
QUADRIPLLEGIC CENTRE
10 SELBY STREET
SHENTON PARK, WA 6008

QUADRIPLLEGIC CENTRE BOARD OF MANAGEMENT

A n n u a l R e p o r t

2 0 0 4 – 2 0 0 5

“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

QUADRIPLÉGIC CENTRE BOARD ANNUAL REPORT

QUADRIPLÉGIC 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 2005, 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, eight 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
- State Records Act 2000

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 2004/2005 year.

1.4 MISSION STATEMENT

The role of the Quadriplegic Centre is to assist persons with spinal cord injury, or a disease of the spinal cord, 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 nineteen (119) persons meeting the admission criteria received ongoing rehabilitation and health care support in the residential service. The average occupancy for the year was 84.56 (93.95% of open beds). Sixty two (62) applications for Admission were received during the year. Fifty three (53) 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. One (1) applicant withdrew as a result of the applicant obtaining care elsewhere. One (1) applicant did not pursue his application as it was made for when, and if, a need might arise to give his carer respite. The other applicant withdrew as his appointment times were cancelled. Six (6) applications were refused as they did not meet the admission criteria. A young paraplegic man with mental

health problems was refused as he did not meet the criteria of high level care needs. Two (2) applications for head injured clients and two (2) for Multiple Sclerosis clients, for long term care, were refused. One (1) application for long term care from a woman with paraparesis was refused as she did not have spinal high care needs.

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 strict adherence to the admission criteria. Due to pressure for admission, priority, of necessity, was provided for spinal cord injured persons.

Total Occupied Bed Days provided by the Centre was 30,864 for 2004/2005 compared to 30,086 in 2003/2004. The highest monthly number of bed days for the year was provided in October 2004 with 2695 bed days. Similarly, the highest monthly number of respite bed days (154) was provided also in October 2004.

REHABILITATION/COMMUNITY

During the year, seven (7) residents were assisted to reside in the community, three (3) to Nursing Homes closer to their families and four (4) to private accommodation, after being involved in formal slow stream rehabilitation programs.

RESPIRE CARE

During 2004/2005 respite care was provided to twenty four (24) persons for a total of 876 days over thirty nine (39) admissions compared to 2003/2004 when 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 sub-group of residents successfully receiving post-acute care, rehabilitation or long term care through the Quadriplegic Centre. However, the Centre is not designed for and has no significant capacity to provide care for persons with psychiatric illness. Any significant incident would detract from the safety and social requirements for maintaining the environment for high level paralysed individuals.

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.

CLINICAL TRIAL

The Centre has been, and continues to be, involved in clinical trials to determine the efficacy of a new treatment for pressure area repair, with early indications of positive outcomes.

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 2003/2004 ninety (90) UTIs were treated and this year one hundred and eleven (111) UTIs were treated. The increase in UTIs is considered to relate to the number of bacteriurias identified and data collection processes will be further refined to identify and report only those clients with treatable clinical symptoms.

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 2887 requests for assistance by clients residing in the community compared with 2429 requests for assistance in 2003/2004, demonstrating an increase of 18.9%. In all, 4041 client, and client related, contacts were undertaken by the Home Visiting Service in 2004/2005 in support of spinal injured persons living within the community compared with 3420 client, and client related, contacts in 2003/2004 an increase of 18%.

In the last financial year ninety one (91) pressure sores or burns were identified compared to sixty four (64) pressure sores or burns in 2003/2004. Sixty seven (67) of these were prevented from requiring hospital intervention, being treated successfully at home, compared with fifty four (54) being treated successfully at home in 2003/2004. This represents a treatment success rate of 73.63% and estimated savings to the State Health budget of approximately \$4.487 million compared with \$2.679 million for 2003/2004. This now means that in the nine year period 1996/97 to 2004/05, the Home Visiting Service successfully managed 661 pressure areas and burns cases in the client's home, an estimated total cost saving of some \$28.701 million to the State Health 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. The development of pressure sores and burns for Home Visiting Nursing Service clients have increased this year by 42.19%, and the success rate of managing pressure areas and burns in the community has, in consequence, decreased by 10.75%.

In respect to the twenty four (24) 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 4.8 times the cost per day of a bed at the Quadriplegic Centre. (See notes on sub acute trial above).

FACILITY UPGRADING

Further maintenance such as telephone line upgrade together with replacement equipment, was enabled through specific funding made available by the Health Department in 2005.

FACILITY UPGRADING MASTER PLAN

The Board commissioned and received a feasibility study and master planning submission making recommendations on current and future accommodation requirements for the Centre. The report has confirmed the Board's concerns to address fire safety requirements and the need to progressively address contemporary accommodation responses to ensure continuity of care consistent with best practice. The Board has resolved to accept the recommendations of the study and submission has been made to the Health Department of Western Australia accordingly.

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 2004/2005 seven (7) lost time and one (1) medical treatment accidents were incurred with 127.65 working hours lost as a consequence compared to 2003/2004 when there were two (2) lost time and one medical treatment accidents with fifty one point seven (51.7) working hours lost. Two (2) lost time injuries from 2003/2004 carried over into 2004/2005, with a loss of 1,400.30 hours during this year.

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 Mr R Dunn, FCA, FAIM, CD

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

Ms E Greville-Collins

Ms D Le Cornu, RN, BSc (Nursing), Grad Cert Management, 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 (Quadriplegic Centre Resident)

Ms M McLeod

Mr John William Thornton, ASA

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

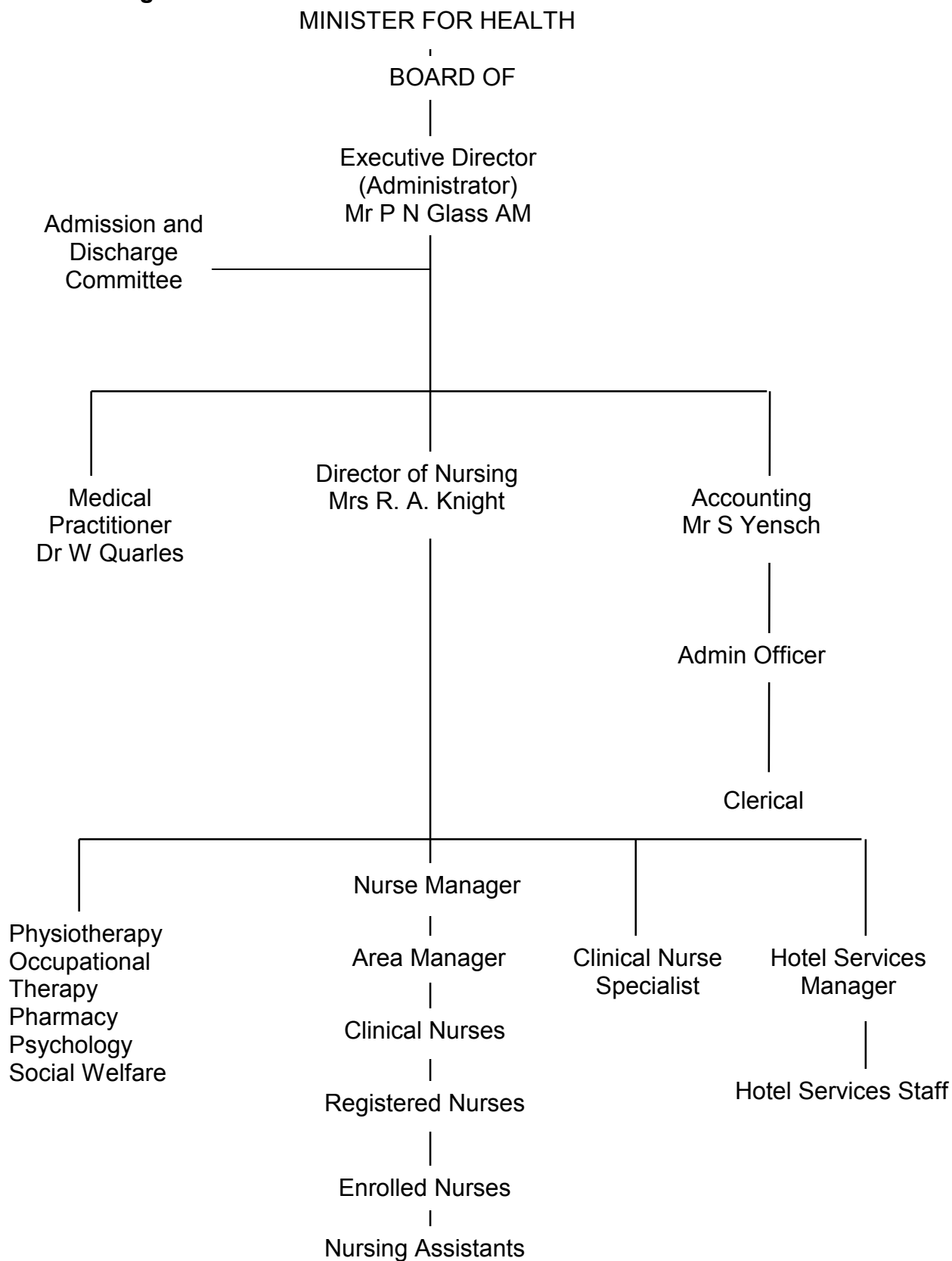
No senior officer at the Quadriplegic Centre:

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. 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

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

Changes to Functions and Services

No significant change to the functions and services provided by the Quadriplegic Centre have been made.

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 2004/2005, fifty seven (57) 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 is estimated to be of at least similar size to the spinal injured population. Persons very 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. Support to this latter group is problematic and not within the primary care role of the Centre.

The demand for specialist care provided by the Quadriplegic Centre has been constant. Consequent of additions through new injury and losses through deaths, this population is also remaining at least, constant. 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 eighty nine (489) 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	2004/05	2003/04	2002/03	2001/02	2000/01
Nursing	78.61#	79.37#	82.63#	80.22#	76.72 [∅]
Administration	2.00	2.00	2.00	2.00	2.00
Medical Support	4.39	4.07	4.02	4.14	3.85*
Hotel Services	25.28	26.21	25.35	25.73	25.42
Maintenance	1.13	0.98	0.96	1.05	0.89
Medical (Sessional)	0.40	0.40	0.40	0.40	0.40
Other (Home Visiting Nursing Service)	2.01	1.94	1.91	2.0	2.15
TOTAL	113.82	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 and sick leave.

[∅] The agency hours for 2000/2001 (4433.16) are equivalent to approximately 2.24 FTE, which are not included in this 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 17.53 instead of a preferred FTE of 22.

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

Turnover Rate Percentage

CATEGORY	2004/05	2003/04	2002/03	2001/02	2000/01
Registered Nurse	24.35	8.00	21.71	24.05	64.71
Enrolled Nurse	45.29	61.44	64.83	56.34	100.00
Assistants in Nursing	69.82	43.47	76.28	43.87	63.64
Hotel Services	65.37	13.36	37.14	31.35	18.75
Allied Health	37.90	45.24	59.52	16.67	9.09
Total Percentage	60.40%	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 and IV (Disability and Aged Care)** training course was again offered to new and existing **Nursing Assistants**. Eight (8) graduated, undertaking the program as a formal traineeship, compared to fourteen (14) participants in 2003/2004, with thirteen (13) completing traineeships.

An accredited **Spinal Course for Assistants in Nursing** was completed in June, 2005 with an average of eight (8) participants.

In-service Programmes continue annually with topics such as Medication Administration, Fire Fighting/Evacuation procedures, Occupational Health and Safety, Quality Assurance, 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 Wound Management, Swallowing Difficulties, Thermal Regulation and Dehydration in Spinal Cord Injury, Behaviour Management, Cushioning, Catheter Management, Corruption and Crime, Medication and Bowel Management were presented.

Curtin University School of Nursing undergraduate students continue to use the Quadriplegic Centre for their clinical experience programme. Forty one (41) nursing students and eleven (11) Re-registration nursing students attended during the year. Five (5) Physiotherapy students, an Occupational Therapy Masters student and a Psychology student also obtained experience during the year.

1.10.4 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	2004/2005		2003/2004		2002/2003		2001/2002	
	MTA	LTA	MTA	LTA	MTA	LTA	MTA	LTA
Nursing	-	7	-	-	3	1	3	1
Administration	-	-	-	-	-	-	-	-
Medical	-	-	-	1	1	-	-	-
Support	-	-	-	-	-	-	-	-
Hotel Services	-	-	1	1	-	-	-	2
Maintenance	1	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
TOTAL	1	7	1	2	4	1	3	3

In 2004/2005 a total of 197,506.95 hours were worked at the Quadriplegic Centre compared to 196,961.31 hours in 2003/2004. 127.65 hours (19.87 working days) were lost as a result of eight (8) workplace injuries compared to 2003/2004 when 51.7 hours (6.65 working days) were lost as a result of 2 workplace injuries. Two (2) lost time injuries were carried over from 2003/2004 with a loss of 1400.30 hours (209 days) in 2004/2005.

The Centre's average time lost per Lost Time Accident for 2004/2005, is 2.84 days compared to 2003/2004, when an average of 3.325 days were lost. The Frequency Rate for Lost Time Accidents is 36.26 and for Medical Treatment Accidents, 5.18 compared to 15.23 and 5.077 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 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 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. Additionally, after reporting to the Federal Department of Equal Opportunity for Women this financial year, in April 2005 the Centre was exempted from providing a further report until 2008.

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 2005 when a compliance review was undertaken.

The applications made for breach of the Standards review and the corresponding outcomes for the period to June 30 2005 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
29/8/2005

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.

1.11.3 CORRUPTION PREVENTION

In December 2004, the Quadriplegic Centre undertook a major Corruption and Crime Risk Assessment, in accordance with Treasurer's Instruction 825. It focussed on the risks associated with corruption, crime and misconduct. From the risk management activity, it was confirmed that appropriate policies and procedures were in place, revisions were made to some existing policies and procedures, and some new policies and procedures were formalised, particularly in the area of misconduct and crime. A staff education program was developed and implemented with all staff attending, and the topic has been included in the orientation program.

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 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 58 years, with a range from 25 to 87 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, of age 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 2004/2005

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	Nil	Nil	Nil	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.

An integrated client focussed comprehensive system of auditing has increased the size and complexity of audits, and reduced the number of total audits. In 2004/2005, 348 internal audits were conducted to determine the status of compliance with the prescribed system and systems status, compared to 2003/2004 when 825 internal audits were conducted. Additionally, boiler, refrigerator and food temperature audits were completed daily. 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 area of Crime and Corruption in December 2004.

1.19 SUSTAINABILITY

A sustainability Action Plan has been developed in accordance with State Sustainability Strategy. Initiatives already in place were determined, gaps identified and strategies to address the gaps were planned.

A significant amount of work has already been completed in Environmental Performance with the achievement of Food Safe accreditation and a Hotel Services Review completed and recommendations implemented. This had the added advantage of reducing food costs, targeting procurement strategies and reduction of waste.

A staff health and fitness survey was completed with recommendations resulting in the purchase of a staff bike rack and health and fitness information being made available to staff.

The Centre has a commitment to diversity and staff are facilitated with volunteering during their holiday and leisure time in taking residents for holidays and recreational outings.

1.20 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	2004/05 \$	2003/04 \$	2002/03 \$	2001/02 \$	2000/01 \$
Advertising Agencies					
<i>Marketforce Publications</i>	6695	6,893	7,698	5,889	4,631
<i>Nursing Careers and Allied Health</i>	0	0	0	387	528
Market Research					
<i>Quadriplegic Centre</i>	0	0	0	0	0
Media Advertising Organisations					
Nursing Careers Expo	0	0	0	600	
Telstra Directory	294	102	595	102	
Total Expenditure	6,989	6,995	8,293	6,978	5,159

1.21 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.

1.22 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.

Energy Smart Government Program	2004/05	2003/04#
Energy Consumption MJ	5,930,748.39	5,520,093.37
Energy Cost	\$144,113.41	\$137,064.20
Greenhouse Gas Emissions (tonnes of CO ₂)	1031.14	987.04
Performance Indicator MJ/sqm	658.77	613.15
Performance Indicator MJ/Occupied Bed Day	192.16	183.48

The baseline figures have been reviewed due to an arithmetic anomaly and powered outbuildings and redeveloped areas were not included in the result reported in 2003/04.

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

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 unequivocally achieved notwithstanding the reduction sought, when the Centre is committed to increasing the use of technology to provide optimal care.

1.23 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.

1.24 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.

1.25 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.”

1.26 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 architects Silver Thomas Hanley has been completed. It evaluated the opportunities for further upgrading development of Centre accommodation on the Shenton Park site. This report has been presented to the Health Department of WA for consideration.

1.27 OUTPUT MEASURES (unaudited)

Output 1: Provision of Nursing Services

	2004/05	2003/04	2002/03	2001/02	2000/01
Quantity					
Number of nursing hours worked	139,990.45	139,849.90	144,599.38	143,555.60 #	134,668.55
Number of nursing hours per occupied bed day	4.54	4.64	4.53	4.48	4.23
Quality					
Percentage of resident incidents per occupied bed day	0.45%	0.52%	0.54%	0.72%	0.8%
Percentage of pressure areas successfully treated at the Centre	96.97%	96.55%	100%	100%	100%
Timeliness					
Percentage of Nursing Care Plans prepared within the prescribed timeframe	100%	92.5%	88% *	100%	90%
Cost					
Total cost of nursing personnel salaries	\$3,686,575	\$3,627,831	\$3,516,838	\$3,541,092	\$3,125,211
Cost of nursing personnel salaries per occupied bed day	\$119.45	\$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

	2004/05	2003/04	2002/03	2001/02	2000/01
Quantity					
Number of dispensing occasions					
a) To the Ward area	8561	7996	9516	10981	10,464
b) Dosette Boxes	39,680#	6269	8320	7021	5,065
Quality					
Number of dispensing errors	0	0	0	0	0
Timeliness					
Pharmacist availability as a percentage of the contracted time (780 hours)	95.32%	100%	100%	99%	100%
Number of dispensing occasions not performed as a result of Pharmacist unavailability	Nil	Nil	Nil	Nil	Nil
Cost					
Cost per occupied bed day					
a) Pharmacist salary	\$0.66	\$0.67	\$0.75	\$0.50	\$0.70
b) Pharmaceutical/ancillary medical supplies	\$7.20	\$7.50	\$7.50	\$7.32	\$6.52

This output is now measured in actual doses dispensed to dosette boxes. Prior figures are the number of dosette boxes with doses dispensed therein.

Output 3: Provision of Catering Services

	2004/05	2003/04	2002/03	2001/02	2000/01
Quantity					
Number of meals prepared	94,305	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.	Achieved Food Safe Accreditation				
Timeliness					
Delivery of meals to residents within scheduled meal times	100%	100%	100%	100%	100%
Cost					
Total cost of food purchases	\$224,143	\$253,046	\$247,353	\$251,975	\$245,810
Cost of food per occupied bed day	\$7.26	\$8.41	\$7.75	\$7.87	\$7.70
Average cost of food per meal	\$2.38	\$2.75	\$2.52	\$2.55	\$2.40

1.28 WORKLOAD INDICATORS

BED OCCUPANCY					
ADMISSIONS	2004/2005	2003/2004	2002/2003	2001/2002	2000/2001
Respite (<28 days)	39	27	43	40	54
Short Term (29-182 days)	10	12	6	2	6
Long Term (>183 days)	4	3	9	10	12
TOTAL ADMISSIONS	53	42	58	52	72

SEPARATIONS	2004/2005	2003/2004	2002/2003	2001/2002	2000/2001
Respite	37	27	42	35	45
To Independent Living	4	5	5	5	3
To Nursing Home	3	0	2	0	3
Discharges	0	3	0	3	5
Number of Deaths	6	10	13	7	16
TOTAL SEPARATIONS	50	45	62	50	72
Average Bed Occupancy (of 90 open beds)	84.56	82.10	87.66	87.92	87.26

The average bed occupancy rate for 2004/2005 was 84.56% or 93.95% of open beds.

OCCUPIED BED DAYS					
	2004/2005	2003/2004	2002/2003	2001/2002	2000/2001
Respite (<28 days)	876	354	577	637	1037
Short Term (29-182 days)	3536	1618	1961	2628	2751
Long Term (>183 days)	26452	28114	29366	28752	28060
TOTAL	30,864	30,086	31,904	32,017	31,848

HOME VISITING SERVICE					
	2004/2005	2003/2004	2002/2003	2001/2002	2000/2001
Number of Registered Clients	489	479	495	465#	514
Requests for Assistance	2887	2429	2515	2466	2400
Client/Client Related Visits	4041	3420	3602	3577	3261
Number of Pressure Ulcers/Burns Successfully Treated in the Client's Home	67	54	78	80	51
Number of Clients referred to Hospital with Pressure Ulcers/Burns	24	11	27	23	17
Total Number Assessed	91	64	105	103	68
Number of Km Travelled	60,521,178	60,822	52,848	61,158	59,295

The client database was rationalised to exclude those persons no longer requiring a service, and it is now regularly reviewed.

Annual Report

❧ PART II ❧

Performance Indicators

QUADRIPLAGIC 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 ended 30th June, 2005.

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

Outcome

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 nineteen (119) persons meeting the admission criteria received ongoing rehabilitation and health care support in the residential service in 2004/2005. Sixty Two (62) applications for admission were received in the year. Fifty three (53) admissions were accommodated for thirty seven (37) persons.

In 2004/2005, 90.32% of applications were accepted and 85.48% of clients were accommodated compared to 2003/2004 when 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>2004/05</u>	<u>2003/04</u>	<u>2002/03</u>	<u>2001/02</u>	<u>2000/01</u>
Number of Admission Applications Received	62	48	67	53	75
Number of Applications Approved	56	46	58	52	72
Number of Applicants not meeting the Admission Criteria	6	2	1	0	2
Number of Withdrawn Applications	3	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 2887 requests from Community Clients for primary care assistance over the year, compared to 2429 in 2003/2004. 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 2004/2005, 67 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>
2000/01	68	51	75.00%
2001/02	103	80	77.70%
2002/03	105	78	74.28%
2003/04	64	54	84.38%
2004/05	91	67	73.63%

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, there was 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. For 2004/2005 an increase of pressure areas and burns of 42.19% highlights the issues the Home Visiting Nurses deal with for community clients. The success of treating 73.63% of identified pressure areas and burns at home demonstrates the value 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 length of stay per 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
2004/05	\$1063	63	\$4,486,923

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) Review of compliance audits of the Quadriplegic Centre's Quality System were undertaken in July, 2004 and February, 2005 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 2004/2005 the Centre received twenty (20) formal complaints from five (5) residents or family members, compared to fifteen (15) formal complaints, from six (6) residents, family members or members of the public in 2003/2004. Fourteen of the complaints were from one (1) Resident. All complaints were resolved, or reasons for non-resolution demonstrated. During the same period seventeen (17) formal commendations were received by the Centre compared to twenty (20) commendations from 2003/2004.

- c) A Satisfaction Survey of Home Visiting Service clients was conducted during the year. The questionnaire was sent to one hundred and sixty nine (169) clients who requested the service for a particular need. Two forms were returned unclaimed leaving a functional total of one hundred and sixty seven (167). Eighty two (82) completed questionnaires were returned (49.1% response). With respect to rating the service, 73.17% of the recorded responses considered the service to be above average or excellent, 8.54% rated the service as average and 18.29% did not provide a rating. Nil clients (0%) rated the service as below average or 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.

EFFICIENCY INDICATORS

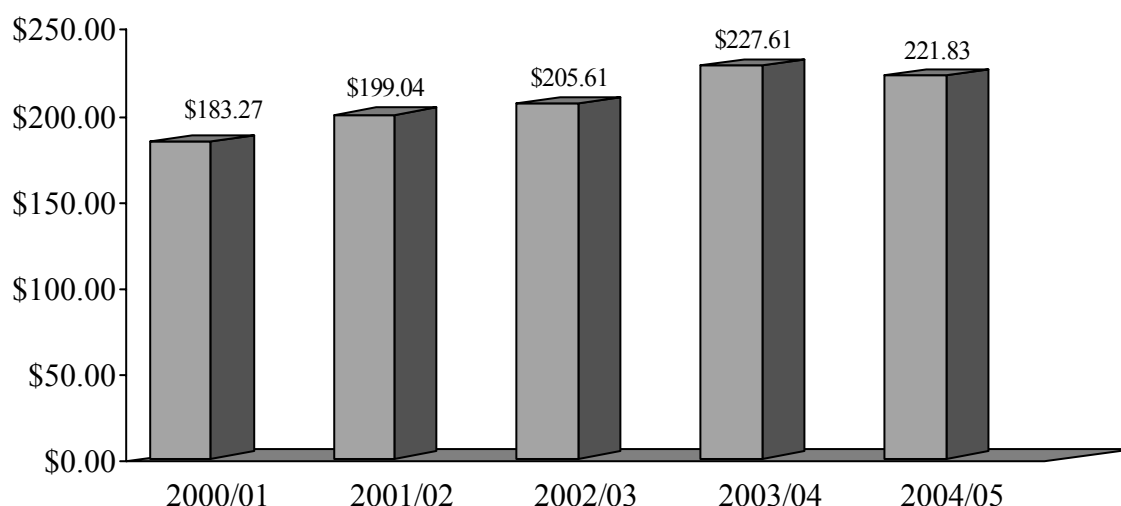
RESIDENTIAL CARE

COST PER BED DAY

Continuing Care Services

1. *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.



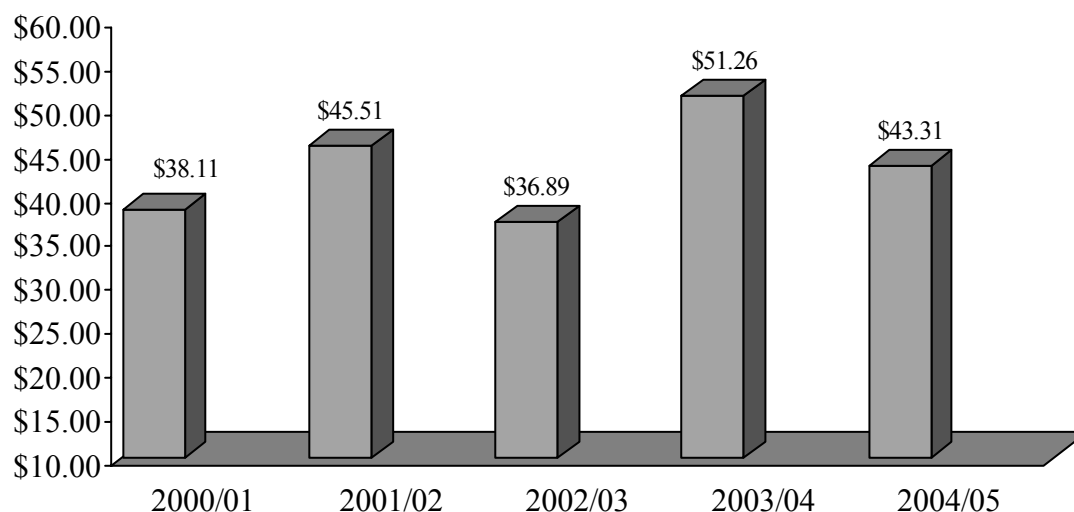
The Efficiency Indicator for Cost per Bed Day is calculated on the total operating expenditure less expenditure allocated to the Home Visiting Service.

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

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



The Efficiency Indicator for Cost Per Client and Client Related Visits is calculated on the total operating expenditure for the Home Visiting Service.

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 reflects 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, 2005 and the financial position as at 30th June, 2005.

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

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: _____ 2005



AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

QUADRIPLLEGIC CENTRE BOARD PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2005

Audit Opinion

In my opinion, the key effectiveness and efficiency performance indicators of the Quadriplegic Centre Board are relevant and appropriate to help users assess the Board's performance and fairly represent the indicated performance for the year ended 30 June 2005.

Scope

The Board's Role

The Board is responsible for developing and maintaining proper records and systems for preparing performance indicators.

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

Summary of my Role

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

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

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

D D R PEARSON
AUDITOR GENERAL
11 November 2005



AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

QUADRIPLAGIC CENTRE BOARD FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Audit Opinion

In my opinion,

- (i) the controls exercised by the Quadriplegic Centre Board provide reasonable assurance that the receipt, expenditure and investment of moneys, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and
- (ii) the financial statements are based on proper accounts and present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the Treasurer's Instructions, the financial position of the Board at 30 June 2005 and its financial performance and cash flows for the year ended on that date.

Scope

The Board's Role

The Board is responsible for keeping proper accounts and maintaining adequate systems of internal control, preparing the financial statements, and complying with the Financial Administration and Audit Act 1985 (the Act) and other relevant written law.

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

Summary of my Role

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

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

D D R PEARSON
AUDITOR GENERAL
11 November 2005