
QUADRIPLLEGIC CENTRE
10 SELBY STREET
SHENTON PARK, WA 6008

QUADRIPLLEGIC CENTRE BOARD OF MANAGEMENT

Annual Report

2003 – 2004

“Excellence in Spinal Care”

QUADRIPLEGIC CENTRE
10 SELBY STREET
SHENTON PARK, WA 6008

“A specialist nursing, rehabilitative and residential facility for persons with spinal cord injury, a disease of the spinal cord or similar paralysing conditions”.

QUADRIPLEGIC CENTRE

Founded by the Paraplegic-
Quadriplegic Association of WA (Inc).

POSTAL ADDRESS: QUADRIPLEGIC CENTRE
PO BOX 257, SUBIACO WA 6904

TELEPHONE: (08) 9381 0145

QUADRIPLLEGIC CENTRE BOARD ANNUAL REPORT

QUADRIPLLEGIC CENTRE
10 SELBY STREET
SHENTON PARK, WA 6008

FIRST MEMORANDUM OF TRANSMITTAL AND STATEMENT OF COMPLIANCE

TO HON J. McGINTY, MLA,
MINISTER FOR HEALTH

In accordance with Section 66 of the Financial Administration and Audit Act (1985) (FAA Act), the Annual Report of the Quadriplegic Centre Board for the financial year ending 30th June 2004, is hereby submitted for your information. A duplicate copy has been sent to the Office of the Auditor General as per Section 68 of the FAA Act.

When the Auditor General's Opinion has been received, five complete sets of the Annual Report will be sent to your office for tabling in Parliament as per Section 69 of the FAA Act.

The Annual Report has been prepared in accordance with the provisions of the:

- Financial Administration and Audit Act 1985
- Disability Services Act 1993
- Public Sector Management Act 1994,
- Equal Opportunity Act 1984
- Freedom of Information Act 1992
- Government and Ministerial Annual Reporting Policies; and
- Electoral Act 1907

The Quadriplegic Centre Board has established a system of internal controls which take account of key business exposures. The system is designed to provide reasonable assurance that assets are safeguarded, proper accounting and operational records are maintained and financial information is reliable.

Mr. R Dunn, FCA, FAIM, CD

Chairperson
Quadriplegic Centre
Board of Management

Date:

Mr J V Fisher, AM, BA, Dip.
Fine Arts, Dip Ed, Cit. WA
Member of the Board
Quadriplegic Centre
Board of Management

Date:

QUADRIPLAGIC CENTRE BOARD ANNUAL REPORT

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Section 1

1 REPORT ON OPERATIONS

1.1 ADDRESS AND LOCATION

Legal Name: Quadriplegic Centre Board of Management

Postal Address: Quadriplegic Centre
P O Box 257, Subiaco WA 6904

Street Address: 10 Selby Street, Shenton Park WA 6008

Telephone Number: 9381 0144

Facsimile Number: 9381 5097

1.2 ENABLING LEGISLATION

The Quadriplegic Centre Board of Management 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 Quadriplegic Centre is managed and controlled by a Board of Management constituted under Section 15 of the Hospitals and Health Services Act (1927).

The Board of Management, as the Accountable Authority for the Statutory Authority, is responsible to the Minister for Health, Hon. J. McGinty MLA, for the general administration of the Health Service.

1.3 MINISTERIAL DIRECTIVES

The Minister for Health did not issue any directives on the Quadriplegic Centre operations during the 2003/2004 year.

1.4 MISSION STATEMENT

The role of the Quadriplegic Centre is to assist persons with spinal cord injury, a disease of the spinal cord or similar paralysing conditions, through the provision of accommodation and a comprehensive programme of rehabilitative nursing, medical, and associated care supports, within the limits of resources.

The Centre assists spinal paralysed persons living independently in the community through the provision of Home Visiting Nurses who facilitate independent living and implement care goals with the objective of maintaining optimum health status and preventing inappropriate hospitalisation.

The Quadriplegic Centre seeks to provide an environment of least restriction and to maximise resident opportunity, particularly in respect of community activity. A significant increment in the quality of life is facilitated by the provision of appropriate medical, allied health, nursing and personal care supports whilst maintaining the maximum opportunity for community involvement and the development of latent abilities.

1.5 BROAD OBJECTIVES

1. To provide care for severely physically disabled persons subject to spinal cord injury, disease or paralysis.
2. To provide respite care for severely physically disabled persons subject to spinal cord injury, disease or paralysis.
3. To provide ongoing rehabilitation for severely physically disabled persons subject to spinal cord injury, disease or paralysis as they move through the transitional stage from acute care to community living.
4. To assist in the prevention of inappropriate hospitalisation of community clients through the provision of primary care, where practicable.
5. To provide services according to recognised standards in best practice and in a manner acceptable to residents and clients.

1.6 SUMMARY OF SIGNIFICANT OPERATIONS AND MAJOR ACHIEVEMENTS

ADMISSIONS

One hundred and thirteen (113) persons meeting the admission criteria received ongoing rehabilitation and health care support in the residential service. The average occupancy for the year was 82.10 (91.6% of open beds). Forty eight (48) applications for Admission were received during the year. Forty Two (42) clients were admitted. It should be noted however, that applications that would otherwise have been received were not formalised consequent of advice that the Centre was unable to facilitate a successful admission due to strict adherence to selection criteria and to funding constraints early in the period.

Of those applications for Admission received, three (3) applications were withdrawn after acceptance as a result of the applicants obtaining care elsewhere. One (1) applicant did not pursue her application as it was made for when, and if, a need might arise to give her carer respite. One (1) application, a young paraplegic man with Spina Bifida was refused as he did not meet the criteria of high level care needs. Another application was refused outright as the applicant was not authorised to lodge the application on behalf of the person requiring care and the Centre cannot accept admissions for residential care without informed consent. A legal Enduring Power of Attorney or Guardianship Order was not in place for the potential resident.

No other resident meeting the selection criteria was refused admission, although there were several enquiries from people with conditions other than a spinal injury

who did not submit applications due to admission closure in June 2003. Due to pressure for admission, priority of necessity was provided for spinal cord injured persons.

Total Occupied Bed Days provided by the Centre were 30,086. The highest monthly number of bed days for the year were provided in December 2003 with 2609 bed days. Similarly, the highest monthly number of respite bed days (65) were provided also in December 2003.

REHABILITATION/COMMUNITY

During the year, five (5) residents were assisted to reside in the community, after being involved in formal slow stream rehabilitation programs.

RESPITE CARE

During 2003 - 2004 respite care was provided to eighteen (18) persons for a total of 354 days over twenty seven (27) admissions. Respite care enables clients living in the community to receive short term medical and allied health support essential to prevent inappropriate acute hospitalisation, and enabling carers to enjoy a period of care relief. The Centre continues to provide an important venue for country clients to facilitate outpatient appointments and to have care relevant to their health needs.

CLINICAL CARE

Residents with psychiatric illness and dementias with concurrent gerontological conditions and cancer continue to form a significant group of residents successfully receiving post-acute care, rehabilitation or long term care through the Quadriplegic Centre.

Complimentary to the provision of medical and nursing services, physiotherapy, occupational therapy, psychological counselling, social and recreational support services are also available through the Centre and continue to successfully enhance activities of daily living, independent living and personal goals of residents.

URINARY TRACT INFECTION RATES

People with spinal cord paralysis are at great risk of developing Urinary Tract Infection (UTI). Refinement of the definition of UTI and data collection and analysis indicates that constant vigilance is required to prevent and manage infection. In 2002/2003 seventy one (71) UTIs were treated and this year ninety (90) UTIs were treated. The increase in UTIs is considered to relate to further improvement and refinement of data collection processes.

SUB ACUTE PATIENT TRIAL

Proposals to establish a trial programme to validate the benefits, cost and transfer issues of the admission of sub-acute patients to the Quadriplegic Centre who would otherwise be treated at Royal Perth Hospital have not proceeded. The Centre continues to advocate the patient benefit and prospective cost savings to the State Health System in furthering this proposal.

HOME VISITING NURSING SERVICE

The Home Visiting Nursing Service responded to 2429 requests for assistance by clients residing in the community. In all, 3420 client, and client related, contacts were undertaken by the Home Visiting Service in 2003/2004 in support of spinal injured persons living within the community.

In the last financial year sixty four (64) pressure sores or burns were identified and fifty four (54) of these were prevented from requiring hospital intervention, being treated successfully at home. This represents a treatment success rate of 84.38% and estimated savings to the State Health budget of approximately \$2.679 million for 2003/2004. This now means that in the eight year period 1996/97 to 2003/04, the Home Visiting Service successfully managed 595 pressure areas and burns cases in the client's home, an estimated total cost saving of some \$24.214 million to the State Hospital Service.

Prevention of Pressure ulcers, a common complication of quadriplegia, remains a major problem for the Service. Pressure areas relate to community clients' increasing age, higher levels of mobility, higher levels of injury and a reluctance to exercise advice in respect of prevention and treatment, particularly limits on mobility, which impact on the success of healing. However, the Home Visiting Nursing Service has had a 9% increase in the success rate of managing pressure areas and burns in the community whilst the development of pressure sores and burns for their clients have decreased this year by 38%, a significant successful outcome for the year.

In respect to the ten (10) Home Visiting Nursing Service clients treated for pressure ulcers at the Sir George Bedbrook Spinal Unit at Royal Perth Hospital (Shenton Park Campus), further savings to the State Health budget may have been possible were these clients nursed post surgery, or medically, at the Quadriplegic Centre. The cost per bed day in the acute hospital environment is approximately 3.9 times the cost per day of a bed at the Quadriplegic Centre. (See notes on sub acute trial above.)

FACILITY UPGRADING

Further renewal of painting and minor works such as pergola and fence replacement together with replacement equipment, were enabled through specific funding made available by the Health Department in 2004.

OCCUPATIONAL SAFETY AND HEALTH

The Quadriplegic Centre is probably one of the heaviest nursing care environments within the State Health System. Each resident without exception, requires direct assistance with physical transfers continuously with each major specific activity of daily living. Approximately 400 hoist transfers are performed each day. The implications of this in regard to Occupational Health and Safety are significant. The Board of Management continues to strive for best practice outcomes, preventative activity and commitment to Occupational Safety and Health is a priority.

For 2003/2004 two lost time injuries and one medical treatment accidents were incurred with fifty one point seven (51.7) working hours lost as a consequence. Three lost time injuries from previous years carried over into 2003/2004, with a loss of 2476 hours during this year.

Two additional Lost Time Injury claims were received in 2003/2004 and these are being investigated by Riskcover to determine liability, which is in question. Sixty six and three quarter (66.75) hours are involved.

The Quadriplegic Centre is committed to a programme of immediate first aid to prevent injuries worsening, prompt medical care where required and to providing alternative duties to assist in effective and early return to work programs.

1.7 MANAGEMENT STRUCTURE

1.7.1 Accountable Authority

CHAIRPERSON	Dr D O Watson, MBBS, FRACP (Retired 31/12/2003) Mr R Dunn, FCA, FAIM, CD (From 01/01/2004)
MEMBERS	Mr J V Fisher, AM, BA, Dip. Fine Arts, Dip Ed, Cit. WA Ms E Greville-Collins Mrs M J Holding (Appointment ceased 31/12/2003) Ms D Le Cornu, RN, BSc (Nursing), Grad Cert Man, MRCNA, FACHSE Mrs L A Whittingham, B App Sc (Nsg), FRCNA, Cit of WA Mr P.R. Woodland, MBBS (WA), FRACS, FAOrth.A. Mrs E Smith (Appointment commenced 01/01/2004) Mr P Boyd (Appointment commenced 01/01/2004) (Deceased 10/06/2004) Ms M McLeod (Appointment commenced 01/01/2004)

Board Members are appointed by the Governor in Executive Council. The term of appointment for each member of the Board commenced on 01/01/2004 and expires on 31/12/2006.

1.7.2 Senior Officers.

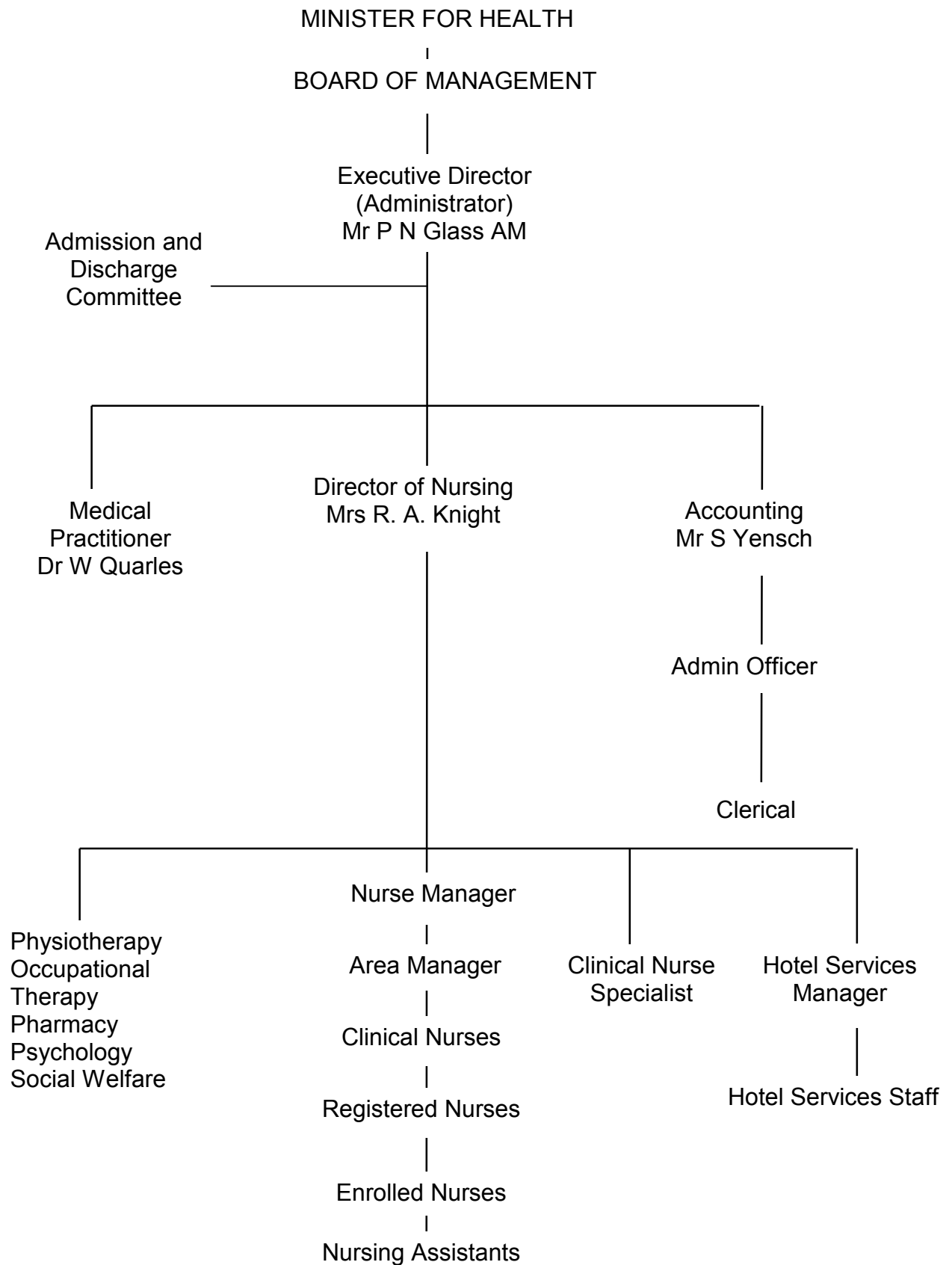
Area of Responsibility	Title	Name	Basis of Appointment
Corporate Management	Executive Director (Administrator)	Mr P.N.M. Glass	Permanent
Nursing Services	Director of Nursing	Mrs R. A. Knight	Permanent
Medical Services	General Practitioner	Dr W. Quarles	Permanent
Financial Services	Executive Officer, Finance	Mr S. Yensch	Permanent

1.7.3 Pecuniary Interests

No senior officer at the Quadriplegic Centre:

1. held any shares as beneficiary or nominee in a subsidiary body of the Quadriplegic Centre;
2. Mr P N Glass, in his capacity as Executive Director of the Paraplegic-Quadriplegic Association of WA (Inc) has a related interest in administrative staffing of the Centre and a grounds maintenance contract undertaken for the Centre by Para-Quad Industries.
3. Mrs M J Holding, Mr R. Dunn and Mr J V Fisher as Board members of the Paraplegic Quadriplegic Association have a related interest in Administrative staffing of the Centre and a grounds maintenance contract undertaken by Para Quad Industries.
4. Board members and senior officers of the Quadriplegic Centre declare that, other than the information declared above and that reported in the Financial Statements, they have no pecuniary interest.

1.7.4 Organisational Structure



Mr S. Yensch has been appointed Principal Accounting Officer for an unspecified period.

1.8 SERVICES PROVIDED

1.8.1 Functions and Services

Direct Resident Services

Medical Services
Nursing Services
Recreation Services
Resident Liaison Service (Social Welfare)

Other Support Services

Corporate Services
Maintenance
Hotel Services
Financial Services
Medical Records
Supply

Medical Support Services

Physiotherapy
Occupational Therapy
Pharmacy
Psychological Services

Community Services

Preventative Health Care

1.8.2 Changes to Functions and Services

There has been no change to the functions and services provided by the Quadriplegic Centre.

1.9 DEMOGRAPHY

The Quadriplegic Centre delivers services to paralysed persons residing within Western Australia.

In the year 2000 there was an identified population of around one thousand five hundred and fifty (1,550) persons with spinal cord injury or disease residing in Western Australia. In 2003/2004, fifty five (55) new spinal clients with a permanent spinal deficit, were discharged from the Sir George Bedbrook Spinal Unit. This increase in population is significant.

There is a further significant population of persons with paralysis from other disease processes, which are estimated to be of at least similar size to the spinal injured population. Persons severely disabled by Multiple Sclerosis, Motor Neurone Disease and Post Polio Syndrome, often combined with other chronic diseases such as diabetes, lung disease, cancer or mental illness, make up a proportion of the Quadriplegic Centre population.

The demand for specialist care provided by the Quadriplegic Centre has been constant. Consequent of additions through new injury and deaths, this population is remaining at least, consistent. Demand also exists through a need to assist older spinal paralysed persons currently living independently, as a consequence of newly acquired medical conditions and deterioration associated with their injury or disease and the accompanying process of ageing. These issues are further impacted by failing family/social support structures. Demand also continues for the provision of respite care to provide relief for family and friends or paid carers of spinal paralysed persons living in the community. Carers themselves requiring medical or surgical treatment continue to initiate consequent urgent respite or long term care requirements for clients.

Increased expectation that Government has a responsibility to fund community living options for significantly disabled persons is contributing to increased demand for

such options. The Centre has no direct role or capacity in funding these options, however, works to support independent living capacity where ever practical.

The Home Visiting Nursing Service currently provides a service to four hundred and seventy nine (479) identified clients in an area generally bounded by Geraldton to the north, Kalgoorlie and Esperance to the east and Bunbury and Albany in the south-west, inclusive of the metropolitan area.

1.10 HUMAN RESOURCE MANAGEMENT

1.10.1 Employee Profile

Breakdown of actual full time equivalents (FTE) by major employee category.

CATEGORY	2003/2004	2002/2003	2001/2002	2000/2001
Nursing	79.37#	82.63#	80.22#	76.72 ^Ø
Administration	2.00	2.00	2.00	2.00
Medical Support	4.07	4.02	4.14	3.85*
Hotel Services	26.21	25.35	25.73	25.42
Maintenance	0.98	0.96	1.05	0.89
Medical (Sessional)	0.40	0.40	0.40	0.40
Other (Home Visiting Nursing Service)	1.94	1.91	2.0	2.15
TOTAL	114.97	117.27	115.54	111.43

Included in this FTE count is the significant number of hours filled by agency nurses due to recruitment deficits resulting from the nursing shortage.

^Ø The agency hours for 2000/2001 (4433.16) are equivalent to approximately 2.24 FTE, which are not included in this and the previous years' FTE count.

*This fall is due to a difficulty in recruiting a replacement Physiotherapist.

1.10.2 Staffing Policies

Recruitment

Recruitment and retention of personnel is determined on the basis of resident dependency and bed occupancy levels. Recruitment practices are entirely in accord with equal opportunity in employment requirements. Recruitment of all categories of nursing staff and physiotherapists continues to be difficult due to industry wide shortages. Enrolled Nurse Full Time Equivalents (FTEs) are now 13.71 instead of a preferred FTE of 22. A high turnover in the Allied Health group resulted from the retirement of a long serving staff member from Physiotherapy.

Whilst overall staff numbers have been maintained, the staff mix in nursing has changed to ensure care outcomes are met.

Turnover Rate Percentage

CATEGORY	2003/2004	2002/2003	2001/2002	2000/2001
Registered Nurse	8.00	21.71	24.05	64.71
Enrolled Nurse	61.44	64.83	56.34	100.00
Assistants in Nursing	43.47	76.28	43.87	63.64
Hotel Services	13.36	37.14	31.35	18.75
Allied Health	45.24	59.52	16.67	9.09
Total Percentage	35.89%	62.31%	45.45%	55.07%

1.10.3 Staff Development

A strong commitment to continuous improvement underpins the Centre's staff development programme.

An accredited **Certificate III (Disability and Aged Care)** training course was again offered to new and existing **Nursing Assistants**. Fourteen (14) graduated with thirteen (13) of the participants undertaking the program as a formal traineeship compared to ten (10) participants in 2002/2003 with eight (8) completing traineeships.

An accredited **Spinal Course for Assistants in Nursing** was completed in August 2003 with an average of seven (7) participants and 192 hours of training.

In-service Programmes continue annually with topics such as Medication Administration, Fire Fighting/Evacuation procedures, Occupational Health and Safety, Quality Assurance, Bowel Care, Cardiopulmonary Resuscitation and Infection Control.

Invited visiting speakers continue to add value to in-house programs with topics related to issues affecting the Quadriplegic Centre staff and residents. Topics such as Bio-ethics, Antibiotic Use and Abuse, Palliative Care, Aboriginality in Health Care, Schizophrenia and Bipolar Disorders, SARS, Disaster Preparedness and Management, Multiple Sclerosis and Disability Services Challenges for the Future were presented.

Curtin University School of Nursing students continue to use the Quadriplegic Centre for their undergraduate programme. Twelve (12) nursing students and four (4) Re-registration nursing students attended during the year. Six (6) Physiotherapy students, an Occupational Therapy student and a Psychology student also obtained experience during the year.

Notre Dame University School of Nursing students also gained experience, and six (6) students attended in this financial year.

TAFE Enrolled Nurse students were provided with clinical experience this year, with five (5) students attending in June 2004.

1.10.4.1 Industrial Relations

Industrial Relations issues are furthered in accordance with the conditions contained in Industrial Awards and Industry best practice.

1.10.5 Workers Compensation

Claims Profile:

MTA = Medical Treatment Accident

LTA – Lost Time Accident

Category	2003/2004		2002/2003		2001/2002		2000/2001	
	MTA	LTA	MTA	LTA	MTA	LTA	MTA	LTA
Nursing	-	-	3	1	3	1	7	7
Administration	-	-	-	-	-	-	-	-
Medical	-	1	1	-	-	-	-	-
Support								
Hotel Services	1	1	-	-	-	2	-	-
Maintenance	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-
Other								
TOTAL	1	2	4	1	3	3	7	7

In 2003/2004 a total of 196,961.31 hours were worked at the Quadriplegic Centre and 51.7 hours (6.65 working days) were lost as a result of 2 workplace injuries compared to 2002/2003 when a total of 199,836.88 hours were worked with 24 hours (3 working days) lost as a result of 5 workplace injuries. (Three (3) injuries have carried over from previous years, with a loss of 2476 hours (251.8 days).)

Two additional Lost Time Injury claims were received in 2003/2004 and these are being investigated by Riskcover to determine liability, which is in question. Sixty six and three quarter (66.75) hours are involved.

The Centre's average time lost per Lost Time Accident for 2003/2004, is 3.325 days compared to 2002/2003, when an average of 3 days were lost. The Frequency Rate for Lost Time Accidents is 15.23 and for Medical Treatment Accidents, 5.077, compared to 5 and 20 respectively for 2003/2004.

Key Prevention and Rehabilitation Measures Adopted

The Quadriplegic Centre is committed to ensuring the highest possible standard of occupational safety and health for all personnel in accordance with the policies and procedures contained in the Centre's Occupational Safety and Health Manual.

Every accident resulting in loss of time (LTA), or medical treatment (MTA) is investigated and an Accident Investigation Report completed. All potential injury or first aid treatment incidents are also reported and subject to investigation and recommendation.

The involvement of treating Medical Practitioners in the Centre's step by step approach to an early return to work on alternative duties is particularly beneficial in work injury management, where such participation is available.

1.10.6.1 Equal Employment Opportunity

Outcome 1 – *The Centre values EEO and diversity and the work environment is free from racial and sexual harassment.*

The Centre's policies demonstrate a commitment to EEO, diversity and prevention and management of racial and sexual harassment. The Centre has received no complaints related to this outcome.

Outcome 2 – *The workplace is free from employment practices that are biased or discriminate unlawfully against employees or potential employees.*

The Centre has received no complaints related to this outcome and human resource policies and practices are consistent with the Public Sector Standards.

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

The Centre's workforce is diverse, with staff of all races and a multiplicity of ethnic groups, as well as staff with physical and intellectual disabilities, with employment programs and practices being free of gender bias.

Equity and Diversity Indicators:

INDICATOR	LEVEL OF ACHIEVEMENT
EEO Management Plan	Implemented
Organisational Plans Reflect EEO	Implemented
Policies & Procedures Encompass EEO	Implemented
Requirements	Implemented
Established EEO contact officer	Implemented
Training & Staff Awareness Programmes	Implemented
Diversity	Implemented

KEY EEO ACHIEVEMENTS

Integration of EEO Outcomes

The Quadriplegic Centre is committed to enhancing and promoting equal employment opportunities and in that context employment decisions are considered on merit and without prejudice.

Elimination of Discrimination and Harassment

A comprehensive policy and attendant procedures are in place to eliminate discrimination and harassment. Grievances relating to discrimination and harassment will be addressed in accordance with the circumstances of the grievance and the policy, should any be received.

Achievements for People from EEO Groups

The attainment of a workplace free of bias.

The Quadriplegic Centre has a predominately female workforce. The Centre remains cognisant of all equal employment opportunity factors in relation to sexual harassment, disability and related key issues.

1.11.1 PUBLIC SECTOR MANAGEMENT ACT COMPLIANCE

Whilst the Quadriplegic Centre is managed by the Paraplegic-Quadriplegic Association, the Centre's human resource processes comply with the Public Sector Management Act. The Recruitment and Selection processes for promotional positions meet the requirements of the Public Sector Standards. Performance Management is consistently and fairly applied for all levels of staff and is open to review. Staff have equal opportunity to access training and are encouraged to do so. A Grievance Procedure is in place and is promoted in Orientation and In-service Education programs.

A Code of Conduct devised from the WA Public Sector Code of Ethics relevant to the Quadriplegic is in place. It is available in all policy manuals located in the care units and is promoted during orientation programs.

No complaints were made to the Public Sector Standards Commissioner related to the conduct of Management or staff and there is no evidence of any breach activity related to the Public Sector Standards, the WA Public Sector Code of Ethics or the Quadriplegic Centre's Code of Conduct.

Compliance Statement

In the Administration of the Quadriplegic Centre, I have complied with the Public Sector Standards in Human Resource Management, the WA Public Sector Code of Ethics and our Code of Conduct.

I have put in place procedures designed to ensure such compliance and conducted appropriate internal assessments to satisfy myself that the statement made above is correct. Such procedures include auditing of the Centre by external auditors for compliance with Standard AS/NZS 9001:2000, which includes review of all policies including the Human Resource Management Standards. Continued accreditation was achieved in January 2004 when a major review for 3 year accreditation was undertaken and 2 July 2004 when an interim review was undertaken.

The applications made for breach of the Standards review and the corresponding outcomes for the period to June 30 2004 are

Number lodged	Nil
Number of breaches found	Nil
Number still under review	Nil
Number of material breaches	Nil

P. N. (Nigel) Glass, AM
Administrator
Quadriplegic Centre
29/8/2004

1.11.2 PUBLIC INTEREST DISCLOSURES

A policy reflecting the philosophy and intent of the Public Interest Disclosure Act 2003 has been developed for the Centre and a Public Interest Disclosure Officer has been appointed. The information has been provided in the Centre's policy manual.

1.12.1 CUSTOMER FOCUS

The changing nature of residential care delivery and consumer expectation requires that appropriate mechanisms are in place to receive resident feedback on all aspects of service provision. This is achieved through a bi-annual formal survey of residents using the residential and Disability Service Standards as a benchmark.

Internal Quality Assurance satisfaction surveys are regularly conducted to gauge resident response to catering performance, and residents meet twice per year with the Hotel Services Manager and Director of Nursing to provide input into the Quadriplegic Centre seasonal menus.

The Centre has in place an Opportunity for Improvement mechanism to promote customer focus, which is available to all residents and staff.

Residents are further empowered through appointments to the Board of Management, direct access to the Director of Nursing and Executive Director and substantial financial resources available to the Residents' Committee.

1.12.2 DISABILITY SERVICES

Under the Disability Services Act (1993) and the Disability Services Standards Regulations (1994), the Quadriplegic Centre is currently exempted from the requirements to develop and implement a Disability Services Plan. It should be noted that the Quadriplegic Centre is a fully accessible facility designed to meet the requirements of spinal paralysed persons with multiple disabilities.

The Quadriplegic Centre's Quality Assurance Programme incorporates Disability Service Standards, which are subject to external audits.

1.12.3 CULTURAL DIVERSITY AND LANGUAGE OUTCOMES

The Quadriplegic Centre has a copy of the Language Service Policy and follows the HDWA guidelines on Health Service Delivery to People from Culturally and Linguistically Diverse Backgrounds. Qualified Health Interpreters are used for residents when communication could have effects on a Resident's health.

1.12.4 YOUTH OUTCOMES

The average age of residents is 57 years, with a range from 24 to 90 years. The Centre caters for persons over 18 years of age. Care programs are individually designed to meet the specific needs and interests of each resident, and an individualised rehabilitation support plan is provided to assist residents to live as normal a life as possible. Special effort is made to prepare younger paralysed persons for community living according to their needs and where practicable. One Resident only under the age of 25 resides at the Quadriplegic Centre on a permanent basis. The Centre's policy is to encourage and support people where practicable to live in the community, should they be able to access resources and funding to do so.

1.13 PUBLIC RELATIONS AND MARKETING

The Quadriplegic Centre continues to actively promote specialised spinal rehabilitation through the provision of information to Medical Practitioners. Additionally, Social Workers of major hospitals and relevant agencies are informed of Centre services and information availability.

1.14 RESEARCH AND DEVELOPMENT

The Quadriplegic Centre continues to research and develop Spinal and Rehabilitation Nursing best practice for inclusion in teaching programmes for both Centre Staff and nominees from other facilities and individuals seeking further training in Spinal Rehabilitation Nursing.

1.15 PRICING POLICY

The Quadriplegic Centre raises a daily bed fee commensurate with Nursing Home Type Residents' Rates as advised from time to time by the Health Department of Western Australia.

The comprehensive services provided by the Centre within the daily fee include General Practitioner consultation, nursing service, psychology, physiotherapy, occupational therapy, pharmaceuticals, employment advice and advocacy on an individual basis, as well as catering and hotel services.

1.16 MAJOR CAPITAL PROJECTS

Projects Completed During 2003/2004

Project Description	Funding Source	Estimated Project Cost	Total Final Cost	Variation
Nil	Nil	Nil	Nil	Nil

Works in Progress

Project Description	Funding Source	Projected Year of Completion	Estimated Cost to Complete	Estimated Full Project Cost
Nil				

1.17 INTERNAL AUDIT CONTROLS

The Quadriplegic Centre 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.

Internal audit procedures are carried out and recommendations are reviewed. Findings arising from either the Centre's internal audits or external audits are considered and appropriately addressed.

With respect to Quality Assurance, Internal Quality Audits are conducted in accordance with the parameters contained in Standard AS/NZS 9001:2000 and reported to management through the Quality Assurance Committee.

It is noteworthy that in 2003/2004, 825 internal audits were conducted to determine the status of compliance with the prescribed system, and systems status compared to 2002/2003 when 2648 internal audits were conducted. A new comprehensive system of auditing has increased the size and complexity of audits, and reduced the number of total audits. No clinical care matters required corrective action.

1.18 RISK MANAGEMENT

To comply with the Treasurer's Instruction 109, the Centre maintains a risk management programme, which has been incorporated into the Occupational Health and Safety and Quality Improvement programs. The Centre has developed and maintained an electronic Risk Management Data Base.

Internal audit is an important method of undertaking risk analysis and monitoring preventive and corrective action. Accordingly, analysis and monitoring are a critical part of the Centre's internal financial accounting and quality assurance auditing processes.

Identified risk areas have been reviewed and analysed and appropriate intervention measures are revised. Continuing analysis and review has specifically occurred in the areas of Fire Prevention and response, and Manual Handling.

1.19 EXPENDITURE ON ADVERTISING, MARKET RESEARCH, POLLING DIRECT MAIL AND MEDIA ADVERTISING

This information is published in accordance with Section 175ZE, Electoral Act 1907.

Class of Expenditure	2003/2004 \$	2002/2003 \$	2001/2002 \$	2000/2001 \$
Advertising Agencies				
<i>Marketforce Publications</i>	6,893.07	7,698.04	5,889.46	4,631.00
<i>Nursing Careers and Allied Health</i>	0.00	0.00	387.20	528.00
Market Research				
<i>Quadriplegic Centre</i>	0.00	0.00	0.00	0.00
Media Advertising Organisations				
<i>Nursing Careers Expo</i>	0.00	0.00	600.00	
<i>Telstra Directory</i>	102.66	595.82	102.33	
Total Expenditure	6,995.73	8,293.86	6,978.99	5,159.00

1.20 WASTE PAPER RECYCLING

Recycled Paper

Waste cardboard is being collected by Amcor Recycling. Gross tonnage records have not been, and are not, collected. There is insufficient recyclable paper at the Centre for a recycling company to collect.

1.21 ENERGY SMART GOVERNMENT POLICY

In accordance with the Energy Smart Government policy, the Quadriplegic Centre has committed to achieving a 2% reduction in non transport related energy use by 2006/2007. The baseline is recorded below.

Energy Smart Government Program	Baseline (2003/2004)
Energy Consumption MJ	5,223,257.136
Energy Cost	\$137,064.20
Greenhouse Gas Emissions (tonnes of CO ₂)	760.44
Performance Indicator MJ/sqm	582.7
Performance Indicator MJ/Occupied Bed Day	173.6

During the year the following energy saving initiatives were undertaken:-

- awareness raising at staff meetings and in memos to residents
- equipment purchases are analysed to determine benefits balanced with energy consumption potential
- energy audit is programmed for 2004/2005

It should be noted that, due to high level disabilities, all Residents of the Quadriplegic Centre require a significant number of electrical items to enhance their physical health and quality of life. For example, each resident has an individual reverse cycle air conditioner due to diverse variations in their compromised body temperature regulation, use of an electric bed provides some level of independence, and use of modern computer and internet technology enhances quality of life. Therefore, a significant reduction in energy consumption cannot be planned, when the Centre is committed to increasing the use of technology to provide optimal care.

1.22 FREEDOM OF INFORMATION

Formal applications received during the year were Nil.

In accordance with Part 5 of the Freedom of Information Act 1992, an "Information Statement" has been produced and is available from *the Administrator, Quadriplegic Centre, 10 Selby Street, SHENTON PARK WA 6008, Phone: 08 9381 0144*. Information is also provided on the Centre's Customer Service Charter.

Documents held by the Centre are medical, management and financial records.

1.23 RECORD KEEPING PLANS

The Centre has a Record Keeping Policy for both hard copy and electronic records in keeping with the State Records Act 2000. A Record Retention and Disposal schedule has been developed, and is followed, with archival storage systems being upgraded in 2003/2004 to achieve the standards.

1.24 PUBLICATIONS

The undermentioned publications are available upon request from the Centre. The brochures have been distributed to primary care facilities and medical practitioners.

a) Brochures

- Nursing Services
- Long Term Accommodation
- Short Term Accommodation
- Home Visiting Nursing Service

b) Booklets

“A Comprehensive Guide to Resident Transfer Education and Back Care”.

“Life in a Wheelchair - Questions Relatives Ask.”

“Life in a Wheelchair - Questions Children Ask.”

1.25 EVALUATIONS

Evaluations of the service during the year included the required Auditor General’s audit, Customer Satisfaction surveys and six monthly quality surveillance audits. A review by Silver Thomas Hanley has been commissioned to evaluate the opportunities for further upgrading development of the Centre accommodation on the Shenton Park site.

1.26 OUTPUT MEASURES (unaudited)

Output 1: Provision of Nursing Services

	2003/2004	2002/2003	2001/2002	2000/2001
Quantity				
Number of nursing hours worked	139,849.90	144,599.38	143,555.60#	134,668.55
Number of nursing hours per occupied bed day	4.64	4.53	4.48	4.23
Quality				
Percentage of resident nursing incidents per occupied bed day	0.52%	0.54%	0.72%	0.8%
Percentage of pressure areas successfully treated at the Centre	96.55%	100%	100%	100%
Timeliness				
Percentage of Nursing Care Plans prepared within the prescribed timeframe	92.5%	88% *	100%	90%
Cost				
Total cost of nursing personnel salaries	\$3,627,831	\$3,516,838	\$3,541,092	\$3,125,211
Cost of nursing personnel salaries per occupied bed day	\$120.58	\$110.23	\$110.60	\$98.13

Increase is due to nursing agency hours being included.

* During the second half of the year 100% of care plans have been completed on time.

Output 2: Provision of Pharmaceuticals to Residents

	2003/2004	2002/2003	2001/2002	2000/2001
Quantity				
Number of dispensing occasions				
a) To the Ward area	7996	9516	10981	10,464
b) Dosette Boxes	6269	8320	7021	5,065
Quality				
Number of dispensing errors	0	0	0	0
Timeliness				
Pharmacist availability as a percentage of the contracted time (780 hours)	100%	100%	99%	100%
Number of dispensing occasions not performed as a result of Pharmacist unavailability	Nil	Nil	Nil	Nil
Cost				
Cost per occupied bed day				
a) Pharmacist salary	\$0.67	\$0.75	\$0.50	\$0.70
b) Pharmaceutical/ancillary medical supplies	\$7.50	\$7.50	\$7.32	\$6.52

Output 3: Provision of Catering Services

	2003/2004	2002/2003	2001/2002	2000/2001
Quantity				
Number of meals prepared	91,930	97,964	98,981	102,475
Quality				
a) Menu planning is undertaken in consultation with Dietician and resident advice.				
b) All food services are provided on fresh food principles				
c) Special dietary provisions are made to meet resident medical requirements.				
d) Food preparation is undertaken consistent with Safe Food Handling standards.				
Timeliness				
Delivery of meals to residents within scheduled meal times	100%	100%	100%	100%
Cost				
Total cost of food purchases	\$253,046	\$247,353	\$251,975	\$245,810
Cost of food per occupied bed day	\$8.41	\$7.75	\$7.87	\$7.70
Average cost of food per meal	\$2.75	\$2.52	\$2.55	\$2.40

1.27 WORKLOAD INDICATORS

BED OCCUPANCY					
ADMISSIONS	2003/2004	2002/2003	2001/2002	2000/2001	1999/2000
Respite (<28 days)	27	43	40	54	23
Short Term (29-182 days)	12	6	2	6	6
Long Term (>183 days)	3	9	10	12	12
TOTAL ADMISSIONS	43	58	52	72	41

SEPARATIONS	2003/2004	2002/2003	2001/2002	2000/2001	1999/2000
Respite	27	42	35	45	23
To Independent Living	5	5	5	3	5
To Nursing Home	0	2	0	3	1
Discharges	3	0	3	5	
Number of Deaths	10	13	7	16	9
TOTAL SEPARATIONS	46	62	50	72	38
Average Bed Occupancy (of 90 open beds)	82.10	87.66	87.92	87.26	85.3 *

The average bed occupancy rate for 2003/2004 was **82.10%** or **91.22%** of open beds.

OCCUPIED BED DAYS					
		2002/2003	2001/2002	2000/2001	1999/2000
Respite (<28 days)	354	577	637	1037	463
Short Term (29-182 days)	1618	1961	2628	2751	838
Long Term (>183 days)	28114	29366	28752	28060	29,948
TOTAL	30086	31,904	32,017	318498	31,249

HOME VISITING SERVICE					
	2003/2004	2002/2003	2001/2002	2000/2001	1999/2000
Number of Registered Clients	479	495	465#	514	517
Requests for Assistance	2429	2515	2466	2400	2,612
Client/Client Related Visits	3420	3602	3577	3261	3,777
Number of Pressure Ulcers/Burns Successfully Treated in the Client's Home	54	78	80	51	69
Number of Clients referred to Hospital with Pressure Ulcers/Burns	10	27	23	17	19
Total Number Assessed	64	105	103	68	88
Number of Km Travelled	60,822	52,848	61,158	59,295	56,758

The client database was rationalised to exclude those persons no longer requiring a service.

Annual Report

❧ PART II ❧

Performance Indicators

QUADRIPLLEGIC CENTRE BOARD

CERTIFICATION OF PERFORMANCE INDICATORS

We hereby certify that the performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the Quadriplegic Centre Board's performance and fairly represent the performance of the Board for the financial year ending 30th June, 2004.

Mr. R. Dunn, FCA, FAIM, CD

Chairperson

Quadriplegic Centre Board

Date: _____

Mr J V Fisher, AM, BA, Dip. Fine Arts, Dip Ed, Cit. WA

Member of the Board

Quadriplegic Centre Board

Date: _____

Quadriplegic Centre Board

KEY PERFORMANCE INDICATORS

EFFECTIVENESS INDICATORS

Outcomes

1. To provide **care** for severely physically disabled persons subject to spinal cord injury, disease or paralysis.
2. To provide **respite care** for severely physically disabled persons subject to spinal cord injury, disease or paralysis.
3. To provide ongoing **rehabilitation** for severely physically disabled persons subject to spinal cord injury, disease or paralysis as they move through the transitional stage from acute care to community living.

- a) One hundred and thirteen (113) persons meeting the admission criteria received ongoing rehabilitation and health care support in the residential service in 2003/2004. Forty eight (48) applications for admission were received in the year. Forty two (42) persons were admitted.

In 2003/2004, 87.5% of clients meeting the admissions criteria were accommodated. It should be noted however, that applications that would otherwise have been received from people with Multiple Sclerosis and Motor Neurone Disease were not formalised consequent of advice that the Centre was unlikely to be able to facilitate a successful outcome due to priority being given to persons with spinal paralysis.

Residential	<u>2003/04</u>	<u>2002/03</u>	<u>2001/02</u>	<u>2000/01</u>	<u>1999/00</u>
Number of Admission Applications Received	48	67	53	75	48
Number of Applications Approved	46	58	52	72	47
Number of Applicants not meeting the Admission Criteria	2	1	0	2	1
Number of Withdrawn Applications	3				

The Effectiveness Indicator of access (admissions) reflects the capacity of the Centre to admit clients who meet the admissions criteria, subject to bed availability and within the provisions of the Funding Agreement for the Provision of Health Services between the Centre and the Health Department.

- b) There were 2429 requests from Community Clients for primary care assistance over the year, compared to 2515 in 2002/2003. All requests were made by clients. 100% of requests were met.

Outcome

4. *To assist in the prevention of inappropriate hospitalisation of community clients through the provision of primary care, where practicable.*

- a) In 2003/2004, 54 community clients treated for pressure areas and burns did not require hospitalisation (This represents a significant saving to the State Hospital Service as demonstrated below.)

<u>Year</u>	<u>Total No. Pressure Areas/Burns</u>	<u>No. Pressure Areas/Burns not requiring hospitalisation</u>	<u>% of Treated Pressure Areas/Burns not requiring hospitalisation</u>
1998/99	76	58	76.32%
1999/00	88	69	78.41%
2000/01	68	51	75.00%
2001/02	103	80	77.70%
2002/03	105	78	74.28%
2003/04	64	54	84.38%

From 1998/1999 to 2002/2003, there had been a 38% increase in the number of community clients requiring treatment for pressure areas/burns. Notwithstanding this increase, the percentage of treated pressure areas/burns not requiring hospitalisation remained consistent over the same period. In 2003/2004, a 39.04% decrease in identified community clients with pressure areas and burns, and a 10.1% increase in success rate in the percentage of treated pressure areas/burns not requiring hospitalisation, continues to highlight the success of the Home Visiting Nursing Service. This success contributes significantly to the maintenance of quality of life issues surrounding community living.

Additionally, the success of treatment of pressure areas/burns in the client's home is a significant cost saving to the State Hospital Service. The estimated saving is calculated on an acute bed day cost for an average 56 days of hospitalisation per incident.

<u>Year</u>	<u>Bed Day Cost</u>	<u>Average Length of Stay</u>	<u>Estimated Saving</u>
1999/00	\$636	56	\$2,457,504
2000/01	\$679	56	\$1,939,224
2001/02	\$702	84	\$4,717,440#
2002/03	\$738	56	\$3,223,584
2003/04	\$886	56	\$2,679,264

Average length of stay increased to 84 days.

Outcome

5. *To provide services according to recognised standards in best practice and in a manner acceptable to residents and clients.*

- a) A full Triennial audit of the Quadriplegic Centre's Quality System was conducted in January, 2004 and review of compliance audits were undertaken in July 2003 and July, 2004 resulting in recommendations that the Centre continue to be registered as a Quality Endorsed Company under International Quality Standard ISO AS/NZS 9001:2000.
- b) Formal audits of Resident satisfaction are conducted biennially, the last audit being concluded in 2004. This audit resulted in a 90% commendable rating and 10% satisfaction rating with nil unacceptable rating.

Resident satisfaction is further measured by the number of formal complaints and commendations received from residents, resident representatives or members of the public.

During 2003/2004 the Centre received fifteen (15) formal complaints, from six (6) residents, family members or members of the public, compared to twelve (12) complaints in 2002/2003. All complaints were resolved, or reasons for non-resolution demonstrated. During the same period, twenty (20) formal commendations were received by the Centre compared to fifteen (15) commendations from 2002/2003.

- c) A Satisfaction Survey of Home Visiting Service clients was conducted during the year. The questionnaire was sent to one hundred and forty eight (148) clients who requested the service for a particular need. Two forms were returned unclaimed leaving a functional total of one hundred and forty six (146). Seventy nine (79) questionnaires were returned (54.11% response). With respect to rating the service, 81.02% of the recorded responses, considered the service to be good or excellent, 11.4% rated the service as average and 6.33% did not provide a rating. One client (1.25%) rated the service as poor.
- d) No formal complaints concerning the Home Visiting Service were received from Home Visiting Service Clients. Commendation of the Service by clients is principally communicated informally to Home Visiting staff during clinical visits. The client in c) above who rated the service as poor is considered to have complained, however, the nature of the complaint could not be investigated, or the ability to address any problem was not possible as the survey was returned anonymously.

EFFICIENCY INDICATORS

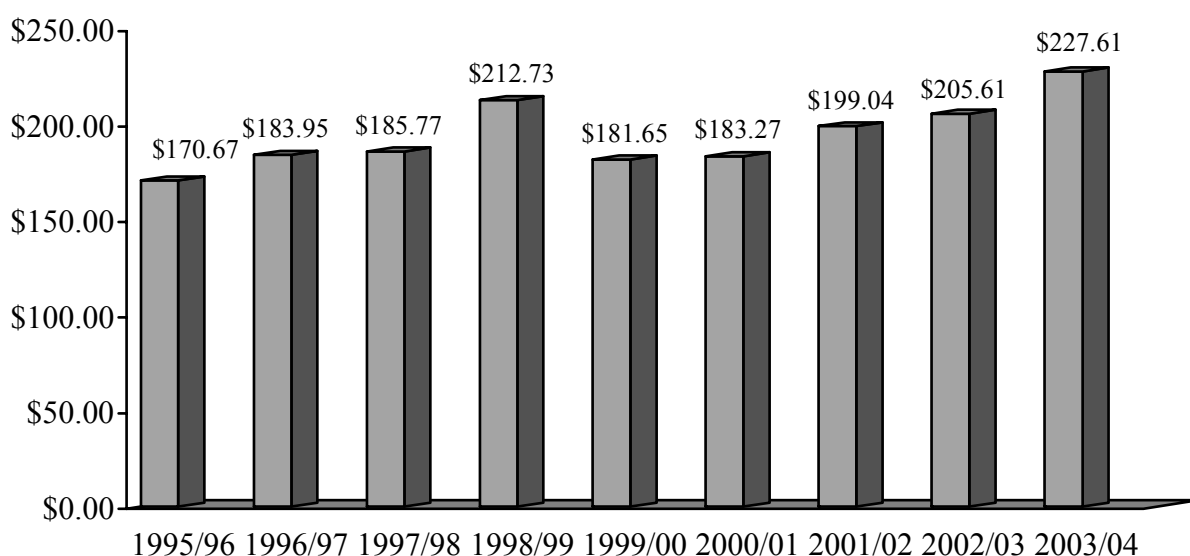
RESIDENTIAL CARE

COST PER BED DAY

Outcome

5. *To provide services according to recognised standards in best practice and in a manner acceptable to residents and clients.*

There is no mechanism within the Quadriplegic Centre to distinguish between the cost per bed day for long term, short term, or respite clients. Respite and short term care however, does not generally require greater resources than long term care and is likely to have the effect of marginally reducing overall costs per bed day.



From 1996/97, the Efficiency Indicator for Cost per Bed Day is calculated on the total operating expenditure less expenditure allocated to the Home Visiting Service.

Cost increase for 2001/2002 can be attributed to the Centre directly bearing the cost of superannuation, a significant wage increase and the increased cost of insurance.

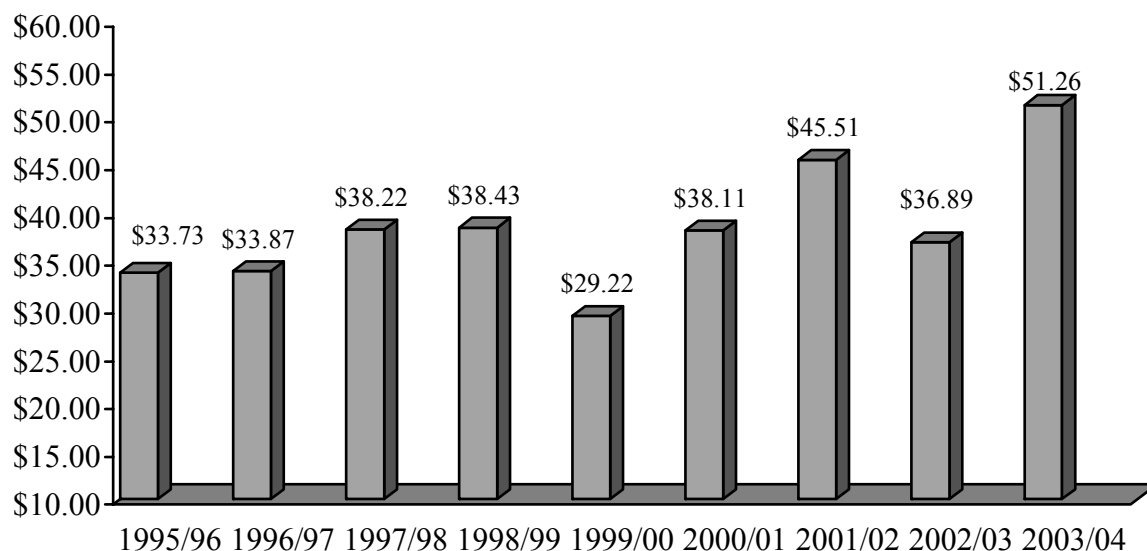
Increased funding was made available in 2003/2004 by the Health Department to improve maintenance and equipment levels and enable a study of future accommodation options.

HOME VISITING SERVICE

COST PER CLIENT AND CLIENT RELATED VISITS

Desired Outcome

5. To provide services according to recognised standards in best practice and in a manner acceptable to residents and clients.



From 1997/98, the Efficiency Indicator for Cost Per Client and Client Related Visits is calculated on the total operating expenditure for the Home Visiting Service. Prior to 1996/97, the cost per client and client related visits was nett of expenses assumed by the Treasury and those resources received free-of-charge.

The increase in 2001/02 can be attributed to the Centre bearing the cost of superannuation, increase in nursing salaries and replacement required for extended sick leave of one Registered Nurse. The decrease in costs in 2002/2003 reflect a return to normal operating parameters.

The increase in 2003/2004 can be attributed to increases in Registered Nurses wages and payments of accumulated entitlements to a long term staff member on retirement.

Annual Report

∞ PART III ∞

Financial Statements

QUADRIPLAGIC CENTRE BOARD

CERTIFICATION OF FINANCIAL STATEMENTS

The accompanying Financial Statements of the Quadriplegic Centre Board 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 30th June, 2004 and the financial position as at 30th June, 2004.

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.

Mr. R. Dunn, FCA, FAIM, CD

Chairperson

Quadriplegic Centre Board

Date: _____

Mr J V Fisher, AM, BA, Dip. Fine Arts, Dip Ed, Cit. WA

Member of the Board

Quadriplegic Centre Board

Date: _____

Mr S. Yensch

Principal Accounting Officer

Quadriplegic Centre

Date: _____ 2004