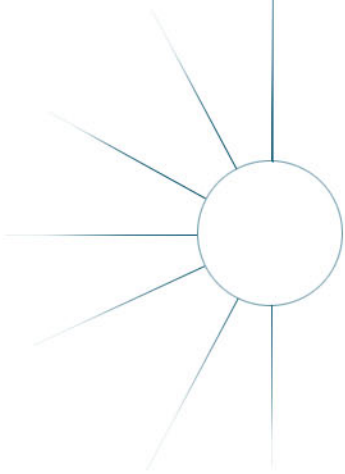




# Yalgoo Health Service



Annual Report 2001/2002



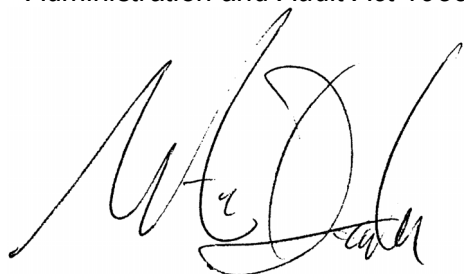
# Statement of Compliance

To the Hon Bob Kucera MLA

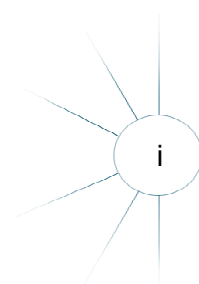
## **MINISTER FOR HEALTH**

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 Yalgoo Health Service for the year ended 30 June 2002.

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



Mike Daube  
**DIRECTOR GENERAL**  
**DEPARTMENT OF HEALTH**  
**ACCOUNTABLE AUTHORITY**  
14 March 2003



## ANNUAL REPORT

The past year has seen significant changes in the WA health system, in the context of an increasing recognition of its place in to our national health system.

The State Government health system does not exist in isolation. We work alongside other Government and non-Government services in the context of a national health system that remains fragmented and at times competitive. Much of our work and many of our challenges are informed by national and international trends, and decisions taken elsewhere. Nowhere is this clearer than in areas that tend to attract most public attention and place the greatest stresses for our system, such as workforce issues and the pressures on our teaching hospitals. These are understandably seen locally as local problems for local solution, but the reality is that they are significantly influenced by international trends and national policy and funding decisions.

We in Western Australia face all the challenges of contemporary health systems, together with high community expectations and often optimistic or disingenuous expectations that long-standing problems faced by all health systems can be resolved overnight in our State.

Against this backdrop have been steadily implementing change to ensure that the WA Government health system is as well placed as possible to face the challenges of the future. While ever more conscious of the size and complexity of our system and the challenges we face, remain optimistic that with good support and community understanding we can move well towards achieving our common objectives.

Our community enjoys outstanding health and health care by any standards. When we see and hear about problems we face, it is tempting to imagine that our system is failing us overall or that we are doing badly by national or international standards.

Of course there are areas of deficit, but Western Australians enjoy some of the best health and health care in the world. We live longer than people in almost all other countries, and even within Australia some parts of Western Australia are notable for the longevity of their populations.

Our health professionals are as well trained and qualified as those anywhere around the world, and we rightly adopt the most stringent standards in relation to their training and practice.

Those in the system will be more aware than any others of areas in which we can do better, but above all our community should be aware and rightly proud that we have a system in which first class professionals deliver high quality health care to a community with health outcomes that would be envied in almost any other country.

The world of health and health care has changed dramatically in recent years, and especially in the last decade. Around Australia, Governments and health systems are faced with identical problems and pressures including increasing costs of labour, equipment and pharmaceutical products, the changing roles of health professionals, a

# Director General's Overview

very proper emphasis on quality (and the inevitable costs and changes that this will impose on us), the needs of ageing populations and more.

The Department of Health is a vast and complex organisation, employing some 30,000 staff operating from more than 650 sites around the State. It is not a simple agency. We deliver some services ourselves; we work collaboratively with Commonwealth and local Governments; and we fund several hundred non-Government organisations, ranging in size from those such as St John Ambulance Association and the Royal Flying Doctor Service to small groups providing equally important local services.

During 2001/2002 we restructured the Department so that it is now a single unified health system. We now have a State Health Management Team, which works as a single Departmental Executive Committee. The four Metropolitan Areas have been established. Our Country Health Services have been rationalised; and an enormous amount of work has been carried out to move away from silo mentalities and towards a recognition that we must indeed work as a unified system.

During the year, the Department has recognised its responsibilities arising out of matters such as the Douglas Report on King Edward Memorial Hospital, as well as resolving some important industrial negotiations.

As the work of consolidation, always slower than one would hope, develops, my hope is that during the coming year we will be able to address further some of the high profile priorities for both Government and the community – for example coping with winter pressures, reduce waiting lists and valuing and supporting our workforce; that we will be able to demonstrate our values as a health system committed to quality, prevention and remedying disadvantage; that we will be able to focus on the medium and long term planning that are crucial if the needs of the next generation are to be well serviced; and that we will be able to engender an understanding in the community of the national and international context within which our system works. In the latter regard, negotiations on the next phase of the Australian Health Care Agreements will be of fundamental importance.

I would like to convey special appreciation to all the staff and volunteers working within the Department of Health. They know as well as anyone else the pressures we all face, but also the excellent service they provide and the commitment they display on a daily basis.

Mike Daube  
DIRECTOR GENERAL

## Statement of Compliance

### Director General's Overview

## Report on Operations

### About Us

Address and Location .....	1
Mission Statement .....	1
Broad Objectives.....	1

### Compliance Reports

Enabling Legislation.....	2
Ministerial Directives .....	2
Submission of Annual Report.....	2
Statement of Compliance with Public Sector Standards.....	3
Advertising and Sponsorship — Electoral Act 1907 .....	4
Freedom of Information Act 1992.....	5

### Achievements and Highlights

Yalgoo Health Service .....	6
Major Capital Projects.....	7

### Management Structure

Organisational Chart.....	8
Accountable Authority .....	9
Senior Officers .....	9
Pecuniary Interests .....	9

### Our Community

Demography .....	10
Available Services.....	11
Disability Services.....	12
Cultural Diversity and Language Services.....	13
Youth Services.....	14

## **Our Staff**

Employee Profile.....	15
Recruitment Practices.....	15
Staff Development .....	16
Industrial Relations Issues .....	16
Workers' Compensation and Rehabilitation.....	17
Equity and Diversity Outcomes .....	18

## **Keeping the Public Informed**

Marketing.....	20
Publications .....	20

## **Research Projects**

Research and Development.....	21
Evaluations .....	21

## **Safety and Standards**

Risk Management.....	22
Internal Audit Controls .....	22
Waste Paper Recycling.....	22
Pricing Policy .....	23

## **Key Performance Indicators**

Auditor General's Opinion.....	24
Auditor General's Interim Report .....	25
Certification Statement.....	26
Audited Performance Indicators .....	27

## **Financial Statements**

Auditor General's Opinion.....	32
Certification Statement.....	34
Audited Financial Statements .....	35

## Address and Location

Yalgoo Health Service  
Yalgoo Nursing Post  
Lot 26 Stanley St  
YALGOO WA 6635

☎ (08) 9962 8013

📠 (08) 9962 8043

## Mission Statement

### Our Mission

To work with the community to provide services which enable people to achieve their best possible health and wellbeing.

## Broad Objectives

The objectives of the Yalgoo Health Service are:

- To increase the relevance and access of services and programs provided.
- To retain and develop a committed team of staff who share a common vision.
- To continually improve how we operate.

The values of the Yalgoo Health Service are:

- Honesty, by acting and treating people fairly and without prejudice.
- Respect, by treating people as individuals with rights that are honoured and defended and act to empower others to achieve their rights.
- Accountability, by being personally responsible, dedicated and diligent in our work and use of resources.
- Openness, by having processes that are transparent and understandable.

## Enabling Legislation

The Yalgoo Health Service is incorporated under the *Hospitals and Health Services Act 1927*, which provides for the establishment, maintenance and management of public hospitals, and for incidental and other purposes.

The Health Service is directed and controlled by a Board of Management constituted under Section 15 of the *Hospitals and Health Services Act 1927*.

As the Accountable Authority for the Yalgoo Health Service, the Board of Management is responsible to the Minister for Health, Hon. R. C. Kucera APM MLA, for the general administration of the Health Service.

The Health Service does not operate in coordination with any subsidiary, related or affiliated bodies.

## Ministerial Directives

The Minister for Health did not issue any directives on Health Service operations during 2001/2002.

## Submission of Annual Report

Approval was sought under the *Financial Administration and Audit Act 1985* to extend the Yalgoo Health Service's deadline for submission of key performance indicators and financial statements to the Auditor General to 14 October 2002.



## Statement of Compliance with Public Sector Standards

In the administration of the Yalgoo Health Service, I have complied with the *Public Sector Standards in Human Resource 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.

Such processes include:

- The health service has updated policies supporting the Public Sector Standards in human resource management.
- A *Code of Conduct* was adopted in 1998 and is provided on appointment to all staff. The Code outlines broad expectations of staff and provides direction to staff on a range of conduct issues.
- Policies and supporting guidelines are in the human resource manual, which is accessible to all staff.
- Staff have been advised they can access these policies and procedures and where they can be located.

The applications made to report a breach in standards and the corresponding outcomes for the reporting period are:

- Number of applications lodged                      None
- Number of material breaches found              None
- Applications under review                              None

The Yalgoo Health Service has not been investigated or audited by the Office of the Public Sector Standards Commissioner for the period to 30 June 2002.



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Shane Matthews  
**ACTING REGIONAL DIRECTOR  
MIDWEST AND MURCHISON REGION**

6 December 2002

## Advertising and Sponsorship – Electoral Act 1907

The following table lists the expenditure on advertising and sponsorship made by the Yalgoo Health Service published in accordance with Section 175ZE of the *Electoral Act 1907*.

<b>CLASS OF EXPENDITURE</b>	<b>1999/2000 \$</b>	<b>2000/2001 \$</b>	<b>2001/2002 \$</b>
Advertising Agencies			
— Nursing Careers	—	—	—
— Market Force	—	21,579	—
— Seabreeze	—	1,689	—
— Intersector	—	315	—
Market Research Organisations	—	—	—
Polling Organisations	—	—	—
Direct Mail Organisations	—	—	—
Media Advertising Organisations			
— Midwest Times	—	477	—
— Geraldton Guardian	—	409	—
<b>TOTAL</b>	<b>—</b>	<b>\$24,469</b>	<b>—</b>

## Freedom of Information Act 1992

The Yalgoo Health Service received and dealt with no formal applications under the Freedom of Information guidelines during 2001/2002.

Formal applications are defined as requests which:

- Are in writing.
- Give enough information to enable the requested documents to be identified.
- Give an address in Australia to which notices under the *Freedom of Information Act 1992* can be sent.
- Give any other information or details required under FOI regulations.
- Are lodged at an office of the agency with any application fee required under FOI regulations.

Applications are usually received from existing or former patients wanting to read or have a copy of their medical record, while others are from lawyers, authorised next of kin or authorised agencies.

The types of documents held by the Yalgoo Health Service include:

- Patient medical records.
- Staff employment records.
- Department of Health reports, plans and guidelines.
- Other health-related agency reports.
- Agreements with the Department of Health.
- Epidemiology and morbidity reports.
- Statistical data and reports.
- Books relating to health planning and management.
- Books relating to the treatment of illness and disease.
- General administrative correspondence.

In accordance with Part Five of the *Freedom of Information Act 1992*, an information statement detailing the nature and types of documents held by the organisation is available from the:

Information Coordinator  
Yalgoo Health Service  
PO Box 175  
GERALDTON WA 6531

☎ (08) 9923 4300

## Yalgoo Health Service

### Key Operations and Achievements

- Women's Health — mammography and Pap Smear programs conducted.
- School Health surveillance continued.
- Health Education for smokers and diabetics.
- Allied Health Services involved regular clinics with other agencies.
- Maintenance carried out.
- Health Direct and Telehealth in operation.

### Women's Health

There were three Aboriginal births recorded for the year. One young Aboriginal woman tragically lost her life during the year. Currently there are 40 women on the Well Women's Register. At present, Pap Smears are being performed at the Yalgoo Health Service by the Royal Flying Doctor Service and Geraldton Regional Aboriginal Medical Service doctors. Two-yearly mammography screening is conducted either at Mullewa or Mount Magnet for eligible women.

### School Health

School health surveillance has continued on a needs basis throughout the year. Annual vision and hearing screening is conducted with referrals made when necessary. A full health appraisal is performed in pre-primary/pre-school year. Mutual communication and cooperation between teaching staff and school/community nurses have resulted in an enhanced improvement in the social and physical wellbeing of the students. Head lice screening has continued as needed. Parents and students have shown a pleasing duty of care in this regard. Child health screenings have been conducted on a regular basis. Immunisation rates for children, adolescents and adults have remained at 100 per cent.

### Health Education

Ongoing health education has been conducted to target community groups including smokers, diabetics and senior students at Yalgoo Primary School.

### Allied Health Services

At present Yalgoo Health Service receives regular clinics, advocacy and liaison with RFDS, GRAMS, Midwest Public Health Unit, a Regional Pharmacist, a Speech Therapist, Occupational Therapy and maintenance services.

### Maintenance

The building was painted inside and out. The carpet was replaced in the hall and three bedrooms. Cables were installed for Telehealth and two air conditioners were replaced.

# Achievements and Highlights

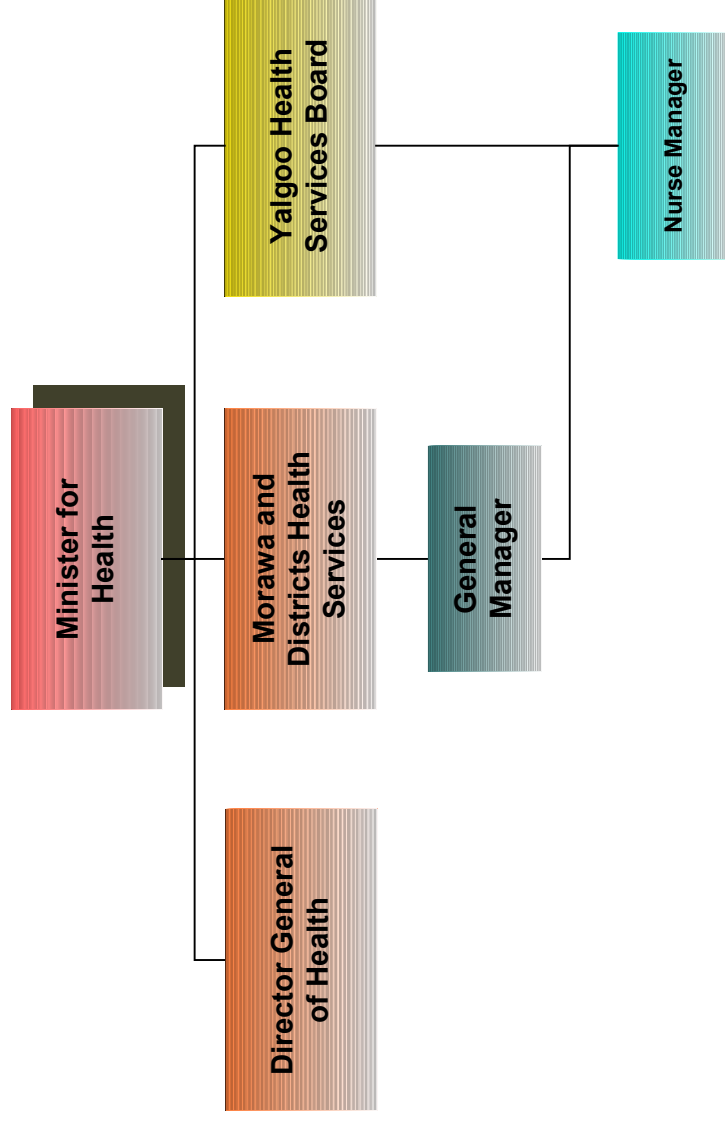
## **HealthDirect and Telehealth**

HealthDirect provides a call line where clients can access medical assistance after hours. The innovative Telehealth technology is well utilised in Yalgoo, both for clients and staff. It saves travelling long distances for meetings and staff development.

## **Major Capital Projects**

The Yalgoo Health Service did not complete or make progress on any major capital projects during 2001/2002.

## Organisational Chart



## Accountable Authority

The Yalgoo Health Service Board represents the Accountable Authority for the Health Service. The board is comprised of the following members:

<b>Name</b>	<b>Position</b>	<b>Term of Office Expires</b>
Walter Wilson	Chairperson	30 June 2002
Warren Olsen	Deputy Chairperson	30 June 2002
Olive Gibson	Member	30 June 2002
Charmaine Hodder	Member	30 June 2002
Michael Keeble	Member	30 June 2002
Ann Kitching	Member	30 June 2002
Aroha Hawkings	Member	30 June 2002

Note: The Governor in Executive Council approved the amalgamation of several hospital boards including the Yalgoo Health Service Board to form one board, with the assigned name WA Country Health Service, with effect from 1 July 2002. Notice to this effect was published in the Government Gazette on 28 June 2002.

## Senior Officers

The senior officers of the Yalgoo Health Service Board and their areas of responsibility are listed below:

<b>Area of Responsibility</b>	<b>Title</b>	<b>Name</b>	<b>Basis of Appointment</b>
Health Service and Corporate Management	General Manager	Jan Hall	Acting
Nursing Services	Nurse Manager	Celia Lee	Permanent
Operational Support	Operational Support Manager	Brian Chinnery	Permanent

## Pecuniary Interests

Members of the Yalgoo Health Service Board have declared no pecuniary interests other than those reported in the Financial Statements section of this report.

## Demography

The Yalgoo Health Service delivers services to communities covered by the following local authority:

- Yalgoo Shire

The following table shows population figures for the local authority within the Yalgoo region:

LOCAL AUTHORITY	Population as at 1996*	Population as at 2001*	Projected Population as at 2006*
Yalgoo Shire	389	331	371

\*Data sources:

Australian Bureau of Statistics 1996, *Estimated Resident Population by Age and Sex in Statistical Local Areas, WA*, Cat. No. 3203.5.

ABS 2001, *Population Estimates by Age, Sex and Statistical Local Area, WA*, Cat. No. 3235.5.

Ministry of Planning 2000, *Population Projections by Age, Sex and Local Government Area, WA*.

The Yalgoo Shire's predominant industries include mining (gold, zinc and copper) and sheep (wool) farming. The increasing Aboriginal population, mining exploration and the construction of the gas pipeline are expected to lead to an increase in the demand for services provided by Yalgoo Nursing Post.



## Available Services

The following is a list of health services and facilities available to the community:

### Direct Patient Services

Accident and Emergency

### Medical Support Services

Child and Adolescent Mental Health  
Dietetics  
Mental Health  
Occupational Therapy  
Pathology  
Pharmacy  
Physiotherapy  
Speech Pathology

### Community Services

Corporate Services  
Financial Services

### Other Support Services

Child Development  
Home Care (limited)  
Primary Health Care

## Specialist Services

None

## Other Services

None

## Customer Group Outcomes

The following initiatives have been achieved for Customer Focus:

- All Staff wear photo name badges when visiting other sites.
- Staff are trained in initial customer contact.
- Phone calls are redirected automatically to HealthDirect when the nursing post is unattended.

## Disability Services

### Our Policy

The Yalgoo Health Service is committed to ensuring all people with disabilities can access the facilities provided by and within the Health Service.

### Programs and Initiatives

The Yalgoo Health Service has aimed to improve its disability services plan during 2001/2002, according to objectives outlined in the *Disability Services Act 1993*. This goal has been achieved through programs and initiatives run on behalf of the following five key outcome areas:

#### **Outcome 1: Existing services are adapted to ensure they meet the needs of people with disabilities.**

Yalgoo Health Service has continued to adapt to accommodate the needs of people with disabilities, particularly with upgrading of facilities, where such tools as the Access Resource Kit, developed by the Disability Services Commission are utilised to ensure compliance with our disability services plan. Strategies currently in place include the development of a specific policy for customers with disabilities and ensuring that all publications and printed information, web sites and audio facilities meet the needs of this client group.

#### **Outcome 2: Access to buildings and facilities is improved.**

- Yalgoo Health Service provides disabled parking bays for clients, with appropriate signage. Access audits are planned throughout the Health Service to ensure that we meet the requirements of the Access Resource Kit developed by the Disability Services Commission.

#### **Outcome 3: Information about services is provided in formats which meet the communication requirements of people with disabilities.**

- Yalgoo Health Service has put in place strategies including adopting the promotion of our services in alternative formats such as large print pamphlets, audio tapes and captioned videos. Our web site is still under development and will include information for customers with disabilities.

#### **Outcome 4: Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities.**

- Performance management processes now include provision of advice and resources for staff to enhance their skills in assisting customers with disabilities. Our *Code of Conduct* and *Customer Charter* are also under review to reflect the changing needs of people with disabilities. Information concerning disability services is made available to all staff through our newsletters on a regular basis so that staff are more aware of the requirements of people with disabilities.

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

- Yalgoo Health Service is addressing this outcome by including targeted questions in customer satisfaction surveys to ascertain what types of difficulties people with disabilities are experiencing when accessing services provided. Policies, procedures and systems relating to complaints handling have been adapted to enable capturing and reporting of complaints from people with disabilities. Consultation with our social worker concerning development of processes for consultation with people with disabilities has been introduced to enhance this outcome further.

### **Future Direction**

The Yalgoo Health Service will continue to review and amend its policies, practices and procedures to identify possible barriers experienced by people with disabilities.

## **Cultural Diversity and Language Services**

### **Our Policy**

The Yalgoo Health Service strives to ensure there is no discrimination against members of the public based upon race, ethnicity, religion, language or culture.

### **Programs and Initiatives**

The Yalgoo Health Service operates in conjunction with the *Western Australian Government Language Services Policy*, and has the following strategies and plans in place to assist people who may experience cultural barriers or communication difficulties while accessing the service's facilities:

- The Health Service supports the principles of incorporating diversity into mainstream service planning, delivery and evaluation for culturally and linguistically diverse people.
- Negotiations are progressing to formalise relevant partnerships that will assist and support services that facilitate care and remove barriers based on race, ethnicity, religion, language and culture.

## Youth Services

The Health Service is cognisant of many of the youth issues within the area, and is in the process of developing a strategic direction, based on the 2002 Midwest Needs Analysis, in partnership with local stakeholders, particularly the Shires, to address these.

The population profile of the Midwest indicates that the age group 16–20 is relatively small (approximately five per cent of total Midwest population) due to many in this age group being schooled outside of the area and leaving the area for work opportunities.

### Our Policy

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

The Yalgoo Health Service is committed to the following objectives as outlined in *Action: A State Government Plan for Young People, 2000–2003*:

- Promoting a positive image of young people.
- Promoting the broad social health, safety and wellbeing 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.

### Programs and Initiatives

Throughout the 2001/2002 period, the Health Service participated with other organisations and agencies to support specific programs such as the development of a youth advisory council in Dongara, curriculum support programs (such as safety, nutrition, activity and self-management programs) and young mothers groups. Services through the schools are well covered with facilitation of StarCap programs and Asthma Friendly Schools programs being well supported. Additionally, close association and support of a two-year nutrition program through Mullewa District High continues with great success during this period.

## Employee Profile

The following table shows the number of full-time equivalent staff employed by the Yalgoo Health Service:

CATEGORY	1999/2000	2000/2001	2001/2002
Nursing Services	–	3.34	1.14
Administration and Clerical*	–	6.26	–
Medical Support*	–	4.39	–
Hotel Services*	–	0.04	0.07
Maintenance	–	–	–
Medical (salaried)	–	–	–
Other	–	–	–
<b>TOTAL</b>	<b>–</b>	<b>14.03</b>	<b>1.21</b>

\*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 technologists, pharmacists, occupational therapists, dietitians and social workers.
- **Hotel Services** — cleaners, caterers and patient service assistants.

## Recruitment Practices

Recruitment activities at Yalgoo Health Service have decreased significantly in this operating year, due to the transfer of the corporate office staff to Morawa and Districts Health Service's employment. However, Yalgoo Health Service continues to place emphasis on compliance with the Public Sector Standards in Human Resource Management in relation to recruitment, selection and appointment processes. Once again we have achieved a zero incidence of grievances lodged as a result of our recruitment procedures in place. Regular audits of our recruitment, selection and appointment processes via checklist processes have ensured that we continue to comply with the required standards and that no breaches of standards in human resource management were identified during this reporting year.

The issue of retention of staff at Yalgoo Health Services has altered significantly with the transfer of corporate office staff, as there is now only a clinical nurse manager located at the nursing post, supported by a casual cleaning position. The nurse manager position has been held by the same person for the full year, with one casual cleaner recruited who has resigned and not been replaced yet. This staff turnover represents minimal change given the change in FTE at Yalgoo Health Service.

## **Staff Development**

Development of staff continues to be a priority for Yalgoo Health Service. With the recruitment of a new nurse manager it is necessary to support, mentor and assist with professional development. Staff development has been greatly assisted by the introduction of the Telehealth facility throughout the Midwest Health Service, which has enabled the nurse manager to link in to various educational programs since its inception in October 2001. Staff development costs for Yalgoo equated to approximately \$200 for the financial year.

## **Industrial Relations Issues**

The major industrial relations emphasis at Yalgoo Health Service has been the development of the current agreement for registered nurses, which was certified in the WA Industrial Relations Commission on 9 August 2001.

The nurse manager who is employed under the Nurses' (ANF-WA Public Sector) Award conditions has gained benefits such as paid parental leave, increased on call rates, qualifications allowance, continued access to retention incentives plus increased professional development opportunities. A senior nurses work value assessment has also been conducted by the Department of Health, which will see the value of the work performed by the nurse manager recognised by way of extra remuneration.

## Workers' Compensation and Rehabilitation

The following table shows the number of workers' compensation claims made through the Yalgoo Health Service:

CATEGORY	1999/2000	2000/2001	2001/2002
Nursing Services	0	0	0
Administration and Clerical*	0	0	0
Medical Support*	0	0	0
Hotel Services*	0	0	0
Maintenance	0	0	0
Medical (salaried)	0	0	0
Other	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*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 technologists, pharmacists, occupational therapists, dietitians and social workers.
- **Hotel Services** — cleaners, caterers and patient service assistants.

Key prevention measures continue to focus on areas with the highest risk factors, which still includes driver training for all new staff who are required to regularly travel over long distances. As a result of this focus on improving driving techniques, motor vehicle insurance claims have continued to decrease significantly over this reporting year compared to the previous year. Fire and safety training has continued as an annual training event, with staff being instructed in the use of fire extinguishers and correct evacuation procedures. Following the annual visit by the Department of Health Fire and Safety Officer to Yalgoo, recommendations for improvements to fire and safety equipment and processes have been addressed by management. These include fitting of deadbolts to doors and windows, illuminated exit signs and security screens. Some minor issues will be finalised in the near future.

Risk management policies are still being developed at present and the recruitment of a quality improvement coordinator in the new reporting year will assist management to ensure that employees are fully aware of best practice in minimising risk.

Once again, rehabilitation measures have not been required, due to the fact that no injuries have occurred during this reporting year.

## Equity and Diversity Outcomes

### Our Policy

The ability of an organisation to provide high quality health services to the general public is closely related to workforce diversity. That diversity needs to be tapped for planning, decision-making and service delivery.

The Yalgoo Health Service aims to achieve equity and diversity in the workplace by eliminating any discrimination in employment based upon grounds of sex, marital status, pregnancy, family status, race, religious or political conviction, or age, and by promoting equal opportunity for all people.

### Programs and Initiatives

The Yalgoo Health Service aims to promote equal opportunity for all persons, according to the *Equal Opportunity Act 1984*. This goal is achieved through activities and programs run on behalf of the following outcomes:

### Integration of EEO Outcomes

The EEO outcomes contained in the 2000/2001 management plan have continued to be met in part. The perception that workplaces are free from sexual and racial harassment and also free from employment practices that discriminate unlawfully against employees or potential employees is still evident and this is supported by the fact that no complaints of this nature have been received. As the number of employees at Yalgoo Health Service has been reduced so significantly, EEO outcomes will now have a lesser impact in this regard, but will continue to be made known to employees concerned and included in strategic planning and management processes.

### Outcome 1 – The organisation values EEO and diversity, and the work environment is free from racial and sexual harassment.

- The Health Service has again worked to eliminate discrimination and harassment in the workplace. New employees are provided with information detailing codes of conduct and ethics, as well as brochures setting out rights and obligations pertaining to harassment. This has ensured that no reports of discrimination or harassment or breaches of public sector standards, codes of ethics or conduct have been made during the reporting year at Yalgoo Health Service.

### Outcome 2 – Workplaces are free from employment practices that are biased or discriminate unlawfully against employees or potential employees.

- Recruitment, selection and appointment processes at Yalgoo Health Service are conducted in accordance with the public sector standards in human resource management to ensure that employees and potential employees are fully aware of their rights. In the event of a recruitment, selection and appointment process occurring, vacancy files are checked before recommended applicants are approved for appointment, so that compliance with this outcome is maintained.



**Outcome 3 – Employment programs and practices recognise and include strategies for EEO groups to achieve workforce diversity.**

- Yalgoo Health Service currently only has two employees, one of whom is of Aboriginal descent. Part of the Midwest Health Service’s current Primary Health Care focus of service delivery involves the training and employment of Aboriginal health workers in Yalgoo to ensure that the level of services provided to the predominantly Aboriginal population will be adequate for the strategies that have been developed to address local Aboriginal health issues. This will enhance the diversity of the workforce and result in greater equity for the people of Yalgoo with better health outcomes also being achieved.

**EEO Indicators**

The following table indicates strategic plans or processes the Department of Health aims to have in place across the health system to achieve equity and diversity in the workplace, and the level to which the Yalgoo Health Service has been able to meet these goals:

<b>Plan or Process</b>	<b>Level of Achievement</b>
EEO Management Plan	Achieved
Organisational plans reflect EEO	Achieved
Policies and procedures encompass EEO requirements	Achieved
Established EEO contact officers	Achieved
Training and staff awareness programs	Programs in Progress
Diversity	Achieved

## **Marketing**

Community awareness of the health services available was conducted through:

- Advertisements in the local papers.
- Telephone contact.
- Yalgoo Board of Management.
- Information provided by nurse to client.
- Introduction of a monthly local newsletter.

## **Publications**

There were no publications issued by Yalgoo Health Service in the 2001/2002 financial year.

## **Research and Development**

Yalgoo Health Service participated in the Midwest Health Needs Analysis during December 2001 and January 2002. The purpose of the research was to establish the perception of the community in relation to their own health, the general health of the community and what health services are needed to enhance service provision.

## **Evaluations**

The Yalgoo Health Service carried out no major evaluations during 2001/2002.

## **Risk Management**

### **Our Policy**

The Yalgoo Health Service aims to achieve the best possible practice in the management of all risks that threaten to adversely impact upon the Health Service itself, its patients, staff, assets, functions, objectives, operations, or upon members of the public.

### **Future Direction**

The Yalgoo Health Service will continue to review its risk management and quality improvement processes in keeping with the above policy.

## **Internal Audit Controls**

The Yalgoo Health Service has established a system of internal controls as a means of providing reasonable assurance that assets are safeguarded, proper accounting records are maintained, and financial information is reliable.

Midwest Health Service has established a system of internal controls to provide reasonable assurance that assets are safeguarded, proper accounting records are maintained and financial information is reliable. As Audit Committee has overseen the operation of internal audit functions and ensures that management addresses any findings.

## **Waste Paper Recycling**

Yalgoo Shire does not have capacity to recycle waste; however, paper products are recycled internally within the health service where possible.

## **Pricing Policy**

The Nursing Post raises a number of fees and charges which recover the estimated cost of providing the service, except where there is an identifiable public service obligation.

The Yalgoo Health Service raises a number of fees and charges to recover the estimated cost of providing certain services, except where a public service obligation exists.

A daily bed fee is raised against all patients other than those treated under the public health system. These fees contribute towards the cost of services required to treat patients. The only exception to this is professional medical services, which are provided privately by medical practitioners.

No fees are raised against registered public and private outpatients of the hospital.



AUDITOR GENERAL

To the Parliament of Western Australia

## **YALGOO HEALTH SERVICES PERFORMANCE INDICATORS FOR THE YEAR ENDED JUNE 30, 2002**

### **Scope**

I have audited the key effectiveness and efficiency performance indicators of the Yalgoo Health Services for the year ended June 30, 2002 under the provisions of the Financial Administration and Audit Act 1985.

The Board was responsible for developing and maintaining proper records and systems for preparing and presenting performance indicators. I have conducted an audit of the key performance indicators in order to express an opinion on them to the Parliament as required by the Act. The key performance indicators reflect the progress made to date as part of the staged process to develop more enhanced measurement of the performance of the Yalgoo Health Services.

My audit was performed in accordance with section 79 of the Act to form an opinion based on a reasonable level of assurance. The audit procedures included examining, on a test basis, evidence supporting the amounts and other disclosures in the performance indicators, and assessing the relevance and appropriateness of the performance indicators in assisting users to assess the Health Service's performance. These procedures have been undertaken to form an opinion as to whether, in all material respects, the performance indicators are relevant and appropriate having regard to their purpose and fairly represent the indicated performance.

The audit opinion expressed below has been formed on the above basis taking into account the ongoing development of the key performance indicators.

### **Audit Opinion**

In my opinion, the key effectiveness and efficiency performance indicators of the Yalgoo Health Services are relevant and appropriate for assisting users to assess the Health Service's performance and fairly represent the indicated performance for the year ended June 30, 2002.

A handwritten signature in black ink, appearing to read 'D D R Pearson'.

D D R PEARSON  
AUDITOR GENERAL  
March 14, 2003



AUDITOR GENERAL

## INTERIM REPORT

To the Parliament of Western Australia

### YALGOO HEALTH SERVICES

Under the provisions of section 94 of the Financial Administration and Audit Act 1985, I advise that it will not be possible to complete the audit of the financial statements and performance indicators of the Yalgoo Health Services for the year ended June 30, 2002 by February 28, 2003.

Whilst the Minister for Health granted the Yalgoo Health Services an extension to October 14, 2002 to prepare and submit performance indicators, my Office did not receive these until November 29, 2002. The indicators submitted were not of an appropriate standard and were returned for further revision. These were resubmitted to my Office on January 28, 2003 in a form adequate to enable my staff and audit contractors to undertake audit testing against the supporting documentation held at the Health Service site. Audit testing and a review of the results of that work is currently in course to enable the forming of an audit opinion.

It is anticipated that the opinions will be issued by March 31, 2003.

A handwritten signature in black ink, appearing to read 'D D R Pearson'.

D D R PEARSON  
AUDITOR GENERAL  
February 28, 2003

# Performance Indicators Certification Statement

**YALGOO HEALTH SERVICE  
CERTIFICATION OF PERFORMANCE INDICATORS  
FOR THE YEAR ENDED 30 JUNE 2002**

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 Yalgoo Health Service and fairly represent the performance of the Health Service for the financial year ending 30 June 2002.



Mike Daube  
ACCOUNTABLE AUTHORITY  
**Director General of Health**

November 2002



## Table of Contents

### Background

Description of Outcomes	28
General Approach	29
Comparative Results	29
Output Measures	30
Assessing the Performance of the Health Service	30
Glossary of Terms	30

### OUTCOME TWO

#### Restoring the Health of People with Acute Illness

2.87 Average cost per non-inpatient occasion of service in nursing posts	31
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## Background

The Performance Indicators reported in the following pages address the extent to which the strategies and activities of the Health Service have contributed to the required health outcomes and outputs, viz.,

### **OUTCOME 1 - Improvement in health by a reduction in the incidence of preventable disease, injury, disability, premature death and the extent and impact of drug abuse.**

**Output 1** - Prevention and promotion services aim to improve the health of Western Australians by reducing the incidence of preventable disease, injury, disability, premature death and the extent and impact of drug abuse.

### **OUTCOME 2 - Restoration of the health of people with acute illness.**

**Output 2** - Diagnosis and treatment services aim to improve the health of Western Australians by restoring the health of people with acute illness.

### **OUTCOME 3 - Improvement in the quality of life for people with chronic illness and disability.**

**Output 3** - Continuing care services are provided to improve the quality of life for those who need continuing care.

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

*Output 1: Prevention and Promotion*

- Community and Public health services
- Mental health services
- Drug abuse strategy coordination, treatment and prevention services

*Output 2: Diagnosis and Treatment*

- Hospital services (emergency, outpatient & in-patient)
- Nursing posts
- Community health services (post discharge care)
- Mental health services

*Output 3: Continuing Care*

- Services for frail aged and disabled people (eg, Aged Care Assessments, in-patient respite, outpatient services for chronic pain and disability, Nursing Home Type hospital care)
- Services for the terminally ill (eg, in-patient palliative care)
- Mental health services

There are some services, such as Community Health, which address all three of the outputs. Current information systems do not easily allow the distinction to be made between the three and this is therefore an important area for future development. To assure consistency in reporting and evaluation the Health Service has, during the year, continued to develop clear guidelines for the collection and interpretation of data for performance reporting. Whilst steps have been taken to minimise inconsistencies, some still exist.

## General Approach

One of the aims of the Health Service has been to deliver activity, equitably distributed to, and accessible by, all sectors of the community.

For most of those performance indicators of health service delivery which target the

- reduction of the incidence of preventable disease, injury, disability and premature death and
  - the improvement of the quality of life of people with chronic illness and disability,
- the graphs used indicate performance for those who live in each catchment area irrespective of where service is provided and whether service is delivered in private or public hospitals.

For most services restoring the health of those with acute illness, performance is graphed according to where the service has been provided, irrespective of where people live and only includes service delivered by the public sector.

The indicators for these intervention strategies are the first step in a staged process leading to more comprehensive and meaningful measurement and reporting of performance in the above. Further indicators are being developed to assist in measurement, management and reporting.

## Comparative Results

In certain cases results for other Health Services are assessed as being helpful in illustrating the performance of the Health Service being principally reported, ie the subject matter of the Report.

In the labelling of graphs, the technique has been used in which the results of the principally reported Health Service is always placed first (on the left), using UPPER CASE lettering.

After leaving a space, those results for comparative Health Services are shown to the right of this and use Lower Case identification to differentiate clearly between principal and comparative Health Services.

## Output Measures

The four output measures are of quantity, quality, timeliness and cost. These are direct measures of performance, but are not to be confused with Key Performance Indicators of Efficiency and Effectiveness.

**Quantity** measures describe outputs in terms of how much, or how many are performed and require a unit of measurement to be defined.

**Quality** measures usually reflect service standards based on customer needs. The dimensions of quality as an output measure include: accuracy; completeness; accessibility; continuity; and a customer acceptability of the output.

**Timeliness** measures provide parameters for how often, or within what time frame, outputs will be produced.

**Cost** measures reflect the full accrual cost to an agency of producing each output.

Hospitals and Health Services are required to report output measures of quantity, quality, timeliness and cost together with a comparison between actual and target performance.

## Assessing the Performance of the Health Service

It is not only the KPIs and Output Measures which readers of this report should examine when assessing the performance of the Health Service. The Key Performance Indicators, Financial Statements and Hospitals/Health Services reports, all provide information relevant to assessment of Health Service performance for 2001/02.

## Glossary of Terms

**Performance Indicator** – information about output performance or outcome achievement, usually expressed as a unit, index or ratio.

**Efficiency Indicator** – a performance indicator that relates an output to the level of resource input required to produce it.

**Effectiveness Indicator** – a performance indicator which provides information on the extent to which a government desired outcome has been achieved through the funding and production of an agreed output.

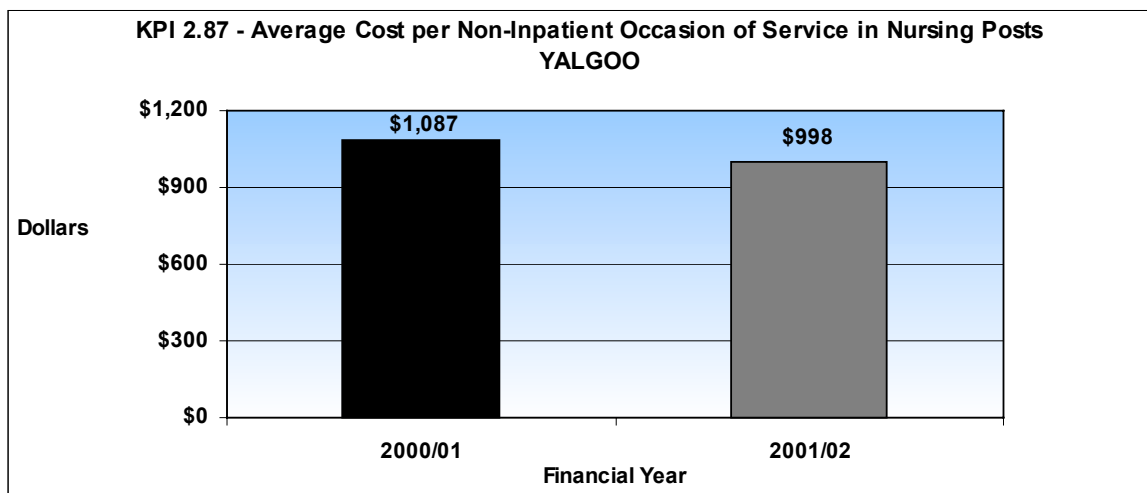
## AVERAGE COST PER NON-INPATIENT OCCASION OF SERVICE IN NURSING POSTS

KPI 2.87

The effective use of Nursing Post resources can help minimise the overall costs of providing health care or can provide for more patients to be treated for the same cost.

Excessive costs in providing non-inpatient services compared to other nursing posts may indicate the inefficient use of resources.

This indicator measures the average cost per non-inpatient occasion of service.





AUDITOR GENERAL

**To the Parliament of Western Australia**

**YALGOO HEALTH SERVICES  
FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2002**

**Scope**

I have audited the accounts and financial statements of the Yalgoo Health Services for the year ended June 30, 2002 under the provisions of the Financial Administration and Audit Act 1985.

The Board was responsible for keeping proper accounts and maintaining adequate systems of internal control, preparing and presenting the financial statements, and complying with the Act and other relevant written law. The primary responsibility for the detection, investigation and prevention of irregularities rests with the Board.

My audit was performed in accordance with section 79 of the Act to form an opinion based on a reasonable level of assurance. The audit procedures included examining, on a test basis, the controls exercised by the Health Service to ensure financial regularity in accordance with legislative provisions, evidence to provide reasonable assurance that the amounts and other disclosures in the financial statements are free of material misstatement and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia and the Treasurer's Instructions so as to present a view which is consistent with my understanding of the Health Service's financial position, its financial performance and its cash flows.

The audit opinion expressed below has been formed on the above basis.

## **Yalgoo Health Services**

**Financial Statements for the year ended June 30, 2002**

### **Audit Opinion**

In my opinion,

- (i) the controls exercised by the Yalgoo Health Services provide reasonable assurance that the receipt, expenditure and investment of moneys and the acquisition and disposal of property and the incurring of liabilities have been in accordance with legislative provisions; and
- (ii) the Statement of Financial Performance, Statement of Financial Position and Statement of Cash Flows and the Notes to and forming part of 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 June 30, 2002 and its financial performance and its cash flows for the year then ended.

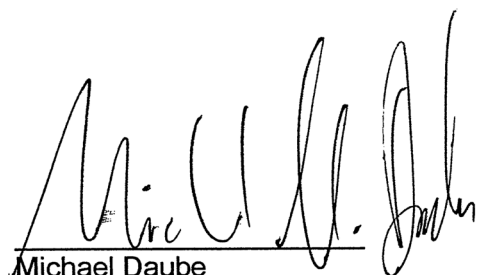


D D R PEARSON  
AUDITOR GENERAL  
March 14, 2003

## CERTIFICATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2002

The accompanying financial statements of the Yalgoo Health Services 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 twelve months ending 30 June 2002 and the financial position as at 30 June 2002.

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.



Michael Daube  
**Director General of Health  
Accountable Authority for  
Yalgoo Health Services**

30 August 2002



Alex Kirkwood  
**Principal Accounting Officer  
Yalgoo Health Services**

30 August 2002



# Statement of Financial Performance

For the year ended 30 June 2002

	Note	2001/02 \$	2000/01 \$
<b>COST OF SERVICES</b>			
<b>Expenses from Ordinary Activities</b>			
Employee expenses		99,437	754,690
Fees for visiting medical practitioners		-	8,358
Superannuation expense		10,294	52,506
Patient support costs	2	11,475	1,400,269
Patient transport costs		8,231	2,972
Repairs, maintenance and consumable equipment expense		948	306,059
Depreciation expense	3	11,573	33,881
Net loss on disposal of non-current assets	4	89,111	-
Capital user charge	5	52,092	-
Other expenses from ordinary activities	6	(5,846)	408,174
<b>Total cost of services</b>		<b>277,315</b>	<b>2,966,909</b>
<b>Revenues from Ordinary Activities</b>			
Patient charges	7	2,709	1,216
Commonwealth grants and contributions	8	-	25,620
Interest revenue		8	4,202
Other revenues from ordinary activities	9	11,610	91,704
<b>Total revenues from ordinary activities</b>		<b>14,327</b>	<b>122,742</b>
<b>NET COST OF SERVICES</b>		<b>262,988</b>	<b>2,844,167</b>
<b>Revenues from Government</b>			
Output appropriations	10	228,292	2,489,990
Capital appropriations	10	-	24,989
Assets transferred	11	(69,495)	-
Liabilities assumed by the Treasurer	12	2,016	52,506
Resources received free of charge	13	5,000	4,500
<b>Total revenues from government</b>		<b>165,813</b>	<b>2,571,985</b>
<b>Total changes in equity other than those resulting from transactions with WA State Government as owners</b>		<b>(97,175)</b>	<b>(272,182)</b>

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

# Statement of Financial Position

As at 30th June 2002

	Note	2001/02 \$	2000/01 \$
<b>CURRENT ASSETS</b>			
Cash assets	14	182	91,542
Receivables	15	7	81,225
Inventories	17	4,459	2,622
Prepayments		-	106
<b>Total current assets</b>		<b>4,648</b>	<b>175,495</b>
<b>NON-CURRENT ASSETS</b>			
Amounts receivable for outputs	16	35,600	-
Property, plant and equipment	18	238,039	388,995
<b>Total non-current assets</b>		<b>273,639</b>	<b>388,995</b>
<b>Total assets</b>		<b>278,287</b>	<b>564,490</b>
<b>CURRENT LIABILITIES</b>			
Payables		5,973	120,413
Accrued salaries	19	1,861	13,261
Provisions	20	3,520	56,123
<b>Total current liabilities</b>		<b>11,354</b>	<b>189,797</b>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	20	7,887	18,472
<b>Total non-current liabilities</b>		<b>7,887</b>	<b>18,472</b>
<b>Total liabilities</b>		<b>19,241</b>	<b>208,269</b>
<b>Net Assets</b>		<b>259,046</b>	<b>356,221</b>
<b>EQUITY</b>			
Asset revaluation reserve	21	51,517	51,517
Accumulated surplus	22	207,529	304,704
<b>Total Equity</b>		<b>259,046</b>	<b>356,221</b>

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

# Statement of Cash Flows

For the year ended 30 June 2002

	Note	2001/02 \$ Inflows (Outflows)	2000/01 \$ Inflows (Outflows)
<b>CASH FLOWS FROM GOVERNMENT</b>			
Output appropriations	23(c)	140,600	2,489,990
Capital contributions (2000/01 appropriation)	23(c)	-	21,629
<b>Net cash provided by Government</b>		<u>140,600</u>	<u>2,511,619</u>
<b>Utilised as follows:</b>			
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Payments</b>			
Supplies and services		(79,438)	(2,033,975)
Employee costs		(78,281)	(785,636)
GST payments on purchases		(6,795)	(108,817)
<b>Receipts</b>			
Receipts from customers		2,722	1,203
Commonwealth grants and contributions		-	25,620
Donations		1,000	-
Interest received		8	4,202
GST receipts on sales		1,799	6,936
GST receipts from taxation authority		26,675	87,198
Other receipts		5,454	71,902
<b>Net cash used in operating activities</b>	23(b)	<u>(126,856)</u>	<u>(2,731,367)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for purchase of non-current assets	18	-	(116,078)
<b>Net cash used in investing activities</b>		<u>-</u>	<u>(116,078)</u>
<b>Net increase/(decrease) in cash held</b>		13,744	(335,826)
Cash assets at the beginning of the reporting period		91,542	427,367
Cash assets transferred from the Health Service	11	(105,104)	-
<b>Cash assets at the end of the reporting period</b>	23(a)	<u>182</u>	<u>91,542</u>

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

# Notes to the Financial Statements

## For the year ended 30 June 2002

### 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 Australian 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 Australian 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.

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 valuation.

#### (b) Output Appropriations

Output 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.

#### (c) 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. All other transfers have been recognised in the Statement of Financial Performance. Prior to the current reporting period, capital appropriations were recognised as revenue in the Statement of Financial Performance. Capital appropriations which are repayable to the Treasurer are recognised as liabilities.

#### (d) Acquisition 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.

#### (e) Valuation of Non-Current Assets

The Health Service has applied the transitional provisions in AASB 1041 "Revaluation of Non-Current Assets" for land and buildings, and as a consequence assets are reported at cost, valuation and fair value. Fair value is the amount for which an asset could be exchanged, between knowledgeable, willing parties in an arm's length transaction.

##### i) Land and Non-Clinical Buildings

The revaluations of land and non-clinical buildings have been undertaken by the Valuer General's Office in Western Australia, 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 valuations of clinical buildings (eg hospitals) have been carried out at five yearly intervals by the Department of Health in conjunction with the Department of Housing and Works using "as constructed" drawings. The clinical buildings are valued at "Replacement Capital Value", which is defined as the cost to replace buildings constructed at

# Notes to the Financial Statements

## For the year ended 30 June 2002

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 weighted average age to determine the net carrying values. Recent valuations on this basis are equivalent to fair value.

### (f) Depreciation of Non-current Assets

All non-current assets having a limited useful life are systematically depreciated over their useful lives in a manner that reflects the consumption of their future economic benefits.

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

Buildings	50 years
Computer equipment	5 years
Furniture and fittings	7 to 40 years
Other plant and equipment	7 to 30 years

### (g) Leases

The Health Service has no contractual obligations under finance leases.

### (h) Cash

For the purpose of the Statement of Cash Flows, cash includes cash assets and restricted cash assets. 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 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 a time proportionate basis.

### (n) Provisions

#### Employee Entitlements

##### i) Annual and Long Service Leave

The liability for annual leave represents the amount which the Health Service has a present obligation to pay resulting from employees' services up to the reporting date. The liability has been calculated on current remuneration rates and includes related on-costs.

The liability for long service leave is recognised, and 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, when assessing expected future payments, to expected future wage and salary levels including related on-costs, experience of employee departures and periods of service. Expected future payments are discounted using interest rates on national government securities to obtain the estimated future cash outflows.

The methods of measurement of the liabilities are consistent with the requirements of Australian Accounting Standard AAS 30 "Accounting for Employee Entitlements".

# Notes to the Financial Statements

## For the year ended 30 June 2002

### ii) 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 complying with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. All of these schemes are administered by the Government Employees Superannuation Board (GESB).

The liability for future payments under the Pension Scheme are provided for at reporting date.

The unfunded employer's liability in respect of the pre-transfer benefit for employees who transferred from the Pension Scheme to the Gold State Superannuation Scheme is assumed by the Treasurer. A revenue "Liabilities assumed by the Treasurer" equivalent to the change in this unfunded liability is recognised in the Statement of Financial Performance.

From 1 July 2001 employer contributions were paid to the GESB in respect of the Gold State Superannuation Scheme and West State Superannuation Scheme. Prior to 1 July 2001, the unfunded liability in respect of these schemes was assumed by the Treasurer. An amount equivalent to the employer contributions which would have been paid to the Gold State Superannuation Scheme and the West State Superannuation Scheme if the Health Service had made concurrent employer contributions to those schemes, was included in superannuation expense. This amount was also included in the revenue item "Liabilities assumed by the Treasurer".

The note disclosure required by paragraph 51(e) of AAS30 (being the employer's share of the difference between employees' accrued superannuation benefits and the attributable net market value of plan assets) has not been provided. State scheme deficiencies are recognised by the State in its whole of government reporting. The GESB's records are not structured to provide the information for the Health Service. Accordingly, deriving the information for the Health Service is impractical under current arrangements, and thus any benefits thereof would be exceeded by the cost of obtaining the information.

### (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) Comparative Figures

Comparative figures are, where appropriate, reclassified so as to be comparable with the figures presented in the current reporting period.

	2001/02 \$	2000/01 \$
<b>Note 2 Patient support costs</b>		
Medical supplies and services	6,813	16,232
Domestic charges	424	2,236
Fuel, light and power	3,861	4,330
Food supplies	377	1,439
Purchase of external services	-	1,376,032
	<u>11,475</u>	<u>1,400,269</u>
<b>Note 3 Depreciation expense</b>		
Buildings	6,812	7,000
Computer equipment and software	1,477	17,939
Furniture and fittings	161	59
Other plant and equipment	3,123	8,883
	<u>11,573</u>	<u>33,881</u>

# Notes to the Financial Statements

## For the year ended 30 June 2002

	2001/02	2000/01
	\$	\$
<b>Note 4 Loss on disposal of non-current assets</b>		
<b>Loss on disposal of non-current assets:</b>		
Computer equipment and software	(27,534)	-
Furniture and fittings	(2,428)	-
Other plant and equipment	(59,149)	-
	<u>(89,111)</u>	<u>-</u>
<b>Note 5 Capital user charge</b>		
	<u>52,092</u>	<u>-</u>
<p>A capital user charge rate of 8% has been set by the Government for 2001/02 and represents the opportunity cost of capital invested in the net assets of the Health Service used in the provision of outputs. 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.</p>		
<b>Note 6 Other expenses from ordinary activities</b>		
Workers compensation insurance	831	7,919
Other employee expenses	-	104,948
Motor vehicle expenses	713	81,105
Insurance	1,745	2,837
Communications	7,363	45,255
Printing and stationery	-	26,756
Rental of property	-	1,916
Audit fees - external	5,500	7,500
Other	(21,997)	129,938
	<u>(5,845)</u>	<u>408,174</u>
<b>Note 7 Patient charges</b>		
Outpatient charges	<u>2,709</u>	<u>1,216</u>
<b>Note 8 Commonwealth grants and contributions</b>		
Immunisation Funding	<u>-</u>	<u>25,620</u>
<b>Note 9 Other revenues from ordinary activities</b>		
Rent from properties	2,995	2,626
Recoveries	-	52,196
Other	8,615	36,882
	<u>11,610</u>	<u>91,704</u>
<b>Note 10 Government appropriations</b>		
Output appropriations (I)	228,292	2,489,990
Capital appropriations (II)	-	24,989
	<u>228,292</u>	<u>2,514,979</u>

(I) Output appropriations are accrual amounts as from 1 July 2001, reflecting the full price paid for outputs purchased by the Government. 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.

(II) Capital appropriations were revenue in 2000/01 (year ended 30 June 2001). From 1 July 2001, capital appropriations, termed Capital Contributions, have been designated as contributions by owners and are credited directly to equity in the Statement of Financial Position.

# Notes to the Financial Statements

## For the year ended 30 June 2002

	2001/02 \$	2000/01 \$
<b>Note 11 Assets transferred</b>		
The following assets and liabilities have been transferred to other government agencies during the year:		
- Computer equipment and software	(34,185)	-
- Other plant and equipment	(16,087)	-
- Cash	(105,104)	-
- Provisions for employee entitlements	85,881	-
Total assets transferred	<u>(69,495)</u>	<u>-</u>
<b>Note 12 Liabilities assumed by the Treasurer</b>		
Superannuation	<u>2,016</u>	<u>52,506</u>
<b>Note 13 Resources received free of charge</b>		
Resources received free of charge has been determined on the basis of the following estimates provided by agencies.		
Office of the Auditor General		
- Audit services	<u>5,000</u>	<u>4,500</u>
Where assets or services have been received free of charge or for nominal consideration, the Health Service recognises revenues equivalent to the fair value of the assets and/or the fair value of those services that can be reliably determined and which would have been purchased if not donated, and those fair values shall be recognised as assets or expenses, as applicable.		
<b>Note 14 Cash assets</b>		
Cash on hand	100	150
Cash at bank - general	<u>82</u>	<u>91,392</u>
	<u>182</u>	<u>91,542</u>
<b>Note 15 Receivables</b>		
GST receivable	-	15,692
Other receivables	<u>7</u>	<u>65,533</u>
	<u>7</u>	<u>81,225</u>
<b>Note 16 Amounts receivable for outputs</b>		
Non-current	<u>35,600</u>	<u>-</u>
This asset represents the non-cash component of output appropriations. It is restricted in that it can only be used for asset replacement or payment of leave liability.		
<b>Note 17 Inventories</b>		
Pharmaceutical stores - at cost	<u>4,459</u>	<u>2,622</u>



# Notes to the Financial Statements

## For the year ended 30 June 2002

Note 18 Property, plant and equipment	2001/02 \$	2000/01 \$
Land		
At valuation - 30 June 2000 (i)	500	500
Buildings		
At valuation - 30 June 2000 (i)	405,000	405,000
Accumulated depreciation	<u>(184,742)</u>	<u>(177,930)</u>
	220,258	227,070
Computer equipment and software		
At cost	2,625	118,943
Accumulated depreciation	<u>(953)</u>	<u>(54,075)</u>
	1,672	64,868
Furniture and fittings		
At cost	3,000	5,460
Accumulated depreciation	<u>(1,014)</u>	<u>(885)</u>
	1,986	4,575
Other plant and equipment		
At cost	21,864	117,358
Accumulated depreciation	<u>(8,241)</u>	<u>(25,376)</u>
	13,623	91,982
Total of property, plant and equipment	<u>238,039</u>	<u>388,995</u>

### Land and buildings

(i) Land, clinical buildings and non-clinical buildings have been subject to revaluation and are carried at their fair value.

### Payments for non-current assets

Payments were made for purchases of non-current assets during the reporting period as follows:

Paid as cash by the Health Service from output appropriations	-	116,078
Paid by the Department of Health	-	3,360
Gross payments for purchases of non-current assets	<u>-</u>	<u>119,438</u>

### 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.

Land		
Carrying amount at start of year	500	500
Carrying amount at end of year	<u>500</u>	<u>500</u>
Buildings		
Carrying amount at start of year	227,070	234,070
Depreciation	<u>(6,812)</u>	<u>(7,000)</u>
Carrying amount at end of year	220,258	227,070
Computer equipment and software		
Carrying amount at start of year	64,868	42,582
Additions	-	40,225
Disposals	(27,534)	-
Depreciation	(1,477)	(17,939)
Transfer of assets to other government departments	<u>(34,185)</u>	<u>-</u>
Carrying amount at end of year	1,672	64,868
Furniture and fittings		
Carrying amount at start of year	4,575	174
Additions	-	4,460
Disposals	(2,428)	-
Depreciation	(161)	(59)
Carrying amount at end of year	<u>1,986</u>	<u>4,575</u>
Other plant and equipment		
Carrying amount at start of year	91,982	26,112
Additions	-	74,753
Disposals	(59,149)	-
Depreciation	(3,123)	(8,883)
Transfer of assets to other government departments	<u>(16,087)</u>	<u>-</u>
Carrying amount at end of year	13,623	91,982

# Notes to the Financial Statements

## For the year ended 30 June 2002

	2001/02 \$	2000/01 \$
<b>Note 19 Accrued salaries</b>		
Amounts owing for:	1,861	13,261
Nursing staff		
7 days from 24 June to 30 June 2002		
(2001: 6 days from 25 June to 30 June 2001)		
Non-nursing staff		
7 days from 24 June to 30 June 2002		
(2001: 6 days from 25 June to 30 June 2001)		
<b>Note 20 Provisions</b>		
Current liabilities:		
Annual leave	3,520	40,394
Long service leave	-	15,729
	<u>3,520</u>	<u>56,123</u>
Non-current liabilities:		
Long service leave	7,887	18,472
	<u>7,887</u>	<u>18,472</u>
Total employee entitlements	<u>11,407</u>	<u>74,595</u>
The superannuation liability has been established from data supplied by the Government Employees Superannuation Board.		
The Health Service considers the carrying amount of employee entitlements approximates the net fair value.		
<b>Note 21 Asset revaluation reserve</b>		
Balance at beginning of the year	51,517	51,517
Balance at end of the year	<u>51,517</u>	<u>51,517</u>
<b>Note 22 Accumulated surplus</b>		
Balance at beginning of the year	304,704	576,886
Change in net assets	(97,175)	(272,182)
Balance at end of the year	<u>207,529</u>	<u>304,704</u>
<b>Note 23 Notes to the statement of cash flows</b>		
<b>a) Reconciliation of cash</b>		
Cash assets at the end of the reporting period 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 14)	182	91,542
<b>b) Reconciliation of net cash flows used in operating activities to net cost of services</b>		
Net cash used in operating activities (Statement of Cash Flows)	(126,856)	(2,731,367)
Increase / (decrease) in assets:		
GST receivable	(15,692)	15,280
Other receivables	(65,526)	48,255
Inventories	1,837	448
Prepayments	(106)	(1,866)
Decrease / (increase) in liabilities:		
Payables	114,440	(105,258)
Accrued salaries	11,400	(2,097)
Provisions	63,188	23,325
Non-cash items:		
Depreciation expense	(11,573)	(33,881)
Loss from disposal of non-current assets	(89,111)	-
Capital user charge paid by Department of Health	(52,092)	-
Superannuation liabilities assumed by the Treasurer	(2,016)	(52,506)
Resources received free of charge	(5,000)	(4,500)
Transfer of provisions for employee entitlements	(85,881)	-
Net cost of services (Statement of Financial Performance)	<u>(262,988)</u>	<u>(2,844,167)</u>

# Notes to the Financial Statements

## For the year ended 30 June 2002

<b>Note 23 Notes to the statement of cash flows - continued</b>	<b>2001/02</b>	<b>2000/01</b>
	<b>\$</b>	<b>\$</b>
<b>c) Notional cash flows</b>		
Output appropriations as per Statement of Financial Performance	228,292	2,489,990
Capital appropriations as per Statement of Financial Performance	-	<u>24,989</u>
	<u>228,292</u>	<u>2,514,979</u>
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:		
Capital user charge	(52,092)	-
Other non cash adjustments to appropriations	<u>(35,600)</u>	<u>(3,360)</u>
	<u>(87,692)</u>	<u>(3,360)</u>
Output appropriations as per Statement of Cash Flows	<u>140,600</u>	<u>2,511,619</u>

### Note 24 Explanatory statement

a) **Significant variations between actual revenues and expenditures for the financial year and revenues and expenditures for the immediately preceding financial year.**

Details and reasons for significant variations between actual results and the corresponding items of the preceding year are detailed below. Significant variations are considered to be those greater than 10%.

	<b>2001/02</b>	<b>2000/01</b>	<b>Variation</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Expenditure</b>			
Employee expenses	99,437	754,690	(655,253)
Fees for visiting medical practitioners	-	8,358	(8,358)
Superannuation expense	10,294	52,506	(42,212)
Patient support costs	11,475	1,400,269	(1,388,794)
Patient transport costs	8,231	2,972	5,259
Repairs, maintenance and consumable equipment expense	948	306,059	(305,111)
Depreciation expense	11,573	33,881	(22,308)
Net loss on disposal of non-current assets	89,111	-	89,111
Capital user charge	52,092	-	52,092
Other expenses from ordinary activities	(5,846)	408,174	(414,020)
<b>Revenue</b>			
Patient charges	2,709	1,216	1,493
Commonwealth grants and contributions	-	25,620	(25,620)
Interest revenue	8	4,202	(4,194)
Other revenues from ordinary activities	11,610	91,704	(80,094)

#### Explanation of variances

On the 1st July 2001, the Corporate, Primary Health and Mental Health services were transferred to Morawa and Districts Health Service and the Geraldton Health Service. The cost of disposal of non-current assets is attributable to the review of fixed asset register to write off any assets which are deemed obsolete. The capital user charge represents a new charge which is imposed upon Health Service in the 2001/02 year.

b) **Significant variations between estimates and actual results for the financial year.**

Section 42 of the Financial Administration and Audit Act requires the Health Service to prepare annual budget estimates. Details and reasons for significant variations between these estimates and actual results are detailed below. Significant variations are considered to be those greater than 10% of budget.

	<b>2001/02</b>	<b>2001/02</b>	<b>Variation</b>
	<b>Actual</b>	<b>Estimate</b>	<b>\$</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Expenditure</b>			
Employee expenses	99,437	75,000	24,437
Fees for visiting medical practitioners	-	21,000	(21,000)
Superannuation expense	10,294	4,000	6,294
Patient support costs	11,475	17,000	(5,525)
Patient transport costs	8,231	2,000	6,231
Repairs, maintenance and consumable equipment expense	948	5,000	(4,052)
Other expenses from ordinary activities	(5,845)	149,000	(154,845)
<b>Revenue</b>			
Patient charges	2,709	1	2,708
Other revenues from ordinary activities	11,610	46,000	(34,390)

#### Explanation of variances

The variation in employee expenses is the result of the increase in on-call allowance, agency staff cost and employment of a cleaner. For the other items listed, estimates included accrued revenue and expenditure for the Corporate as well as the Primary and Mental Health Services which were removed on the 1st July 2001.

# Notes to the Financial Statements

## For the year ended 30 June 2002

<b>Note 25 Commitments for Expenditure</b>	<b>2001/02</b>	<b>2000/01</b>
	<b>\$</b>	<b>\$</b>
a) <b>Operating lease commitments:</b>		
Commitments in relation to non-cancellable operating leases are payable as follows:		
Not later than one year	-	22,177
Later than one year, and not later than five years	8,009	13,290
	<u>8,009</u>	<u>35,467</u>
These commitments are all inclusive of GST.		

### **Note 26 Contingent liabilities**

At the reporting date, the Health Service is not aware of any contingent liabilities.

### **Note 27 Events occurring after reporting date**

The Yalgoo Health Services will cease to exist as a legal entity as at 1 July 2002. The health service will be amalgamated with other health services to form the WA Country Health Service on 1 July 2002. The amalgamation was gazetted on 28 June 2002.

### **Note 28 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 29 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.

# Notes to the Financial Statements

## For the year ended 30 June 2002

### Note 30 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	Less than 1 year \$000	Fixed interest rate maturities 1 to 5 years \$000	Over 5 years \$000	Non interest bearing \$000	Total \$000
<b>As at 30th June 2002</b>							
<b>Financial Assets</b>							
Cash assets	0.00%	0	0	0	0	0	0
Receivables	0.00%	0	0	0	0	0	0
<b>Financial Liabilities</b>							
Payables	0.00%	0	0	0	0	6	6
Accrued salaries	0.00%	0	0	0	0	2	2
Provisions	0.00%	0	0	0	0	11	11
		0	0	0	0	19	19
Net financial assets / (liabilities)		0	0	0	0	(19)	(19)
<b>As at 30th June 2001</b>							
<b>Financial Assets</b>							
Cash assets	0.07%	92	0	0	0	0	92
Receivables	0.00%	0	0	0	0	81	81
		92	0	0	0	81	173
<b>Financial Liabilities</b>							
Payables	0.00%	0	0	0	0	120	120
Accrued salaries	0.00%	0	0	0	0	13	13
		0	0	0	0	133	133
Net financial assets / (liabilities)		92	0	0	0	(52)	40

#### 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. In respect of other financial assets, the carrying amounts represent the Health Service's maximum exposure to credit risk in relation to those assets.

#### c) Net fair values

The carrying amount 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.

# Notes to the Financial Statements

## For the year ended 30 June 2002

### Note 31 Output information

#### COST OF SERVICES

##### Expenses from Ordinary Activities

	Prevention & Promotion 2007/02 \$000	2000/01 \$000	Diagnosis & Treatment 2001/02 \$000	2000/01 \$000	Continuing Care 2001/02 \$000	2000/01 \$000	Total 2001/02 \$000	2000/01 \$000
Employee expenses	89	121	10	634	0	0	99	755
Fees for visiting medical practitioners	0	1	0	7	0	0	0	8
Superannuation expense	9	8	1	44	0	0	10	53
Patient support costs	9	224	2	1,176	0	0	11	1,400
Patient transport costs	7	0	1	2	0	0	8	3
Repairs, maintenance and consumable equipment expense	1	49	0	257	0	0	1	306
Depreciation expense	10	5	2	28	0	0	12	34
Net loss on disposal of non-current assets	81	0	8	0	0	0	89	0
Capital user charge	48	0	5	0	0	0	53	0
Other expenses from ordinary activities	(4)	65	(1)	343	0	0	(5)	408
<b>Total cost of services</b>	<b>250</b>	<b>475</b>	<b>27</b>	<b>2,492</b>	<b>0</b>	<b>0</b>	<b>277</b>	<b>2,967</b>

##### Revenues from Ordinary Activities

Patient charges	2	0	0	1	0	0	3	1
Commonwealth grants and contributions	0	4	0	22	0	0	0	26
Interest revenue	0	1	0	4	0	0	0	4
Other revenues from ordinary activities	10	15	2	77	0	0	12	92
<b>Total revenues from ordinary activities</b>	<b>12</b>	<b>20</b>	<b>2</b>	<b>103</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>123</b>

#### NET COST OF SERVICES

<b>Revenues from Government</b>	<b>238</b>	<b>455</b>	<b>25</b>	<b>2,389</b>	<b>0</b>	<b>0</b>	<b>263</b>	<b>2,844</b>
Output appropriations	206	398	22	2,092	0	0	228	2,490
Capital appropriations	0	4	0	21	0	0	0	25
Assets transferred	(62)	0	(7)	0	0	0	(69)	0
Liabilities assumed by the Treasurer	2	8	0	44	0	0	2	53
Resources received free of charge	5	1	1	4	0	0	5	5
<b>Total revenues from government</b>	<b>151</b>	<b>412</b>	<b>16</b>	<b>2,160</b>	<b>0</b>	<b>0</b>	<b>166</b>	<b>2,572</b>

#### Change in net assets

<b>(87)</b>	<b>(44)</b>	<b>(9)</b>	<b>(229)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(97)</b>	<b>(272)</b>
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## Note 31 Output information (continued)

Output groups as defined in the budget papers are as follows:

### 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. Services provided in this output include community health services; screening services; communicable disease management; health regulation and control; and community information and education.

#### \* Community Health Services

Community health services include a range of community based services with the focus on improving the overall health of Western Australians. This is achieved by developing health promotion and prevention activities, supporting early child development, enhancing and ensuring universal access to community services, building capacity and assessing determinants of health as they relate to inequality.

#### \* Screening Services

Screening services assist in the early identification and intervention of disease or conditions that can lead to long-term disability or premature death.

#### \* Communicable Disease Management

Communicable disease management includes a range of strategies which aim to reduce the incidence and effects of communicable diseases.

#### \* Health Regulation and Control

Health regulation and control is used to prevent and/or reduce the risk of disease, injury or premature death in those areas where health risk factors can be managed.

#### \* Community Information and Education

A key strategy to prevent disease, injury or premature death is the provision of community information and education. The purpose of these services is to promote a healthy lifestyle and educate Western Australians about appropriate preventive health behaviours.

### 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 or outpatient services and services for those people who are admitted to hospitals. Services provided in this output include admitted care, ambulatory care and emergency services.

#### \* Admitted Care

The types of services admitted patients may receive include obstetric care, services to cure illness or provide definitive treatment of injury, surgery, relief of symptoms or a reduction of severity of injury or illness (excluding palliative care), protection against exacerbation and/or complication of an illness and/or injury which could threaten life or normal functions, and diagnostic or therapeutic procedures.

#### \* Ambulatory Care

Ambulatory care includes same day procedures, outpatient attendance, pre-admission assessments and home-based treatment and care. With these services patients do not undergo the formal hospital admission process.

#### \* Emergency Services

Emergency services are provided to treat people with sudden onset of illness or injury of such severity and urgency that they need immediate medical help which is either, not available from their General Practitioner, or for which their General Practitioner has referred them for treatment. Emergency departments provide a range of services from immediate resuscitation to urgent medical advice. An emergency department patient may subsequently undergo a formal admission process and would then be classified as an admitted patient, or be treated and discharged directly from the Emergency department without admission.

### Continuing Care

Services provided to improve the quality of life for those who need continuing care. Services provided in this output include home care and residential services.

#### \* Home Care

Community based care and support to maintain and enhance, as far as possible, people's quality of life (eg home nursing, home help, transport service, home maintenance, delivered meals, respite care); care and support for terminally ill people and their families and carers (eg hospice services and palliative care); and care and support for people with long term disabilities to ensure an optimal quality of life.

#### \* Residential Care

Residential aged care services are for people assessed as being no longer able to live in their own home (eg nursing home services, nursing home type services in public hospitals and hostel services).