



QUADRIPLEGIC CENTRE

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QUADRIPLEGIC CENTRE

Annual Report

2018 - 2019

Excellence in Spinal Injury Management, Care and Rehabilitation



QUADRIPLEGIC CENTRE

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10 SELBY STREET
SHENTON PARK, WA 6008

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PO BOX 257
SUBIACO WA 6904

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Quadriplegic Centre Annual Report 2018/2019

STATEMENT OF COMPLIANCE

**TO: HON ROGER COOK MLA
MINISTER FOR HEALTH**

In accordance with the *Financial Management Act 2006*, we hereby submit for your information and presentation to Parliament, the Report of the Quadriplegic Centre for the financial year ending 30 June 2019.

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

Financial Management Act 2006
Disability Services Act 1993
Public Sector Management Act 1994
Equal Opportunity Act 1984
Freedom of Information Act 1992
Government and Ministerial Annual Reporting Policies
Electoral Act 1907
State Records Act 2000



Ms Roslyn Elmes
A/Chief Executive

Date: 6th September 2019

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1. OVERVIEW OF AGENCY

1.1 Executive Summary

The importance of the Quadriplegic Centre is demonstrated daily through comprehensive support of its target patient and client population. Quadriplegic Centre patients are highly dependent individuals with quadriplegia, often with co-morbidity, and where they:

- Require post injury rehabilitation and are awaiting funding for independent living in the community;
- Require sub-acute or ventilator dependent care that would traditionally be provided at the State Spinal Unit;
- Are unable to live independently in the community due to the extent of medical, nursing and personal care requirements or
- Require respite to meet medical requirements, provide relief for family or carer and to facilitate continuity of independent living goals.

The Quadriplegic Centre supports patients from sub-acute to long term rehabilitation and additionally, has a strong focus on support of community clients, through the provision of community outreach support and respite care.

The Centre maintains strong links with the State's Spinal Unit. The Centre's capacity to provide transitional care from the tertiary acute service continues to ensure the most effective use of tertiary beds in this patient sector.

The Centre's continuing commitment to long term rehabilitation for highly dependent patients remains essential. It is the high level of care required by this cohort of patients; which prevents them from living independently and in the context of this service, emphasizes the need for appropriate accommodation and essential support services.

Since the development of the Spinal Cord Injury (SCI) model of care (MOC) in 2016, the decision to fully replicate the functions of the existing Quadriplegic Centre has been reconsidered. New patients with a SCI are transitioned to live in the community with various support services. The decision, discussed with the Board and residents towards the end of the FY 2017/2018, described the closure of the existing Quadriplegic Centre and where possible, for those residents that chose, and are able to, to also live in the community in various housing facilities and with individually tailored care services. For those residents who have identified needs for which the SCI MOD is not sufficient then alternative collective facility/ies with their current care provisions will be developed.

Full closure of the Quadriplegic Centre is anticipated to occur by the end of 2020.

A master program for major decommissioning activities will be developed in the near future and the agency responsible for funding for costs for decommissioning activities including equipment, minor works or consultant fees is yet to be determined.

Pending these changes, the Quadriplegic Centre maintains and supports the goal of community living for all spinal injured persons. Centre services are directed to this outcome, whilst for spinal injured clients already living in the community, the Centre provides an

effective community outreach and support service. The prevention of inappropriate admission through support of the community spinal cord injured population is a major achievement of the Quadriplegic Centre.

The Centre maintains a significant commitment to staff development. This not only advantages the Centre and it's; various clientele it has a flow-on effect into the health sector.

The Centre is committed to quality systems and best practice. In confirmation of these objectives, the Centre continues to submit itself to regular, successful external audit to monitor the comprehensive attainment of these goals.

Further, the Quadriplegic Centre maintains a record of sound financial management and demonstrates effective financial control and budget discipline.

1.2 Operational Structure

Legal Name: Quadriplegic Centre
Postal Address: PO Box 257
SUBIACO WA 6904

Street Address: 10 Selby Street,
SHENTON PARK WA 6008

Telephone Number: (08) 9329 8600

Facsimile Number: (08) 9381 5097

1.2.1 Enabling Legislation

The Quadriplegic Centre was established as a board governed Health Service Provider on 1 July 2016 by the Minister under section 32 of the *Health Services Act 2016*. This governance was amended by the Minister by order published in the Government Gazette on 30 November 2018 under Section 195(c) of the *Health Service Act 2016*. Governance of the Quadriplegic Centre changed from a Board governed provider to a Chief Executive governed provider on 1 January 2019.

The Quadriplegic Centre is responsible to the Minister for Health and the Department CEO of the Department of Health (System Manager) for the efficient and effective management of the organisation.

1.2.2 Responsible Minister

Hon. Roger Cook MLA, Minister for Health.

1.2.3 Quality Policy Statement

The Mission of the Quadriplegic Centre is to be a Centre of Excellence in the provision of spinal injury management, care and rehabilitation, through the development and implementation of services that reflect best practice and innovation in responding to the needs of patients with high spinal cord injury.

The Centre seeks to provide a full range of medical, nursing, allied health, psychology and recreation services to meet the clinical needs of patients. Services are to be supported by evidence based policy and procedural guidelines.

The Centre will demonstrate its commitment to excellence in service development and delivery through a process of continuous improvement and will subject services to ongoing external audits to achieve and maintain accredited Quality Endorsed Organisation status.

The Centre will respect the views of clients, patients and relevant professional groups and adhere to principles of social justice, particularly ensuring equity in access to services.

This Policy Statement is authorised by:



Ms Roslyn Elmes
A/Chief Executive

Date: 6th September 2019

1.2.4 Directions Statement

VISION

The Quadriplegic Centre's vision is the creation of a Centre of Excellence in the provision of spinal cord injury management, care and rehabilitation in Western Australia.

MISSION

The mission of the Quadriplegic Centre is to provide a Centre of best practice in the provision of spinal cord injury rehabilitation that is both innovative and responsive in the services it provides for the community.

LEADERSHIP IN SERVICE

The Quadriplegic Centre demonstrates leadership by:

- The provision of evidence based clinical services;
- Achieving excellence in education and training;
- Providing consultancy, network development and support to the acute care sector, community care providers and patients

PRINCIPLES

Quality Care

The Quadriplegic Centre is committed to the achievement of excellence in service development and delivery and as such exposes its services to external auditing to maintain the hospital's quality endorsed and accredited status. This program underpins a process of continuous improvement in the provision of patient care and services to the community in spinal injury rehabilitation.

Continuity of Care

The Quadriplegic Centre supports co-ordination and integration of service delivery by working in partnership with acute care services, community care providers and patients.

Accountability

The Quadriplegic Centre uses its resources efficiently through quality management practices and ensures services are monitored and evaluated.

Equity and Access

The Quadriplegic Centre respects the interests and views of patients and professional groups, and adheres to the principles of social justice in response to client and patient needs.

1.3 Management Structure

1.3.1 Board of the Accountable Authority

Board Members are appointed by the Minister pursuant to Section 71(1) of the *Health Services Act 2016*. The term of appointment for each member of the Board commenced on 1st January 2016 and expired on 1st January 2019.

CHAIRPERSON Dr S.J. Edmondston, Dip Physio, Adv Dip Physio, PhD

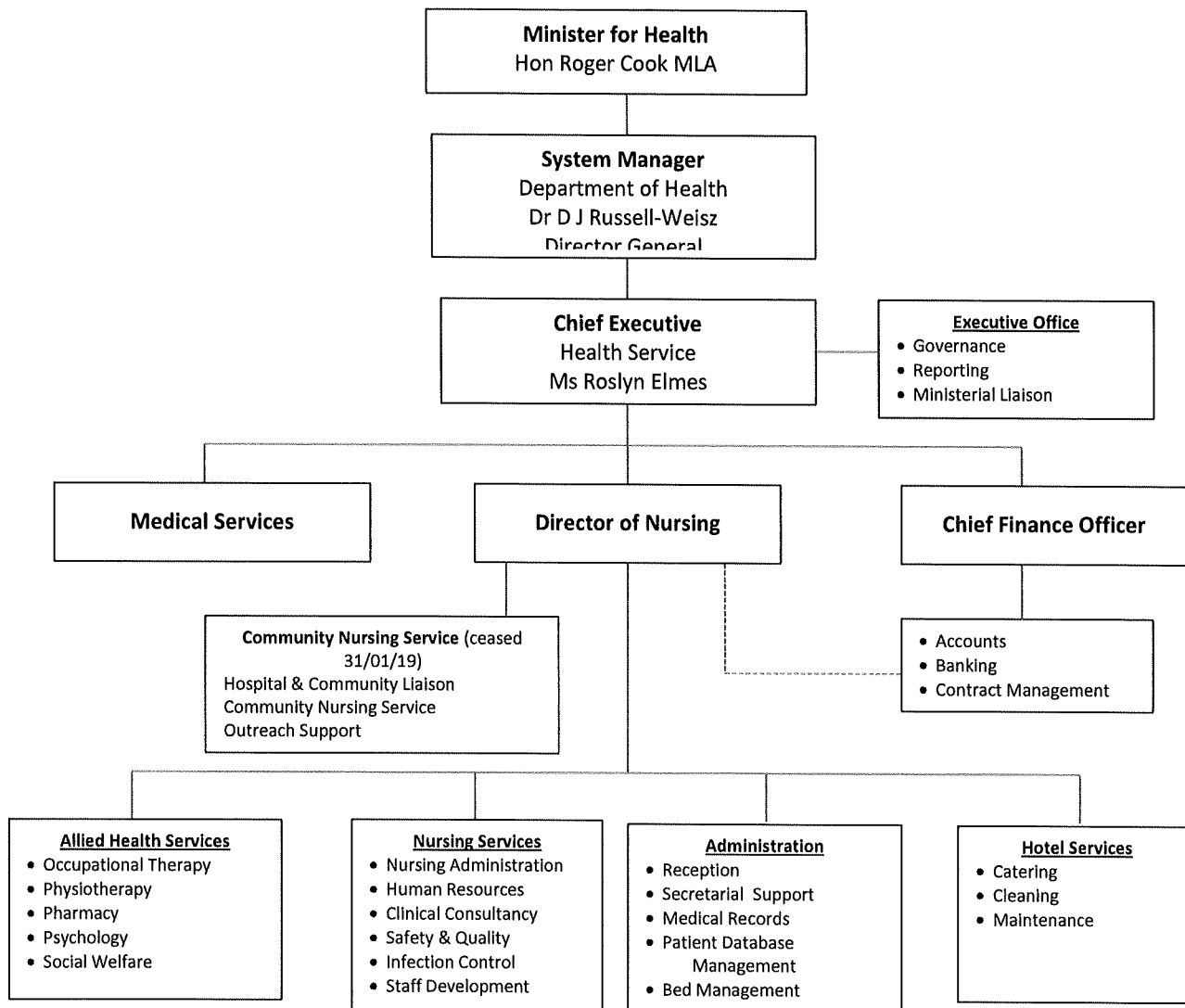
MEMBERS Professor S. A. Dunlop, BSc (Hons), PhD
Ms S. Chew
Mr G. Currie
Ms M. Karniewicz
Mr P.R. Woodland, MBBS (WA), FRACS, FAOrth.A.
Mr R. Wright

The governance of the Quadriplegic Centre was amended by the Minister by order published in the Government Gazette on 30 November 2018 under Section 195(c) of the *Health Service Act 2016*. Governance changed from a Board governed provider to a Chief Executive governed provider on 1 January 2019 on the expiry of the Board members term of appointment and the Board members ceased to hold office, under Section 199(1) of the *Health Service Act 2016*.

Table One: Senior Officers

| Area of Responsibility | Title | Name | Basis of Appointment |
|------------------------|-----------------------|--------------------|-----------------------------------|
| Corporate Management | Chief Executive | 1. Ms Roslyn Elmes | Temporary (Appointed 29/07/18) |
| Nursing Services | Director of Nursing | Ms L. Emerson | Permanent |
| Medical Services | General Practitioner | Dr W. Quarles | Permanent |
| Financial Services | Chief Finance Officer | Mrs T. Zemunik | Permanent |

Table Two: Organisational Structure



1.4 Services Provided

1.4.1 Functions and Services

Direct Patient Services

Medical Services
Nursing Services
Patient Advocacy Service

Allied Health Services

Physiotherapy
Occupational Therapy
Psychology Service
Social Work

Other Support Services

Corporate Services
Maintenance
Hotel Services
Financial Services
Medical Records
Supply

Community Support Services

Community Nursing and
Outreach Support
(closed 31/1/19 and transitioned
to Spinal Outreach Service,
Fiona Stanley Hospital)

1.5 Performance Management Framework

The Quadriplegic Centre is funded through the Department of Health, Western Australia.

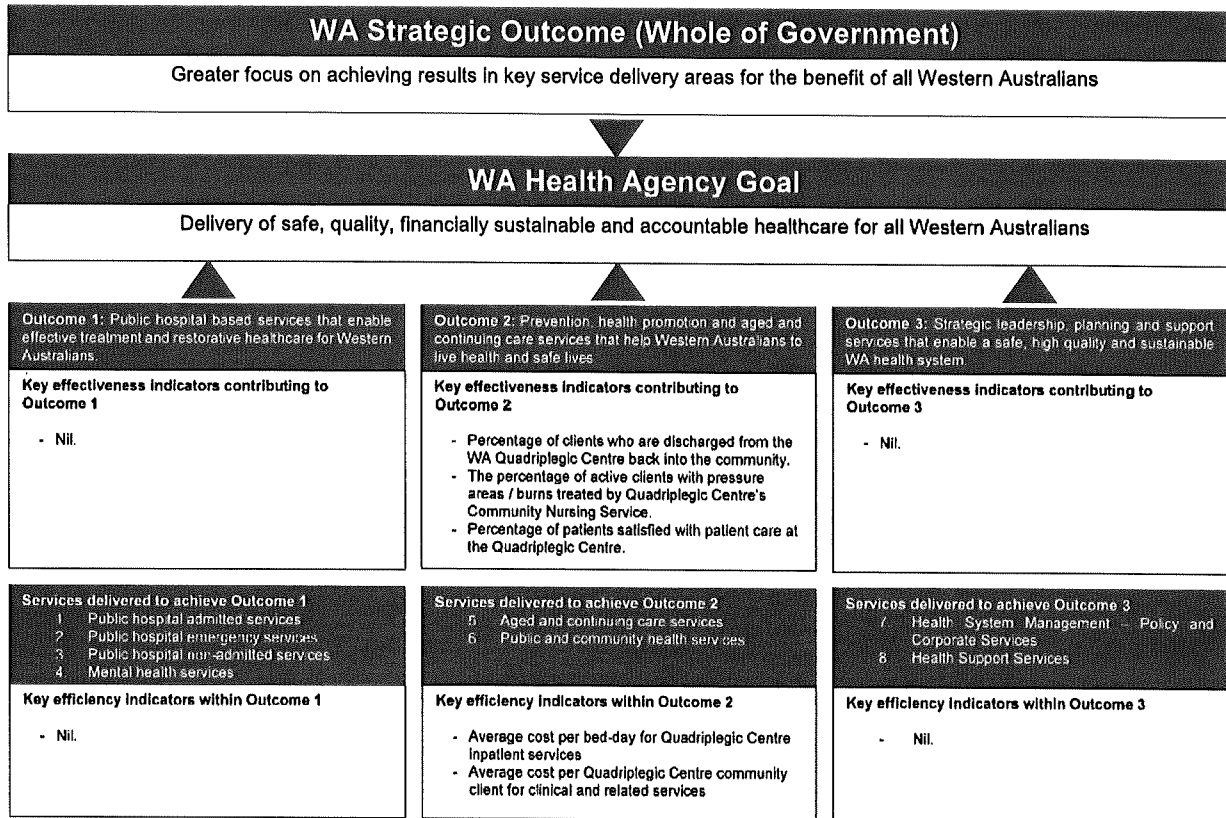
1.5.1 Outcome-based Management Framework

The Quadriplegic Centre operates under the Outcome-Based Management Performance Management Framework which complies with its legislative obligation as a WA government agency.

The framework describes how outcomes, services and key performance indicators are used to measure agency performance towards achieving the relevant overarching whole-of-government goal. WA Health's key performance indicators measure the effectiveness and efficiency of the health service provided by WA Health in achieving the stated desired health outcomes.

The Quadriplegic Centre contributes to the achievement of the outcomes through health services delivered either directly by Quadriplegic Centre or indirectly through contracts with non-government organisations.

The Quadriplegic Centre's outcomes and key performance indicators for 2018/2019 are aligned to the State Government's goal of 'greater focus on achieving results in key service delivery areas for the benefit of all Western Australians'.



Performance against these activities and outcomes are summarised in the Agency Performance section and described in detail under Key Performance Indicators in the Disclosure and Compliance section of this report.

1.5.2 Changes to Performance-based Management Framework

The Outcome Based Management Framework did not change in 2018/2019.

1.5.3 Shared Responsibilities with Other Agencies

As part of the WA health system, Quadriplegic Centre works with other agencies to provide and fund health services to the achievement of the stated desired health outcomes as per the Outcome Based Management framework.

1.6 Overview of the Centre

The Quadriplegic Centre was administered by a Health Service Provider Board incorporated under the Health Services Act 2016 until 31 December 2018. On 1 January 2019, by order of the Minister, the governance changed from Board governed to Chief Executive governed under Section 195(c) of the Health Service Act 2016.

The Centre provides management, care and rehabilitation to patients with high spinal cord injury.

A long-term project has commenced which involves a change of the clinical model and the devolution of clinical care to a community-centric approach. This will result in the closure of the Quadriplegic Centre anticipated to occur by the end of 2020.

Progressive decommissioning and downsizing will occur over the next 1.5 years in a staged approach. As transitional patient numbers decline there will be a consolidation of infrastructure requirements, positions and services – including allied health and hospitality services.

2. AGENCY PERFORMANCE

2.1

Table Three: Patient Movements

| | 2018/2019 | 2017/2018 | 2016/2017 |
|---|-----------|-----------|-----------|
| Number of Admission Applications | 10 | 26 | 25 |
| Number of Admissions | 13 | 19 | 22 |
| Number of Applicants not meeting the Admission Criteria | 0 | 6 | 3 |
| Number of Discharges to the Community | 18 | 42 | 36 |
| Number of Deceased Patients | 2 | 2 | 6 |

Table Four: Bed Occupancy

| Year | Bed Occupancy (total occupied bed days) |
|-----------|--|
| 2018/2019 | 9,136 |
| 2017/2018 | 13,089 |
| 2016/2017 | 15,201 |

Total occupied bed days provided by the Centre were 9,136 for 2018/2019. This is reduced from the 13,089 bed days provided in 2017/2018 and is a reflection of the reduced number of applications for admission and increased number of discharges to community.

In accordance with the Spinal Cord Injury Reconfiguration Service model of care patients are enabled to discharge directly from the State Rehabilitation Service at Fiona Stanley Hospital to live in the community.

2.2 Role and Function

The Quadriplegic Centre commenced operations in 1969 providing long term residential care and rehabilitation for people with spinal cord injury, to fill a gap in services in the community for people with spinal cord injury. Services provided at the Quadriplegic Centre

over the years include transitional care for people with spinal cord injury, centre-based respite care, long-term residential care and nursing community outreach.

The Quadriplegic Centre's primary role has been the provision of health care and outreach services to people with permanent high spinal cord injury, often with co-morbidities. It should be noted this level of injury is both life threatening and life changing. It has a major impact on both the individual and the patient's extended family.

The Centre continues to provide management, care and rehabilitation to patients with high spinal cord injury.

A long-term project has commenced which involves a change of the clinical model and the devolution of clinical care to a community-centric approach.

This will result in the closure of the Quadriplegic Centre anticipated to occur by the end of 2020.

2.3 Transitional Care Service

The Quadriplegic Centre provides a specialist resource for transitional care of quadriplegic patients who are stable and do not require tertiary level care. These patients require continuing rehabilitation support and are often awaiting the outcome of funding applications for accommodation, care packages and home modifications.

The service also provides for the admission of eligible clients experiencing secondary medical consequences of their spinal cord injury, thereby enabling them to receive intensive medical and nursing care.

Whilst at the Centre the focus of services is to enhance the patient capacity to engage with the community by providing reintegration programs focused on the individual needs of the person.

This service closed on 17 December 2018 when the last transitional care patient was discharged to the community.

The Quadriplegic Centre Community Nursing Service provided valuable support to these patients during their time and following discharge from the Centre. On 31 January 2019 the Community Nursing Services transitioned to the Spinal Outreach Service at Fiona Stanley Hospital

2.4 Extended Rehabilitation

For many years the Quadriplegic Centre has provided long term residential care and rehabilitation for people with spinal cord injury, to fill a gap in services in the community. The primary reasons for admission to the Quadriplegic Centre were often a lack of available funding for personal care options and/or a lack of social housing, at the time a person was ready for discharge from hospital.

The Quadriplegic Centre continues to provide ongoing care for high level quadriplegic patients, whose general medical condition may typically present with multiple co-morbidities in addition to paralysis, requiring ongoing access to the Centre's medical, nursing and allied health services.

2.5 Respite Service

The Quadriplegic Centre provides support for patients and their families from around the State. Respite services give clients and their families options of care whilst families rest or recuperate as clients access medical review, treatment and support. Patients of this service often present with concurrent medical conditions, including urological and bowel issues and/or pressure ulcers, all requiring urgent interventions which can be provided during their stay at the Centre.

2.6 Ventilator Dependent Quadriplegic Community Care Program

The Quadriplegic Centre manages patients with high spinal cord injury requiring mechanical ventilation to maintain breathing. Currently the Centre has one patient in the program. The focus of the program, which commenced in 2007, is to provide best practice in managing the ventilated patient.

The Centre is also able to provide respite care options for fully ventilated clients, who live in the community, further preventing the need for these clients to access high cost acute care services.

Where possible, patients of this service will return to live in the community with ongoing support from the Ventilator Dependent Quadriplegic Community Care Program and the Spinal Outreach Service at Fiona Stanley Hospital.

To maintain and support the Centre's Ventilator Program, comprehensive training is provided ensuring the maintenance of clinical competence of the staff. This service demands a substantial response from the Centre in provision of this specialist service.

2.7 Quadriplegic Centre Community Nursing Service

The service transitioned to the Spinal Outreach Service, Fiona Stanley Hospital on 31 January 2019 following a phased transfer of the 668 client database

During the year to 31 January 2019, 88 new pressure sores/burns were identified. Of these, 87 were safely managed and treated in the community, which equates to of clients being successfully treated in their own home and avoiding admission to hospital. The successful treatment of these conditions in the home reduces both the incidence and cost associated with acute tertiary admissions and ensuring clients, as far as practicable, are able to maintain independent community living options.

2.8 Psychology Service

Psychology services within the Quadriplegic Centre continue to address the psychological needs of both long stay and transitional care patient groups.

Transitional care patients are often struggling with adjustment disorders and anxiety/depression and many have pain management problems. The potential for stress, frustration, depression and anxiety remains high for all those who are spinal injured and coping with a significant disability. It is also difficult both physically and emotionally for family and staff and the Centre continues to provide regular teaching sessions focused on dealing with these challenges and supporting all these groups

Long stay patients often struggle with low mood and coping issues particularly when they have to deal with additional medical and health problems. Patients often endure comorbidities and a consequence is often a complex treatment and management plan which is obviously challenging. This year has been particularly challenging as long stay patients prepare and plan for transition to an alternate accommodation and care model and the eventual closure of the Quadriplegic Centre. The psychologist helps them with motivational strategies to achieve their goals, manage anxiety and low mood and provides ongoing psychological support through this time of change.

Psychological support, education and counselling is available to patients, staff and families.

In February 2019 the psychological support service transitioned to an outsourced independent psychology consulting service.

2.9 Physiotherapy Service

Physiotherapy services play an essential role in minimising risk, while maintaining and improving the patient's physical capacity and psychological wellbeing in all activities of daily living.

Following high spinal cord injury, patients display reduced respiratory function and some may require mechanical ventilation. Injuries at each of the cervical levels all display reduced respiratory function, pain management issues, pressure management and positioning all of which require the input from the physiotherapy service.

Patients require physiotherapy for both acute and ongoing maintenance treatment and rehabilitation. The service provides initial assistance and ongoing support for patients,

utilising equipment while patients on prolonged bed rest have the opportunity to access physiotherapy services at the bedside. The Physiotherapy service has continued to provide support for ventilator-dependent patients.

Risk assessment and risk management practices related to each patient are subject to individual assessment and regular review.

In January 2019 physiotherapy services transitioned to an outsourced neurological specific physio service which continues to provide service and support to meet the clinical needs of all patients.

2.10 Occupational Therapy Service

The Occupational Therapy Service at the Quadriplegic Centre assists patients to achieve the highest possible levels of independence in their activities of daily living. The Occupational Therapist works collaboratively with individual patients, their families and with external providers, to facilitate achievement of the patient's particular goals.

The service continues the rehabilitation process following spinal cord injury by identifying each individual's functional constraints, and ascertaining their short term and long term goals in the areas of self-care, work (unpaid and paid) and leisure activities. Rehabilitation techniques are utilised, including skills training, trial, prescription and training in the use of assistive equipment and specific education of the patient, their families and community carers.

The team fabricates specialised adaptations and devices, with individualised, and frequently innovative, design, to increase independence in functional tasks. These rehabilitation tools focus on increasing residents' levels of independence, and safety in managing their daily tasks, to assist in their transition into community living. Respite patients have access to Occupational Therapy services, and often return to the community with an increased level of independence.

Within the area of communication and assistive technology, the team supports individuals to optimise their function, relative to their needs and objectives. We adapt equipment and/or the access of items, such as voice amplification devices, communication systems, mobile phones/telephones, call bell systems and electronic tablets and computers.

The Occupational Therapy department is a well-equipped clinic and workshop. There is a dedicated therapy treatment space, as well as a workshop area for fabrication of specific items, and for minor maintenance and adjustments of particular assistive equipment items. Several residents can use the space at one time, creating efficiencies, camaraderie in therapy and increased worker safety. Adjacent to the main therapy room is a Functional Training Kitchen. This space is set up for our residents to conduct therapy sessions in a practical and functional way. The kitchen has been designed for wheelchair users, with a variety of specific design features to optimise independence.

The Occupational Therapy department assists residents in the acquisition of assistive equipment through various schemes, including the Community Aids and Equipment Program, Better Life Foundation, McKellar-Hall Trust, and the Equipment for Living Grant through Lotteries Commission. This equipment can include pressure relief items, specialised

compression garments, commodes, powered and manual wheelchairs, environmental control systems, electrically adjustable beds and vehicle modifications.

The Quadriplegic Centre Occupational Therapy department has developed a reputation for excellence in the rehabilitation of spinal cord injuries, with staff from facilities both metropolitan and regional seeking advice. In this changing health environment we continue to provide education and support to the wider community, as well as utilising internal and external opportunities for further knowledge enhancement for our service.

2.11 Welfare Support Service

The role of the Welfare Support Service is to support patients in their day to day domestic tasks which are many and varied and to advocate on their behalf. In order to promote independence those patients who are able to, are encouraged to manage their own affairs with support as required. This is particularly important for the cohort of patients transitioning through the Centre whose ultimate discharge destination will be living in their own home.

The Welfare Support Service includes:

- Welcoming and orientating new patients and their families to the Centre.
- Supporting patients in their dealings with government and non-government agencies such as Centrelink, Medicare, Private Health funds and the department of Housing.
- Providing twice weekly shopping and banking services for those patients unable to manage this themselves.
- Preparing grant applications on behalf of patients.
- Assisting the Social Worker in resource and information gathering.
- Production of the patient newsletter and facilitation of the residents' forum meeting.
- Liaison with visiting services/organisations such as podiatry, the Electoral Commission, WA's Individualised Services (WAIS) and organising and supporting patients to participate.
- Management of the Centre's vehicle fleet which includes taking bookings and ensuring all drivers have an appropriate license and are competent to transport a person in a wheelchair.

2.12 Social Work Service

Social workers work in partnership with people to facilitate empowerment, to build on strengths, enhance wellbeing and encourage and promote social inclusion. In spinal rehabilitation, a patient's need for social work services, and the extent of that service, is not a simple correlation of their diagnosis.

Factors influencing the extent of social work intervention include the degree and extent of the long term disability and subsequent lifestyle changes this brings. Of particular importance is the extent of a patient's family and social support and the availability and ease of access to required resources, especially in terms of care and housing.

Advocacy and liaison with multiple stakeholders and case management in regard to discharge planning for patient's transitioning through the Centre continues to be a major focus for social work intervention.

Since the commencement of the Spinal Cord Injury Service Reconfiguration (SCISR) Project some patients have been fortunate to have access to special funding which has enabled patients to more easily transition to community living, with the support they require to secede. Long-stay residents have engaged with WA's Individualised Services (WAIS) and the social worker and welfare officer are actively involved in offering advice and information to residents and families as they begin to explore their options for the future and this has resulted in an increase in social work interventions for this group.

Focus has also been placed on assessment and support of patients who are admitted for respite. Many of these patients are ageing with SCI and this involves challenges for the patient, their family and care supports. Involvement for this group has included advocating and liaison with community care providers, carer support and counselling and provision of information on financial issues related to grants and pensions.

The social worker at the Quadriplegic Centre also provides information over the phone in response to queries from people living in the community with SCI, both in WA and interstate and also from care provider agencies and family members. The department also works closely with the social workers at FSH Spinal Unit and with the newly formed Spinal Outreach Service in order to provide the best possible social work service to this cohort of patients both as inpatients and within the community.

2.13 Infection Control

Globally, healthcare associated infections are on the rise and patient with high level spinal cord injury have an even greater risk of infection. This includes infections of the urinary tract, respiratory system, gastrointestinal tract and skin.

To reduce the risk of infections being transmitted to patients, the Quadriplegic Centre operates an effective Infection Prevention and Control Program. The effective prevention, monitoring and control of infections are an integral part of the quality, safety and clinical risk management operations at the Quadriplegic Centre. While not all health care acquired infections can be prevented, the infection prevention and control program ensure systems are in place to minimise their occurrence and reduce the risk.

The Infection Prevention and Control Program policies and procedures are evidence-based, use best practice guidelines and are in line with legislation and the Department of Health Guidelines and Standards. They serve to assist staff in delivering a high standard of care that minimises the possibility of the transmission of infectious agents.

The measures implemented to achieve this include:

- Policies, procedures and guidelines for the prevention and control of infection include:
 - Standard precautions
 - Transmission based precautions
 - Prevention of infection from multi-resistant micro-organisms
 - Hand Hygiene

- Use of personal protective equipment (PPE)
 - Handling and disposal of sharps and clinical waste
 - Environmental cleaning and maintenance
 - Outbreak and pandemic management
- A hand hygiene program, recorded and monitored
 - The availability of an alcohol-based hand rub in all rooms and ward areas
 - The use of personal protective equipment to control transmission
 - Staff training in Infection Prevention and Control at induction and throughout the year
 - Monitoring and reducing the emergence of antibiotic resistant organisms
 - Notifiable diseases are identified in accordance with legislative requirements and responsibilities for notification are met.
 - Comprehensive cleaning regime and environmental audits conducted throughout the year
 - Antimicrobial stewardship on the use of antibiotics
 - An active surveillance program designed to observe, identify, manage, resolve and report infections that occur. This is reported monthly.
 - Outbreak and pandemic management plans
 - Influenza vaccination made available to staff and patients and uptake recorded and monitored

Outcome indicators for infection control are measured, trended, reviewed and improved as required:

- Monthly reports and graphs are provided indicating all infections.
- Annual flu vaccination percentage for both staff and patients are recorded.

2.14 Research

The Quadriplegic Centre has previously participated in wound management research using OPAL cream for the treatment of pressure ulcers. The trial demonstrated the benefits of OPAL in wound management at the Quadriplegic Centre. The product has now been produced as a commercial product.

2.15 Staff Development

The Quadriplegic Centre is committed to supporting employees as much as possible during all stages of the decommissioning process. It undertakes to keep employees informed of relevant developments and to provide employees with access to appropriate support and assistance.

Strategies for the management of affected employees will be governed by sound human resource management processes which include:

- Ensuring employees have:
 - access to information about issues that affect them
 - access to relevant policies and procedures
 - the opportunity to be heard and to query decisions

- Conduct ongoing meetings with employees to update them on the outcome of decisions and the impact in the workplace.
- Provide support to affected employees, including promoting access to the Employee Assistance Program (EAP) during this process
- Maintaining appropriate confidentiality
- Complying with specific obligations as set out in the Public Sector Management (Redeployment and Redundancy) Regulations 2014 (Regulations) and Commissioners Instructions.

North Metropolitan Health Service (NMHS) - Workforce Transition responsibilities

- Provide a consultancy service to the Quadriplegic Centre executive, managers and employees on human resource management matters in relation to supporting employees during decommissioning with regard redeployment, retraining, redundancy and regulatory provisions.
- Assist in the resolution of issues for employees affected by the change, in consultation with relevant managers and supervisors.
- Develop and implement processes to support managers and supervisors throughout the decommissioning process.
- Coordinate the case management of employees who are referred to them for redeployment to suitable alternative positions. Source interim work placements for surplus employees as required.

In accordance with Part 3 of the Public Sector Management (Redeployment and Redundancy) Regulations 2014, the Quadriplegic Centre will offer voluntary severance to all registrable employees where there is no reasonable likelihood of the employee being found alternative employment elsewhere in the public sector. The opportunity to be considered for a voluntary severance will be accessed via an expression of interest process and subsequent exits with a severance will be approved and actioned as operationally supported.

Employees who are directly affected as a result of their permanent position no longer being required operationally will become registrable employees, in accordance with the Regulations, at the time their position is no longer required.

Redeployment involves matching registrable employees to suitable vacant positions within the Public Sector. Positions are deemed to be suitable if they are at an equivalent level, and require skills, experience, qualifications and competencies similar to those possessed by the individual employee.

The Centre provides education and training to all staff, based on best practice principals, legislative requirements and outcomes of the performance appraisal system identified through training needs analysis.

Education and training currently available to staff includes:

- Certificate III Health service Assistant (Acute Care)
- NMHS Learning and Development – Resume Writing and Interview Skills
- Manual Handling and Patient positioning Training
- OSH Representative refresher training
- Dealing with difficult behaviors
- Annual mandatory education; skills competency
- Care of the ventilated patient; study day and mentorship shifts
- Food safe e-learning
- Hand hygiene
- Chemical Safety

2.16 Infrastructure and Equipment

A review of the infrastructure was conducted in June 2016 with a view to ensure continued safe and uninterrupted service of the Quadriplegic Centre.

As the Quadriplegic Centre progresses towards decommissioning and patient numbers reduce, all remaining long stay patients are now accommodated and cared for in Gascoyne building and Ashburton building has been closed.

North Metropolitan Health Service, Facility Management in liaison with DEFS provided an advisory service to the Quadriplegic Centre throughout the decommissioning process.

The industrial kitchen at the Quadriplegic Centre is too large to continue to operate for the smaller number of remaining residents. From 1st April 2019 catering for all meals has been supplied from Graylands Hospital kitchen which already provides meals to other health services in the metro area.

The Centre maintains a preventative maintenance program for the following equipment:

- Pan washer maintenance and servicing
- Fire safety and alarm systems
- Hot water and thermostatic temperature control valves
- Power sub-station (Main Switch Room)
- Pest control
- Water filtration systems
- Fire protection
- Air conditioning systems
- Residents beds, hoists and weighing equipment
- Kitchen equipment
- Electrical testing and tagging

2.17 Quality Assurance

The Quadriplegic Centre is committed to provide quality services to patients with high spinal cord injury by maintaining a coherent and robust quality management system. The quality

management system ensures the Centre has the capability to establish and maintain an environment fit for delivering services to specified standards and ensure continuous improvement of the system. This is demonstrated by the Centre's commitment to six monthly compliance audits in order to retain the Centre's Certificate of Registration under ISO 9001:2015.

This program is based on the updated standard ISO 9001:2015 and underpins a process of continuous improvement in the provision of patient care and services to the community in spinal injury rehabilitation.

Under the Quadriplegic Centre's Quality Management System:

- All quality documentation, including all policies, procedures and associated forms are revised and re-issued as part of the ongoing internal audit process and consultative processes.
- The complaint resolution and management process is operating well and complaints are managed in line with the WA Health Department policies.
- The Internal Quality Audit Schedule ensures quality audits are conducted to verify quality assurance activities and related results comply with planned arrangements, to determine the effectiveness of the quality system. Internal audits cover all areas and functions of the Centre.
- A strong quality culture is supported by a robust quality management system whereby any patient, staff member or visitor to the Centre is encouraged to participate in quality improvement by completing a Continuous Improvement Report (C.I.R).

In 2018/2019, SAI Global: ISO 9001:2015 audits were conducted in November 2018 and in April 2019.

The City of Nedlands requires Food Safe audits be conducted by an external auditor to ensure compliance under the *Food Act 2008*. The most recent Food Safe audit on found the Quadriplegic Centre to be fully compliant and categorised the Centre as High Performance. The High Performance category is achieved when the audit has not disclosed any contraventions of the *Food Act 2008* or the *Australia New Zealand Food Standards Code* and where, in the view of the auditors, has a high confidence in the Food Safe Programme (FSP).

From 1st April 2019, the Quadriplegic Centre outsourced catering services to North Metropolitan Health Service – Graylands Hospital.

2.18 Risk Management

Strategic risk management is an integral part of management practice within the Centre, identifying and managing risks likely to impact on the organisation's ability to achieve its mission and objectives.

The Risk Register identifies risk type, provides a risk description, details the current controls and evaluates the risk likelihood / level. This is an extensive and comprehensive assessment of all risks within the Quadriplegic Centre and is a valuable resource used in strategically managing and preventing accidents and injury to everyone who lives, works or

visits the facility. The Risk Register is updated annually to capture changes to working conditions & practices. The Risk Register was last updated July 2019.

Manual handling and ergonomics continues to be one of the highest risk areas within spinal nursing and comprehensive risk management strategies are in place to continuously reduce the risk in this area. Reassessment of all patients in relation to manual handling continues throughout 2018/2019 and outcomes of reassessment are communicated to staff through training, workshops and comprehensive investigation of all manual handling incidents/accidents/near misses and hazard identification.

All chemicals used throughout the Centre are recorded in the Chemical Register database facilitate updates and audits. Chemical training at induction is mandatory for all staff exposed to chemicals. This training is then repeated as part of the staff annual appraisal process. Internal chemical safety audits are conducted regularly through the Centre's internal auditing program and via workplace safety inspections.

A comprehensive training and education program has been implemented to better identify, manage and prevent violence and aggression in the workplace. Emphasis of this program continues to be the prevention of challenging behaviors through risk assessment and management of high risk patients and triggers. Ongoing education, workshops, management support, policy and procedural guidelines are used to prevent and manage episodes of violence and aggression within the Quadriplegic Centre as they arise.

The Quadriplegic Centre conducts a comprehensive investigation of all Occupational Health & Safety risks. These investigations include preventive measures with time frames, outcomes and any follow up required which are reported and minuted in the monthly Occupational Health & Safety committee meeting. A major part of this risk management process is identifying and reporting potential risks via the hazard reporting system as well as by reporting "near misses" via the Accidents and Incidents reporting system. Early reporting and intervention of these potential hazards minimizes exposure to risks associated with them.

2.19 Financial Summary Report on Operations

2.19.1 Actual Results versus Budget Targets

See the end of this report for all financial declarations and disclosures.

| Financial Target | 2018/2019 Target⁽¹⁾ \$000 | 2018/2019 Actual \$000 | Variation⁽²⁾ \$000 |
|---|---|---------------------------------------|--|
| Total cost of services (sourced from Statement of Comprehensive income) | \$10,625 | \$11,806 | \$(1,181)^(a) |
| Net cost of services (sourced from Statement of Comprehensive Income) | \$9,693 | \$11,079 | \$(1,386)^(a) |
| Total Equity (sourced from Statement of Financial Position) | \$11,122 | \$8,467 | \$(2,655)^(b) |
| Net increase / (decrease) in cash held (sourced from Statement of Cash Flows) | \$148 | \$(2,395) | \$(2,543)^(c) |
| Approved salary expense level | \$8,608 | \$10,169 | \$1,561^(d) |

(1) As specified in the Minister for Health's approved FMA Section 40 Estimates Annual Financial Statements for 2018/2019.

(2) Further explanations are contained in Note 36 'Explanatory Statement' to the financial statements.

(a) The variation is mainly due to higher employee benefits expense incurred than estimated during the year as consequence of a number of voluntary severances, plus a significant amount paid in back payments of salaries and wages to staff due to a change to Department of Health industrial awards applicable from the date of the Health Services Act 2016.

(b) The variation is mainly due to the decrease in anticipated surplus for the year as a result of higher staff costs, in addition approximate \$1.6m of Service Appropriations was redirected during the year to the Spinal Outreach Service at Fiona Stanley Hospital.

(c) The variation arose as a consequence of the net impact of the higher staffing costs, redirection of service appropriations to the Spinal Outreach Program as well as lower patient charges.

(d) The variation is due to the payment of voluntary severances and back payments.

3. SIGNIFICANT TRENDS & ISSUES

3.1 Spinal Cord Injury Statistics

[These are the most up to date statistics for spinal cord injury in Australia as at June 2019].

During 2007-08, 362 new cases of SCI were registered with 77 (21%) of these resulting from non-traumatic causes, where SCI was secondary to medical conditions such as vascular disorders (22%), infectious conditions (17%) and spinal stenosis (23%).

- More than 10,000 people are living with spinal cord injury in Australia.³
- One person a day suffers a spinal cord injury in Australia.³
- With improved emergency management, medical care and rehabilitation, life expectancy after spinal cord injury has improved, leading to increasing prevalence in the future.³
- The total cost of spinal injury in Australia is estimated to be \$2 billion annually.²

Residents of Western Australia had a three-year annual average incidence rate of persisting SCI that was significantly higher than the national incident rate (25.1 cases per million population versus 15.1 cases per million population)¹.

¹ *Spinal Cord Injury, Australia 2007-08*, Lynda Norton, Melbourne: Flinders University [reviewed 2010 Lynda Norton]

² The economic cost of spinal cord injury and traumatic brain injury in Australia. Access Economics, 2009

³ Spinal Cord Injury Network Australia New Zealand

4. DISCLOSURES & LEGAL COMPLIANCE

4.1 Financial Statements

See the end of this report for all financial declarations and disclosures.

4.2 Other Financial Disclosures

4.2.1 Pricing Policy

The National Health Reform Agreement 2011 sets the policy framework for the charging of public hospital fees and charges. Under the Agreement, an eligible person who receives public hospital services as a public patient in a public hospital or a publicly contracted bed in a private hospital is treated 'free of charge'. This arrangement is consistent with the Medicare principles which are embedded in the National Health Reform Agreement 2011.

The majority of hospital fees and charges for public hospitals are set under Schedule 1 of the Health Services (Fees and Charges) Order 2016 and are reviewed annually.

4.3 Human Resources

4.3.1 Employee Profile

Table Seven: Average Full Time Equivalents (FTE's) by employee category

| Category | 2018/2019 Average FTE ¹ | 2017/2018 Average FTE | 2016/2017 Average FTE | 2015/2016 Average FTE |
|----------------------|--|-----------------------------|-----------------------------|-----------------------------|
| Administration | 1.34 | 1 | 1.5 | 2 |
| Nursing Total | 50.79 | 59.05 | 59.05 | 77.25 |
| Allied Health | 4.62 | 4.78 | 4.78 | 5.85 |
| Hotel Services | 8.4 | 12.4 | 12.4 | 20.82 |
| Maintenance | 1 | 1 | 1 | 1 |
| Medical Sessional | 0.4 | 0.4 | 0.4 | 0.4 |
| Community Nurses | 2.2 | 3 | 3 | 3 |
| Total FTE | 68.77 | 81.63 | 82.13 | 110.32 |

¹ Average employees for the year ended 30 June 2019 has significantly varied throughout the year as staff reductions through natural attrition, redeployment or voluntary redundancy.

4.4 Industrial Relations

The Quadriplegic Centre manages industrial relations issues in accordance with the conditions contained in relevant Industrial Awards, Agreements and industry best practice. The Centre regularly consults with relevant agencies regarding conditions and awards for employees.

4.5 Occupational Safety and Health

The Quadriplegic Centre remains one of the heaviest nursing care environments within the State health system. Each patient, without exception, requires direct assistance with physical transfers continuously with each major activity of daily living. The implications of this in regard to occupational health and safety are significant.

The Centre continues to strive for best practice outcomes and preventative activities. To facilitate this commitment to occupational safety and health, a Workplace Health and Safety (WHS) Committee meeting is held monthly. The Committee comprises of representation from management, all departments within Allied Health, ward and clinical nursing representatives and two elected Safety Representatives.

The Quadriplegic Centre is committed to ensuring the highest standard of occupational safety and health for all personnel, in accordance with the organisation's policies and procedures. Until the end of 2016, these standards were subject to an external audit process by the Industrial Foundation for Accident Prevention (IFAP), who awarded Gold Standard recognition for year ending 30th June 2016 in addition to recognising the attainment of a 6 month lost time injury (LTI) free period. This audit conducted on 15th July 2016 the last audit by IFAP as the Quadriplegic Centre was moved towards total auspice of the North Metropolitan Health Service from early 2017.

To support the Centre's Occupational Health and Safety management system, a documented WHS Management Plan is produced yearly to look at new, mandatory and ongoing strategies that promote the health and safety of the Centre's staff, students, contractors and visitors. This document includes measurable WHS targets that allow the Centre to deliver best practice models.

Workplace Health and Safety Objectives for 2018

| OBJECTIVE |
|--|
| To develop and roll out a computerised database for Material Safety Data Sheets (MSDS) |
| To conduct orientation and annual WHS mandatory education of all staff |
| To provide Challenging Behaviors Support Sessions for all staff |

The WHS targets are audited internally every six months to measure their compliance against targets.

The Centre complies with the injury management requirements of the *Workers' Compensation and Injury Management Act 1981* and works within the guidelines of the act and staff to develop individualised return to work plans for injured staff.

Table Eight: Occupational Safety, Health and Injury Management

| Financial Year | Number of Fatalities | Number of Lost Time Injuries or Disease* | Number of Severe Claims |
|----------------|----------------------|--|-------------------------|
| 2018/2019 | 0 | 2 | 1 |
| 2017/2018 | 0 | 2 | 0 |
| 2016/2017 | 0 | 2 | 0 |
| 2015/2016 | 0 | 0 | 0 |

*"Lost time injury or disease" – The number of lost time injury/disease claims where one day/shift or more was estimated to be lost.

"Severe Claims"-The number of severe claims (estimated 60 days or more lost from work).

There were 2 occasions of workers compensation resulting in lost time injuries in the 2018/2019 year.

4.6 Fire Safety

Announced and unannounced fire evacuation drills are conducted throughout the year. The evacuations are followed by debrief meetings which enable staff to identify fire safety concerns and enable improved reaction times and more efficient coordination of an evacuation.

A review of the Centre's Disaster Planning and Preparedness Procedures has identified current best practice strategies in managing emergency situations within a healthcare setting which have been developed and published as the Quadriplegic Centre Emergency Procedure Manual. This manual was most recently reviewed and updated in June 2015 to include new information.

All Registered Nurses have undertaken theoretical and practical training in Fire Safety, in addition all employees receive mandatory training and instruction in “Emergency Procedures” and “Fire Extinguisher training” on an annual basis.

The Centre also recently completed Emergency Warden training for all Registered Nurses in addition to implementing new training modules for all care staff in three areas of Fire Safety:

1. Correct use of a Walkie-Talkie
2. Correct use and practice of Pelican evacuation sheet
3. Electronic wheel chair – practice manual operation and assisted control

4.7 Governance Disclosures

4.7.1 Ministerial Directives

The Quadriplegic Centre was established as a board governed Health Service Provider on 1 July 2016 by the Minister under section 32 of the *Health Services Act 2016*. This governance was amended by the Minister by order published in the Government Gazette on 30 November 2018 under Section 195(c) of the *Health Service Act 2016*. Governance of the Quadriplegic Centre changed from a Board governed provider to a Chief Executive governed provider on 1 January 2019.

4.7.2 Potential Conflicts of Interest

No Board Member (prior to 1st January 2019) or senior officer at the Quadriplegic Centre held shares as beneficiary or nominee in a subsidiary body of the Quadriplegic Centre.

Prior to 1st January 2019, S. Edmondson, G. Currie and S. Chew as Board members of Alinea Inc had a related responsibility in administrative staffing of the Centre and a grounds maintenance contract undertaken by ParaQuad Industries.

Board members (prior to 1st January 2019) 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.

Prior to 1st January 2019 all Board members of the Quadriplegic Centre undertook their responsibilities without remuneration or other benefit, in the community interest.

4.8 Other Legal Requirements

4.8.1 Advertising

This information is published in accordance with Section 175ZE of the Electoral Act.

Table Nine: Advertising expenditure 2018/2019

| Class of Expenditure | 2018/2019 | 2017/2018 | 2016/2017 | 2015/2016 |
|-----------------------------|------------------|------------------|------------------|------------------|
| Advertising Agencies | \$ | \$ | \$ | \$ |
| Adcorp | nil | Nil | Nil | Nil |
| Hay's Recruitment | nil | Nil | Nil | Nil |
| Seek | nil | Nil | Nil | \$688.56 |
| Newspaper | nil | 393.98 | Nil | Nil |

4.8.2 Elimination of Discrimination and Harassment

Comprehensive policy and procedures are in place to eliminate discrimination and harassment. Grievances relating to discrimination and harassment are addressed in accordance with the circumstances of the grievance and the policy.

The Centre values equal opportunity and diversity and strives to have a work environment that is free from any form of harassment and discrimination. Training programs target the elimination of discrimination and harassment at orientation and mandatory education as well as specific staff support sessions to discuss the management of difficult behaviour.

Employment programs and practices recognise and include strategies to achieve workforce diversity.

The Centre has a diverse multicultural workforce with a multiplicity of ethnic groups, as well as staff with physical and intellectual disabilities. Employment programs and practices are consciously free of any bias, that includes but is not exclusive to gender, race and sexuality.

Table Ten: Equity and Diversity Indicators:

| INDICATOR | LEVEL OF ACHIEVEMENT |
|--|---|
| <ul style="list-style-type: none"> • EEO Management Plan | <ul style="list-style-type: none"> • Implemented |
| <ul style="list-style-type: none"> • Organisational Plans reflect EEO | <ul style="list-style-type: none"> • Implemented |
| <ul style="list-style-type: none"> • Policies & Procedures encompass EEO requirements | <ul style="list-style-type: none"> • Implemented |
| <ul style="list-style-type: none"> • Established EEO contact officer | <ul style="list-style-type: none"> • Implemented |
| <ul style="list-style-type: none"> • Training & Staff Awareness Programs | <ul style="list-style-type: none"> • Implemented |
| <ul style="list-style-type: none"> • Diversity | <ul style="list-style-type: none"> • Implemented |

4.8.3 Compliance with Public Sector Standards & Ethical Codes

The Quadriplegic 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. All staff have equal opportunity to access training and are encouraged to do so.

A grievance procedure is in place and is promoted at orientation and in-service education programs. A code of conduct devised from the WA Public Sector Standard is in place. It is available in all policy manuals located throughout clinical areas and is promoted during orientation programs.

No complaints were made in the past year to the Public Sector Standards Commissioner related to the conduct of management or staff and there is no evidence of any breach of the Public Sector Standards, the WA Public Sector Code of Ethics or the Quadriplegic Centre’s Code of Conduct.

4.8.4 Record Keeping Policy & Plans

The schedules detailed below form part of the Recordkeeping Plan for WA Health as required under section 16(3)(a-c) of the *State Records Act 2000*.

The Quadriplegic Centre maintains record keeping practices for all patient and corporate (non-patient) records, in accordance with WA Health policies and legislation.

The *Disposal Authority 2013-2017* applies to all State Government organisations and the scope of the Disposal Authority consolidates and amends the disposal and storage for Administrative Records, Human Resource Management Records and Financial and Accounting Records.

The *Patient Information Retention and Disposal Schedule (Version 4, 2014)* provides a management tool for identifying and determining the retention and disposal requirements for patient records created and received by WA Health.

The scope of this policy includes both paper based (including medical records) and electronic data. The policy covers management, storage and archiving of staff records, medical records and administrative documents.

All archived records are stored in a secure area on site that complies with the Library Board of WA, the FMA and Department of Health OD0133/08 directives.

External auditors, SAI Global, regularly conduct reviews of compliance and efficiency of the Centre's records and the record keeping process.

4.8.5 Annual Estimates

In accordance with Treasurer's Instruction 953, the annual estimates for the 2020 year are hereby included in the 2019 Annual Report. These estimates do not form part of the 2019 financial statement and are not subject to audit.

Statement of Comprehensive Income

Quadriplegic Centre Board
 S40 Submission
Statement of Comprehensive Income

| | 2020 Estimate \$ '000 |
|---|-----------------------------|
| COST OF SERVICES | |
| Expenses | |
| Employee benefits expense | 4,939 |
| Fees for visiting medical practitioners | 70 |
| Patient support costs | 712 |
| Depreciation and amortisation expense | 279 |
| Loss on disposal of non-current assets | - |
| Repairs, maintenance and consumable equipment | 145 |
| Other expenses | 355 |
| Total cost of services | <u>6,500</u> |
| INCOME | |
| Revenue | |
| Patient charges | 548 |
| Other grants and contributions | - |
| Interest revenue | 182 |
| Other revenues | 8 |
| Total revenue | <u>738</u> |
| Gains | |
| Gain on disposal of non-current assets | - |
| Total Gains | <u>-</u> |
| Total Income other than income from State Government | <u>738</u> |
| NET COST OF SERVICES | <u>5,762</u> |
| INCOME FROM STATE GOVERNMENT | |
| Service appropriations | 5,272 |
| Service appropriations received free of charge | 490 |
| Total income from State Government | <u>5,762</u> |
| TOTAL COMPREHENSIVE INCOME FOR THE PERIOD | <u>0</u> |

Approved by the Minister for Health:



Date:

2/8/19

Statement of Financial Position

Quadruplegic Centre Board
S40 Submission
Statement of Financial Position

| | 2020 Estimate \$ '000 |
|--------------------------------------|-----------------------------|
| ASSETS | |
| Current Assets | |
| Cash and cash equivalents | 8,281 |
| Receivables | 46 |
| Inventories | - |
| Total Current Assets | <u>8,327</u> |
| Non-Current Assets | |
| Amounts receivable for services | 1,578 |
| Property, plant and equipment | 50 |
| Intangible assets | - |
| Total Non-Current Assets | <u>1,628</u> |
| Total Assets | <u><u>9,955</u></u> |
| LIABILITIES | |
| Current Liabilities | |
| Payables | 178 |
| Provisions | 757 |
| Other current liabilities | 17 |
| Total Current Liabilities | <u>953</u> |
| Non-Current Liabilities | |
| Provisions | - |
| Total Non-Current Liabilities | <u>-</u> |
| Total Liabilities | <u>953</u> |
| NET ASSETS | <u><u>9,002</u></u> |
| EQUITY | |
| Contributed equity | 158 |
| Accumulated surplus/(deficit) | 8,846 |
| TOTAL EQUITY | <u><u>9,002</u></u> |

Approved by the Minister for Health: _____

Date: _____

Statement of Cashflows

**Quadruplegic Centre Board
S40 Submission
Statement of Financial Position**

| | 2020 Estimate \$ '000 |
|--------------------------------------|-----------------------------|
| ASSETS | |
| Current Assets | |
| Cash and cash equivalents | 8,281 |
| Receivables | 46 |
| Inventories | - |
| Total Current Assets | <u>8,327</u> |
| Non-Current Assets | |
| Amounts receivable for services | 1,578 |
| Property, plant and equipment | 50 |
| Intangible assets | - |
| Total Non-Current Assets | <u>1,628</u> |
| Total Assets | <u><u>9,955</u></u> |
| LIABILITIES | |
| Current Liabilities | |
| Payables | 178 |
| Provisions | 757 |
| Other current liabilities | 17 |
| Total Current Liabilities | <u>953</u> |
| Non-Current Liabilities | |
| Provisions | - |
| Total Non-Current Liabilities | <u>-</u> |
| Total Liabilities | <u>953</u> |
| NET ASSETS | <u><u>9,002</u></u> |
| EQUITY | |
| Contributed equity | 158 |
| Accumulated surplus/(deficit) | 8,846 |
| TOTAL EQUITY | <u><u>9,002</u></u> |

Approved by the Minister for Health:



Date:

2/8/19

4.9 Government Policy Requirements

4.9.1 Government Building Contracts

To balance data, no contracts subject to the Government Building Training Policy had been awarded.

4.9.2 Corruption Prevention

Prevention of corruption is an area of focus for the Centre and there are policies in place to manage potential risks. All new staff are given information and education on public interest disclosure and corruption and the consequences of misconduct.

4.9.3 Sustainability

The Quadriplegic Centre has a continued commitment and awareness of the need to provide a service with minimal impact on resources. This is particularly relevant in food services, where there are often levels of waste. The implementation of menu planning, standardised recipes, and specialist catering software have allowed for accurate calculating of ingredient requirements and significant decrease in waste.

The Centre continues to work in partnership with Oz Harvest in an initiative to reuse an excess food in the kitchen. OzHarvest is Australia's leading food rescue organisation which collects quality excess food from commercial outlets and delivers it, free of charge to charities providing much need assistance to vulnerable men women and children. OzHarvest's first collection from the Quadriplegic Centre was on 8th Feb 2016 and continues to collect weekly, redistributing excess food throughout Perth metro area.

OzHarvest was founded in Sydney in 2004 and is now in its 12th year with 30 vehicles operating across Perth, Brisbane, Canberra, Gold Coast, Melbourne, Newcastle and Sydney.



Ms Roslyn Elmes
A/Chief Executive
Quadriplegic Centre

Date ^{6th} Sept 2019