexual Health Team (RSHT) for the Pilbara.
- The development of a "Best Practice Model for Health Promotion Programs in Aboriginal Communities".
- Acquiring Commonwealth Rural Health Scheme funding to continue an air charter service to inland towns of Tom Price and Paraburdoo and surrounding Aboriginal communities to provide allied health and Medical Imaging Technology outreach services.
- Further funding support from the Commonwealth Rural Health Scheme to provide West Pilbara communities with visits from a Dietitian and Occupational Therapist as well as an aboriginal therapy assistant based in Onslow.

Midwest and Murchison

Population Health

The Midwest and Murchison Population Health Directorate using a capacity building, health-promoting model, is working with communities to identify and act on initiatives that reduce the risk of ill health now and into the future.

Innovative Practice Models

The expansion of innovative practice models utilising Telehealth, therapy assistants and a multidisciplinary team approach has seen the amplification of service diversity throughout the Midwest and Murchison.

Aboriginal Health Planning Forum

During 2004-05 a Regional Planning Forum for Aboriginal Health has been established providing opportunities to incorporate improved culturally appropriate and integrated approaches to the planning and provision of aboriginal healthcare throughout the Midwest and Murchison.

Achievements and Highlights

Healthy Communities (cont)

Goldfields South East

Disaster Management

Goldfields South East has taken a number of significant initiatives to enhance its disaster management capabilities.

- A Disaster Preparedness and Emergency Management Committee has been established and meets monthly.
- Emergency plans for all sites have been revised and are documented in an Emergency Procedures Folder. This features an Emergency Procedures Manual formatted according to the Australian Standards 1998 and documentation for a Chemical Biological Radiological (CBR) Response Plan, Regional Emergency Support Plan, and a Business Continuity Plan. All documentation is supplied on CD Rom for easy updating.
- Decontamination capabilities have been developed at the Kalgoorlie Regional Resource Centre with smaller sites able to address smaller incidents.

Leonora Community Health Centre

The new Leonora Community Health Centre provides business accommodation for community health and HACC services providing local access to services in a modern facility.

Healthy Communities Showcase Workshop

The Goldfields South East, in collaboration with other health-focused organisations and the Iragul Aboriginal Corporation, presented a Showcase in Norseman in May 2005. Approximately 80 people attended, including members of the public, District Health Advisory Committee members, Goldfields South East staff, and representatives from other agencies such as Community Development and Indigenous Affairs. The theme of the day was 'Healthy Communities' and the audience participated in 15 presentations given by staff and others. The many positive outcomes included improved links with the Norseman community and increased awareness of services available.

Specialist Consulting Centre

A specialists' consulting centre at the Kalgoorlie Regional Resource Centre was opened in April 2005 and provides service provision facilities for salaried specialists. The new centre is more convenient for patients to access services as well as achieving economies of scale with the specialists accommodated in one location.

Great Southern

Aboriginal Health Services

The Great Southern assumed responsibility for providing a range of Aboriginal health services, previously delivered by a non-government organisation. The Great Southern is working with the Aboriginal community to improve the effectiveness of these services using a collaborative model of engagement. In addition, Commonwealth and State funded programs, specifically to address the needs of people from the "Stolen Generation" are being delivered in partnership with the Great Southern Division of General Practice.

Noongar Family Diabetes Project

A Noongar Family Diabetes project was established in Tambellup in partnership with Edith Cowan University and the Southern Aboriginal Corporation to prevent and better manage diabetes in the Aboriginal community. This project developed and implemented a culturally appropriate model for aboriginal people with diabetes.

Rural Community Support Service

The Rural Community Support Service provides a primary mental health counselling service for people living in small towns in the Great Southern. This service also provides opportunities for people and communities to develop better capacities to manage situational crises, anxiety and depression and prevent the progression into serious mental illness. The service has been recently evaluated and has been approved for funding for a further three years by the Commonwealth Department of Health and Ageing.

Healthy Communities (cont)

Wheatbelt

Stoma Therapy

A stoma therapy service has been developed and introduced in Narrogin for in-patients, outpatients and community based clients.

Chemotherapy Services

Chemotherapy services have been developed and introduced in Narrogin providing both acute and outpatient based services. Outpatient chemotherapy services have also been implemented for patients in the Northam area supported by a chemotherapy clinic provided from the hospital.

Palliative Care

The outreach service of the Palliative Care Unit at Northam Hospital has been expanded to outlying district hospitals. Staff provide support and advice to patients, general practitioners and nursing staff.

Wheatbelt Aboriginal Health Strategic Plan

During 2004-05 the Wheatbelt Health Management Team endorsed the 'Wheatbelt Aboriginal Health Strategic Plan for 2005-2007'. The plan details five key priority areas and documents an action plan to address these in the Wheatbelt. The priority areas are:

- Support and development of a sustainable aboriginal health workforce.
- Improving access to health services.
- Involving aboriginal people in health service decision-making.
- Improving cultural awareness.
- Effective partnerships.

Best Practice in Aged Care

During 2004 the evaluation of aged care services in the Wheatbelt was completed. The evaluation identified both the gaps and service needs for aged care services in the Wheatbelt as well as the service and operational components that led to the provision of quality and sustainable service delivery. This information will guide the development of aged care services across the WACHS.

Achievements and Highlights

Healthy Resources

WA Country Health Service

Corporate Services

The WACHS continues to review its corporate structures and processes as it moves to adopt the standards and criteria of the Corporate EQuIP across the organisation. This evaluation of our corporate business using the EQuIP guidelines will ensure our corporate services are well positioned for the formal accreditation process next year.

The establishment of the Health Corporate Network and the implementation of the Shared Services reforms will also impact on WACHS' corporate structure and the management of administrative processes. The impact of the impending centralisation of supply services and financial, and human resource transactional functions is being managed through the WACHS Head Office with rural representation on the various shared services committees. The next phase will include the development of a set of principles that will guide the future redesign and management of the WACHS corporate services.

Kimberley

Facilities Development

The Government has provided $77.4 million to upgrade health service facilities in the Kimberley specifically for:

- The further development of the hospital and provision of a CT scanner in Broome.
- A new acute inpatient unit and renovation of the ambulatory care centre at Derby Hospital.
- The replacement of the Derby Nursing Home.
- New hospitals in Fitzroy Crossing and Halls Creek.
- New staff accommodation in Halls Creek.
- Additional aged beds at the Halls Creek Aged Care facility.
- The upgrade of Wyndham and Kununurra Hospitals.
- A new dental clinic at Kununurra.
- A new residential aged care facility in Kununurra.

Pilbara Gascoyne

Port Hedland Regional Resource Centre

The replacement of the Port Hedland Regional Resource Centre on a new site in South Hedland has been approved at a cost of $65 million. A number of projects were undertaken in 2004-05 to ensure the viability and physical integrity of the existing Port Hedland Hospital including upgrades to the emergency department and surgical theatres and repairs to building foundations.

Health Services Development

The Pilbara Gascoyne has implemented a number of initiatives to improve health service delivery including:

- increased use of tele-ophthalmology;
- expansion of Coral Bay Nursing Post including equipment upgrades;
- the commencement of the construction of Karlarra House - a 56 bed residential aged care facility due for completion in July 2005;
- a partnership with the Pilbara Development Commission and BHP Billiton to upgrade Newman Community Health Centre; and
- the ongoing implementation and development of new service model at Wickham redirecting resources into primary and Aboriginal health, specialist medical and patient transport services.

Midwest and Murchison

Financial Management

Responsible financial management practices have been enhanced with the establishment of a regional Executive Committee and Corporate Services Sub-committee that meet monthly.

Geraldton Regional Resource Centre

During 2004-05 construction has continued on the new Geraldton Regional Resource Centre where stage one will be completed in August 2005. The transfer of services will follow and the demolition of the existing building will commence. All works are scheduled for completion by April 2006.

Morawa Health Centre

Planning has been completed for the new Morawa Health Centre.

Achievements and Highlights

Healthy Resources (cont)

Goldfields South East

Kalgoorlie Regional Resource Centre
A $30 million upgrade for the Kalgoorlie Regional Resource Centre has been approved to commence in 2008.

Leonora Community Health Centre
The new Leonora Community Health Centre was opened by the Minister for Health in September 2004. The Centre accommodates the community health and HACC services in modern facilities in central Leonora.

Boulder Dental Clinic
Funding has been allocated for the Boulder Dental Clinic to improve service provision and boost infection control measures.

Warburton Clinic
A $3.9 million in funding has been approved to replace the Warburton Clinic.

Staff Accommodation
Goldfields South East undertook a number of staff accommodation improvements to attract and retain staff. This included acquisition of new accommodation and the refurbishment of a number of units and apartments.

Great Southern

Albany Maternity Ward
In November 2004 the Minister for Health announced a $70,000 upgrade of the Albany Regional Resource Centre maternity ward.

Denmark Multi-Purpose Centre
In June 2005 the Minister for Health announced the commencement of the design planning phase for the Denmark Multi-Purpose Centre.

Supported Accommodation
New supported accommodation units for mental health clients have been approved to be built on the Albany Regional Resource Centre site.

Wheatbelt

Moora Health Service
The Moora community will receive a new hospital as part of the public health system reform program. The new facility will include 20 beds, including eight permanent aged care beds to cater for the increasing elderly population in the area. It will also feature x-ray facilities, an accident and emergency area and a new theatre suite with a recovery for day surgery. Construction is due to be completed by February 2006.

Narrogin Helipad
The installation of a helipad at the Narrogin Hospital has provided a faster turnaround for the transfer of seriously ill or injured patients to Perth.

Quairading Hospital Upgrade.
During 2004-05 a $1.12m upgrade of the Accident and Emergency Centre at Quairading Hospital was undertaken.

Achievements and Highlights

Healthy Leadership

WA Country Health Service

Directors of Medical Services

A network of three Directors of Medical Services, each covering two regional areas has been established to strengthen clinical planning and governance, medical administration, and hospital management and performance.

The appointment of a Medical Superintendent for the Geraldton Regional Resource Centre has also strengthened medical leadership.

Leading 100

The WACHS has 20 employees participating in the Department of Health Leading 100 program, 15 of whom are clinical health professionals. The WACHS has developed a Building Leadership Development Program, in conjunction with the Leading 100 program to further develop leadership skills in these employees.

WACHS Leadership Workshop

In May 2005, the WACHS senior management took part in a participative workshop to explore and develop the working environments for country health services. During the workshop participants reviewed the progress of country health, explored organisational directions and strengthened teamwork and leadership skills.

Nurse and Allied Health Leadership

The WACHS has established Nursing Leadership and Allied Health Reference Groups to enhance and strengthen professional leadership across the health service. An Area Director of Nursing position for the whole of the WACHS has been established and the recruitment process has commenced.

Healthy Hospital and Communities Workshop

With the assistance of Commonwealth funding the WACHS held a "Health Promoting Hospitals and Healthy Communities" workshop. Seventy health leaders and service providers from across country WA met to access the latest information about Health Promoting Hospitals, consider ideas and case examples, and network with others who have commenced implementing these new approaches.

Accreditation

The WACHS has initiated a project to oversee the accreditation of all corporate and service delivery units within the area health service under the Australian Council on Healthcare Standards accreditation program. This program will contribute to improvements in overall performance, develop a culture of continuous improvement, and have a focus on strong clinical and corporate governance.

This follows the successful accreditation of the Midwest and Murchison under the ACHS EQuIP Corporate program. Midwest and Murchison is the first entity in Western Australia to be accredited under this program.

People and Communities

Demography

The WA Country Health Service was gazetted in July 2002 and provides health services across an area covering 2,525,306 square kilometres (sq km) stretching from the Great Southern to the Kimberley and the west coast to the WA/NT/SA border.

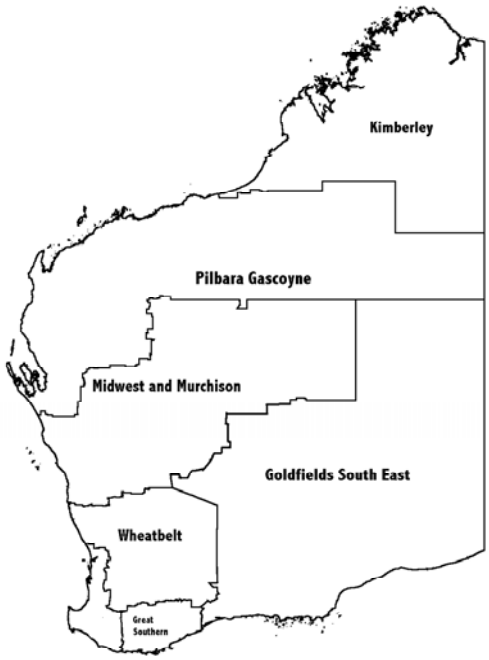
Approximately 317,259 of Western Australia's 2004 residential population live in the WACHS areas representing 16.3 % of the State's total population. Since 1981 the population for WACHS has increased by 41,136 at an average of 1,789 persons per year. In 2004 the number of Aboriginal people living in WACHS areas was 42,156, representing 13.3% of the WACHS population.

The population density for the WACHS area is 0.13 people per sq km lower than the State average of 0.8 people per sq km. WACHS has a higher percentage of children aged 0-14 years than the rest of the State but a lower percentage of people aged 65 years and over. The dependency ratio (the proportion of people aged less than 20 years and more than 64 years) is 0.49 compared with a State ratio of 0.47.

Population projections for 2013 estimate that for WACHS the population will increase by 4.3% with a dependency ratio comparable to the existing ratio.

The socio demographic factors for the WACHS area are very diverse. These factors include the size of communities and towns, the range of occupations and the availability of employment opportunities, distances travelled to regional centres and the level of infrastructure and service availability. The health service delivers health care services across 97 local government authorities.

Map 1: **WACHS Regional Areas**



Employment

The major industries providing rural employment across the WACHS area were agriculture, forestry, fishing, mining, retail, health and community service, education, construction, manufacturing, transport, essential services and hospitality and service industries.

Demography (cont)

Table 3: Population Distribution of the WA Country Health Service

Total Population				
Area	2004 Population Percentage	2004 Resident Population	2006 Resident Population Projections	2011 Resident Population Projections
Kimberley	11.3%	35,750	34,223	37,067
Pilbara Gascoyne	15.5%	49,265	55,227	57,696
Midwest and Murchison	15.8%	50,320	57,682	60,439
Goldfields South East	17.1%	54,160	68,850	74,637
Great Southern	17.2%	54,416	56,086	59,286
Wheatbelt	23.1%	73,348	79,466	86,734
WACHS TOTAL	100%	317,259	351,536	375,859

Health Overview

Demographic data and information on general health behaviour assists health services to develop and implement service delivery models and programs.

People living in country areas experience similar health problems to those seen across the State with circulatory diseases, cancer, respiratory disease, digestive diseases, and injury and poisoning being the major causes of hospitalisation and death.

While there are many local influences affecting health status, it is generally accepted that specific health risk factors such as smoking, cholesterol levels, diet and exercise are the predominant risk factors affecting health.

Self Reported Health Factors
Each year the WA Health and Wellbeing Surveillance System conducts a survey of Western Australians obtaining self reported information on a number of health risk and lifestyle factors, well-being indicators and health conditions. Over the period 2002-04 5,848 people living in the WACHS area have responded to the survey. In analysing the survey's results, data over several years may need to be combined to report appropriately for smaller areas. Results may be adjusted for differences in the age structure of the population.

The prevalence of smoking and obesity in the WACHS area was higher in both males and females when compared to the State values. The prevalence of risky and harmful drinking was also higher in males. The prevalence of the other risk behaviours were statistically similar to State values.

For self reported doctor diagnosed health conditions the prevalence of arthritis was higher in males than the value for the State while the prevalence of stroke was lower in males. The results for females for cancer, stroke and arthritis were lower than the State values. The prevalence of the other conditions were comparable to the diagnosed health conditions reported for the State.

Health Service Utilisation
The survey also gathers information regarding the use of health services. Service access rates for residents in the WACHS area for primary health care 85.8%, mental health 4.4%, allied health 35.3%, dental 41.4% and hospital services 27.3% were found to be statistically similar to the State as a whole.

Health Overview (cont)

Public Health Programs
Participation in public health programs can help prevent illness and injury. The annual survey as well as other data collection on public health programs provides additional information regarding the health of a population.

In WACHS childhood immunisations, accidental falls and cancer incidence were found to be similar to or lower than State values for these health measures. However, teenage pregnancy, cervical cancer screening participation and male youth suicide 15-24 years were higher than the State values. Some higher values in several public health measures may be attributable to high proportions of Aboriginal populations living in the WACHS area.

Major Causes of Hospitalisation
In WACHS the major causes of hospitalisation for males in the period 1999-2003 were injury and poisoning, musculoskeletal, skin, respiratory, circulatory, nervous system diseases, infectious and parasitic infections and endocrine and nutritional conditions. The same findings were reported for females, complications due to pregnancy an added cause.

Major Causes of Death
The top ten causes of death for all persons in Western Australia in the period 1999-2003 were ischaemic heart disease, lung cancer, all other cancers, cerebrovascular disease, transport related accidents, other forms of heart disease, suicide and self inflicted injury, colorectal cancer, chronic obstructive disease and allied conditions and diabetes.

For males living in the WACHS area, the major cause of death was ischaemic heart disease. Compared to the State mortality rates, male deaths in the WACHS area for ischaemic heart disease, transport related accidents, other forms of heart disease, suicide and self inflicted injury, chronic obstructive pulmonary disease and allied conditions, and diabetes were greater than expected.

For females living in the WACHS area, the major cause of death was also ischaemic heart disease. Compared to the State mortality rates, female deaths in the WACHS area for transport related accidents, other forms of heart disease and diabetes were greater than expected.

References
Health Information Centre.
Australian Bureau of Statistics.

People and Communities

Disability Service Plan Outcomes

The Disabilities Services Act 1993 was introduced to ensure that people with disabilities have the same opportunities as other West Australians. The WACHS is committed to providing all people with access to facilities and services.

The WACHS has developed and implemented a Disability Services Plan and maintains a continuous process of review to meet the outcomes outlined in the Act. In 2004-05 a number of initiatives were implemented to achieve these outcomes.

O**UTCOME 1**
Existing services are adapted to ensure they meet the needs of people with disabilities.

- The WACHS' Disability Services Plan is reviewed frequently to ensure its currency and to address new issues especially in relation to other service policies.
- The WACHS continues to encourage people with disabilities to contribute to consumer forums and ensure health service events are accessible to people with disabilities.
- Partnerships and cooperative liaisons are maintained with the representatives of the Disability Services Commission and with local general practitioners.
- Appropriate patient transport services are made available to people with disabilities to attend appointments at health facilities.

OUTCOME 2
Access to buildings and facilities is improved.

- The WACHS sustains a continual auditing process for both new and existing of facilities to ensure appropriate access is available or maintained to all facilities.
- Budget allocations are provided to address issues for existing facilities such as directional signage, handrails and railings, modifications to toilets and bathrooms, the provision of access ramps and automatic doors, and appropriate vehicle parking capacity for people with a disability.

OUTCOME 3
Information about services is provided in formats that meet the communication requirements of people with disabilities.

- The WACHS maintains information resources in appropriate communication formats suitable for people with disabilities. Information can be provided verbally, in Braille and in electronic formats for sight, hearing and reading impaired people, and information brochures are produced in large fonts with pictures and diagrams.
- Regional areas conducted communication needs assessments with people with disabilities to identify deficits and develop resources and service attributes to address the identified deficit.
- Where appropriate, liaison is developed with representative organisations to obtain expert advice and information.
- Management ensures staff are aware of the process to access interpreters and the DOH Access Policy and Guidelines.

OUTCOME 4
Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities.

- New and existing staff are provided with training resources and staff development opportunities to ensure the needs of people with disabilities are understood and staff are aware of current issues affecting disability services. The WACHS monitors staff awareness in relation to disability services issues and uses this information to structure training programs.
- Selection criteria for staff positions require applicants to demonstrate awareness of current disability issues.

OUTCOME 5
Opportunities are provided for people with disabilities to participate in public consultations, grievance mechanisms and decision-making processes.

- Community consultative groups ensure people with disabilities are included in decision-making processes.
- Appropriate grievance and complaint mechanisms have been implemented that provide people with disabilities the opportunity to raise issues regarding access to health services.

People and Communities

Cultural Diversity and Language Services Outcomes

The Western Australian Government seeks to ensure that the cultural diversity of communities and the complexity and diversity of languages is recognised, and that language is not a barrier to providing services for people who require assistance in English. Its Language Services Policy is a commitment to the development of efficient communication strategies to enable agencies to deliver services that are responsive and equitable for all clients.

Reviews by the WACHS of its Cultural Diversity and Language Service guidelines and its policies for language services in health care are carried out regularly. This work helps identify staff training requirements especially for those working with interpreters, and for particular issues raised by the presentation of a Western Australian Interpreter card by a health care client.

The organisation maintains programs that audit staff skills in:

- Cultural diversity and languages other than English.
- Training programs in cross-cultural communications.
- Programs to monitor and evaluate Language Service policies.
- The development of guidelines on the use of telephone and on site interpreting services.

Programs and Initiatives 2004-05

Across the WACHS multi-cultural and language services provided include:

- Telephone interpreter services and conference telephone services.
- Aboriginal language services for some dialects and regular liaison with Aboriginal language and health service centres.
- Cultural awareness training.
- Representation on health advisory committees for people with ethnic backgrounds.
- Employment of multi-cultural access officers, in particular Aboriginal health care staff for both clinical and non-clinical areas, and specific cultural coverage where appropriate. An example being a Muslim Health Worker in Katanning to assist the large Malay/Christmas Islander population living there to access health care services.
- Multi-cultural and diverse language information resources are provided through a range of media options. Examples include specifically targeted health promotion programs such as the “Fruit and Veg Week”, or for life events such as surgery and obstetrics. These resources are available on hospital wards, in emergency departments and out patients clinics and where appropriate general health care service facilities.
- Routine contact with and the participation of ethnic groups, in health care service delivery and planning.

People and Communities

Youth Outcomes

The WACHS acknowledges the rights and special needs of youth and endeavours to provide appropriate services, supportive environments and opportunities for young people.

The WACHS is committed to the following objectives as outlined in *Action: A State Government Plan for Young People; 2000-03:*

- Promoting a positive image of young people.
- Promoting the broad social health, safety and well being of young people.
- Better preparing young people for work and adult life.
- Encouraging employment opportunities for young people.
- Promoting the development of personal and leadership skills.
- Encouraging young people to take on roles and responsibilities, which lead to active adult citizenship.

The WACHS has implemented a number of specific youth focussed health initiatives supporting the social health and well being of young people, promoting self esteem and personal confidence and providing opportunities for career development and employment.

Education and Staff Development
The WACHS participated in the Royal College of Nursing Australia, Nursing Expo profiling the nursing profession and its image, and showcasing nursing as an employment opportunity especially among young people.

Kimberley
Schools Program
The Kimberley Health Challenge is a Type 2 diabetes prevention program targeting all Kimberley students pre-primary to Year 12. Twelve hundred children from 28 schools participated during 2004-05. This program encourages physical activity and healthy eating to beat Type 2 diabetes.

Wyndham Young Men's Program
The Wyndham Young Men's Program is a collaborative program involving health services, Police, Youth Services, the Ngnowar-Aerowah Aboriginal Corporation and local government providing self-esteem development, lifestyle education and peer support and mentoring. Over 30 Wyndham youths between the ages of 10-25 years have participated in the program in 2004-05.

Pilbara Gascoyne
Health Promotion for Youth
During 2004-05 the Pilbara Gascoyne provided specific youth orientated programs on the awareness of the adverse effects of drugs and alcohol, responsible alcohol consumption, safe sex practices and birth control, and understanding nutrition and exercise in maintaining a healthy weight.

Staff Development
Within the organisation a number of young graduates have commenced work and younger staff members are actively encouraged to participate in career and professional development opportunities being offered.

Midwest and Murchison
Morawa Youth Coordinating Network (YCN)
Midwest and Murchison initiated this interagency network with the aim of addressing the needs and issues of youth in the community. The YCN has facilitated out-of-school arts and music based programs, team-building workshops, leadership and health promotion activities. Through the Shire of Morawa, YCN has applied for a Country Arts WA "Out There" grant to employ an Arts Development Officer. This officer will facilitate arts based youth programs in the community. Similar programs are being considered for Mullewa, Dongara and Kalbarri.

Aboriginal Medical Services
During 2004-05 the Aboriginal Medical Service and the Midwest and Murchison maintained their liaison network to improve program outcomes for young people in the region.

Student Nurse Placements
Midwest and Murchison participates in the clinical placement program for student nurses in conjunction with the Combined Universities Centre for Rural Health and has developed a Pre Placement Screening Tool to assist students to obtain clinical practice placements. The Midwest and Murchison also attends the Industry Advisory Committee at Central West College of TAFE.

Youth Outcomes (cont)

Goldfields South East

PASH with a Twist

During 2004-05 the Goldfields South East obtained Family Planning WA funding to coordinate and train adolescents in the Promoting Adolescent Sexual Health (PASH) – with a Twist program. The PASH program enables participants to make informed choices about their own sexual health. This particular version of the program involves training adolescents to be peer educators in several areas of sexual health and will require the development of leadership skills. The development of these leadership skills will also benefit other parts of their lives. This pilot will involve two groups – Esperance Residential College students and a group of young Aboriginal males.

Goldfields Suicide Risk Prevention Training

A special funding grant has enabled health staff of the Goldfields South East and other government and non- government organisations to undertake skills training that will assist them identify and provide interventions for youth who maybe contemplating self-harm.

Norseman Community Planning

Local aboriginal youth in Norseman initiated a meeting with Population Health staff and presented their own plan for local youth services including health promotion. Population Health staff indicated how they would assist in implementing the plan, and will be working with the youth to support them in achieving their objectives.

Great Southern

Resourceful Adolescent Program

The Resourceful Adolescent Program (RAP) aims to improve the self-esteem and resiliency of high school students. Its outcomes include improved self image, lower levels of anxiety and fewer feelings of helplessness among the participants.

Wheatbelt

Youth and School Based Programs

During 2004-05 the Wheatbelt maintained its involvement in a range of school based and youth education programs to promote the broad social health, safety and well being of young people. Programs included:

- PASH - promoting adolescent sexuality.
- NEST enhancement program, a virtual parenting program.
- Resourceful Adolescent Program.
- Involvement with the School Leavers Committee.
- Mother and Daughter Programs.
- School Drug Education Programs.

Community Development

The Wheatbelt has maintained inter-agency liaison throughout the region and participated in a number of community based initiatives. These have included the Northam Local Drug Action Group, the Avon Youth Coordinating Network Committee, the activities of Youth Week, Avon Youth Services, the Wheatbelt Youth Drug Summit and the activities provided at the Youth Respect All People Park.

The Economy and The Environment

Major Capital Works

Please refer to the Department of Health Annual Report for financial details of major capital works in the WA Country Health Service.

Waste Paper Recycling

The Western Australian Government has directed all agencies to operate waste paper recycling programs.

Activities to implement waste paper recycling in rural area have significant operational issues that affect the feasibility of most programs except those operated locally. High volume recycling programs are not often viable in country areas due to the high cost of transporting waste paper to a recycling centre, or the lack of local infrastructure to support these programs.

However regional offices have actively adopted office based or locally managed recycling programs wherever practicable. Waste paper recycling programs currently implemented in the WACHS include:

- Using shredded waste paper for worm farms and environmental mulch which is made available to staff.
- Re-using non-confidential paper as office notebooks and message pads.
- Double sided printing where appropriate.
- Recycling newspapers from numerous sites.
- Cardboard carton recycling wherever possible especially for locations close to Perth.
- Participation in local government and community managed recycling programs for paper, cardboard, glass, aluminium and plastics.

The WACHS Head Office participates in the DOH waste paper recycling program provided by Paper Recycling Industries.

The measurement of the volumes of recycled paper products in country areas is not viable at this time.

Energy Smart Government Policy

Please refer to the Department of Health Annual Report for details on the Department's Energy Smart strategies for the Western Australian health system.

The Regions

Regional Development Policy

Government agencies are required to report on their contribution to the State's Strategic Planning Framework "Better Planning: Better Services". The Framework outlines four specific regional development objectives:

- Understanding, partnering and delivering better outcomes for regions.
- Growing a diversified economy.
- Educated, healthy, safe and supportive communities.
- Valuing and protecting the environment.

The Department of Health has developed a number of outcome priorities and strategies, which inform area health service strategic planning and service provision delivery.

Outcome Priorities:

- Better health outcomes for residents of regional Western Australia.
- Substantial improvement in health and health conditions of those who are disadvantaged, including indigenous people.
- Demonstrated improvement in access to safe and sustainable regional health services.
- Greater numbers of health professionals resident in rural areas.

Service Strategies:

- Implement a regional health service system based on strong and effective partnerships between three levels of government, other human service agencies, the non-government sector and private sector.
- Improve access to safe and sustainable primary and secondary treatment and prevention health services in regions, particularly for specialist and general practitioners, community and allied health services, and lifestyle education programs.
- Develop a regional network of health infrastructure that supports delivery of safe and sustainable health services to regional communities.
- Increase access to support services for regional people with mental illness, their carers and families.
- Develop and strengthen whole of government/community partnerships and initiatives aimed at improving the health and health conditions of indigenous people.
- Encourage the Commonwealth Government and aged care industry to address the shortage of aged care beds.
- Attract and retain general practitioners, nurses, specialists and other health professionals to country areas.

The WACHS has implemented a number of initiatives to address the Government's Regional Development policies and the Department's Regional Development outcome priorities and service provision strategies.

- Local health service management have been active in entering into partnerships with non-government organisations or private providers to deliver health services. Examples include:
  - Health service planning in the Kimberley with Aboriginal medical and health organisations in Fitzroy Crossing and Halls Creek to enhance services and to identify opportunities for joint programs and information sharing.
  - The North West Mental Health Service has negotiated an agreement for two Association of Relatives and Friends of the Mentally Ill (ARAFMI) workers to be placed at service sites in the North West.
  - An arrangement with a private dental practice to deliver dental services in Boddington, Wandering and Quindanning.
- The WACHS is working in partnership with the Disability Services Commission (DSC) to enhance services to people with disabilities in rural communities. The WACHS and the DSC have signed a MOU to improve access to allied health services including physiotherapy, speech therapy and occupational therapy.

Regional Development Policy (cont)

- The Health Advisory Council model seeks to keep the WACHS staff in touch with community issues and needs and provides a two-way conduit for information sharing. There are 17 District Health Advisory Councils (DHAC) representing communities across WACHS. A DHAC Chairs forum held in Perth in April 2005 resolved to further build the role of the Councils to achieve greater community engagement and as partners with WACHS.
- Networks and forums have been established to coordinate input from a range of stakeholders especially Aboriginal medical and health organisations in health service delivery and planning. A particular example of these activities is the process adopted for the development of a Wheatbelt Health Service Plan where a broad consultation process with health stakeholders including local government, medical practitioners and the Wheatbelt Development Commission has been undertaken to prepare a framework to continue the health planning process in 2005-06.
- The WA Country Health Service has developed a Specialist Services Plan. This 10-year plan describes how specialist services will be delivered and looks at the numbers and types of specialists required to create sustainable specialty services at the Regional Resource Centres.
- WACHS completed its review of health related transport in the country. The review includes a number of new initiatives to enhance patient travel coordination and assistance, and details recommendations relating to road and aero-medical transport.
- Implementation of the Regional Network Model is continuing with planning and construction underway at several Regional Resource Centres. The new Geraldton Regional Resource Centre construction is nearing completion. $9 million was allocated to WACHS for the purchase of medical equipment including x-ray and ultrasound equipment, endoscopy equipment, diathermy machines, patient ventilation and cardiac monitoring equipment, sterilising equipment and a CT scanner for the Pilbara Gascoyne.
- The Mentally Healthy WA project aims to improve mental health in communities in regional Western Australia. The WACHS has joined a consortium of Healthway and the South West Area Health Service, Lotterywest and the Centre for Behavioural Research in Cancer Control, Curtin University to implement a community-based mental health promotion campaign in Albany, Esperance, Geraldton, Kalgoorlie, Karratha, Northam/York/Toodyay, and Manjimup/Pemberton. This project is in its planning stage and will be conducted over 3 years.
- RuralLink is a specialist after-hours mental health telephone service for the rural communities of Western Australia provided by the metropolitan based psychiatric emergency team. This program, launched in September 2004 supports country people with mental health issues, their families and carers.
- WACHS has implemented an innovative Therapy Assistant training package consisting of 18 modules delivered via videoconference. This training model will assist in providing allied health services in rural and remote communities.
- Nursewest is a central point of contact for all temporary nurses in the public health system that offers nurses the opportunity to join a government nursing pool that allows flexible modes of employment. The Nursewest initiative has been extended to the WA Country Health Service and is expected to reduce reliance on agency nursing staff across the health service.
- A MOU has been negotiated with the Rural Clinical School to increase the opportunities for medical student placements in rural hospitals. Current sites include Albany, Broome, Derby, Esperance, Kalgoorlie, Karratha, Geraldton and Port Hedland.

Governance – Human Resources

Employee Profile

The table below shows the average number of full-time equivalent staff employed by the WA Country Health Service during 2004-05 by category and in comparison with 2003-04.

Table 4: Total FTE by Category

CATEGORY	2003-04	2004-05
Nursing Services	1,916	1,887.4
Administration and Clerical	843	817.1
Medical Support*	388	442.2
Hotel Services*	957	955.4
Maintenance	158	154.6
Medical (salaried)	100	110.3
TOTAL	**4,362**	**4,367**

***Note:** These categories include the following:
Administration and Clerical – senior management, health project officers, ward clerks, receptionists and clerical staff
Medical Support – physiotherapists, speech pathologists, medical imaging technologists, pharmacists, occupational therapists, dieticians and social workers
Hotel Services – cleaners, caterers and patient service assistants
Medical – salaried officers.

Recruitment

Recruitment Practice
The WA Country Health Service is committed to upholding the principles outlined by the Office for the Commissioner of Public Sector Standards in the recruitment, selection and appointment of staff. All recruitment and selection processes are undertaken in accordance with the recruitment, selection and appointment criteria of the Public Sector Standards in Human Resource Management.

Training is provided on a regular basis to ensure that selection panel members have the necessary skills and understanding to ensure compliance with the standard. All selection panels have at least one panel member who has been trained in recruitment, selection and appointment processes.

The WACHS Recruitment, Selection and Appointment policy was reviewed and updated during 2004-05. This policy is available at all work sites and is accessible on the WACHS Intranet site.

Appointments are based on proper assessment of merit and equity with full disclosure of the provisions and entitlement contained under numerous applicable acts, awards and employment agreements.

Recruitment Priorities
The recruitment of clinical staff, and in particular nursing and medical staff has been a priority for 2004-05.

Where practical the use of agency nursing staff has been reduced and a number of sites have been examining issues relating to staff turnover, a significant factor for maintaining services.

Vacancies are advertised in both print and electronic media. Recruiting campaigns have featured recruitment articles in national newspapers, participation in international recruitment initiatives especially for medical officers and nursing staff, exposure at career expos, promotions in educational institution handbooks, and participation in graduate programs.

The WACHS continued its involvement in the Royal College of Nursing Australia Nursing Expo in 2004 and its booth won the best exhibition booth award for the second year running.

Governance – Human Resources

Staff Development

The WA Country Health Service is committed to delivering quality health services. Achieving this outcome is directly related to the quality and the skill of the staff the health service employs. The WACHS maintains an environment that encourages staff to seek opportunities for personal and professional growth and development. Staff development policies supporting professional advancement and personal development have been implemented across the health service.

Employees are able to access training and development to meet organisational competency requirements and career development needs in line with strategic and operational goals, public sector standards, legislative and governance requirements. Training is addressed in line with equity principles and quality standards. The WACHS has a number of staff participating in the "Leadership 100" program.

Staff training and development has recognised benefits for staff satisfaction, professional development and communications and networking, and contributes to the organisation fulfilling its service delivery objectives. In addition, the WACHS recognises that the existing skills, knowledge and attributes of all staff can contribute greatly to the overall development of the health service.

The WACHS has developed its strategic goals and its Workforce Training and Development Policy and Guidelines to promote and utilise the skills, knowledge and attributes of all staff.

The WACHS has established a working group of employees involved in staff development to facilitate a greater level of co-operation and reduce duplication.

The WACHS provides a number of mechanisms to assist staff in career and personal development including study leave, financial support for approved development programs, supported placement in approved courses, graduate and undergraduate training programs, and peer support and mentoring programs.

During 2004-05 the WACHS has continued to develop greater utilisation of Telehealth video conferencing facilities to conduct staff development programs.

Mandatory staff induction or orientation programs include subjects such as fire and emergency procedures, occupational health and safety, infection control (if appropriate), risk management, Public Sector Standards and Codes of Ethics and Conduct, Freedom of Information, service accreditation procedures for the Australian Council on Healthcare Standards (ACHS) where appropriate, multi-cultural and indigenous awareness, manual handling, driver education for off-road driving, workplace bullying, aggression management and interpersonal conflict training, and information technology.

Other specific staff development and training opportunities have also been provided in 2004-05. Subjects include:

- First aid and emergency medical training.
- Medical information and technology.
- Staff recruitment and selection.
- Performance management courses.
- Team building, leadership and management.
- Communications and customer services.
- Ongoing training in a number of clinical subjects and areas:
  - Paediatrics.
  - Mental health.
  - Graduate nurse programs.
  - Nursing qualification upgrading programs.
  - Emergency care for burns and burns management.
  - Advanced life support.
  - Postnatal depression and triage workshops.
  - Grief and loss.
  - Spinal injury management.
  - Epidural analgesia.
  - Intravenous cannulation.

A number of WACHS staff are undertaking studies in several nationally accredited certificate courses:

- Aged care services.
- Allied health assistants.
- Corporate business management and administration.

Governance – Human Resources

Worker's Compensation and Rehabilitation

The following table provides information on the number of worker's compensation claims made through the WACHS.

Table 5: Worker's Compensation and Rehabilitation

	Nursing Services	Administration & Clerical*	Medical Support*	Hotel Services*	Maintenance	Medical
Goldfields South East	6	2	1	5	1	0
Great Southern	11	4	2	17	5	0
Kimberley	10	2	1	9	4	0
Midwest and Murchison	19	4	0	18	4	0
Pilbara Gascoyne	9	3	1	21	2	2
Wheatbelt	12	3	0	21	1	0
WACHS Head Office	0	0	0	0	0	0
Total	**67**	**18**	**5**	**91**	**17**	**2**

***Note -** These categories include the following:
Administration and Clerical – health project officers, ward clerks, receptionists and clerical staff
Medical Support – physiotherapists, speech pathologists, medical imaging, pharmacists, occupational therapists, dieticians and social workers
Hotel Services – cleaners, caterers and patient service assistants
Medical – salaried officers.

During 2004-05 the WACHS maintained its quality assurance and risk management strategies for its occupational safety and health systems, policies and programs, ensuring a consistent approach to their application throughout the health service. Occupational Safety and Health Officers have been appointed and are responsible for providing advice to management on workplace safety and occupational health matters, and for undertaking safety and occupational health audits and inspections across all service areas.

The organisation has continued its work on clinical governance policies and procedures focussing on improving quality and safety through education, workplace collaboration, the development of good information systems and instigating appropriate research. Clinical leadership remains a priority.

During 2004-05 the WACHS completed the development and implementation of its occupational health and safety policies and procedures and these are available on the WACHS website.

Occupational Safety and Health Initiatives
All staff are provided with training in personal security and safety, aggression management, fire and emergency practice, manual handling and a range of clinical practice issues at orientation / induction courses as well as opportunities to attend refresher courses. Several locations have conducted "Respectful Workplace Programs" specifically targeting positive relationships in the workplace and managing and resolving workplace bullying.

Where appropriate, staff are given off-road driving and general vehicle maintenance training, and cyclone preparation instruction and advice.

Staff across the WACHS can access specific programs to promote occupational injury prevention and provide employee rehabilitation. Head office staff can access occupational safety and health programs, and rehabilitation services through DOH based programs.

Governance – Human Resources

Worker's Compensation and Rehabilitation (cont)

The WACHS has implemented occupational health and safety committees across all its service areas. The work of these committees contributes greatly to reductions in the occurrence of workplace accidents and injuries.

Occupational Injury Prevention
While all WACHS sites maintain regular weekly and monthly safety audits, during 2004-05 the Wheatbelt and the Pilbara Gascoyne undertook comprehensive safety management system reviews to ensure that all statutory compliances and responsibilities were being met. These reviews included workplace injury, incidents and hazards, fire and security, environmental incidents and "near miss" recording.

The WACHS has adopted occupational health and safety databases and hazard registers across the health service including capacity for pro-active hazard reporting and investigation. "Root Cause Analysis" methodology for investigating clinical incidents has been adopted in many sites to ensure comprehensive investigation of occupational injuries. "Worksafe" audit tools developed by the Internal Audit Branch are available to all sites and screening programs are conducted as required.

Employee Rehabilitation
The WA Country Health Service provides comprehensive rehabilitation programs to assist injured and ill employees back into the workforce.

During 2004-05 a number of regional sites have introduced local Injury Management Coordinators. A process for gaining WorkCover accreditation for the Coordinators is being undertaken with a number of officers achieving accreditation during the year. The coordinator system provides better coordination and management for the numerous facets of rehabilitation programs developed for the injured worker and facilitates early return to work outcomes.

All facets of rehabilitation programs are reviewed and monitored including regular RiskCover reports, ensuring that information acquired can inform management of better practices that might be implemented.

The WACHS uses a combination of internal and external rehabilitation program providers and all staff involved in rehabilitation programs undergo training in injury management and are provided with appropriate instruction to undertake their responsibilities.

The organisation provides specific programs to enable employees to return to work especially those on light or restricted duties. These programs are developed in conjunction with the employee, their doctor, their work supervisor and the Occupational Safety and Health coordinator, and include structured return-to-work programs.

Governance – Human Resources

Industrial Relations

Department of Health
The Labour Relations Branch at the Department of Health provides advice and support to the Department and the health services on key industrial issues. It also negotiates industrial agreements on behalf of all Department of Health employer entities.

Key activities in 2004-05 included the negotiation and registration of new industrial agreements covering Hospital Support Workers, Enrolled Nurses and Nursing Assistants, Aboriginal and Ethnic Health Workers, Dental Technicians, Registered Nurses and Enrolled Mental Health Nurses.

This year saw the negotiation of a number of new industrial agreements for various employees in the public health sector. Aboriginal and Ethnic Health Workers, Hospital Support Workers and Dental Technicians will receive increases of $28.60 per week in each year between 2004 and 2006 as a result of three new agreements negotiated with the Liquor Hospital and Miscellaneous Union. The Agreements also provide a number of new conditions to assist employees in balancing work, family, cultural and social responsibilities.

Enrolled Nurses (general), Registered Nurses and Enrolled Mental Health Nurses will receive increases totalling 14.7% over the life of two new agreements, negotiated with the Liquor Hospital and Miscellaneous Union and the Australian Nursing Federation (ANF). Negotiations with the ANF were protracted and resulted in some minor industrial action. Nurses overwhelmingly endorsed the final Agreement.

Both Agreements provide a number of new conditions to assist employees in balancing work, family, cultural and social responsibilities.

Significant progress was made in conjunction with the Health Services Union (HSU) in consideration of the health professionals work value claim. Each of the specified callings covered by the claim submitted evidence of work value changes for consideration by the Department and the HSU. The claim will continue to be progressed in accordance with the Memorandum of Understanding established between the parties.

WA Country Health Service
Throughout 2004-05 the WACHS ensured its industrial relations policies and practices complied with all relevant State and Commonwealth Industrial Relations legislation, awards, and industrial and certified employment agreements. Management is required to adopt proactive cooperation and consultation processes between employer, employees and any respective employee representative bodies.

Industrial issues raised during 2004-05 involved employment restructuring in relation to the introduction of Shared Services, position reclassifications, disputes in regard to the application of award conditions and the role of patient care assistants. Another issue affecting industrial relations was the availability of qualified industrial assessors to consider the claims of staff when appropriate.

The WACHS experienced very little industrial disputation during 2004-05.

Governance - Reports on other accountable issues

Evaluations

State Government agencies are required to undertake evaluations of their programs and strategies as part of routine management responsibilities. The dynamic nature of health care service delivery requires providers to operate in an evolving environment and the WACHS recognises the importance of system, program and policy evaluation in supporting continuous service Improvement and quality assurance. Both internal and external evaluation mechanisms are utilised to achieve the required outcomes, standards and to address community needs.

Australian Council on Health Care Standards
The WA Country Health Service has applied for accreditation by the Australian Council on Healthcare Standards requiring extensive external evaluation of all facets of service delivery.

The Australian Council on Healthcare Standards (ACHS) is a not-for-profit organisation that provides a review and report of performance, assessment and accreditation. The ACHS is an independent authority on the measurement and implementation of quality improvement systems for Australian health care facilities. Standards for evaluation, assessment and accreditation are determined by a council drawn from peak bodies in health and representatives of the Commonwealth Government, State Governments and consumers.

The Evaluation and Quality Improvement Program, known as EQuIP, was developed by the ACHS to assist health care organisations strive for excellence. The ACHS assists health care organisations to prepare for ACHS Accreditation by guiding them through EQuIP. The program provides a framework for establishing and maintaining quality care and services. Effective use of EQuIP requires an integrated organisational approach to quality improvement by assisting health care organisations to:

- improve overall performance;
- develop strong leadership;
- enjoy a culture of continuous quality improvement; and
- focus on customers and outcomes

The WACHS is aiming to have all services accredited by June 2006. To assist meeting new mandatory requirements, a complimentary internal evaluation prior to survey has now been implemented to better prepare the health providers for the accreditation process.

During 2004-05 the actioning of the results of accreditation surveys moved from being managed at the regional/district level to being reviewed by the WACHS Management Team enabling strategic issues to be identified. This change has provided management with information to ensure area memberships are aligned with the WACHS' role delineation model. Information flowing from the various accreditation processes will inform improved clinical and corporate governance, and standardise policies and procedures across the health service.

Many health care units within the WACHS structure have achieved or are undergoing accreditation under the ACHS EQuIP program and during 2004-05 the processes to maintain or complete accreditation continued. There are currently 17 ACHS service memberships of which seven have yet to complete accreditation. In addition the WACHS has assessed the benefits of the EQuIP Corporate accreditation and is moving to have its Head Office and all regional offices accredited under the EQuIP Corporate Program.

Particular results and initiatives under the ACHS accreditation process for WACHS have been:

Wheatbelt
The Western district of the Wheatbelt region received a favourable assessment for its initial self-assessment report in March 2005. District wide surveys of hospitals and associated health services will be progressed for both the Eastern and Western districts in 2005-06.

Great Southern
The Lower Great Southern has achieved full EQuIP accreditation with the Central Great Southern undertaking the self-assessment phase. Accreditation process recommendations have resulted in amendments to health care planning, policy development and the development of comprehensive leadership and management programs in the Great Southern.

Governance - Reports on other accountable issues

Evaluations (cont)

Kimberley
Evaluations have identified service gaps and system faults, services that have achieved high standards, best practice and service improvement opportunities, standardised clinical procedures and protocols, and increased opportunities for consumer input in service planning. Some of the specific areas of evaluation were:

- Clinical indicators to improve the management of patient outcomes.
- Carer satisfaction and preferred service delivery models for the Carers Respite Program to align service provision to carer needs.
- Elective surgery waitlist initiatives and participation in the Ambulatory Surgery initiative to increase elective surgery volumes and reduce waiting lists.
- Audits of chronic disease, diabetes and trichiasis in the Kimberley to inform clinicians in regard to the clinical protocols specific to these health conditions.
- The Discharge Planning Framework leading to the development of discharge risk screening tools and discharge checklists, a routinely updated discharge resource manual, and the timeliness of the availability of discharge summaries.

Pilbara Gascoyne
All services in the Pilbara Gascoyne have achieved ACHS accreditation and will recommence a further four year accreditation period in September 2005. During the past four year accreditation cycle, Pilbara Gascoyne has implemented the recommendations of the various accreditation assessments and employed numerous internal evaluation processes to develop service improvements and inform the Quality Improvement Committee.

In managing their role in maintaining accreditation Pilbara Gascoyne have introduced a performance and service improvement program enabling all clinical and health care disciplines to develop, implement and manage service improvement under the direction of their Management Executive.

Some of the specific areas of evaluation were:

- A review of nursing practice policies and procedures under the auspices of the Pilbara Gascoyne Nursing Policy and Procedure Committee.
- The Clinical Incident Investigation Program to ensure best practice in the evaluation of high level clinical incidents.
- The assessment of clinical governance to improve service quality and patient outcomes and develop a clinical governance framework, auditing and reporting mechanisms, and staff education programs.
- The disaster management policy.
- The Early Years Strategy resulting in the expansion of the program to Newman.

Goldfields South East
Health services based in Kalgoorlie underwent an accreditation survey in August 2004 and have been awarded a two year accreditation status. Recommendations included expanding the clinical review process, implementation of a comprehensive bed management plan, implementation of initiatives for clinical risk management, and increased focus on routine service evaluation. Other sites at Esperance, Ravensthorpe and Norseman are preparing for the accreditation process.

Midwest and Murchison
All health service delivery sites in the Midwest and Murchison have achieved accreditation.

Governance - Reports on other accountable issues

Evaluations (cont)

WA Country Health Service

District Health Advisory Councils

The achievements of the 17 Councils established across the WACHS have been evaluated in 2004-05 to ensure that the Council's Terms of Reference have been followed and have provided an effective medium for consumer participation in health service planning.

Patient Assisted Travel Scheme (PATS)

During 2004-05 the PATS evaluation was completed and recommendations have been made to ensure a sustainable system.

Clinical Governance

The requirements for an effective clinical governance system have been evaluated. The WACHS has established a Clinical Governance Steering Committee and project funding has enabled the implementation of foundation systems and projects.

Corporate Governance

The effectiveness of the WACHS governance processes has been evaluated and the findings have been utilised in strategic planning processes. Where required, changes to the organisational structure have been implemented.

Wheatbelt

Aged Care Services

An evaluation of all aged care services provided by Wheatbelt hospitals was commissioned from external contractors and was completed in August 2004. Regional Continuous Improvement Plans have been developed and are being implemented.

Pharmacy Services

An evaluation of pharmacy services for the Wheatbelt was completed in July 2004. The evaluation recommended that a regional pharmacy service for the supply of pharmaceuticals and pharmaceutical services be implemented. The Narrogin Hospital has been designated the regional pharmaceutical supply service.

Great Southern

Early Psychosis Program

Evaluation of the effectiveness of the trial program was undertaken to inform full implementation throughout the Great Southern during 2005-06.

Home and Community Care

Following the evaluation of HACC services in Peaceful Bay an expanded service has now been implemented.

Performance Management

Evaluation of the Performance Management Policy and System was undertaken identifying modifications to improve performance management outcomes. Evaluation recommendations identified accountability and staff contributions as areas for improvement.

Positive Parenting Program

During 2004-05 the Positive Parenting Program was evaluated and demonstrated successful outcomes for parents and families. The program has been implemented throughout the Great Southern.

Resourceful Adolescent Program

The Resourceful Adolescent Program was evaluated during 2004-05 to determine the effectiveness of the program. Findings concluded there were reduced levels of anxiety in Year 8 students and the program will continue in nominated secondary schools.

Midwest and Murchison

Central West Mental Health Service

The Central West Mental Health Service has undertaken a risk evaluation for workplace environment and practice to develop and implement strategies to improve the safety of staff and consumers. It has identified a number of areas where improvements can be implemented including building and structural issues, the placement of alarm systems and associated training for their use, and a review of safety policies and staff training.

Evaluations (cont)

Midwest and Murchison

Midwest District Residential and Community Based Aged Care Services

During 2004-05 Midwest Aged Care Services undertook a multifaceted review that included assessments against Aged Care Accreditation Standards and National HACC Standards, community consultations, client interviews and engaging focus groups, and the assessment of policy and practice manuals. Recommendations from the evaluations included specific staff training needs, the establishment of a District Network to support the development of leisure activities, improved food services, improved client and consumer feedback mechanisms and the development of guidelines for access to community care services across the Midwest and Murchison.

Community Health Information Literacy Program

During 2004-05 an evaluation was undertaken to determine the appropriateness of current practises regarding disseminating child and community health information. Evaluation recommendations included better procedures for providing families with information packages, implementation of appropriate staff training and the improved engagement of affected community groups and consumers in the development of information distribution practices.

Department of Veterans Affairs Homecare Services

During 2004-05 the Midwest and Murchison evaluated the quality of services provided to veterans especially in regard to compliance with benchmarks for the timeliness of referral and service implementation, and for the procedures for service amendment or cancellation.

Pre-CISE Program

The Pre-literacy Classroom Implemented SPOT Exercise program was evaluated to determine whether teachers could be provided with the appropriate skills and resources to deliver classroom based speech pathology and occupational therapy programs to pre-primary children with minimal allied health professional input. The evaluation found that subject to the provision of the appropriate level of training and resources, the program could be conducted in this manner. It has been implemented in a number of Midwest schools and further schools are being considered. A remedial version of the program for older students and an assessment tool that will provide teachers with information in regard to whether the program is required are being developed. The program is also being trialled as a training module for Education Assistants.

Governance - Reports on other accountable issues

Freedom of Information

During 2004-05 the WA Country Health Service received the following applications under the Freedom of Information (FOI) guidelines established under the Freedom of Information Act 1992.

Table 6: Freedom of Information

Application	WACHS Head Office	Kimberley	Pilbara Gascoyne	Midwest and Murchison	Goldfields South East	Great Southern	Wheatbelt
Received in 2004-2005	2	178	126	94	235	88	175
2003-2004 carried over	0	0	0	7	15	9	0
Total Received in 2004-2005	2	178	126	101	250	97	175
Granted Full Access	0	171	126	93	243	76	167
Granted Partial /Edited Access *1	2	0	0	0	0	1	2
Withdrawn by Applicant	0	0	0	0	0	0	1
Refused	0	0	0	2	0	3	3
Other *2	0	0	0	0	0	2	2
Carried forward to 2005-2006	0	7	0	6	7	15	0

Notes
*1.-Includes the number accessed in accordance with Section S28 of the Act.
*2.-Includes exemptions, deferments or transfers to other Departments or Agencies.

Description of Documents
The types of documents covered in Freedom of Information (FOI) applications received by the WA Country Health Service included:

- Administration and minutes of meetings and committee proceedings.
- Policy and procedure manuals.
- Finance, accounting and statistics.
- Equipment and supplies.
- Works and buildings.
- Staffing.
- Health and hospital services.
- Accreditation and quality assurance.
- Medical and allied health records.
- Information technology.
- Health information and pamphlets.

Access to Documents
Access to documents being provided to applicants is done so under the FOI guidelines and can be posted or faxed to applicants or their authorised representative depending on the applicant's request. Arrangements to view medical records are scheduled at times convenient to both parties.

FOI Procedures
The WACHS has adopted procedures in accordance with the *Freedom of Information Act* and guidelines.

Applications are made in writing although where literacy or English language skills are poor, formal verbal representation may also be accepted. The WACHS' offices carry out standard FOI authentication tests prior to processing.

Governance - Reports on other accountable issues

Freedom of Information (cont)

Confirmation of receipt of the application for information is provided.

FOI coordinators liaise with the various service areas and submit the applications for consideration and approval. In the case of medical records the applicant may be offered a medical summary of the information as an alternative.

Decisions are made by various senior staff members in both clinical and administrative positions depending on the nature of the information request. The FOI Coordinator provides decisions on access to documents under the *Freedom of Information Ac*t in writing and applicants can appeal the decision.

In accordance with the *Freedom of Information Act 1992* the WA Country Health Service has FOI coordinators and officers at numerous sites designated to receive FOI applications and they can provide information regarding the nature and types of documents held.

The sites and designated officers where applications can be lodged are:

WACHS Head Office
Manager Executive Services
PO Box 6680
EAST PERTH BUSINESS CENRE WA 6892

☎ (08) 9223 8522
(08) 9223 8599

Kimberley
Executive Services Officer
Corporate Services
Locked Bag 4011
BROOME WA 6725

☎ (08) 9194 1600
(08) 9194 1666

Pilbara Gascoyne
Health Information Manager
PO Box 519
KARRATHA WA 6714

☎ (08) 9143 2341
(08) 9143 2374

Midwest and Murchison
Health Information Manager
Geraldton Regional Hospital
PO Box 22
GERALDTON WA 6531

☎ (08) 9956 2209
(08) 9956 2421

Wheatbelt
Acting Coordinator Executive Services
PO Box 690
NORTHAM WA 6401

☎ (08) 9622 4350
(08) 9622 4351

Goldfields South East
Health Information Manager
Locked Bag 7
KALGOORLIE WA 6430

☎ (08) 9080 5601
(08) 9080 5444

Great Southern
Health Information Manager
PO Box 165
ALBANY WA 6331

☎ (08) 9892 2504
(08) 9842 1095

Governance - Reports on other accountable issues

Recordkeeping Plans

Department of Health
In December 2004 the State Records Commission approved the Department of Health's Recordkeeping Plan with a compliance date of 2008. A multi-year program has been developed and implemented to ensure compliance with the Recordkeeping Plan. The plan is available online at: http://intranet.health.wa.gov.au/Records/state_records_act.cfm.

In addition to the Recordkeeping Plan, the Department of Health has implemented a functional Thesaurus, which will facilitate structured file titling and the application of approved retention and disposal schedules at the time of the file creation.

In support of the Recordkeeping Plan three additional policies have been promulgated. These are:

- Long-term management of electronic records.
- IT service continuity as related to the management of electronic records.
- Non-patient records management.

Implementation of all aspects of the plan is dependent on the purchase of a whole-of-health records management system. The Department of Health is currently evaluating a document management system, which may have functionality to cover paper and electronic records.

Funding for computer systems and staff positions to comply with the State Records Act is yet to be approved at the State Health Executive Forum.

The Department of Health has developed two information brochures on recordkeeping aimed at new and existing employees. These brochures describe each staff member's obligations when creating, storing and deleting or disposing of departmental records. All new employees are reminded of their obligations to record keeping through the Department's induction program.

WA Country Health Service
During 2004-05 the WACHS implemented its recordkeeping policy and plan in accordance with the statutory requirements and standards. The WACHS is currently reviewing its record handling practice and procedures across all areas to ensure compliance and standardisation.

Service administration and management ensure that all staff are aware of their record keeping responsibilities and regularly carry out internal audits to identify issues to be addressed. All new staff receive recordkeeping training at orientation and induction courses and opportunities are provided for existing staff to maintain their competencies in records management.

Correspondence handling procedures and practices have been documented and several sites have trialled electronic correspondence management with a number of regional areas moving to implement electronic document processes.

To assist in the management of clinical and operational records and information services, the WACHS has established Health Information Manager positions in all regional areas.

Governance - Reports on other accountable issues

Advertising and Sponsorship

The following table lists expenditure on advertising and sponsorship made by the WA Country Health Service and published in accordance with the requirements of Section 175ZE of the Electoral Act 1907. The total expenditure for Advertising and Sponsorship for the WACHS in 2004-05 was $582,733. In 2003-04 the WACHS reported expenditure of $627,220.

Table 7: Advertising and Sponsorship

Expenditure Category	Recipient / Organisation	Amount
Advertising Agencies	Marketforce	$502,131
	Nursing Careers	$932
	Northern Guardian/Albany Advertiser	$8,330
	Drake Australia	$165
Total Advertising Agencies		**$511,588**
Market Research Organisations	Nil	
Polling Organisations	Nil	
Direct Mail Organisations	Karingal Neighbourhood Newsletter	$361
	Onslow Pipeline	$23
Total Direct Mail Organisations		**$384**
Media Advertising Organisations	North West Telegraph	$9,782
	Pilbara Classies	$315
	Carnarvon Community News	$717
	Yamatji Media Aboriginal Corporation	$1,650
	Newman News	$99
	Pilbara News	$348
	Australian Physiotherapy Association	$266
	Medical Observer	$5,070
	Medical Forum Magazine	$825
	Port Hedland Chamber of Commerce	$1,400
	Royal Australasian College of Physicians	$165
	Australian College of Midwives	$660
	Medical Service Directory	$197
	Redwave Media	$2,574
	Media Aboriginal Corporation	$350
	Medicine Website	$750
	Triple P Radio	$481
	Reed Business information	$4,972
	Outback Blue Creative	$5,500
	Albany Advertiser	$974
	Albany Chamber of Commerce	$1,999

Governance - Reports on other accountable issues

Advertising and Sponsorship (cont)

Media Advertising Organisations	Albany & Great Southern Weekender	$2,762
	Australian Academic Press	$169
	Denmark Bulletin	$129
	Gnowangerup News	$36
	Kojonup Community Newspaper	$297
	Nyabing News	$15
	Ongerup Telecentre	$47
	Pingrup Telecentre	$30
	Plantagenet News	$41
	Southwest Printing & Publishing	$2,961
	303 Advertising	$801
	Batavia FM	$787
	Expandasign	$803
	Geraldton Newspapers	$2,836
	Market Creations	$2,266
	Midwest Times	$3,887
	Telecentre Mingenew	$187
	Yamatji News	$116
	Wheatbelt Newspapers	$13,497
Total Media Advertising Organisations		**$70,761**

Governance - Reports on other accountable issues

Sustainability

Please refer to the Department of Health Annual Report for details on the Department's strategies for sustainability of the Western Australian health system.

Equity and Diversity

The State Government is committed to developing a public sector workforce that is representative of the Western Australian community and enables employees to combine work and family responsibilities. In 2001 the Government implemented its Equity and Diversity Plan for the Public Sector Workforce 2001-2005. All agencies are expected to develop performance and workforce objectives that will contribute to the achievement of equity and diversity in their workforces.

The WA Country Health Service remains active in promoting equal opportunity and diversity in the workplace and eliminating discrimination based upon grounds of sex, marital status, pregnancy, family status, race, age, or religion or political conviction. The WACHS also recognises the contributions that indigenous Australians, people with disabilities, people from culturally diverse backgrounds, youth and women can make to the public sector workplace.

The organisation's goals and objectives for equal opportunity and diversity comply with the Equal Opportunity Act 1984. EEO and diversity management plans document workplace programs and initiatives to meet the specific outcomes covered by the Act.

The Department of Health's Equity and Diversity policies and practices have been adopted by the WACHS and implemented to ensure the workplace is free of discrimination and racial and sexual harassment, and provides equal opportunity in employment.

Procedures have been adopted to deal with events of discrimination or harassment and policy and practice manuals are readily available to all staff. During 2004-05 the WACHS completed documenting its "Prevention of Harassment and Discrimination in the Workplace" policies.

The WACHS job descriptions contain criteria regarding EEO and position application packages contain information pertaining to the employee obligations under EEO.

New employees are provided with information regarding equal opportunity and discrimination legislation, the organisational culture and avenues of redress during induction and orientation programs. They are provided with information packages including the Code of Conduct. EEO resources are also readily available to all staff either in hardcopy or electronically.

Staff surveys and employee exit interviews contain questions regarding issues of discrimination. Discussion at staff meetings on issues relating to equity and diversity are encouraged and reporting procedures are widely circulated. A number of sites in the WACHS have commenced collating data regarding EEO contacts and complaints. Information regarding the status of equity and diversity issues across WACHS is also gathered to inform management.

Appointed grievance and EEO contact officers have attended training sessions provided by the Equal Employment Opportunity Commission. In addition the WACHS managers and supervisors are provided with equity and diversity "awareness" training sessions.

Governance - Reports on other accountable issues

Risk Management

During 2004-05 the WA Country Health Service maintained a focus on achieving best practice in the management of risk that may adversely affect health service delivery, the welfare of clients, public and staff. The WACHS continues to promote its organisational philosophy that risk management and risk reduction is the responsibility of all employees.

The WACHS has prepared and documented a range of risk management policies designed to minimise preventable adverse incidents and their consequences and manage risk exposure. These policies also support education and training strategies on issues of risk management and facilitate improvement in performance and compliance. The policies were developed with input from all areas and have been published on the WACHS website.

Subjects covered include:

- Manual handling.
- Sun protection.
- Infection control.
- Driver safety.
- Handling dangerous goods and dangerous substances.
- Management of incoming mail and remittances.
- Use of internet and electronic mail.
- Conflict of Interest.
- Codes of conduct.
- Acceptance of gifts and gratuities.
- Human ethics and research.
- General risk management.

The WACHS has progressed towards achieving Australian Council on HealthCare Standards EQuIP accreditation for both corporate and health service delivery operations. The accreditation process includes an extensive examination of management of risk within the organisation.

Across the WACHS comprehensive risk management programs are developed and implemented in accordance with the Treasury Instructions, Department of Health Corporate Governance plans and the Australian Standard 4360. Risk registers are used to provide better risk reporting and analysis, and understanding and managing clinical and administrative risk.

Regional areas have adopted appropriate financial controls and adhere to the statutory financial delegations. Where appropriate, insurance coverage has been acquired for areas such as buildings, equipment and assets, professional and public liability and worker's compensation.

A number of the WACHS sites have appointed specific risk management coordinators to develop regional risk management systems and programs. The WACHS has conducted a number of workshops on risk management especially for clinical issues, patient care and occupational safety and health.

Corruption Prevention

Service areas have implemented processes to incorporate the requirements of the Treasury Instruction 825 on Risk Management and Security. The WACHS has adopted complimentary risk management policies to the statutory requirements and many of the other health service policies developed by the WACHS address corruption prevention and risk management.

Regular staff training programs support workforce compliance with the Code of Conduct and Ethics. Operational circulars provided by the Corruption and Crime Commission Act is provided to staff.

When required, cases of alleged corruption have been investigated internally or referred for external assessment.

Governance - Reports on other accountable issues

Public Interest Disclosures

Appointments
Due to the size and complexity of the Department of Health, a number of Public Interest Disclosure (PID) Officers have been appointed to enable appropriate and easy reporting access for all staff.

PID officers for the Department of Health, North and South Metropolitan Area Health Services, Women and Children's Health Service and the WA Country Health Service have been registered with the Office of the Commissioner for Public Sector Standards.

To streamline the communication between the Department and the Office of the Commissioner for Public Sector Standards on matters that fall within the jurisdiction of the *Public Interest Disclosure Act 2003*, the Department has appointed its Manager Accountability, 189 Royal Street, East Perth as the Principal PID officer.

Procedures
The Department of Health has advised and will continually update staff on processes and reporting procedures associated with the *Public Interest Disclosure Act 2003* through global e-mails, staff seminars and staff induction presentations.

The Department's internal procedures have been published on the Department's intranet site and can be accessed by all staff.

The Department of Health's procedures are compliant with the *Public Sector Standards Commission* guidelines.

Protection
The Department of Health has ensured all PID officers are fully aware of their obligations of strict confidentiality in all issues related to public interest disclosure matters.

Files and investigation notes are maintained in locked and secure cabinets at all times with strict access to authorised personnel only.

All efforts are made to ensure maximum confidentiality is maintained in all investigations and follow up action.

Any staff member who attempts to take reprisal action or victimise another officer who has made, or intends to make, a disclosure of public information will be subject to legal action under the *Public Interest Disclosure Act 2003*.

Reports
For the year 2004-05 there were no reports made under the PID legislation.

Governance - Reports on other accountable issues

Public Relations and Marketing

The WA Country Health Service has undertaken a number of public relations and marketing initiatives in 2004-05.

The WACHS continues to involve the community in consumer forums and seminars. District Health Advisory Councils actively participate in the development of local public relations and marketing campaigns on numerous health subjects. The WACHS regional sites participate in or organise local community events such as Hospital Open Days, community fundraising days, Community Expos, Agricultural Shows and Farm Days, and Women's and Men's Health Expos.

Various sites have commissioned a number of media presentations regarding topical local health issues including Jellyfish information on Goolarri TV in the Kimberley, general health information on numerous local radio stations and in newspapers, and with information displays in prominent local locations such as shopping centres and libraries.

During 2004-05 the WACHS opened service facilities at:

- Leonora Health Centre.
- North Midlands Health Service Aged Care facility.
- Kununurra Aged Care facility.
- Narrogin Hospital helipad funded from extensive community fundraising and financial contributions.

Specific Events

Kimberley

The Broome Jellyfish Action Group was established collaboratively between the Broome Health Service, the Shire of Broome and Kimberley Public Health Unit to manage a community based program to inform the public about the Irukandji syndrome.

Kununurra / Wyndham Health Service commenced a monthly column "Health Matters" in the Kimberley Echo.

The Fitzroy Valley Health Service and the Nindilingarri Cultural Health Service developed a local campaign to decrease the inappropriate use of ambulance services.

Pilbara Gascoyne

The Pilbara Gascoyne conducted a community forum on post-natal depression.

Midwest and Murchison

During 2004-05 Midwest and Murchison conducted a number of community mental health forums and a stroke awareness campaign.

Goldfields South East

In May 2005 Goldfields South East conducted a "Healthy Communities" showcase at Norseman.

Great Southern

The Great Southern held an open day in Denmark to inform the community about available health services and consumer rights and responsibilities, and about the activities of the Local Health Advisory Group.

Wheatbelt

The successful Pit Stop Program for Men, a men's health screening initiative, continued across the Wheatbelt in 2004-05. The program has been successfully introduced to several other locations across the WACHS.

Governance - Reports on other accountable issues

Publications

During 2004-05 the WACHS developed, produced and distributed local publications focusing on topical subjects and/or client groups specific to a particular locality.

The WACHS offices produce a number of publications for local communities including:

- Local hospital and health service newsletters.
- Patients' rights and responsibilities;
- patient information brochures and handbooks.
- Departmental and specific program newsletters and brochures on a variety of health and medical subjects.
- Local information on emergency and accident procedures.
- Health service planning information.
- Published articles that may be particularly relevant to an area.

A variety of mediums are used to distribute information and publications including hard copy documents available in hospitals and health facilities, and in a variety of community facilities including doctors' surgeries, public libraries, community and shopping centre notice board displays, local newspapers and in professional journals, on local radio and television stations, and via the intranet, Internet and electronic media.

Health promotion and information publications produced by the Department of Health are also displayed and are available from the WACHS' offices throughout the health service.

Governance - Reports on other accountable issues

Research and Development

During 2004-05 a number of the WACHS sites have or are participating in research and development projects.

- The WACHS is continuing its involvement in the National Medication Safety Breakthrough Project, a collaborative approach to addressing issues such as medication errors, medication compliance and asthma management.
- The Goldfields South East Mental Health Service, the Kalgoorlie Regional Resource Centre and the Midwest and Murchison are participating in the Mental Health Emergency Care Interface Project conducted by the National Institute of Clinical Studies. This project aims to improve the processes of care for people presenting to emergency departments with a mental health problem.
- The Central Great Southern District of the Great Southern participated in testing chemical residue levels in farmers pre and post crop seeding to detect raised levels due to chemical exposure and promote safe chemical management and handling practices.
- The completion of the development of the "Wheatbelt Aboriginal Health Strategic Plan 2005-07" in October 2004.
- The Wheatbelt sought feedback from health service stakeholders on a proposal to develop a comprehensive long-term plan for health services in the Wheatbelt. There has been a positive response and a plan will be developed in 2005-06.
- The Wheatbelt Mental Health Service has begun the development of an Aboriginal Mental Health Program for the Wheatbelt area.
- The Pilbara Gascoyne has established a research project to examine the most appropriate outreach service model for West Pilbara towns and communities.

Governance - Reports on other accountable issues

Internal Audit Controls

Internal Audit has the role of accountability adviser and independent appraiser, reporting directly to the Director General of Health. Audits undertaken were generally planned audits, however, on occasion management initiated audits or special audits were also carried out. The reviews were predominantly compliance based, however a number of operational (performance-based) and information systems reviews have also been conducted. Under the direction of the Director, Corporate Governance, external consultants have also been responsible for a number of audits. All audits conducted aim to assist senior management in achieving sound managerial control.

The life of an audit has a number of distinct phases, namely scoping of the audit, planning, conducting the fieldwork, preparing a draft report and production of a final audit report. When undertaking an audit, discussion between the auditor and auditee is an ongoing process, and management responses are sought for inclusion into the final product. Management responses indicate acceptance of the audit recommendations, the risk rating as well as agreed actions to ensure successful implementation of the recommendations. The final audit report is forwarded to the relevant Executive and is also considered by the Department's Audit Committee.

The Audit Committee has ten members (five internal and five external representatives) chaired by the Chief Executive Officer, WA Country Health Service. According to its mandate, this advisory Committee must meet at least six times during the year and considers all audits/reviews completed by the Internal Audit Branch. It has oversight of the Strategic Audit Plan and other associated governance issues to ensure appropriate and timely advice is provided to the Director General.

Reviews and audits conducted over the year involving or impacting on the WA Country Health Service include:

Department of Health
Agency Nurses
Annual Report & Financial Statement Close Process
Biomedical Engineering
Corporate Credit Cards
FBT Requirements
Full Time Equivalent Data
Management of Commonwealth Programs
Pool Recruitment
Project Management of New Systems
Public Hospital Expenditure
Risk Management
Software Licensing
Special Purpose Accounts
Travel Arrangements
Vehicle Management
Website Management
Workforce Planning
Workers Compensation & Injury Management

Specific to WA Country Health Service
Annual Report & Financial Statement Close Process
Control/Compliance Review: Great Southern, Kimberley, Pilbara Gascoyne, Wheatbelt, Goldfields South East and Midwest and Murchison
FAAA Health Check: WACHS Executive
Full Time Equivalent Data
Information Systems Review: Great Southern
Medical Imaging Department: Great Southern
Review of Patient Medical Records: Wheatbelt
Workforce Planning

Governance - Reports on other accountable issues

Pricing Policy

The majority of the Department of Health's services are provided free of charge. Some classes of patients are charged fees, for example patients who have elected to be treated as private patients or compensable patients (i.e. patients for whom a third party is covering the costs, such as patients covered by workers' compensation or third party motor vehicle insurance). Where fees are charged, the prices are based on legislation, government policy, or a cost-recovery basis.

Health Finance sets a schedule of fees each year to cover patients for whom fees apply.

These fees are incorporated into the Hospital (Service Charges) Regulations 1984 and the Hospital (Service Charges for Compensable Patients) Determination 2002.

Dental Health Services utilises fees based on the Department of Veterans' Affairs Schedule of Fees, with patients charged:

- 50% of fee if holder of a Health Care Card or Pensioner Card.
- 25% of fee if holder of one of the above cards and in receipt of a near full pension or benefit from Centrelink.

Performance Indicators Certification Statement

CERTIFICATION OF PERFORMANCE INDICATORS
for the year ended 30 June 2005

I hereby certify that the performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the performance of the WA Country Health Service and fairly represent the performance of the health service for the financial year 30 June 2005.

Dr Neale Fong
Acting Director General
Accountable Authority

30 August 2005

Performance Indicators Audit Opinion

AUDITOR **GENERAL**

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WA COUNTRY HEALTH SERVICE
PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2005

Audit Opinion
In my opinion, the key effectiveness and efficiency performance indicators of the WA Country Health Service are relevant and appropriate to help users assess the Health Service's performance and fairly represent the indicated performance for the year ended 30 June 2005.

Scope
The Director General, Department of Health's Role
The Director General, Department of Health is responsible for developing and maintaining proper records and systems for preparing performance indicators.

The performance indicators consist of key indicators of effectiveness and efficiency.

Summary of my Role
As required by the Financial Administration and Audit Act 1985, I have independently audited the performance indicators to express an opinion on them. This was done by looking at a sample of the evidence.

An audit does not guarantee that every amount and disclosure in the performance indicators is error free, nor does it examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the performance indicators.

D D R PEARSON
AUDITOR GENERAL
11 November 2005

Performance Indicators

Introduction

Health is a complex area and is influenced by many factors outside of the provision of health services. Numerous environmental and social factors as well as access to, and use of, other government services have positive or negative effects on the health of the population.

The Performance Indicators outlined in the following pages, address the extent to which the strategies and activities of the Health Services contribute to the broadly stated health outcome, which is, through the delivery of its health services, the improvement of the health of the Western Australian community by:

- A reduction in the incidence of preventable disease, injury, disability and premature death and the extent of drug abuse.
- The restoration of the health of people with acute illness.
- An improvement in the quality of life for people with chronic disease and disability.

Different divisions of the Health Services are responsible for specific areas of the three outcomes. The largest proportion of Health Services activity is directed to Outcome 2 (Diagnosis and Treatment). To ascertain the overall performance of the health system all reports must be read. All entities contribute to the whole of health performance.

These reports are:

- Department of Health
- Metropolitan Health Service
- South West Area Health Service
- Peel Health Service
- WA Country Health Service

The different service activities, which relate to the components of the outcome, are outlined below.

Prevention and promotion

- Community and public health services.
- Mental health services.
- Dental health services.

Diagnosis and treatment

- Hospital services (emergency, outpatient, inpatient, rehabilitation and community-based post discharge care).
- Community health services (Nursing Posts).
- Mental health services.
- Dental health services.
- Obstetric services.

Continuing care

- Services for frail aged and disabled people (eg Aged Care Assessments, outpatient services for chronic pain and disability, Nursing Home Type hospital care).
- Services for those with chronic illness.
- Mental health services.

There are some services, such as Community Health, which address all three of the components.

Results in this section are presented as both Aboriginal and non-Aboriginal population figures where appropriate.

Comparisons across time are provided where possible and appropriate.

Consumer Price Index (CPI) Deflator Series

The index figures are derived from the CPI all groups, weighted average of the eight capital cities index numbers. For the financial year series the index is the average of the December and March quarters and is rebased to reflect a mid year point of the five year series that appears in the annual reports. The average of the December and March quarters is used, because the full year index series is not available in time for the annual reporting cycle.

The calendar year series uses a similar methodology but is based on the average of the June and September quarter.

The financial year costs for the annual report can be adjusted by applying the following formula. The result will be that financial data is converted to 2002-03 dollars:

Cost_n x (100/Index_n) where n is the financial year or calendar year where appropriate.

Table 8: Consumer price index figures for the financial and calendar years

Calendar year	2000	2001	2002	2003	2004
Index (Base 2002)	93.118	97.006	100.000	102.644	105.107
Financial year	2000-01	2001-02	2002-03	2003-04	2004-05
Index (Base 2002-03)	94.017	96.866	100.000	102.172	104.701

Efficiency Indicator Note
All calculations for efficiency indicators include administrative overheads in accordance with relevant Treasurer's Instructions for annual reporting purposes only. These figures are not to be used for any other comparative purpose.

Performance Indicators

Outcome 1: Reducing the incidence of preventable disease, injury, disability and premature death and the impact of drug abuse

The services, or outputs, of all parts of the Department of Health contribute to the above outcome. Achievement of this component of the health objective includes activities that reduce the likelihood of disease or injury and reduce the risk of long-term disability or premature death. Strategies include prevention, early identification and intervention and the monitoring of the incidence of disease in the population to ensure primary health measures are working. The impact of drug abuse is also monitored.

The outputs of the WA Country Health Service as well as the other divisions of the Department of Health are contained on the table below. The greatest proportion of outputs provided by the WA Country Health Service in this outcome is directed to children. Other health services and divisions of the Department of Health provide more services directed to prevention and surveillance of disease, including those affecting the adult population.

Table 9: Respective Indicators by Health Sector for Outcome 1

	Metropolitan Health Service	Peel Health Service	South West Area Health Service	WA Country Health Service	DOH
The achievement of this component of the health objective involves activities which:					
Reduce the likelihood of onset of disease or injury by:					
Immunisation programs	101A 101B	101A 101B	101A 101B	101A 101B	
Dental screening	105 106				
Safety program					R101
Reduce the risk of long term disability or premature death from injury or illness through:					
Surveillance					R101
Monitoring the incidence of disease in the population to ensure primary health measures are effective:					
	103 104	103 104	103 104	103 104	
Monitoring and surveillance of suicide rates and drug and alcohol use:					
					R101

101A: Percentage of fully immunised children 0 to 6 years

This indicator reports the rate of fully immunised children 0 to 6 years.

Rationale

The community sets a very high priority on ensuring that the health and well being of children is safeguarded. It is important not only to restore them to good health when they become ill but also to maintain a state of 'wellness' that allows them to develop to full potential. One of the key components of this is to attempt to ensure that every child experiences the full benefit provided by appropriate and timely immunisation against disease provided by internationally recognised vaccination practices.

Without access to immunisation for children the consequences of any illness or disability are likely to be more disabling and more likely to contribute to a premature death.

The agreed targets in the Public Health Funding Agreement are as follows:

- Proportion of children fully immunised at 12 months – progress towards greater than 90% coverage.
- Proportion of children fully immunised at two years – progress towards greater than 90% coverage.
- Proportion of children fully immunised at six years – progress towards greater than 95% coverage.

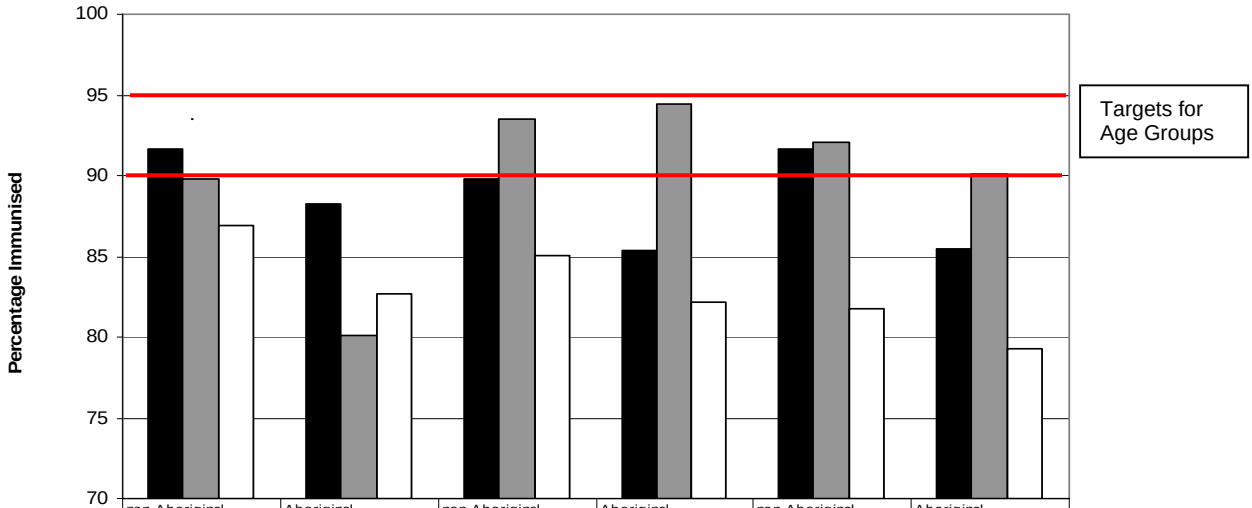
Results

In 2004 coverage of completely immunised children in the 12 to 15 month non-Aboriginal, and in the 24 to 27 month Aboriginal and non-Aboriginal age groups maintained results exceeding the agreed targets. The results for Aboriginal children 12 to 15 months were comparable to those achieved in 2002 and 2003 however failed to reach the required target.

There has been some decline in the coverage achieved in 2004 for the Aboriginal and non-Aboriginal 72 to 75 month age groups which failed to achieve the required target. However this result is consistent with other health areas in Western Australia.

The results achieved for Aboriginal children are lower compared to non-Aboriginal children across all age groups.

Figure 2: Rate of fully immunised children



	non-Aboriginal	Aboriginal	non-Aboriginal	Aboriginal	non-Aboriginal	Aboriginal
	2002 (Dec Quarter)		2003 (Dec Quarter)		2004 (Dec Quarter)	
12-15 months	91.6	88.2	89.8	85.4	91.7	85.5
24-27 months	89.8	80.1	93.5	94.4	92.1	90.1
72-75 months	86.9	82.7	85.1	82.2	81.8	79.3

Data Sources

Australian Childhood Immunisation Register (ACIR).
Australian Bureau of Statistics (ABS) population figures.

Performance Indicators

101B: Rate of hospitalisations with an infectious disease for which there is an immunisation program

This indicator reports the rate of hospitalisations with an infectious disease for which there is an immunisation program.

Rationale
There are specific communicable diseases that are preventable by vaccine and thus routine vaccination or immunisation programs are recommended by the National Health and Medical Research Council (NHMRC).

To provide additional information about the effect of immunisation programs, the rates of hospitalisation for treatment of the infectious diseases of measles, mumps, rubella, diphtheria, pertussis, poliomyelitis, hepatitis B and tetanus are reported.

Measles, mumps and rubella are reported by 0 to 17 year age groups while the remaining are reported by 0 to 12 year old age groups.

There should be few or no individuals hospitalised for infectious diseases when an immunisation program is effective.

Results
There were 19 cases of pertussis (whooping cough) reported across the WACHS in 2004, a marked increased compared to the five cases reported in 2003. However this trend was mirrored throughout WA and resulted in the Department of Health conducting a school based immunisation program for years 7 to 12.

There was one case each for rubella and hepatitis B reported in non-Aboriginal populations.

Table 10: Rate of hospitalisations per 1,000 with an infectious disease for which there is an immunisation program – 0 to 12 years

	2002		2003		2004	
	Non Aboriginal	Aboriginal	Non Aboriginal	Aboriginal	Non Aboriginal	Aboriginal
Diphtheria	0.00	0.00	0.00	0.00	0.00	0.00
Hepatitis B	0.00	0.00	0.00	0.00	0.02	0.00
Whooping Cough	0.05	0.15	0.07	0.08	0.17	0.76
Poliomyelitis	0.00	0.00	0.00	0.00	0.00	0.00
Tetanus	0.00	0.00	0.00	0.00	0.00	0.00

Table 11: Rate of hospitalisations per 1,000 with an infectious disease for which there is an immunisation program – 0 to 17 years

	2002		2003		2004	
	Non Aboriginal	Aboriginal	Non Aboriginal	Aboriginal	Non Aboriginal	Aboriginal
Measles	0.00	0.00	0.00	0.00	0.00	0.00
Mumps	N/A	N/A	0.01	0.06	0.00	0.00
Rubella	N/A	N/A	0.00	0.00	0.01	0.00

N/A Not reported in this year

Data Sources
Hospital Morbidity Data System.
Australian Bureau of Statistics (ABS) population figures.

Performance Indicators

103: Rate of hospitalisation for gastroenteritis in children 0 to 4 years

This indicator reports the rate of hospitalisation for gastroenteritis in children 0 to 4 years.

Rationale
Gastroenteritis is a condition for which a high number of patients are treated either in hospital or in the community. It would be expected that hospital admissions for this condition would decrease as performance and quality of service in many different health areas improves.

The rate of children who are admitted to hospital per 1,000 population for treatment of Gastroenteritis may be an indication of improved primary care or community health strategies for example, health education. Programs are delivered to ensure there is an understanding of hygiene within homes to assist in preventing gastroenteritis.

It is important to note, however, that other factors such as environmental issues will also have an impact on the prevalence of transmissible diseases like gastroenteritis.

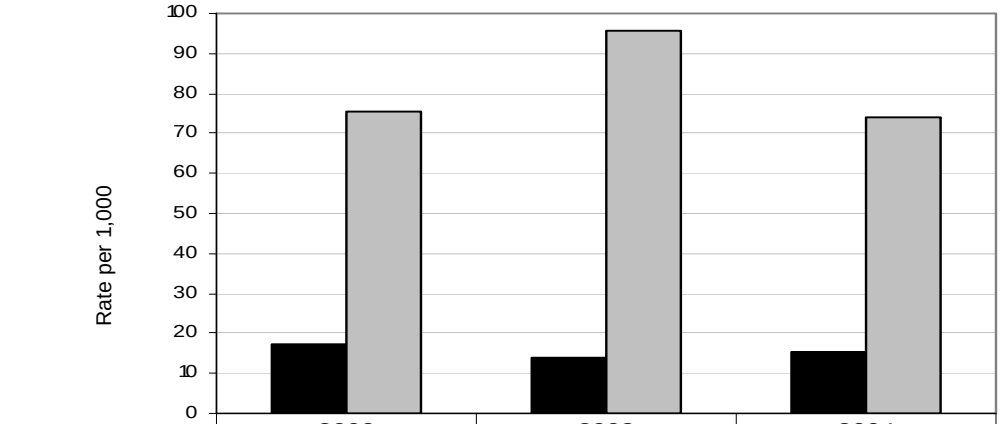
The Department of Health is also engaged in the surveillance of enteric diseases. Some forms of gastroenteritis for example salmonellosis and shigellosis are notifiable diseases and infection rates are monitored.

Results
The hospitalisations reported for the WACHS in 2004 indicate comparable hospitalisations for gastroenteritis in non-Aboriginal populations compared to 2003, and a decreased rate for Aboriginal populations where there were 487 hospitalisations in 2003 compared to 374 in 2004.

However the higher rate of hospitalisation in Aboriginal populations continues to be influenced by poor hygiene and sanitation, overcrowding and the lack of refrigeration in some Aboriginal communities.

Note
This indicator measures hospital separations of children living in a given location who may attend a hospital close to home or in another Health Service area. This indicator is not necessarily a measure of the performance of the Health Service providing the hospitalisation.

Figure 3: **Rate of hospitalisation for gastroenteritis 0 to 4 years**



	2002	2003	2004
Non Aboriginal	17.4	14.1	15.5
Aboriginal	75.6	95.9	74.2

Data Sources
Hospital Morbidity Data System.
Australian Bureau of Statistics (ABS) population figures.

104: Rate of hospitalisation for respiratory conditions

This indicator reports the rate of hospitalisation for respiratory conditions.

Rationale

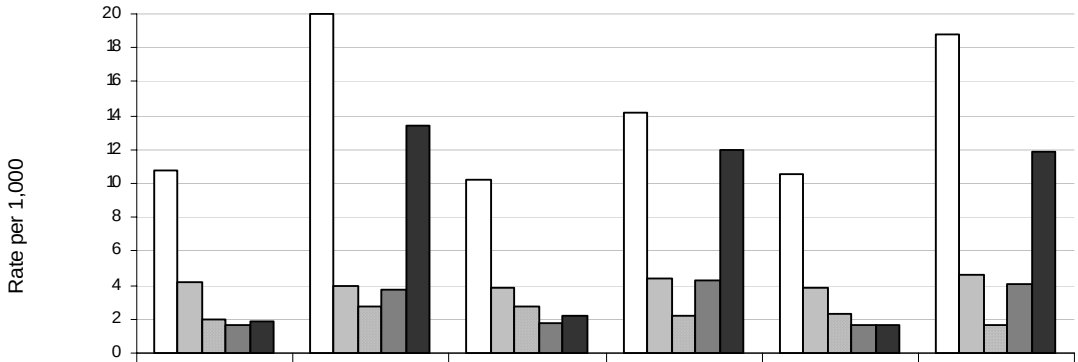
The rate of children aged 0 to 4 years who are admitted to hospital per 1,000 population for treatment of respiratory conditions such as acute bronchitis, bronchiolitis and croup and the rate of all persons admitted for the treatment of acute asthma may be an indication of primary care services or community health strategies, such as health education.

It is important to note however, that other factors may influence the number of people hospitalised with these respiratory conditions. The conditions are those that have a high number of patients treated either in hospital or in the community. It would be expected that hospital admissions for these conditions would decrease as performance and quality of service increases in primary or community health.

Note

This indicator measures hospital separations of individuals living in a given location who may attend a hospital in their own or another Health Service. The performance of the Health Service providing the hospitalisation is not being measured.

Figure 4: Rate of hospitalisation for acute asthma (all ages)



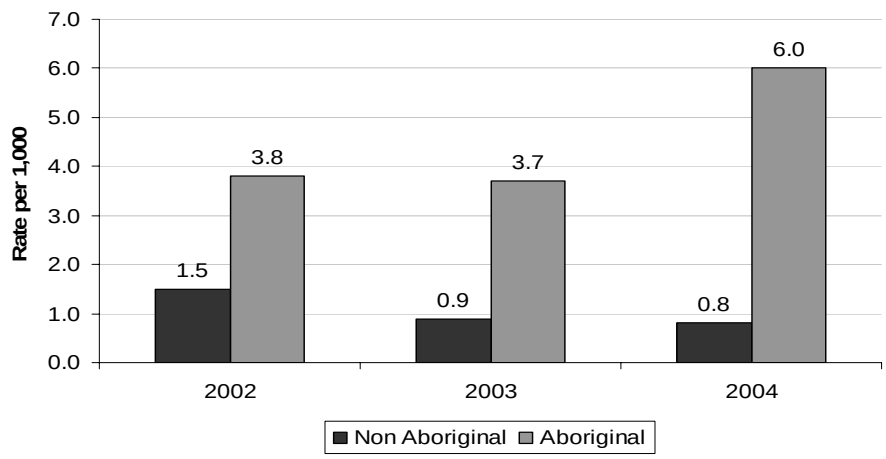
	2002		2003		2004	
	Non Aboriginal	Aboriginal	Non Aboriginal	Aboriginal	Non Aboriginal	Aboriginal
0 to 4 years	10.8	20	10.2	14.2	10.6	18.8
5 to 12 years	4.2	4	3.8	4.4	3.8	4.6
13 to 18 years	2.0	2.7	2.8	2.2	2.3	1.6
19 to 34 years	1.7	3.7	1.8	4.3	1.6	4.1
35+ years	1.9	13.4	2.2	12	1.7	11.9

Results for Acute Asthma

The results reported for all ages remain comparable to previous years in the hospitalisation for acute asthma. In 2004 the WACHS continues to report significantly higher rates for Aboriginal people for acute asthma in 0 to 4 yrs and 35+ yrs in comparison to non-Aboriginal populations. However this result is consistent with results recorded across the State. In 2004 there were 713 non-Aboriginal and 336 Aboriginal admissions to hospital for acute asthma.

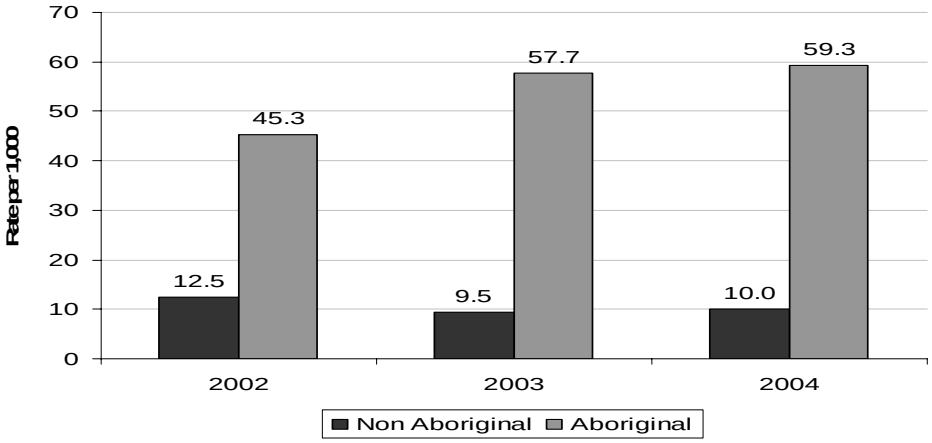
104: Rate of hospitalisation for respiratory conditions (cont)

Figure 5: Rate of hospitalisation for acute bronchitis (0 to 4 yrs)



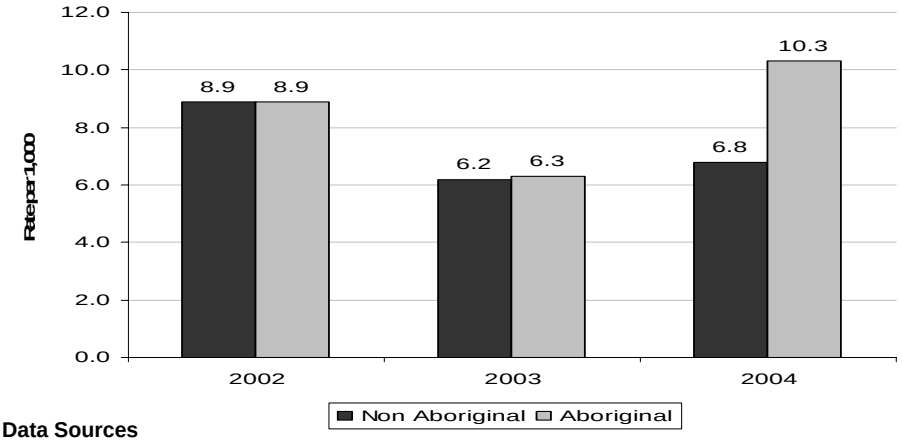
Results
While the recorded rate of hospitalisation for acute bronchitis for non-Aboriginal 0 to 4 yrs populations remains similar to previous years, there has been an increase in the reported rate for the Aboriginal population with hospital admissions increasing from 19 to 30 from 2003 to 2004.

Figure 6: Rate of hospitalisation for bronchiolitis (0 to 4yrs)



Results
Reported rates remain consistent with rates recorded in previous years.

Figure 7: Rate of hospitalisation for croup (0 to 4yrs)



Results
Reported rates of hospitalisation for croup remain comparable to previous years for non-Aboriginal populations. However there has been an increase in the rate of hospitalisation for Aboriginal populations from 32 Aboriginal hospital admissions for croup in 2003 to 52 in 2004 across the WACHS.

Data Sources
Hospital Morbidity Data System.
Australian Bureau of Statistics (ABS) population figures.

110: Average cost per capita of Population Health Units

This indicator reports the cost per capita of Population Health Units.

Rationale
Population health considers the health of individuals, groups, families and communities by adopting an approach that addresses the determinants of health. With the aim of improving health, population health works to integrate all activities of the health sector and link them with broader social and economic services and resources. This is based on the growing understanding of the social, cultural and economic factors that contribute to a person's health status.

Population Health Units support individuals, families and communities to increase control over and improve their health. These services and programs include:

- supporting growth and development; particularly in young children (community health activities);
- promoting healthy environments;
- prevention and control of communicable diseases;
- injury prevention;
- promotion of healthy lifestyle to prevent illness and disability;
- support for self-management of chronic disease; and
- prevention and early detection of cancer.

Table 12: Cost per capita of Population Health Unit

	2003-04	2004-05
Actual Cost	$163	$172
CPI Adjusted	$160	$164

Data Source
WACHS Data Systems.

Performance Indicators

Outcome 2: Restoring the health of people with acute illness

The achievement of this component of the health objective involves activities which:

- Ensure that people have appropriate and timely access to acute care services when they are in need of them so that intervention occurs as early as possible. Timely and appropriate access ensures that the acute illness does not progress or the effects of injury do not progress further than is acceptable, increasing the chance of complete recovery from the illness or injury (for example access to elective surgery).
- Provide quality diagnostic and treatment services which ensure the maximum restoration to health after an acute illness or injury.
- Provide appropriate after-care and rehabilitation to ensure that people's physical and social functioning is restored as far as possible.
- Provide appropriate obstetric care during pregnancy and the birth episode to both mother and child.

Table 13: Respective Indicators by Health Sector for Outcome 2

	Metropolitan Health Service	Peel Health Service	South West Area Health Service	WA Country Health Service	DOH
The achievement of this component of the health objective involves activities which:					
Ensures that people have access to acute care services by:					
Prioritising access to elective surgery.	200		200	200	
Providing timely transport to hospital.					R206
Prioritising access to dental services.	212 213				R207
Provide quality diagnostic services and treatment by:					
Providing appropriate and quality admitted patient services when people are ill or injured.	201 204 205 206 208	204 205	201 204 205 206 208	204 205 206 208	R201 R202 R204 R205
Providing timely and appropriate ambulatory services for people who do not require admitted patient care.					
Providing appropriate obstetric and neonatal care.	207		207	207	

200: Elective surgery waiting times

This indicator reports elective surgery waiting times.

Rationale
For health services to be effective, access needs to be provided on the basis of clinical need. If patients requiring admission to hospital wait for long periods of time, there is the potential for them to experience an increased degree of pain, dysfunction and disability relating to their condition. After some types of surgery patients will be restored to health, while other surgery will improve the quality of life.

Patients who are referred for elective surgery are classified by senior medical staff into one of the following urgency categories based on the likelihood of the condition becoming an emergency if not seen within the recommended time frame. The categories are listed below:

Category 1: Admission desirable within 30 days
Category 2: Admission desirable within 90 days
Category 3: Admission desirable within 365 days

Notes
This reporting rationale conforms with the Australian Council on Healthcare Standards reporting requirements and is reported for all of the WACHS.

Table 14: People admitted from the waiting list during 2004-05

	Category 1			Category 2			Category 3		
	Cases	%	Median waiting time in days	Cases	%	Median waiting time in days	Cases	%	Median waiting time in days
Percentage admitted within desirable time	655	89%	7	3242	95%	10	3619	97%	28
Percentage not admitted within desirable time	81	11%		169	5%		129	3%	

Table 15: People remaining on the waiting list as at 30 June 2005

	Category 1			Category 2			Category 3		
	Cases	%	Median waiting time in days	Cases	%	Median waiting time in days	Cases	%	Median waiting time in days
Percentage not admitted (still on the waiting list) but waiting time within desirable time	17	22%	101	163	26%	278	1228	78%	133
Percentage not admitted (still on the waiting list) and waiting time over the desirable time	61	78%		469	74%		342	22%	

Data Source
Central Waitlist Bureau, WA Department of Health.

202: Rate of emergency presentations with a triage score of 4 and 5 not admitted

This indicator reports the rate of emergency presentations with a triage score of 4 and 5 not admitted.

Rationale
When patients attend hospital they are initially assessed in emergency departments where treatment and a decision on whether to admit for further care takes place.

Triaging is an essential function of the emergency department where many people may present simultaneously. The aim of triage is to ensure that patients are treated in order of their clinical urgency and that patients receive timely care. While urgency refers principally to time-critical intervention and is not synonymous with severity, more patients triaged 1 and 2 are admitted to hospital than those with a score of 4 and 5.

Without care provided by staff in an emergency department, the restoration to health of people with an injury or a sudden illness may take longer or result in death. This indicator reports the rate of people presenting to the emergency department given a triage score of 4 or 5 who were assessed, and treated but did not need admitted hospital care ie were restored to health. These are the people who receive primary care in the emergency department. It does not include patients whose sickness or injury requires admitted hospital care.

The indicator reports the number of patient presentations to hospitals where the emergency department does not have 24 hour cover by doctors who are trained in emergency medicine. The numbers of presentations include doctor attended assessments and treatment as well as nursing assessment and treatment.

Results
Recorded results are comparable with 2003 continuing to indicate that a significant percentage of Triage 4 and Triage 5 presentations were restored to health following treatment in an emergency department.

Table 16: Rate of emergency presentations with a triage score of 4 and 5 not admitted

	2003-04	2004-05
Triage Category 4	87.0%	88.6%
Triage Category 5	96.7%	96.7%

Data Source
HCARe data systems

204: Rate of unplanned hospital readmissions within 28 days to the same hospital for a related condition

This indicator reports the rate of unplanned hospital readmissions within 28 days to the same hospital for a related condition.

Rationale
Good medical and/or surgical intervention together with good discharge planning will decrease the likelihood of unplanned hospital readmissions. An unplanned readmission is an unplanned return to hospital as an admitted patient for the same or a related condition as the one for which the patient had most recently been discharged. Unplanned readmissions necessitate patients spending additional periods of time in hospital as well as utilising additional hospital resources.

Although there are some conditions that may require numerous admissions to enable the best level of care to be given, in most of these cases readmission to hospital would be planned. A low unplanned readmission rate suggests that good clinical practice is in operation.

Results
Results for the rate of readmission to hospital for a related condition continues to indicate that the WACHS hospitals have adopted good clinical practices.

Note
A return to hospital is a readmission only if the reason for this admission is the same or is related to the condition treated in the previous admission.

Table 17: Rate of unplanned hospital readmissions within 28 days to the same hospital for a related condition

	2002-03	2003-04	2004-05
Unplanned readmission rate	4.6%	4.3%	3.0%

Data Source
Hospital Morbidity Data System.
HCARe

205: Rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition

This indicator reports the rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition.

Rationale
An unplanned readmission for a patient with a mental health condition is an unplanned return to hospital, as an admitted patient, for the same condition as the one for which the patient had most recently been discharged.

While it is inevitable that some patients will need to be readmitted to hospital with 28 days, in an unplanned way, a high percentage of readmissions may indicate that improvements could be made to discharge planning or to aspects of inpatient therapy protocols. Appropriate therapy, together with good discharge planning will decrease the likelihood of unplanned hospital readmissions. Unplanned readmissions necessitate patients spending additional periods of time in hospital as well as utilising additional hospital resources.

Although there are some mental health conditions that may require numerous admissions to enable the best level of care to be given, in most of these cases, readmission to hospital would be planned. A low unplanned readmission percentage suggests good clinical practice is in operation.

Results
Results for the rate of readmission to hospital for a mental health condition show acceptable rates for mental health readmissions and indicate that the WACHS hospitals have adopted good clinical practices.

Note
The numbers of patients who receive inpatient mental health care are very low, hence small numbers of patients who have unplanned re-admissions can result in large variations to the annual percentage. The Australian Council on HealthCare Standards (ACHS) considers that a threshold of 10% is an acceptable rate of unplanned re-admissions within 28 days, for patients receiving inpatient mental health services.

A return to hospital is a readmission only if the reason for this admission is the same or is related to the condition treated in the previous admission.

Table 18: Rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition

	2002-03	2003-04	2004-05
Unplanned readmission rate	10.2%	8.1%	7.6%

Data Source
Hospital Morbidity Data System.

206: Rate of post-operative pulmonary embolism

This indicator reports the rate of post-operative pulmonary embolism.

Rationale
Patients post-operatively can develop a blood clot in the deep veins of the leg. This can travel to the lungs and cause circulatory problems. This is known as a pulmonary embolism and is one of the main preventable causes of death in fit people undergoing elective surgery.

Hospital staff can take special precautions to decrease the risk of this happening. A low percentage of cases developing pulmonary embolism post-operatively suggests that the appropriate precautions have been taken.

This indicator measures the percentage rate of patients who underwent surgery and subsequently developed pulmonary embolism. By monitoring the incidence of post-operative pulmonary embolism, a hospital can ensure clinical protocols that minimise such risks are in place and are working. The monitoring of post-operative complications is important in ensuring the optimum recovery rate for people with acute illness.

Results
The rate of post-operative pulmonary embolism was 0.17%, a result below the Australian Council on Healthcare Standards (ACHS) parameter. This result indicates that the WACHS has adopted surgical treatment and patient care protocols that represent good clinical practice.

Notes
Cases are selected for reporting using the criteria defined by the ACHS. The ACHS standard for good practice is a rate less than 0.8%. Cases are reported for pulmonary emboli if the post-operative length of stay is at least seven days.

The data capture period for this performance indicator is the 2004 calendar year.

Table 19: Rate of post operative pulmonary embolism

	2002	2003	2004
Post operative pulmonary embolism	0.15%	0.33%	0.17%

Data Source
Hospital Morbidity Data System.

207: Survival rate of live born babies with an APGAR score of four or less five minutes after delivery

This indicator reports the survival rate of live born babies with an APGAR score of four or less five minutes after delivery.

Rationale
A well managed labour will normally result in the birth of a minimally distressed infant. The level of foetal well-being (lack of stress or other complications or conditions) is measured five minutes post delivery by a numerical scoring system (APGAR) through an assessment of heart rate, respiratory effort, muscle tone, reflex irritability and colour.

A high average APGAR score in a hospital will generally indicate that appropriate labour management practices are employed and is also an indication of the wellbeing of the baby.

This indicator reports the survival rates of babies with low APGAR scores at birth (an APGAR score of four or less at five minutes post delivery). A baby with a low APGAR is more likely to have been affected by antenatal or intrapartum events such as maternal haemorrhage, preterm labour or infection. This indicator measures the survival rate of babies with a low APGAR score and is an elementary measure of how the care in hospital restores the sick or premature baby to health.

Results
There were 11 babies born in WACHS hospitals in 2004 with an APGAR score of four or less and all but one survived either to be discharged to home or transferred to another hospital.

There is a direct correlation between the gestational age of babies and the survival rate, with the 37-41 week age bracket generally having the highest survival rates.

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Table 20: Survival rate of babies born with an APGAR score of four or less

Gestation period in weeks	2003		2004	
	Babies born (No.)	Survival rate (%)	Babies born (No.)	Survival rate (%)
20-28	1	0	1	0
29-32	1	100	no event	
33-36	1	100	1	100
37-41	9	100	9	100
over 41	no event		no event	
Total all periods	12	91.7	11	90.9

Data Source
WA Midwives' Registry.

208: Survival rates for sentinel conditions

This indicator reports the survival rates for sentinel conditions.

Rationale
The survival rate of patients in hospitals can be affected by many factors. This includes the diagnosis, the treatment given or procedure performed, the age, sex and condition of each individual patient including whether the patient had other co-morbid conditions at the time of admission or developed complications while in hospital.

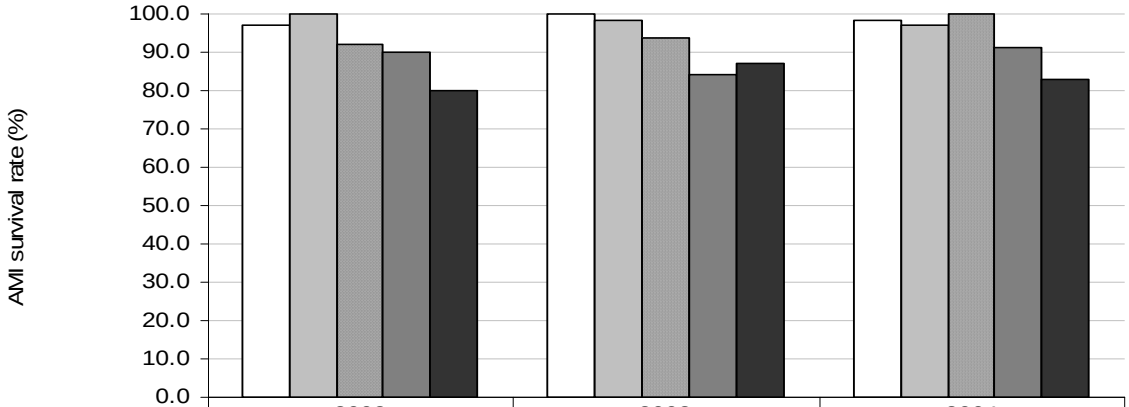
The comparison of 'whole of hospital' survival rates between hospitals may not be appropriate due to differences in mortality associated with different diagnoses and procedures. Three 'sentinel' conditions, therefore, are reported for which the survival rates are to be measured by specified age groups.

For each of these conditions stroke, heart attack (also known as acute myocardial infarction AMI), and fractured hip (also known as fractured neck of femur FNOF), a good recovery is more likely when there is early intervention and appropriate care. Additional co-morbid conditions are more likely to increase with age therefore better comparisons can be made if comparing age slices rather than the whole population.

This indicator measures the hospitals' performance in restoring the health of people who have had a stroke, AMI or FNOF, by measuring those who survive the illness and are discharged well. Some may be transferred to another hospital for specialist rehabilitation or to a hospital closer to home for additional rehabilitation at the end of the acute admission.

The survival rates for stroke and AMI decline as expected in the older age groups. High survival rates indicate effective clinical care.

Figure 8: Survival rate for acute myocardial infarction (AMI)

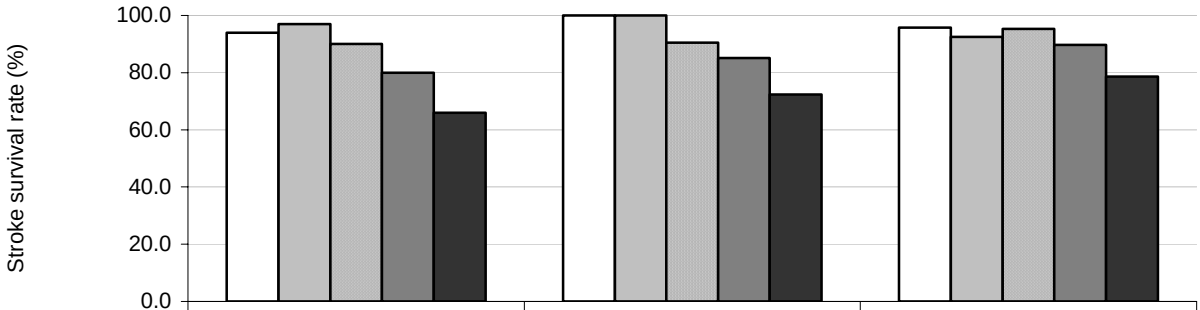


	2002	2003	2004
0-49 years	97.0	100.0	98.5
50-59 years	100.0	98.5	97.1
60-69 years	92.0	93.8	100.0
70-79 years	90.0	84.1	91.3
80+ years	80.0	87.0	83.1

Results
The rates of survival for AMI as shown in the figure above remains consistent with previous years and continues to show appropriate outcomes for patients with AMI across the different age cohorts.

208: Survival rates for sentinel conditions (cont)

Figure 9: Survival rate for stroke

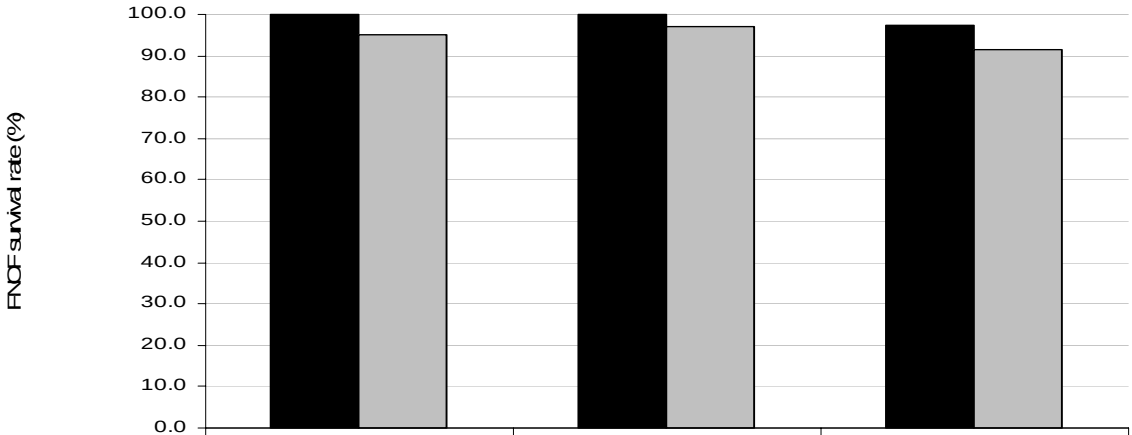


	2002	2003	2004
0-49 years	94.0	100.0	95.7
50-59 years	97.0	100.0	92.5
60-69 years	90.0	90.5	95.3
70-79 years	80.0	85.1	89.7
80+ years	66.0	72.4	78.6

Results

The rates of survival for stroke reported in the figure above in the different age cohorts are consistent with previous years or demonstrate an improved survival rate outcome.

Figure 10: Survival rate for fractured neck of femur (FNOF)



	2002	2003	2004
70-79 years	100.0	100.0	97.3
80+ years	95.0	97.0	91.5

Results

The rates of survival for the two age cohorts shown in figure above for fractured neck of femur remains comparable with the results recorded in previous years.

Data Source

Hospital Morbidity Data System.

221: Average cost per casemix adjusted separation for non-teaching hospitals

This indicator reports average cost per casemix adjusted separation for non-teaching hospitals.

Rationale
The use of casemix in hospitals is a recognised methodology for adjusting actual activity data to reflect the complexity of service provision and the use of resources. Hence the number of separations in a hospital may not necessarily equal the number of casemix adjusted separations. The magnitude of the difference will depend on the complexity of the services provided.

Table 21: Average cost per casemix adjusted separation

	2002-03	2003-04	2004-05
Actual Cost	$3,360	$3,767	$3,921
CPI adjusted	$3,360	$3,687	$3,745

Data Sources
Hospital Morbidity Data System (HMDS).
WACHS Financial Systems.

225: Average cost per non-admitted hospital based occasion of service

This indicator reports the average cost per non-admitted hospital based occasion of service.

Rationale
The efficient use of health service resources can help minimise the overall costs of providing health care, or provide for more patients to be treated for the same amount of resources.

It is important to monitor the unit cost of this non-admitted component of hospital care in order to ensure their overall quality and cost effectiveness. However, due to variations in patient characteristics and clinic types between sites and across time, there may be differences in service delivery costs.

Table 22: Average cost per non-admitted hospital based occasion of service

	2002-03	2003-04	2004-05
Actual Cost	$133	$154	$174
CPI adjusted	$133	$151	$166

Data Sources
HCARe Non-admitted activity data systems.
WACHS Financial Systems.

226: Average cost per non-admitted occasion of service in a nursing post

This indicator reports the average cost per non-admitted occasion of service in a nursing post.

Rationale
The efficient use of health service resources can help minimise the overall costs of providing health care, or provide for more patients to be treated for the same amount of resources.

It is important to monitor the unit cost of this non-admitted component of health service provision in order to ensure their overall quality and cost effectiveness. However, due to variations in patient characteristics and clinic types between sites and across time, there may be differences in service delivery costs.
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Table 23: Average cost per nursing post based non-admitted occasion of service

	2002-03	2003-04	2004-05
Actual Cost	$106	$126	$128
CPI adjusted	$106	$123	$122

Data Sources
HCARe activity data systems.
WACHS Financial Systems.

227: Average cost per bed-day for admitted patients (selected small rural hospitals)

This indicator reports the average cost per bed-day for admitted patients (selected small rural hospitals).

Rationale
The use of casemix is a recognised methodology for measuring the cost and complexity of admitted patients in hospitals where there is a wide range of different medical and surgical patients. However it is not the accepted method of costing admitted patient activity in a small rural hospital.

Most small hospitals do not have the advantage of economies of scale. Minimum nursing services may have to be rostered for very few patients.

Accordingly the hospitals with limited beds that provide acute and Nursing Home Type Patient (NHTP) care report patient costs by bed-days.

Table 24: Average cost per bed-day for admitted patients in a small hospital

	2002-03	2003-04	2004-05
Actual Cost	$568	$691	$719
CPI adjusted	$568	$676	$687

Data Sources
HCARe activity data systems.
WACHS Financial Systems.

228: Average cost per trip of Patient Assisted Travel Scheme (PATS)

This indicator reports the average cost per trip of the Patient Assisted Travel Scheme (PATS).

Rationale
The PATS assists permanent country residents to access the nearest medical specialist and specialist medical services.

A subsidy is provided towards the cost of travel and accommodation for patients and where necessary an escort for people who have to travel more than 100 kilometres one way to attend medical appointments. Without this assistance many people would be unable to access the services needed to diagnose or treat some conditions.

Table 25: Average cost per trip of the Patient Assisted Travel Scheme

	2002-03	2003-04	2004-05
Actual Cost	$340	$354	$328
CPI adjusted	$340	$346	$313

Data Sources
Local activity data systems.
WACHS Financial Systems.

229: Average cost per bed-day in an authorised mental health unit

This indicator reports the average cost per bed-day in an authorised mental health unit.

Rationale
The efficient use of hospital resources can help minimise the overall costs of providing health care, or allow more patients to be treated with a similar amount of resources.

Variations in patient characteristics between sites and across time may result in differences in service delivery costs.

In order to ensure quality and cost effectiveness, it is important to monitor the unit cost per bed day of admitted patient care in authorised mental health units. These are hospitals or hospital wards devoted to the treatment and care of patients with psychiatric, mental or behavioural disorders that are by law able to admit people as involuntary patients for psychiatric treatment.

In the WA Country Health Service there are two authorised units situated in the Albany and Kalgoorlie Regional Resource Centres and the data from each site has been combined.

Table 26: Average cost per bed-day in an authorised mental health unit

	2003-04	2004-05
Actual Cost	$724	$877
CPI adjusted	$709	$838

Data Sources
Mental Health Information System.
WACHS Financial Systems.

Performance Indicators

Outcome 3: Improving the quality of life of people with chronic illness and disability

The achievement of this component of the health objective involves provision of services and programs that improve and maintain an optimal quality of life for people with chronic illness or disability.

If a client suffers from a chronic illness they have access to services and supports through a range of organisations, including non-government organisations, which are managed through the DOH. The effectiveness and efficiency measures for those supports are reported by the DOH.

The Health Services in general will only come into contact with those clients when they become acute and require acute care. When this care is completed they are returned to the community where they can again receive ongoing (continuing) care through the other agencies and services provided.

To enable people with chronic illness or disability to maintain as much independence in their every day life as their illness permits, services are provided to enable normal patterns of living. Supports are provided to people in their own homes for as long as possible but when extra care is required long term placement is found in residential facilities. The intent is to support people in their own home for as long as possible. This involves the provision of clinical and other services which:

- ensure that people experience the minimum of pain and discomfort from their chronic illness or disability;
- maintain the optimal level of physical and social functioning;
- prevent or slow down the progression of the illness or disability;
- make available aids and appliances that maintain, as far as possible, independent living (eg wheelchairs, walking frames);
- enable people to live as long as possible in the place of their choice supported by, for example, home care services or home delivery of meals;
- support families and carers in their roles; and
- provide access to recreation, education and employment opportunities.

The significant areas of continuing care provided by the Health Services are in the areas of Mental Health Community Care and Aged Care. The Mental Health Community Care consists of multi-disciplinary teams including mental health nurses providing continued and regular contact with clients to ensure, prevent or delay the onset of acuity and thereby allowing them to continue to maintain as close to normal lifestyles as possible.

An important part of ensuring that services are provided to those frail aged who need them is assessment by Aged Care Assessment Teams (ACAT). Without equal access to ACAT assessments appropriate services/aged care may not be provided.

Where a person has a disability, including a younger person, they will receive support through a number of agencies including Disability Services Commission and the Quadriplegic Centre. The DOH also provides assistance to those with disabilities through the provision of Home and Community Care (HACC) services. The HACC program is administered through the DOH. The effectiveness and efficiency indicators for HACC are reported by DOH. The Health Services will provide acute services to those with disabilities under Outcome 2.

Table 27: Respective Indicators by Health Sector for Outcome 3

	Metropolitan Health Service	Peel Health Service	South West Area Health Service	WA Country Health Service	DOH
The achievement of this component of the health objective involves activities which:					
Supporting people with chronic and terminal illness by:					
Providing palliative care services.					R304
Providing support services to people with chronic illnesses and disabilities.	301	301	301	301	R301
Providing appropriate home care services for the frail aged.	304	304	304	304	R302 R303

Performance Indicators

301: Percent of contacts with community-based public mental health non-admitted services within seven and fourteen days post discharge from public mental health inpatient units

This indicator reports on clients with a principal diagnosis of schizophrenia or bipolar disorder who had contact with community-based public mental health non-admitted services within seven and fourteen days following discharge from public mental health inpatient units.

Rationale
A large proportion of people with a severe and persistent psychiatric illness generally have a chronic or recurrent type illness that results in only partial recovery between acute episodes and a deterioration in functioning that can lead to problems in living an independent life. As a result, hospitalisation may be required on one or more occasions a year with the need for ongoing clinical care from community-based non-admitted services following discharge.

These community services provide ongoing mental health treatment and access to a range of rehabilitation and recovery programs that aim to reduce hospital readmission and maximise an individuals independent functioning and quality of life.

This type of care for persons who have experienced an acute psychiatric episode requiring hospitalisation is essential after discharge to maintain or improve clinical and functional stability and to reduce the likelihood of an unplanned readmission.

A severe and persistent mental illness refers to clients who have psychotic disorders that result in severe and chronic impairment in the conduct of daily life activities. It includes those with a diagnosis of schizophrenia or bipolar disorder.

The time period of seven days has been recommended nationally as an indicative measure of follow up with non-admitted services for people with a severe and persistent mental illness.

There is currently no agreed target benchmark for the proportion of clients to be seen within a seven-day period. At this stage, there appears to be some consensus among clinicians in Western Australia that a reasonable target is around 70%. The seven-day threshold and 70% target benchmark figure are pending an empirical review of their appropriateness.

Results
In 2004, 64.7% of discharges with a principal diagnosis of schizophrenia or bipolar disorder from public mental health inpatient units resulted in contact with a community-based public mental health non-admitted service within seven days of discharge. Approximately 7% of discharges did not have contact within the year. No contact may indicate that referrals, following discharge, were made to the private sector (eg General Practitioners, Private Psychiatrists, Private Psychologists etc) for which data on contacts is not available.

While the findings indicate that the target benchmark for a seven-day threshold has not as yet been achieved, there has been an increase from the previous year and close to 75% of contacts are taking place within a fortnight.

This KPI was developed for the first time in 2003 and results indicate that the percent of contacts within seven days post discharge for 2004 has increased since 2003.

301: Percent of contacts with community-based public mental health non-admitted services within seven and fourteen days post discharge from public mental health inpatient units (cont)

Table 28: Percent of contacts with community-based public mental health non-admitted services within seven and fourteen days post discharge from public mental health inpatient units

Days to first contact	2003	2004
0 to 7 days	59.47%	64.65%
8 to 14 days	13.15%	10.27%
15 to 28 days	9.47%	7.25%
29 + days	13.68%	10.57%
No contact	4.21%	7.25%

Data source
Mental Health Information System, Health Information Centre, Department of Health WA.

Explanatory notes

1. Target Group: WA residents discharged from inpatient units with a principal diagnosis of schizophrenia or bipolar disorders (ICD-10-AM range of codes F20 to F29 or F31).

2. Inpatient units: includes all Child and Adolescent, Adult, and Older Person programs at specialised public mental health inpatient units at the following Regional Resource Centres:
   - Albany.
   - Kalgoorlie .

3. Excludes people who:
   - Died in hospital.
   - Were transferred to another inpatient unit.
   - Re-admitted on the same day (includes statistical separations and intra hospital transfer).
   - Left against medical advice.
   - Had a same day admission or were admitted, treated and discharged on the same day.

304: Completed assessments as a proportion of accepted Aged Care Assessment Team (ACAT) referrals

This indicator reports the completed outcomes against the total number of accepted referrals to an Aged Care Assessment Team (ACAT)

Referred ACAT Clients
An ACAT client is usually an older person who is experiencing difficulty managing at home and/or is considering admission to residential care. However on occasion a younger person may seek ACAT assessment due to long term disability where residential care or community support is considered appropriate.

ACATs receive referrals from any source including self-referral. The ACAT intake process determines the appropriateness of the referral as per the program guidelines. An ACAT comprehensive assessment will determine the older person's eligibility for services including Commonwealth subsidised aged care services. An ACAT client is not a person who requires acute medical services, post acute services or rehabilitation.

Rationale
An ACAT assessment will identify those clients who are at risk of experiencing a poorer quality of life because of frailty, chronic illness or disability reducing their capacity to manage their activities of daily living and whose needs fall within the capacity of subsidised aged care services.

The assessment is the first step in ensuring the ACAT clients gain access to the appropriate services and receive care either in the community or in an institutional setting. The range of services are available to people requiring support to improve or maintain their optimal quality of life. There are supports available to people living in their own homes as well as supported accommodation options.

A completed assessment is when a comprehensive assessment has been undertaken (and full information on the client is recorded) and has resulted in recommendations being made. This includes approvals to access Commonwealth funded programs (eg residential care, community aged care packages and some flexible care options).

If during an assessment the older person is found to require acute medical services, post acute services or rehabilitation services the assessment is recorded as incomplete. The record is also incomplete if during the process the person withdraws, moves to another service or dies before a comprehensive assessment has been completed and recommendations have been made.

Note
Commencing in 2003-04 the WA ACAT Program made significant amendments to how ACAT teams collect and report their minimum data set on their activities. As described in the 2003-04 annual report the minimum data set for calculating this performance indicator was revised. As a result of evaluation the operational definition of an accepted ACAT referral has been revised and now includes all referrals.

Previously only those referrals, which resulted in a comprehensive assessment, were included. This change in methodology now aligns WA with national reporting methodologies.

Table 29: Completed assessments as a proportion of accepted ACAT referrals

	2003	2004
Completed assessments as a proportion of accepted ACAT referrals	94.4%	93.6%

Data Source
Aged Care Assessment Program WA Evaluation Unit Minimum Data Set Reports.
July to September 2004 and October to December 2004.

303: Average cost per person receiving care from public community-based mental health services

This indicator reports the average cost per person with mental illness under community care.

Rationale
The majority of services provided by community mental health services are for people in an acute phase of a mental illness or who are receiving post-acute care. This indicator gives a measure of the cost effectiveness of treatment for public mental health patients under community care (non-admitted/ambulatory patients).

Table 30: Average cost per person with a mental illness under community care

	2002-03	2003-04	2004-05
Actual Cost	$2,840	$3,043	$2,840
CPI adjusted	$2,840	$2,978	$2,712

Data Sources
Mental Health Information System
WACHS Financial Systems.

311: Average cost per ACAT assessment

This indicator measures the average cost per ACAT assessment.

Rationale
People within targeted age groups are at risk of experiencing a poorer quality of life because of frailty, chronic illness or disability reducing their capacity to manage their activities of daily living.

A range of services are available to people requiring support to improve or maintain their optimal quality of life.

The Commonwealth funds the Aged Care Assessment Program based on State health service assessments which determine eligibility for and the level of care required by these aged care services.

Table 31: Average cost per aged care assessment

	2003-04	2004-05
Actual cost	$1,032	$748
CPI adjusted	$1,010	$714

Data Sources
Aged Care Assessment Program WA Evaluation Unit Minimum Data Set Reports, July to September 2004 and October to December 2004.
WACHS Financial Systems.

312: Average cost per bed-day in a specified residential care facility

This indicator reports the average cost per bed-day in a specified residential care facility.

Rationale
The Department of Health cares for patients who require long term 24 hour nursing care in a specialist residential facility. The WACHS provides residential care in three State Government Residential Care facilities, Yulanya in the Pilbara Gascoyne, and Numbala Nunga and Kununurra in the Kimberley. The indicator reports the average cost per bed-day of patients who reside in these residential care facilities.

Table 32: Average cost per bed-day in specified residential care facility

	2003-04	2004-05
Actual cost	$236	$291
CPI adjusted	$231	$278

Data Sources
HCARE and local activity data systems.
WACHS Financial Systems.

Financial Statements Certification

CERTIFICATION OF FINANCIAL STATEMENTS
for the year ended 30 June 2005

The accompanying financial statements of the WA Country Health Service have been prepared in compliance with the provisions of the *Financial Administration and Audit Act 1985* from proper accounts and records to present fairly the financial transactions for the financial year ending 30 June 2005 and the financial position as at 30 June 2005.

At the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.

Dr Neale Fong
Acting Director General
Accountable Authority

30 August 2005

John Griffiths
Principal Accounting Officer

30 August 2005

Financial Statements Audit Opinion

AUDITOR **GENERAL**

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

WA COUNTRY HEALTH SERVICE
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Audit Opinion
In my opinion,

(i) the controls exercised by the WA Country Health Service provide reasonable assurance that the receipt, expenditure and investment of moneys, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and

(ii) the financial statements are based on proper accounts and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the Treasurer's Instructions, the financial position of the Health Service at 30 June 2005 and its financial performance and cash flows for the year ended on that date.

Scope
The Director General, Department of Health's Role
The Director General, Department of Health is responsible for keeping proper accounts and maintaining adequate systems of internal control, preparing the financial statements, and complying with the Financial Administration and Audit Act 1985 (the Act) and other relevant written law.

The financial statements consist of the Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and the Notes to the Financial Statements.

Summary of my Role
As required by the Act, I have independently audited the accounts and financial statements to express an opinion on the controls and financial statements. This was done by looking at a sample of the evidence.

An audit does not guarantee that every amount and disclosure in the financial statements is error free. The term "reasonable assurance" recognises that an audit does not examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the financial statements.

D D R PEARSON
AUDITOR GENERAL
11 November 2005

WA COUNTRY HEALTH SERVICE

Statement of Financial Performance

For the year ended 30th June 2005

	Note	2005 $000	2004 $000
COST OF SERVICES			
Expenses from Ordinary Activities			
Employee expenses	4	298,459	280,654
Fees for visiting medical practitioners		26,614	26,950
Patient support costs	5	60,978	59,808
Borrowing costs expense	6	1,845	2,032
Depreciation expense	7	26,561	28,394
Asset revaluation decrement	31	0	(23)
Capital user charge	9	30,763	28,919
Carrying amount of non-current assets disposed of	8	2,741	764
Other expenses from ordinary activities	10	43,150	37,053
Total cost of services		491,111	464,551
Revenues from Ordinary Activities			
Revenue from operating activities			
Patient charges	11	15,215	14,332
Commonwealth grants and contributions	12(a)	4,307	3,690
Other grants and contributions	12(b)	3,406	2,798
Other revenues from operating activities	14(a)	5,740	6,777
Revenue from non-operating activities			
Donations revenue	13	671	803
Interest revenue		114	105
Proceeds from disposal of non-current assets	8	73	503
Other revenues from non-operating activities	14(b)	3,319	3,404
Total revenues from ordinary activities		32,845	32,412
NET COST OF SERVICES		**458,266**	**432,139**
Revenues from State Government			
Service appropriation	15	459,598	432,915
Assets assumed / (transferred)	16	476	173
Liabilities assumed by the Treasurer	17	452	280
Total revenues from State Government		460,526	433,368
CHANGE IN NET ASSETS		**2,260**	**1,229**
Net increase / (decrease) in asset revaluation reserve	31	6,505	22,441
Total revenues, expenses and valuation adjustments recognised directly in equity		6,505	22,441
Total changes in equity other than those resulting from transactions with WA State Government as owners		**8,765**	**23,670**

The Statement of Financial Performance should be read in conjunction with the notes to the financial statements.

WA COUNTRY HEALTH SERVICE

Statement of Financial Position

As at 30th June 2005

	Note	2005 $000	2004 $000
CURRENT ASSETS			
Cash assets	18	8,633	6,408
Restricted cash assets	19	497	494
Receivables	20	5,515	5,576
Amounts receivable for services	21	14,473	30,701
Inventories	22	3,476	3,694
Other assets	23	496	200
Total current assets		33,090	47,073
NON-CURRENT ASSETS			
Amounts receivable for services	21	20,831	6,149
Property, plant and equipment	24	470,016	434,902
Other financial assets	25	6	6
Total non-current assets		490,853	441,057
Total assets		**523,943**	**488,130**
CURRENT LIABILITIES			
Payables	26	14,001	16,075
Interest-bearing liabilities	27	1,298	1,240
Provisions	28	40,144	34,490
Other liabilities	29	5,549	4,508
Total current liabilities		60,992	56,313
NON-CURRENT LIABILITIES			
Interest-bearing liabilities	27	26,730	28,041
Provisions	28	9,034	7,940
Total non-current liabilities		35,764	35,981
Total liabilities		**96,756**	**92,294**
NET ASSETS		**427,187**	**395,836**
EQUITY			
Contributed equity	30	399,679	377,093
Reserves	31	28,946	22,441
Accumulated surplus / (deficiency)	32	(1,438)	(3,698)
TOTAL EQUITY		**427,187**	**395,836**

The Statement of Financial Position should be read in conjunction with the notes to the financial statements.

WA COUNTRY HEALTH SERVICE

Statement of Cash Flows

For the year ended 30th June 2005

	Note	2005 $000 Inflows (Outflows)	2004 $000 Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		393,634	368,524
Capital contributions		13,493	12,314
Holding account drawdowns		34,131	6,671
Net cash provided by State Government	33(c)	441,258	387,509
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Supplies and services		(132,716)	(122,134)
Employee costs		(289,966)	(281,647)
GST payments on purchases		(17,488)	(13,607)
Receipts			
Receipts from customers		14,875	14,039
Commonwealth grants and contributions		4,280	3,666
Grants and subsidies from non-government sources		3,496	2,653
Donations		501	601
Interest received		107	103
GST receipts on sales		926	1,044
GST receipts from taxation authority		16,629	12,691
Other receipts		8,304	9,541
Net cash (used in) / provided by operating activities	33(b)	(391,052)	(373,050)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of non-current assets	24	(48,051)	(14,331)
Proceeds from disposal of non-current assets	8	73	504
Net cash (used in) / provided by investing activities		(47,978)	(13,827)
Net increase / (decrease) in cash held		2,228	632
Cash assets at the beginning of the financial year		6,902	6,170
Cash assets transferred from other sources		0	100
CASH ASSETS AT THE END OF THE FINANCIAL YEAR	33(a)	9,130	6,902

The Statement of Cash Flows should be read in conjunction with the notes to the financial statements.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Note 1 Significant accounting policies

The following accounting policies have been adopted in the preparation of the financial statements. Unless otherwise stated these policies are consistent with those adopted in the previous year.

(a) General Statement

The financial statements constitute a general purpose financial report which has been prepared in accordance with Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and Urgent Issues Group (UIG) Consensus Views as applied by the Treasurer's Instructions. Several of these are modified by the Treasurer's Instructions to vary application, disclosure, format and wording. The Financial Administration and Audit Act and the Treasurer's Instructions are legislative provisions governing the preparation of financial statements and take precedence over Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and UIG Consensus Views. The modifications are intended to fulfil the requirements of general application to the public sector, together with the need for greater disclosure and also to satisfy accountability requirements.

If any such modification has a material or significant financial effect upon the reported results, details of that modification and where practicable, the resulting financial effect, are disclosed in individual notes to these financial statements.

(b) Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention, except for certain assets and liabilities which, as noted, are measured at fair value.

(c) Service Appropriation

Service Appropriations are recognised as revenues in the period in which the Health Service gains control of the appropriated funds. The Health Service gains control of appropriated funds at the time those funds are deposited into the Health Service's bank account or credited to the holding account held at the Department of Treasury and Finance.

(d) Contributed Equity

Under UIG 38 "Contributions by Owners Made to Wholly-Owned Public Sector Entities", transfers in the nature of equity contributions must be designated by the Government (owners) as contributions by owners (at the time of, or prior to transfer) before such transfers can be recognised as equity contributions in the financial statements. Capital contributions (appropriations) have been designated as contributions by owners and have been credited directly to Contributed Equity in the Statement of Financial Position. Capital appropriations which are repayable to the Treasurer are recognised as liabilities.

(e) Acquisitions of Assets

The cost method of accounting is used for all acquisitions of assets. Cost is measured as the fair value of the assets given up or liabilities undertaken at the date of acquisition plus incidental costs directly attributable to the acquisition.

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

Assets costing less than $1,000 are expensed in the year of acquisition (other than where they form part of the group of similar items which are significant in total).

(f) Property, Plant and Equipment

Valuation of Land and Buildings

The Health Service has a policy of valuing land and buildings at fair value. The revaluations of the Health Service's land and buildings undertaken by the Department of Land Information (Valuation Services) are recognised in the financial statements.

i) Land and Non-Clinical Buildings

The revaluations of land and non-clinical buildings have been undertaken on the following bases:

Land (clinical site)	Market value for Current use
Land (non-clinical site)	Market value for Highest and best use
Buildings (non-clinical)	Market value for Highest and best use

Recent valuations on this basis are equivalent to fair value.

ii) Clinical Buildings

The clinical buildings are valued at "Replacement Capital Value", which is defined as the cost to replace buildings constructed at current building costs with current materials on a greenfield site. All building costs are Perth based and include elements of electrical, mechanical and plumbing services. Loose and free standing furniture and equipment together with specialised medical equipment are excluded from this valuation. Buildings are depreciated using a weighted average age to determine the net carrying values. Recent valuations on this basis are equivalent to fair value.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Depreciation of Non-Current Assets

All property, plant and equipment having a limited useful life are systematically depreciated over their estimated useful lives in a manner which reflects the consumption of their future economic benefits.

Depreciation is calculated on the reducing balance basis, using rates which are reviewed annually. Expected useful lives for each class of depreciable asset are:

Buildings	50 years
Leasehold improvements	Term of the lease
Computer equipment and software	5 to 15 years
Furniture and fittings	5 to 50 years
Motor vehicles	4 to 10 years
Medical Equipment	4 to 25 years
Other plant and equipment	5 to 50 years

(g) Leases

The Health Service's rights and obligations under finance leases, which are leases that are effectively transfer to the Health Service substantially all of the risks and benefits incident to ownership of the leased items, are initially recognised as assets and liabilities equal in amount to the present value of the minimum lease payments. The assets are disclosed as leased assets, and are depreciated to the Statement of Financial Performance over the period during which the Health Service is expected to benefit from use of leased assets. Minimum lease payments are allocated between interest expense and reduction of the lease liability, according to the interest rate implicit in the lease.

The Health Service has entered into a number of operating lease arrangements for the rent of buildings and equipment where the lessors effectively retain all of the risks and benefits incident to ownership of the items held under the operating leases. Equal instalments of the lease payments are charged to the Statement of Financial Performance over the lease term as this is representative of the pattern of benefits to be derived from the leased items.

(h) Cash

For the purpose of the Statement of Cash Flows, cash includes cash assets and restricted cash assets net of outstanding bank overdrafts.

These include short-term deposits that are readily convertible to cash on hand and are subject to insignificant risk of changes in value.

(i) Receivables

Receivables are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of recognition.

Collectability of receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off. A provision for doubtful debts is raised where some doubts as to collection exists.

(j) Inventories

Inventories are valued on a weighted average cost basis at the lower of cost and net realisable value.

(k) Payables

Payables, including accruals not yet billed, are recognised when the Health Service becomes obliged to make future payments as a result of a purchase of assets or services. Payables are generally settled within 30 days.

(l) Accrued Salaries

Accrued salaries (refer note 29) represent the amount due to staff but unpaid at the end of the financial year, as the end of the last pay period for that financial year does not coincide with the end of the financial year. The Health Service considers the carrying amount approximates net fair value.

(m) Interest-bearing liabilities

Interest-bearing liabilities are recognised at an amount equal to the net proceeds received. Borrowing costs expense is recognised on an accrual basis.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

(n) Employee Benefits

Annual Leave

This benefit is recognised at the reporting date in respect to employees' services up to that date and is measured at the nominal amounts expected to be paid when the liabilities are settled.

Long Service Leave

The liability for long service leave expected to be settled within 12 months of the reporting date is recognised in the provisions for employee benefits, and is measured at the nominal amounts expected to be paid when the liability is settled. The liability for long service leave expected to be settled more than 12 months from the reporting date is recognised in the provisions for employee benefits and is measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given, when assessing expected future payments, to expected future wage and salary levels including relevant on costs, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

This method of measurement of the liability is consistent with the requirements of Accounting Standard AASB 1028 "Employee Benefits".

Superannuation

Staff may contribute to the Pension Scheme, a defined benefits pension scheme now closed to new members, or to the Gold State Superannuation Scheme, a defined benefit lump sum scheme now also closed to new members. All staff who do not contribute to either of these schemes become non-contributory members of the West State Superannuation Scheme, an accumulation fund. The Health Service contributes to this accumulation fund in compliance with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. All of these schemes are administered by the Government Employees Superannuation Board (GESB).

From 30 June 2004, the Treasurer has assumed the liability for pension and pre-transfer benefit superannuation liabilities. The assumption was designated as a contribution by owners under Treasurer's Instruction 955 (3)(iv) on 30 June 2004.

The superannuation expense comprises the following elements:

i) changes in the unfunded employer's liability in respect of current employees who are members of the Pension Scheme and current employees who accrued a benefit on transfer from that Scheme to the Gold State Superannuation Scheme; and

ii) employer contributions paid to the Gold State Superannuation Scheme and the West State Superannuation Scheme.

The superannuation expense does not include payment of pensions to retirees, as this does not constitute part of the cost of services provided by the Health Service in the current year.

A revenue "Liabilities assumed by the Treasurer" equivalent to (i) is recognised under Revenues from State Government in the Statement of Financial Performance as the unfunded liability is assumed by the Treasurer. The GESB makes the benefit payment and is recouped from the Treasurer.

The Health Service is funded for employer contributions in respect of the Gold State Superannuation Scheme and the West State Superannuation Scheme. The liabilities for superannuation charges under these schemes are extinguished by payment of employer contributions to the GESB.

Deferred Salary Scheme

With the written agreement of the Health Service, an employee may elect to receive, over a four-year period, 80% of the salary they would otherwise be entitled to receive. On completion of the fourth year, an employee will be entitled to 12 months leave and will receive an amount equal to 80% of the salary they were otherwise entitled to in the fourth year of deferment. An employee may withdraw from this scheme prior to completing a four-year period by written notice. The employee will receive a lump sum payment of salary forgone to that time.

The liability for deferred salary scheme represents the amount which the Health Service is obliged to pay to the employees participating in the deferred salary scheme. The liability has been calculated on current remuneration rates in respect of services provided by the employees up to the reporting date and includes related on-costs.

Gratuities

The Health Service is obliged to pay the medical practitioners and nurses for gratuities under Medical Practitioners (WA Country Health Service – North West) AMA Industrial Agreement and the Nurses (WA Government Health Services) Agreement 2001. These groups of employees are entitled to a gratuity payment for each completed year of continuous service in specified regions in Western Australia.

The liability for gratuity payments is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely, as possible, the estimated future cash flows.

Employee benefit on-costs

Employee benefit on-costs are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities and expenses. (See notes 4 and 28)

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

(o) Revenue Recognition

Revenue from the sale of goods, disposal of other assets and the rendering of services, is recognised when the Health Service has passed control of the goods or other assets or has delivered the services to the customer.

(p) Grants and Other Contributions Revenue

Grants, donations, gifts and other non-reciprocal contributions are recognised as revenue when the Health Service obtains control over the assets comprising the contributions. Control is normally obtained upon their receipt.

Contributions are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

(q) Resources Received Free of Charge or For Nominal Value

Resources received free of charge or for nominal value which can be reliably measured are recognised as revenues and as assets or expenses as appropriate at fair value.

(r) Foreign Currency Translation

Transactions denominated in a foreign currency are translated at the rates in existence at the dates of the transactions. Foreign currency receivables and payables at reporting date are translated at exchange rates current at reporting date. Exchange gains and losses are brought to account in determining the result for the year.

(s) Comparative Figures

Comparitive figures are, where appropriate, reclassified so as to be comparable with the figures presented in the current financial year.

(t) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars, or in certain cases, to the nearest dollar.

(u) Trust Accounts

Trust Accounts are used by the Health Service to account for funds that they may be holding on behalf of another party, such as patients' cash. The Health Serivce does not have control of the use of these funds, and cannot deploy them to meet its objectives. Trust Accounts do not form part of the resources available to the Health Service, and are not reported as assets in the financial statements. However, details of Trust Accounts are reported as a note to the financial statements (refer to Note 3).

(v) Special Purpose Accounts

Special Purpose Accounts are used by the Health Service to account for contributions to which a condition of use has been attached, such as donations, gifts or grants for particular purposes. The Health Service has control of the use of these funds, and can deploy them to meet its objectives, although it has an obligation to only use these funds for the particular purpose for which they were contributed. The use of Special Purpose Accounts enables the contributions to be segregated from the operating funds of the Health Service and to ensure that they are used in a manner that is consistent with the imposed conditions.

Note 2 Services of the Health Service

Information about the Health Service's services and, the expenses and revenues which are reliably attributable to those services is set out in Note 46. The three key services of the Health Service are:

Prevention and Promotion
Prevention and promotion services aim to improve the health of Western Australians by reducing the incidence of preventable disease, injury, disability and premature death. This service primarily focuses on the health and well being of populations, rather than on individuals. The programs define populations that are at-risk and ensure that appropriate interventions are delivered to a large proportion of these at-risk populations.

Diagnosis and Treatment
The objective for the diagnosis and treatment services is to improve the health of Western Australians by restoring the health of people with acute illness. The services provided to diagnose and treat patients include emergency services; ambulatory care or outpatient services and services for those people who are admitted to hospitals, oral health services and other supporting services such as patient transport and the supply of highly specialised drugs.

Continuing Care
Continuing care services are provided to people and their carers who require support with moderate to severe functional disabilities and/or a terminal illness to assist in the maintenance or improvement of their quality of life.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

	2005 $000	2004 $000
Note 3 Administered trust accounts		

Funds held in these trust accounts are not controlled by the Health Service and are therefore not recognised in the financial statements.

a) The Health Service administers a trust account for the purpose of holding patients' private moneys.

A summary of the transactions for this trust account is as follows:

Opening Balance	480	422
Adjustment to opening balance for York MPS Hostel	150	0
Add Receipts		
- Patient Deposits	1,477	1,285
- Interest	8	0
	2,115	1,707
Less Payments		
- Patient Withdrawals	1,503	1,227
- Interest / Charges	1	0
Closing Balance	611	480

b) The Health Service administers a trust account for salaried medical practitioners under the rights to private practice scheme.

A summary of the transactions for this trust account is as follows:

Opening Balance	382	355
Add Receipts		
- Fees collected on behalf of medical practitioners	179	419
- Interest	4	4
	565	778
Less Payments		
- Payments to medical practitioners	319	394
- Charges	2	2
Closing Balance	244	382

c) Other trust accounts - not controlled by the HS
Accommodation Bonds Account
Staff Development and Diabetes Education Fund

Opening Balance	343	454
Adjustment to opening balance for York MPS Hostel	(150)	0
Add Receipts		
- Deposits	84	100
- Interest	8	12
	285	566
Less Payments		
- Withdrawals	13	215
- Charges	3	8
Closing Balance	269	343

Note 4 Employee expenses

Salaries and wages (i)	233,878	220,428
Superannuation	21,575	20,570
Annual leave and time off in lieu leave	27,693	24,726
Long service leave	4,506	4,397
Other related expenses	10,807	10,533
	298,459	280,654

(i) These employee expenses include employment on-costs associated with the recognition of annual and long service leave liability.

The related on-costs liability is included in employee benefit liabilities at Note 28.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

	2005	2004
Note 5 Patient support costs	**$000**	**$000**
Medical supplies and services	18,583	17,510
Domestic charges	4,105	4,006
Fuel, light and power	10,787	12,431
Food supplies	4,733	4,452
Patient transport costs	14,672	14,725
Purchase of external services	8,098	6,684
	60,978	59,808
Note 6 Borrowing costs expense		
Interest paid	1,845	2,032
	1,845	2,032
Note 7 Depreciation expense		
Buildings	19,279	22,388
Leasehold improvements	50	75
Computer equipment and software	1,318	1,330
Furniture and fittings	162	187
Motor vehicles	688	500
Medical Equpment	3,968	2,897
Other plant and equipment	1,096	1,017
	26,561	28,394
Note 8 Net gain / (loss) on disposal of non-current assets		
a) Proceeds from disposal of non-current assets	73	503
b) Gain / (Loss) on disposal of non-current assets:		
Land and buildings	(123)	54
Computer equipment and software	(436)	(130)
Furniture and fittings	(355)	(26)
Motor vehicles	28	50
Medical equipment	(1,117)	(116)
Other plant and equipment	(665)	(93)
	(2,668)	(261)
Note 9 Capital user charge		
	30,763	28,919

A capital user charge rate of 8% has been set by the Government for 2004/05 and represents the opportunity cost of capital invested in the net assets of the Health Service used in the provision of services. The charge is calculated on the net assets adjusted to take account of exempt assets. Payments are made to the Department of Treasury and Finance on a quarterly basis by the Department of Health on behalf of the Health Service.

Note 10 Other expenses from ordinary activities		
Motor vehicle expenses	3,472	3,578
Insurance	3,286	2,566
Communications	4,032	3,816
Printing and stationery	2,329	2,105
Rental of property	2,708	2,723
Bad and doubtful debts expense	442	140
Repairs, maintenance and consumable equipment expense	17,773	14,651
Legal expenses	153	656
Audit fees	425	0
Operating lease expenses	5,282	4,062
Computer services and software	766	387
Other	2,482	2,369
	43,150	37,053

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30th June 2005

	2005 $000	2004 $000
Note 11 Patient charges		
Inpatient charges	13,121	12,829
Outpatient charges	2,094	1,503
	15,215	14,332
Note 12 Grants and contributions		
a) Commonwealth grants and contributions		
Australia Taxation Office Diesel Fuel Prior Year rebate	73	0
Australian Health Promotion Scholarships -Public health	39	0
Dept of Employment - National Indigenous Cadetship	0	15
Grant for Assisted Care and Housing for the Aged	56	0
Grant for Caring Communities	13	0
Grant for Community Aged Care Program	413	0
Grant for Dept Veterans Affairs Home & Domiciliary Care	141	16
Grant for Geraldton Sobering up shelter	0	248
Grant for nursing homes	2,988	2,626
Grant for Overseas Trained Doctors Upskilling	74	0
Grant for speech Pathology	0	77
Grant for Structured Training and Employment Program	104	0
Grant for Support Aged Care Training Program	117	0
Grants for health training	110	0
Grants for immunisation	23	18
Other grants	156	690
	4,307	3,690
b) Other grants and contributions		
BHP Billiton - Road Trauma	120	120
Combined UNI's - Staff Development	40	0
Combined Universities Centre for Rural Health (CUCRH)	22	20
Disability Services Commission Community Aids and Equipment Program	809	923
Disability Services Commission - Outreach Project	11	0
Grant for Employment Training Scheme	0	2
Grant for Kids Help Line	37	56
Grant for mental health and primary health programs	0	16
Grant for MSOAP	206	91
Grant for Paed Services WA Country	146	0
Grant for RRAPP	186	0
Grant for Student Nurses	55	0
Disability Services Commission - Therapy assistance	858	449
Healthway - Geraldton Young People & Physical Activity Program	133	80
HealthWays - Mens Health	81	80
Rural Clinical School - Medical Training Funds	31	31
St John of God - Strong Women, Strong Babies	136	99
University of WA - Cotton Creek	82	0
Other grants	453	831
	3,406	2,798

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Note 13 Donations revenue	2005 $000	2004 $000
General public contributions	372	547
Estate of CB Parker	0	24
Geraldton Hospital Auxiliary	27	17
Kununoppin Ladies Hosp Aux	0	15
National Medication Collaborative	19	0
Nursing Home Education	29	0
Palliative Care Donations	12	41
Palliative Care WA for assets	3	0
Plantagenet Village Homes for assets	18	0
Shire of Plantagenet for assets	92	133
Shire of Cranbrook for assets	35	0
Telethon Trust for Paediatric Ward upgrade	15	0
Variety Club of Australia	49	0
York PML	0	10
Yulella	0	16
	671	803

Note 14 Other revenues from ordinary activities

a) Revenue from operating activities		
Recoveries	1,314	1,593
Use of hospital facilities	3,262	4,084
Other	1,164	1,100
	5,740	6,777
b) Revenue from non-operating activities		
Rent from properties	398	468
Boarders' accommodation	2,468	2,369
Other	453	567
	3,319	3,404
	9,059	10,181

Note 15 Service appropriation

Appropriation revenue received during the year:		
Service appropriation	459,598	432,915

Service appropriations are accrual amounts reflecting the full cost of services delivered. The appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the estimated depreciation expense for the year and any agreed increase in leave liability during the year.

Note 16 Assets assumed / (transferred)

The following assets have been assumed from / (transferred to) other state government agencies during the financial year:

- Cash	0	100
- Land and buildings	0	6
- Medical equipment transferred from Department of Health	65	0
- Telehealth assets	196	30
- Other plant and equipment	215	37
Total assets assumed / (transferred)	476	173

Discretionary transfers of assets between State Government agencies are recognised as revenues or expense.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

	2005 $000	2004 $000
Note 17 Liabilities assumed by the Treasurer		
The following liabilities have been assumed by the Treasurer during the financial year:		
- Superannuation	452	280

The assumption of the superannuation liability by the Treasurer is a notional revenue to match the notional superannuation expense reported in respect of current employees who are members of the Pension Scheme and current employees of who have a pre-transfer benefit entitlement under the Gold State Superannuation Scheme.

Note 18 Cash assets

Cash on hand	46	51
Cash at bank - general	6,750	3,719
Cash at bank - donations	1,762	1,687
Term deposits and bank bills	75	951
	8,633	6,408

Note 19 Restricted cash assets

Cash assets held for specific purposes		
Cash at bank	35	130
Term deposits and bank bills	462	364
	497	494

Restricted assets are assets, the uses of which are restricted, by specific legal or other externally imposed requirements.

Note 20 Receivables

Patient fee debtors	1,282	1,449
GST receivable	1,255	1,719
Other receivables	3,486	2,908
	6,023	6,076
Less: Provision for doubtful debts	(508)	(500)
	5,515	5,576

Note 21 Amounts receivable for services

Current	14,473	30,701
Non-current	20,831	6,149
	35,304	36,850
Balance at beginning of year	36,850	22,011
Additions to holding account	33,045	32,380
Less holding account drawdowns	(34,591)	(17,541)
Balance at end of year	35,304	36,850

This asset represents the non-cash component of service appropriations which is held in a holding account at the Department of Treasury and Finance. It is restricted in that it can only be used for asset replacement or payment of leave liability.

Note 22 Inventories

Inventories not held for resale		
Supply stores - at cost	1,749	2,004
Pharmaceutical stores - at cost	1,135	1,050
Engineering stores - at cost	592	640
	3,476	3,694

Note 23 Other assets

Prepayments	496	200
	496	200

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Note 24 Property, plant and equipment	2005 $000	2004 $000
Land		
At cost	0	77
At fair value	23,717	22,987
	23,717	23,064
Buildings		
Clinical:		
At fair value	334,457	318,013
Accumulated Depreciation	(17,166)	(21)
	317,291	317,992
Total of clinical buildings	317,291	317,992
Non-Clinical:		
At cost	0	2,575
Accumulated depreciation	0	(152)
	0	2,423
At fair value	37,891	40,544
Accumulated depreciation	(1,472)	(200)
	36,419	40,344
Total of non clinical buildings	36,419	42,767
Total of all land and buildings	377,427	383,823
Leasehold improvements		
At cost	250	250
Accumulated depreciation	(125)	(75)
	125	175
Computer equipment and software		
At cost	6,162	6,108
Accumulated depreciation	(3,087)	(2,351)
	3,075	3,757
Furniture and fittings		
At cost	1,785	2,045
Accumulated depreciation	(385)	(313)
	1,400	1,732
Motor vehicles		
At cost	3,161	2,642
Accumulated depreciation	(1,612)	(969)
	1,549	1,673
Medical Equipment		
At cost	28,065	25,038
Accumulated depreciation	(8,898)	(5,428)
	19,167	19,610
Other plant and equipment		
At cost	9,059	7,267
Accumulated depreciation	(2,385)	(1,600)
	6,674	5,667
Works in progress		
Buildings under construction	59,053	13,092
Other Work in Progress	1,546	5,373
	60,599	18,465
Total of property, plant and equipment	470,016	434,902

The revaluation of land and buildings was performed in June 2004 in accordance with an independent valuation by the Department of Land Information (Valuation Services). Fair value has been determined on the basis of current market buying values for land and non-clinical buildings and replacement capital values for clinical buildings.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Payments for non-current assets
Payments were made for purchases of non-current assets during the reporting period as follows:

	2005 $000	2004 $000
Paid as cash by the Health Service from service appropriations	5,905	5,047
Paid as cash by the Health Service from capital contributions	40,080	8,176
Paid as cash by the Health Service from other funding sources	2,066	1,107
Paid by the Department of Health	9,480	10,478
Gross payments for purchases of non-current assets	57,531	24,808

Reconciliations
Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the current financial year are set out below.

	2005 $000
Land	
Carrying amount at start of year	23,064
Additions	768
Disposals	(117)
Revaluation increments / (decrements)	2
Carrying amount at end of year	23,717
Buildings	
Carrying amount at start of year	360,759
Other additions	2,077
Transfers from work in progress	4,710
Disposals	(86)
Revaluation increments / (decrements)	6,503
Depreciation	(19,279)
Transfer between asset classes	(974)
Carrying amount at end of year	353,710
Leasehold improvements	
Carrying amount at start of year	175
Depreciation	(50)
Carrying amount at end of year	125
Computer equipment and software	
Carrying amount at start of year	3,757
Other additions	1,134
Transfers from work in progress	6
Disposals	(491)
Depreciation	(1,318)
Write-off of assets	(13)
Carrying amount at end of year	3,075
Furniture and fittings	
Carrying amount at start of year	1,732
Additions	185
Disposals	(356)
Depreciation	(161)
Carrying amount at end of year	1,400
Motor vehicles	
Carrying amount at start of year	1,673
Additions	586
Disposals	(22)
Depreciation	(688)
Carrying amount at end of year	1,549
Medical Equipment	
Carrying amount at start of year	19,610
Other additions	3,281
Transfers from work in progress	467
Disposals	(1,126)
Depreciation	(3,968)
Transfer between asset classes	974
Write-off of assets	(71)
Carrying amount at end of year	19,167

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

	2005 $000
Other plant and equipment	
Carrying amount at start of year	5,667
Other additions	1,626
Transfers from work in progress	1,159
Disposals	(623)
Depreciation	(1,096)
Write-off of assets	(59)
Carrying amount at end of year	6,674
Works in progress	
Carrying amount at start of year	18,465
Additions	48,695
Write-off of assets	(219)
Transfers to other asset classes	(6,342)
Carrying amount at end of year	60,599
Total property, plant and equipment	
Carrying amount at start of year	434,902
Additions	58,352
Disposals	(2,821)
Revaluation increments / (decrements)	6,505
Depreciation	(26,560)
Write-off of assets	(362)
Carrying amount at end of year	470,016

Note 25 Other financial assets	**2005 $000**	**2004 $000**
Shares in Mount Barker Cooperative Ltd at cost	6	6
	6	6

Note 26 Payables

Trade creditors	6,494	10,030
Accrued expenses	7,276	5,803
Accrued interest	231	242
	14,001	16,075

Note 27 Interest-bearing liabilities

Current liabilities:		
Western Australian Treasury Corporation loans	503	489
Department of Treasury and Finance loans	795	751
	1,298	1,240
Non-current liabilities:		
Western Australian Treasury Corporation loans	10,093	10,599
Department of Treasury and Finance loans	16,637	17,442
	26,730	28,041
Total interest-bearing liabilities	28,028	29,281
Western Australian Treasury Corporation (WATC) loans		
Balance at beginning of year	11,088	11,570
Less repayments this year	(492)	(482)
Balance at end of year	10,596	11,088

The debt is held in a portfolio of loans managed by the Department of Health. Repayments of the debt are made by the Department of Health on behalf of the Health Service.

Department of Treasury and Finance loans		
Balance at beginning of year	18,193	18,921
Less repayments this year	(761)	(728)
Balance at end of year	17,432	18,193

This debt relates to funds advanced to the Health Service via the now defunct General Loan and Capital Works Fund. Funds advanced and related interest costs are repaid to the Department of Treasury and Finance by the Department of Health on behalf of the Health Service. Interest rates are linked to the State's debt servicing costs.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Note 28 Provisions	2005 $000	2004 $000
Current liabilities:		
Annual leave	22,681	19,543
Time off in lieu leave	6,868	6,085
Long service leave	9,476	8,396
Deferred salary scheme	215	98
Gratuities	904	368
	40,144	34,490
Non-current liabilities:		
Long service leave	8,639	7,694
Deferred salary scheme	0	5
Gratuities	395	241
	9,034	7,940
Total employee benefit liabilities	49,178	42,430

The settlement of annual and long service leave liabilities give rise to the payment of superannuation and other employment on-costs. The liability for such on-costs is included here.
The associated expense is included under Employee expenses at Note 4.

The Health Service considers the carrying amount of employee benefits approximates the net fair value.

Note 29 Other liabilities		
Accrued salaries	5,276	4,026
Income received in advance	272	298
Refundable Deposits	1	0
Other	0	184
	5,549	4,508

Note 30 Contributed equity		
Balance at beginning of the year	377,093	357,362
Capital contributions (i)	22,284	14,480
Contributions by owners		
Transfer of buildings from the Department of Health	382	0
Transfer of pension liabilities to the Treasurer	0	6,537
Distribution to owners (ii)	(80)	(1,286)
Balance at end of the year	399,679	377,093

(i) Capital Contributions have been designated as contributions by owners and are credited directly to equity in the Statement of Financial Position.

(ii) Consists of non reciprocal transfers of properties to the Department of Planning and Infrastructure for sale.

Note 31 Reserves		
Asset revaluation reserve (i):		
Balance at beginning of the year	22,441	0
Net revaluation increments / (decrements) :		
- Land	2	3,208
- Buildings	6,503	19,233
Balance at end of the year	28,946	22,441
Asset revaluation decrements recognised as an expense (iii):		
Land	0	(23)

(i) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets. Revaluation increments and decrements are offset against one another within the same class of non-current assets.

(ii) Any net increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.

(iii) Any net decrement is recognised as an expense in the Statement of Financial Performance, except to the extent that any decrement reverses a revaluation increment previously credited to the asset revaluation reserve.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Note 32 Accumulated surplus / (deficiency)	2005 $000	2004 $000
Balance at beginning of the year	(3,698)	(4,927)
Change in net assets	2,260	1,229
Balance at end of the year	(1,438)	(3,698)

Note 33 Notes to the statement of cash flows

a) **Reconciliation of cash**

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

Cash assets (Refer note 18)	8,633	6,408
Restricted cash assets (Refer note 19)	497	494
	9,130	6,902

b) **Reconciliation of net cash flows used in operating activities to net cost of services**

Net cash used in operating activities (Statement of Cash Flows)	(391,052)	(373,050)
Increase / (decrease) in assets:		
GST receivable	(464)	(220)
Other receivables	410	135
Inventories	(218)	(32)
Prepayments	296	(102)
Decrease / (increase) in liabilities:		
Doubtful debts provision	(6)	(110)
Payables	2,075	1,076
Accrued salaries	(1,251)	4,268
Provisions	(6,748)	(3,787)
Income received in advance	26	(280)
Non-cash items:		
Depreciation expense	(26,561)	(28,394)
Net gain / (loss) from disposal of non-current assets	(2,668)	(261)
Interest paid by Department of Health	(1,845)	(2,032)
Capital user charge paid by Department of Health	(30,763)	(28,919)
Other expenses paid by Department of Health	38	0
Donation of non-current assets	178	9
Asset revaluation decrements	0	23
Superannuation liabilities assumed by the Treasurer	(452)	(280)
Other	739	(183)
Net cost of services (Statement of Financial Performance)	(458,266)	(432,139)

c) **Notional cash flows**

Service appropriations as per Statement of Financial Performance	459,598	432,915
Capital appropriations credited directly to Contributed Equity (Refer Note 30)	22,284	14,480
Holding account drawdowns credited to Amounts Receivable for Outputs (Refer Note 21)	34,591	17,541
	516,473	464,936
Less notional cash flows:		
Items paid directly by the Department of Health for the Health Service and are therefore not included in the Statement of Cash Flows:		
Interest paid to WA Treasury Corporation	(676)	(669)
Repayment of interest-bearing liabilities to WA Treasury Corporation	(492)	(482)
Interest paid to Department of Treasury & Finance	(1,168)	(1,363)
Repayment of interest-bearing liabilities to Department of Treasury & Finance	(761)	(728)
Capital user charge	(30,763)	(28,919)
Accrual appropriations	(33,045)	(32,380)
Capital works expenditure	(7,799)	(13,379)
Other non cash adjustments to output appropriations	(511)	493
	(75,215)	(77,427)
Cash Flows from State Government as per Statement of Cash Flows	441,258	387,509

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Notes to the Financial Statements
For the year ended 30th June 2005

Note 34 Revenue, public and other property written off or presented as gifts	2005 $000	2004 $000
a) Revenue and debts written off.	239	71
b) Public and other property written off.	77	0

All of the amounts above were written off under the authority of the Accountable Authority.

Note 35 Losses of public monies and other property

Losses of public moneys and public or other property through theft or default	38	0
Less amount recovered	35	0
Net losses	3	0

Note 36 Remuneration of members of the accountable authority and senior officers

Remuneration of members of the accountable authority
The Acting Director General of Health is the Accountable Authority for WA COUNTRY HEALTH SERVICE and is also the Executive Chairman of the Health Reform Implementation Taskforce.
The remuneration of the Acting Director General of Health is paid by the Metropolitan Health Services.

Remuneration of senior officers
The number of Senior Officers other than senior officers reported as members of the Accountable Authority, whose total of fees, salaries, superannuation and other benefits for the financial year, fall within the following bands are:

	2005	2004
$30,001 - $40,000	1	0
$40,001 - $50,000	0	1
$50,001 - $60,000	1	0
$80,001 - $90,000	2	0
$90,001 - $100,000	2	0
$110,001 - $120,000	0	3
$120,001 - $130,000	3	1
$130,001 - $140,000	1	2
$140,001 - $150,000	0	1
$160,001 - $170,000	1	0
$220,001 - $230,000	1	1
Total	12	9

There were three changeovers of senior officers in the 2004/05 financial year.

	$000	$000
The total remuneration of senior officers is:	1,346	1,163

The superannuation included here represents the superannuation expense incurred by the Health Service in respect of Senior Officers other than senior officers reported as members of the Accountable Authority.

Numbers of Senior Officers presently employed who are members of the Pension Scheme:	3	2

Note 37 Remuneration of Auditor

Remuneration to the Auditor General for the financial year is as follows:

Auditing the accounts, financial statements and performance indicators	435	425

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

		2005 $000	2004 $000
Note 38	**Commitments for Expenditure**		
a)	**Capital expenditure commitments**		
	Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:		
	Within one year	53,793	11,025
	Later than one year, and not later than five years	18,738	904
		72,531	11,929
	The capital commitments include amounts for:		
	- Buildings	66,542	0
b)	**Operating lease commitments:**		
	Commitments in relation to leases contracted for at the reporting date but not recognised as liabilities, are payable as follows:		
	Within one year	3,703	2,838
	Later than one year, and not later than five years	2,048	2,062
		5,751	4,900
c)	**Other expenditure commitments:**		
	Other commitments contracted for at the reporting date but not recognised as liabilities, are payable as follows:		
	Within one year	50	93
		50	93

These commitments are all inclusive of GST.

Note 39 Contingent liabilities and contingent assets

Contingent Liabilities
In addition to the liabilities incorporated in the financial statements, the Health Service has the contingent liabilities for litigation in progress.

Pending potential litigation that are not recoverable from RiskCover insurance and may affect the financial position:	5,775	5,925
Number of claims	9	7

Contingent Assets
The Health Service does not have any contingent assets

Note 40 Events occurring after reporting date

There were no events occurring after reporting date which have significant financial effect on the financial statements.

Note 41 Related bodies

A related body is a body which receives more than half its funding and resources from the Health Service and is subject to operational control by the Health Service. Related bodies are generally government agencies which have no financial administration responsibilities.

The Health Service had no related bodies during the reporting period.

Note 42 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from the Health Service and is not subject to operational control by the Health Service. Affiliated bodies are generally non-government agencies, such as charitable, welfare and community interest groups which receive financial support from government.

The Health Service had no affiliated bodies during the reporting period.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Note 43 Impact of Adopting Australian Equivalents to International Financial Reporting Standards

For reporting periods beginning on or after 1 July 2005, the Health Service must comply with the Australian equivalents to International Financial Reporting Standards (AIFRS) as issued by the Australian Accounting Standard Board.

This financial report has been prepared in accordance with Australian accounting standards and other financial reporting requirements (Australian GAAP) applicable for the reporting periods ended 30 June 2005.

The impact of transition to AIFRS, including the transitional adjustments disclosed in the reconciliations from current Australian GAAP and AIFRS, are based on AIFRS standards that the Health Service expects to be in place, when preparing the first complete AIFRS financial report (being the year ending 30 June 2006). Only a complete set of financial statements and notes together with comparative balances can provide a true and fair presentation of the Health Service's financial position, financial performance and cash flows in accordance with AIFRS. This note provides only a summary, therefore, further disclosure and explanations will be required in the first complete AIFRS financial report for a true and fair view to be presented under AIFRS.

Revisions to the selection and application of the AIFRS accounting policies may be required as a result of:

(i) changes in financial reporting requirements that are relevant to the Health Service's first complete AIFRS financial report arising from new or revised accounting standards or interpretations issued by the Australian Accounting Standards Board subsequent to the preparation of the 30 June 2005 financial report;

(ii) additional guidance on the application of AIFRS in a particular industry or to a particular transaction.

The rules for the first time adoption of AIFRS are set out in AASB 1 "First Time Adoption of Australian Equivalents to International Financial Reporting Standards". In general, AIFRS accounting policies must be applied retrospectively to determine the opening AIFRS balance sheet as at transition date, being 1 July 2004. The Standard allows a number of exemptions to this general principle to assist in the transition to reporting under AIFRS.

Reconciliation of Equity

The following table sets out the expected adjustments to the statement of financial position for the AIFRS comparative period balance sheet as at 30 June 2005.

	AGAAP 30 June 2005	*Transition Impact*	*AIFRS 30 June 2005*
Statement of Financial Position	**$000**	**$000**	**$000**
Cash assets	8,633	0	8,633
Restricted cash assets	497	0	497
Receivables	5,515	0	5,515
Amounts receivable for services	14,473	0	14,473
Inventories	3,476	0	3,476
Other assets	496	0	496
	33,090	0	33,090
Non-current assets classified as held for sale			
Total current assets	33,090	0	33,090
Amounts receivable for services	20,831	0	20,831
Property, plant and equipment	470,016	(661)	469,355
Intangible assets	0	10	10
Other financial assets	6	0	6
Total non-current assets	490,853	(651)	490,202
Total assets	523,943	(651)	523,292
Payables	14,001	0	14,001
Interest-bearing liabilities	1,298	0	1,298
Provisions	40,144	(768)	39,376
Other liabilities	5,549	0	5,549
Total current liabilities	60,992	(768)	60,224
Interest-bearing liabilities	26,730	0	26,730
Provisions	9,034	0	9,034
Total non-current liabilities	35,764	0	35,764
Total liabilities	96,756	(768)	95,988
NET ASSETS	427,187	117	427,304
Contributed equity	399,679	0	399,679
Reserves	28,946	0	28,946
Accumulated surplus / (deficiency)	(1,438)	117	(1,321)
TOTAL EQUITY	427,187	117	427,304

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Reconciliation of net cost of services for the financial year ended 30 June 2005

The following table sets out the expected adjustments to the statement of financial performance for the year ended 30 June 2005.

	AGAAP 30 June 2005	*Transition Impact*	*AIFRS 30 June 2005*
Statement of Financial Performance	**$000**	**$000**	**$000**
Employee expenses	298,459	(207)	298,252
Fees for visiting medical practitioners	26,614	0	26,614
Patient support costs	60,978	0	60,978
Borrowing costs expense	1,845	0	1,845
Depreciation expense	26,561	0	26,561
Impairment of property, plant and equipment	0	651	651
Capital user charge	30,763	0	30,763
Carrying amount of non-current assets disposed of	2,741	0	2,741
Other expenses from ordinary activities	43,150	0	43,150
Total Cost of Services	491,111	444	491,555
Total revenues from ordinary activities	32,845	0	32,845
NET COST OF SERVICES	458,266	444	458,710

Summary of impact on transition to AIFRS on accumulated surplus/(deficiency)

The impact of the transition to AIFRS on retained earnings as at 1 July 2004 is summarised below.

	$000
Accumulated surplus/(deficiency) as at 1 July 2004 under AGAAP	(3,698)
AIFRS reconciliation	
Impairment of property, plant and equipment	0
Adjustments in respect of the Employee benefits provisions	561
Accumulated Surplus/(Deficiency) as at 1 July 2004 under AIFRS	(3,137)

The significant changes in accounting policies expected to be adopted in preparing the AIFRS reconciliations are set out below:

(a) Impairment
An impairment loss of $651K allocated against property, plant and equipment, is expected to be recognised as a decrease in accumulated surplus for the financial year ended 30 June 2005 due to the more rigorous impairment test under AIFRS, performed at a lower level than under current Australian GAAP.

(b) Intangible Assets
Software assets will be reclassified from property, plant and equipment to intangible assets on transition to AIFRS. This is expected to result in a reclassification of $10K as at 30 June 2005.

(c) Employee Benefits
Under current Australian GAAP, all annual leave and vesting long service leave are measured at nominal amounts. Under AIFRS, all employee benefits that fall due after 12 months are measured at the present value.

The adjustment to recognise the long-term employee benefits at present value is expected to reduce the liability by $561K as at 1 July 2004 and $768K as at 30 June 2005 and decrease accumulated deficiency by $561K as at 1 July 2004. For the financial year ended 30 June 2005, employee benefits expense is expected to decrease by $207K

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30th June 2005

Note 44 Explanatory Statement

(A) Significant variations between actual revenues and expenditures for the financial year and revenues and expenditures for the immediately preceding financial year.

Reasons for significant variations between actual results with the corresponding items of the preceding reporting period are detailed below. Significant variations are those greater than 10% or that are 4% or more of the current year's Total Cost of Services.

	Note	2005 Actual $000	2004 Actual $000	Variance $000
Statement of Financial Performance - Expenses				
Employee expenses		298,459	280,654	17,805
Fees for visiting medical practitioners		26,614	26,950	(336)
Patient support costs		60,978	59,808	1,170
Borrowing costs expense		1,845	2,032	(187)
Depreciation expense		26,561	28,394	(1,833)
Asset revaluation decrement		0	(23)	23
Capital user charge		30,763	28,919	1,844
Carrying amount of non-current assets disposed of	(a)	2,741	764	1,977
Other expenses from ordinary activities	(b)	43,150	37,053	6,097
Statement of Financial Performance - Revenues				
Patient charges		15,215	14,332	883
Commonwealth grants and contributions	(c)	4,307	3,690	617
Other grants and contributions	(d)	3,406	2,798	608
Other revenues from operating activities	(e)	5,740	6,777	(1,037)
Donations revenue	(f)	671	803	(132)
Interest revenue		114	105	9
Proceeds from disposal of non-current assets	(g)	73	503	(430)
Other revenues from non-operating activities		3,319	3,404	(85)
Service appropriation		459,598	432,915	26,683
Assets assumed / (transferred)	(h)	476	173	303
Liabilities assumed by the Treasurer	(i)	452	280	172

(a) Carrying amount of non-current assets disposed of
The increase is principally attributable to a review and write down of assets that have exceeded their useful life.

(b) Other expenses from ordinary activities
The most significant factors contributing to the increase were:
(i) increased investment in purchase of new and minor equipment and the maintenance of existing assets ($3.7m)
(ii) increased insurance charges ($0.7m)
(iii) non inclusion of audit fees in the 2003/04 as a consequence of changes in the method and timing of these charges ($0.4m).

Details of the variation in other expenses from ordinary activities are set out in Note 10.

(c) Commonwealth grants and contributions
Grants and contributions from the Commonwealth are variable from year to year. The various grants are itemised in Note 12(a).

(d) Other grants and contributions
Grants and subsidies from other agencies are variable from year to year. The various grants are itemised in Note 12(b).

(e) Other revenues from operating activities
Revenues from use of facilities fees fell by $822K resulting primarily from changes to radiology arrangements in the Goldfields South East region and the Midwest Murchison region.

(f) Donations revenue
Donations revenue is largely uncontrollable and can vary significantly from year to year.

(g) Proceeds from disposal of non-current assets
Proceeds from sale of assets in 2003/04 were unusually high due to the sale of two properties in Karratha ($345K).

(h) Assets assumed / (transferred)
Assets associated with the Telehealth program were transferred from the Department of Health to WA Country Health Service during 2004/05 ($434K).

(i) Liabilities assumed by the Treasurer
Represents the reduced actuarially determined value of entitlements assumed by the Treasurer in relation to the State's pension scheme, as advised by the Government Employees Superannuation Board.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Note 44 Explanatory Statement (continued)

(B) Significant variations between estimates and actual results for the financial year

Details and reasons for significant variations between the annual budget estimates and actual results are detailed below. Significant variations are considered to be those greater than 10% of budget.

	Note	2005 Actual $000	2005 Estimates $000	Variance $000
Operating expenses				
Employee expenses	(a)	298,459	289,831	8,628
Other goods and services	(b)	192,652	157,673	34,979
Total expenses from ordinary activities		491,111	447,504	43,607
Less: Revenues from ordinary activities	(c)	(32,845)	(29,932)	(2,913)
Net cost of services		458,266	417,572	40,694

(a) Employee expenses
Employee expenses varied due to additional funding being made available during the financial year for services that were not included in the initial budget allocation and to meet the additional costs associated with the ANF award increases.

(b) Other goods and services
Initial budgets for 2004/05 excluded capital user charge. The actual Capital User Charge for 2004/05 was $30.7M. The balance of the variance relates to additional funding made available during the financial year.

(c) Revenues from ordinary activities
Grants and Subsidies from Commonwealth and other agencies are variable from year to year. Revenues from these sources exceeding the initial budget by $3.4m.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements
For the year ended 30th June 2005

Note 45 Financial instruments

a) **Interest rate risk exposure**

The following table details the Health Service's exposure to interest rate risk as at the reporting date:

	Weighted average effective interest rate %	Variable interest rate $000	Fixed interest rate maturities: Less than 1 year $000	1 to 5 years $000	Over 5 years $000	Non interest bearing $000	Total $000
As at 30th June 2005							
Financial Assets							
Cash assets	4.2%	8,633	0	0	0	0	8,633
Restricted cash assets	4.8%	497	0	0	0	0	497
Receivables						5,515	5,515
		9,130	0	0	0	5,515	14,645
Financial Liabilities							
Payables						14,001	14,001
Interest-bearing liabilities							
- W A Treasury Corporation loans	5.98%		503	0	10,093		10,596
- Department of Treasury & Finance loans	6.50%		795	0	16,637		17,432
		0	1,298	0	26,730	14,001	42,029
Net financial assets / (liabilities)		9,130	(1,298)	0	(26,730)	(8,486)	(27,384)
As at 30th June 2004							
Financial Assets	3.1%	3,216	1,315	0	0	7,947	12,478
Financial Liabilities	5.2%	0	1,240	14,398	13,643	16,075	45,356

b) **Credit risk exposure**

All financial assets are unsecured. Amounts owing by other government agencies are guaranteed and therefore no credit risk exists in respect of those amounts. The carrying amounts of financial assets recorded in the financial statements, net of any provisions or losses, represent the Health Service's maximum exposure to credit risk.

c) **Net fair values**

The carrying amounts of financial assets and financial liabilities recorded in the financial statements are not materially different from their net fair values, determined in accordance with the accounting policies disclosed in note 1 to the financial statements.

WA COUNTRY HEALTH SERVICE

Notes to the Financial Statements

For the year ended 30th June 2005

Note 46 Schedule of Services Delivered

	Prevention & Promotion		Diagnosis & Treatment		Continuing Care		Total	
	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000	2005 $000	2004 $000
COST OF SERVICES								
Expenses from Ordinary Activities								
Employee expenses	34,502	32,107	237,753	223,513	26,204	25,034	298,459	280,654
Fees for visiting medical practitioners	224	452	25,663	25,514	727	984	26,614	26,950
Patient support costs	7,049	6,842	48,575	47,631	5,354	5,335	60,978	59,808
Borrowing costs expense	213	233	1,469	1,618	163	181	1,845	2,032
Depreciation expense	3,070	3,248	21,158	22,613	2,333	2,533	26,561	28,394
Asset revaluation decrement	0	(5)	0	(9)	0	(9)	0	(23)
Capital user charge	3,556	3,308	24,506	23,031	2,701	2,580	30,763	28,919
Carrying amount of non-current assets disposed of	317	87	2,184	609	240	68	2,741	764
Other expenses from ordinary activities	4,988	4,239	34,373	29,509	3,789	3,305	43,150	37,053
Total cost of services	53,919	50,511	395,681	374,029	41,511	40,011	491,111	464,551
Revenues from Ordinary Activities								
Revenue from operating activities								
Patient charges	1,671	1,559	12,258	11,539	1,286	1,234	15,215	14,332
Commonwealth grants and contributions	473	401	3,471	2,971	363	318	4,307	3,690
Other grants and contributions	374	304	2,743	2,252	289	241	3,406	2,797
Other revenues from operating activities	630	738	4,625	5,455	485	583	5,740	6,776
Revenue from non-operating activities								
Donations revenue	74	87	541	647	56	69	671	803
Interest revenue	12	12	91	85	11	9	114	106
Proceeds from disposal of non-current assets	8	55	59	405	6	43	73	503
Other revenues from non-operating activities	364	371	2,674	2,742	281	292	3,319	3,405
Total revenues from ordinary activities	3,606	3,527	26,462	26,096	2,777	2,789	32,845	32,412
NET COST OF SERVICES	**50,313**	**46,984**	**369,219**	**347,933**	**38,734**	**37,222**	**458,266**	**432,139**
Revenues from State Government								
Service appropriation	50,464	47,101	370,298	348,540	38,836	37,274	459,598	432,915
Assets assumed / (transferred)	52	19	384	139	40	15	476	173
Liabilities assumed by the Treasurer	50	30	365	226	37	24	452	280
Total revenues from State Government	50,566	47,150	371,047	348,905	38,913	37,313	460,526	433,368
CHANGE IN NET ASSETS	**253**	**166**	**1,828**	**972**	**179**	**91**	**2,260**	**1,229**

Abbreviations

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACHS	Australian Council of HealthCare Standards
ACIR	Australian Childhood Immunisation Register
AMI	Acute Myocardial Infarction
ANF	Australian Nursing Federation
APGAR	Activity (muscle tone/movement), Pulse, Grimace (reflex), Appearance (skin colour - blue etc), Respiration
ARAFMI	Association of Relatives and Friends of the Mentally Ill
ATSI	Aboriginal and Torres Strait Islander
ATSIC	Aboriginal and Torres Strait Islander Commission
CPI	Consumer Price Index
CBR	Chemical Biological Radiological
CT	Computed Tomography
DHAC	District Health Advisory Council
DSC	Disability Services Commission
DOH	Department of Health
EEO	Equal Employment Opportunity
EQUIP	Evaluation and Quality Improvement Program
FNOF	Fractured Neck of Femur
FOI	Freedom of Information
FTE	Full Time Equivalent
HACC	Home and Community Care
HCARe	Health Care and Related Information Systems
HIC	Health Information Centre
HMDS	Hospital Morbidity Data System
HSU	Health Services Union
KAMSC	Kimberley Aboriginal Medical Services Corporation
KPI	Key Performance Indicator
KPHU	Kimberley Public Health Unit
MIMMS	Major Incident Medical Management Support
MPS	Multi Purpose Services
MOU	Memorandum of Understanding
NCHS	Nindilingarri Cultural Health Service
NICS	National Institute of Clinical Studies
NHMRC	National Health and Medical Research Council
NHTP	Nursing Home Type Patient
OPSSC	Office of the Public Sector Standards Commissioner
PASH	Promoting Adolescent Sexual Health
PATS	Patient Assisted Travel Scheme
PID	Public Interest Disclosure
PHCAP	Primary Health Care Access Program
Pre-CISE	Pre-Literacy Classroom Implementation SPOT Exercise Program
RCA	Root Cause Analysis
RAP	Resourceful Adolescent Program
RFDS	Royal Flying Doctor Service
SCNA	Silver Chain Nursing Association
RSHT	Regional Sexual Health Team
STI	Sexually Transmitted Infections
TAFE	Technical and Further Education
WACHS	WA Country Health Service
YCN	Youth Coordinating Network