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ALICE SPRINGS HOSPITAL MANAGEMENT BOARD

ANNUAL REPORT
1996/97
25 September 1997

The Hon Denis Burke MLA
Minister for Health. Family & Children’s Services
GPO Box 3146
DARWIN NT 0801

My dear Minister


I trust that the Report meets with your approval.

Yours sincerely,

HERMANN WEBER
CHAIRMAN
In accordance with section 25 [1] of the Hospital Management Boards Act (the Act), I present the Alice Springs Hospital Management Board (the Board) Annual Report on its and the Hospital's activities for the year ended 30 June 1997.

Composition of the Board at 30 June 1997

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Hermann Weber</td>
<td>Chairman</td>
</tr>
<tr>
<td>Mrs Margaret Wait</td>
<td>Appointed Member</td>
</tr>
<tr>
<td>Mr Peter Chote</td>
<td>Appointed Member</td>
</tr>
<tr>
<td>Mrs Johann Bull</td>
<td>Appointed Member</td>
</tr>
<tr>
<td>Mr Klaus Neubauer</td>
<td>Appointed Member</td>
</tr>
<tr>
<td>Mrs Joyce Bowden</td>
<td>General Manager</td>
</tr>
<tr>
<td>Dr Geoffrey Westwood</td>
<td>Director of Medical Services</td>
</tr>
<tr>
<td>Mr Gerald Williams</td>
<td>Director of Nursing Services</td>
</tr>
</tbody>
</table>

New Appointments, Retirements and Resignations

Ms Helen Liddle resigned from the Board in March 1997. Ms Liddle made a significant contribution to the Board's deliberations, especially in matters relating to Aboriginal people and cultural brokerage. She played a key part in helping to establish the Aboriginal Health Action Group which provides advice to the Board and Territory Health Services' management. The Board acknowledges Ms Liddle's contribution and appreciates her continuing association through her membership of the Aboriginal Health Action Group.

Mr Klaus Neubauer was appointed to the Board in June to replace Ms Liddle.

Attendances at Board Meetings

There were 12 ordinary meetings of the Board, held on the second Thursday of each month. The January meeting proceeded but without a quorum due to the number of members on leave.

Attendances at Board meetings were as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Attended</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Hermann Weber</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Mrs Margaret Wait</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Mr Peter Chote</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Mrs Johann Bull</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Ms Helen Liddle</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Mr Klaus Neubauer</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>General Manager</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Director Medical Services</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Director Nursing Services</td>
<td>9</td>
<td>12</td>
</tr>
</tbody>
</table>
BOARD ACTIVITIES FOR THE YEAR

Meetings & Related Activities

The Board's firm commitment to the provision of quality services, relevant to the people of Central Australia, is reflected in the attendance of members at ordinary meetings of the Board and in extraordinary activities involving the Board.

The Board has taken a particular interest in the processes for the completion of the Hospital's Master Property Development Control Plan (MPDCP) which was undertaken to advise the Minister for Health Services, the Honourable Denis Burke MLA, and the NT Government on the future direction for the development of facilities appropriate to the current and future needs of the growing population. The Board was pleased to have the opportunity to discuss these plans and other issues with Minister Burke during a meeting in May.

The NT Government's commitment to undertake the recommended major redevelopment program over the next 4 years to significantly upgrade the Hospital's facilities, is welcomed by the Board. Initial works to relocate the main entry to the Hospital and construct Stage 1 of the Rehabilitation Unit commenced in June.

The Board is pleased to support the newly formed Aboriginal Health Action Group which was established to promote Aboriginal issues and to support Aboriginal clients and workers in the Hospital. The two way sharing of information and ideas is expected to have a positive impact on cross cultural relations and Aboriginal health. The Action Group had an inaugural meeting with the Board in March, at which roles and priorities were agreed.

Another area of particular interest to the Board was that of improving access to the use of the Hospital's palliative care services. The Board helped to allay public anxiety about access to services and participated in a review of policies and guidelines for the use of the palliative care room and the development of a pamphlet to inform the public and health service providers.

Board members accompanied the Secretary of Territory Health Services (Mrs Henderson) on her annual inspection of the Hospital in September 1996. Areas inspected included Ward 7 (including the palliative care room), Emergency Department, Ward 1, Laundry, Pharmacy, and the site for the Rehabilitation Unit.

The Board's Involvement in Committees

- Quality Management

Quality Management Coordinators Carol Barnes and Bronwyn Taylor sought direction from the Board and presented quarterly summary reports to the Board. The focus on Quality Management activities during 1996/97 is shown in the attached report from the Quality Management Coordinator.

A summary report from the Quality Management Coordinator is attached to the Board's report.

The Board took a particular interest in the management of complaints about Hospital services and in reviewing the process for handling complaints. Of concern to the Board were complaints about access to the Palliative Care Room. The Board oversaw a process which involved consumer representatives and Hospital staff in developing written policies and guidelines for the use of this facility, and a pamphlet for the information of other service providers and the general public.
• Administration Committee

Mr Peter Chote continued to represent the Board on this Committee, which administers monies received through the Specialists' Private Practice Trust Agreement. Funds accumulated from the Private Practice Trust Fund as at 30 June 1997 totalled $67,569.70. Income received during the year was $7,066.93 and disbursements of $5,000 were made for scholarships paid to 9 staff members.

• Chaplaincy Committee

Mrs Johann Bull represented the Board on the Chaplaincy Committee, which is formed by the Ministers' Fraternal to administer the monies and support the role of the Hospital Chaplain.

The Board acknowledges the considerable support of the Ministers' Fraternal and the churches for the Rev. Rob Day in this position and his highly valued pastoral care for the patients and staff of the Hospital.

• Hospital Master Plan Development Control Plan (MPDCP) Steering Committee

The MPDCP committee oversaw the completion of the Master Plan and its presentation to the Minister for Health Services and Cabinet. Mesdames Margaret Wait and Helen Liddle continued to provide valuable advice to the Committee, to ensure that community concerns were appropriately considered throughout the process of completing the Plan. A number of studies contributed to the completion of the Plan: Improving Aboriginal People's Access to Alice Springs Hospital (Associate Professor Paul Memmott); Staff Residential Accommodation Review (Tangentyere Design); Economic Evaluation (Sirius Economics); Study of Further Issues (Col Burden). The Committee was disbanded following the successful completion of the MPDCP.

Ms Liddle was a member of the panel which considered tenders for the consultancy on improving Aboriginal people's access to the Hospital and provided ongoing support and assistance to the consultant during the Project.

Mrs Wait was the Board's representative on the Master Planning Steering Committee which met at least monthly to coordinate input and manage the various contributing projects and to finalise the reports for submission to Cabinet.

The Board was delighted with Cabinet's decision to undertake the major redevelopment project and hosted a 'Lunchtime Launch' where Minister Denis Burke presented the endorsed Master Plan to staff and the general public. Plans for the redevelopment project are on display in the Hospital foyer and received considerable public interest at the Alice Springs Show, where they formed part of the Department's exhibition.

• Hospital Redevelopment Project Control Committee

Messrs Hermann Weber and Klaus Neubauer are the Board's members of this new committee, which was formed in May to oversee the major re-development of the Hospital over the next 4 years.

• Donations and Trust Accounts

In July 1997 the Board established three new trust accounts (as follows) for the receipt and dispersal of donations: Donations Trust Account; Nursing Department Trust Fund and University Donations Trust Account.
Donations received during the year included a feeding pump for assisted feeding (Todd Mall Market); video equipment and games for children in hospital (Variety Club); wheelchair (Mrs King); toys for children in hospital at Christmas (Motorcycle Association); artwork (Mr Johns); video conference facilities (Flinders University of Adelaide), as well as a number of spontaneous donations to the Emergency Department.

- Community Activities

Red Cross continued to provide valuable support to patients and the community through activities such as the supply of blood and blood products, in-patient library and trolley service, meals-on-wheels, and the Hospital Canteen. The Board is pleased to support the proposed establishment of the Red Cross Dining Facility which will provide "sit-down" meals in pleasant surroundings for both staff and visitors to the Hospital.

A number of other community organisations such as the Anti-Cancer Foundation, Aboriginal Alcoholics, Asthma Foundation, Childbirth Education Support Group, Tangentyere Council Night Patrol, continued their longstanding association with the Hospital. Generous support was received from local organisations and individuals who donated funds, time and other special gifts during the year.

The Board wishes to record its thanks to all individuals and organisations who do so much for Alice Springs Hospital, often without seeking special recognition.

The Board also acknowledges the dedication and skills of hospital staff and management throughout the year in continuing to provide an excellent essential service in quite unusual and challenging circumstances.

HOSPITAL ACTIVITIES FOR THE YEAR

Alice Springs Hospital is the major referral hospital in Central Australia, servicing an area which covers two thirds of the Northern Territory and extending into bordering areas of South Australia and Western Australia. The Hospital is affiliated with the Universities of Sydney, New South Wales and Flinders of South Australia for medical teaching purposes. In addition the Hospital provides formal training for midwives (through the NT School of Midwifery) and provides undergraduate elective clinical placements for students of all health science disciplines.

Of the 170 available beds, 146 are designated for acute care, 8 for day surgery, 6 for mental health services, and 10 for paediatric rehabilitation. In addition to its busy in-patient services, the Hospital provides 24-hour emergency services, resident and visiting Specialist out-patient services, and medical and management support for the community-based renal dialysis service.

Tennant Creek Hospital receives regular visiting specialist services from Alice Springs Hospital and other specialised support services, on a needs basis.

- Patient Services

The Hospital's goal is to provide (within allocated budget) a range of inpatient, outpatient and outreach hospital and specialist consulting services appropriate to the diverse and unique needs of the people of Central Australia, and of a standard that ensures that the outcome for each individual is both clinically and socially acceptable.

Continued emphasis has been placed during the year in improving coordination between hospital and community services, to streamline services and improve support for patients.
The focus has been on issues such as improving the quality and timeliness of written discharge summaries to referring agencies; integrating the management of renal services; developing more appropriate models for the provision of services to children; and improving the coordination of palliative care services.

The purchase of laser equipment in June will enable specialist treatment of preventable blindness caused by diabetic retinopathy to occur locally. In 1996/97, 43 people were referred to Adelaide for this treatment, at significant cost and personal disruption.

Additional operational funding ($450,000 in 1996/97 and $860,000 in 1997/98) was provided by Government to cater for the rapidly growing number of patients receiving treatment in Alice Springs for end stage renal disease. A major building project commenced in May to double the capacity of the existing dialysis unit. Hospital and community staff were engaged in Territory-wide strategic planning deliberations to develop improved models for the prevention and management of renal disease.

Alice Springs Hospital entered into a formal agreement to become part of the Northern Territory Clinical School for teaching undergraduate medical students. Dr. Antonia Bagshawe became the first academic appointee, undertaking the role of Clinical Training Coordinator on a part-time basis to assist in the establishment of the School in Alice Springs. It is anticipated that fourth year under-graduate medical students will undertake elective and selective clinical placements at Alice Springs Hospital in 1999.

A review of Renal Services at Flynn Drive Community Health in February 1997 resulted in Renal Services now being incorporated into the Hospital management with nursing staff reporting through to the Director of Nursing Services. This relationship will be strengthened in the current year, prior to Renal Services being output based funded in 1998/99.

• Hospital Facilities

A total of $620,000 was spent on the acquisition Capital Equipment during the 1996/97 fiscal year. Through the Capital Equipment Program [CEP], the Hospital purchased a 125 kg washing machine and a new roller-ironer in April, a significant upgrade of laundry equipment, to help respond to the increasing workload with improved capacity and productivity. The Hospital fire detection system was further enhanced through the upgrade of the existing fire panel by the installation of a programmable chip. Other significant purchases through this program included a steriliser, a media maker for Pathology, a neonatal ventilator, an infant intensive care system and a defibrillator for medicine.

The purchase of teleradiology equipment in June enables direct digital transmission of CT scans and ultrasound examinations to specialists based in Adelaide, thus expanding the 24-hour availability of specialist services to the people of Central Australia. Other significant technological advances were made during the year by purchasing eye laser equipment, extending the availability of endoscopic equipment and improving information technology.

Roadworks to realign the main entry into the Hospital commenced in June and are preparatory to the commencement of construction of the Rehabilitation Unit - scheduled to commence in August 1997. The Rehabilitation facility is the first of many projects in the major building program scheduled over the next 4 years, which will greatly enhance facilities available to Central Australians.

Further improvements were made to the perimeter fence to upgrade security to provide a safer and more secure environment for staff, patients and personal and hospital property. This program will continue as part of the Hospital redevelopment in conjunction with building programs.
Waste water from the Hospital cooling towers has been redirected to PAWA's non-potable supply rather than directed to groundwater via the Todd River. This is a major contribution to recycling of water in Alice Springs, given the large volume of water utilised by the air conditioning system.

**Staff**

Mrs Joyce Bowden continued as General Manager of the Hospital and Mr Ged Williams as Director of Nursing Services. Dr Scott Germann finished his secondment as Director of Medical Services in December 1996 and the position was taken up by Dr Geoff Westwood, previously with the Queensland Health Department. Ms Ann Port has taken on the dual responsibilities of Operations and Administration Manager following the departure of Mr Col Penley in January 1997.

After two years of negotiation, the position of Director of Obstetrics and Gynaecology was finally filled when Dr Prabhat Chatterjee arrived from the UK in June. The obstetric service is now fully staffed after two years of various locums and shortages. Dr Alan Hughes is to be commended for his dedication to the Hospital as a Visiting Specialist in holding together the Obstetrics and Gynaecology service during this period. He contributed well beyond the hours normally expected of his position.

The Deputy Director of Medical Services, Dr Stuart Breden, finished his two year contract in April 1997 and has returned to Western Australia. A new model of medical administration is being trialed with the appointment of Ms Wendy Mann to the position of Executive Officer Medical Services. This non-medical position will provide administrative support to the DMS and be the main link to junior medical staff for recruitment and organisational issues. The position is modelled in part on a similar one at Royal Darwin Hospital.

Junior doctors at the Hospital participated in two national one day strikes in April, protesting about the Commonwealth Government's restrictions on the issuing of provider numbers. This was in the form of an information day in the mall in Alice Springs, to bring to the public's attention their concerns and an information stand in the Hospital foyer.

The introduction of Patient Services Assistants [PSA's] at Alice Springs Hospital provided the opportunity for Physical Grade staff to be multi-skilled and reclassified from Physical Level 2 to Physical Level 3. The PSA's role includes a large proportion of the duties previously carried out by the former Orderlies Section at ASH. The remaining theatre orderly positions were reclassified into the Technical stream to undertake the remaining specialist functions of theatre, ECG's, plastering and gas cylinder control which are more technical in nature and could not be carried out by the PSA's. The obtaining of qualifications by the staff involved was seen by management as an important outcome of the reclassification of the staff from Physical to Technical. Also reclassified into the Technical stream were the former Orderly Supervisor and Assistant Supervisor positions.

The nursing staff in the Hospital have conducted a comprehensive internal review in order to manage their workload efficiently. Nursing has gone from a total establishment of 263 full time equivalents in December 1995 to a current establishment of 252, despite an incremental increase in patient acuity.

In 1996, the Hospital conducted its first Critical Care Nursing Course (ICU major) utilising the curriculum provided by the NSW College of Nursing. A second program in 1997 has combined ICU and Emergency Nursing majors. The nursing team continue to provide specialist in house training courses in neonatal nursing, orthopaedics, advanced cardiac life support and midwifery. Plans to provide further tertiary accredit specialist programs in 1998 are underway.
Whilst nursing staff turnover remains unacceptably high, new relocation supports and arrangements have been put in place to encourage a longer stay in employment and these initiatives are hoped to improve staff turnover in the current year.

- **Clinical Group 1**

  Under the Hospital’s devolved management structure, two major clinical groups are responsible for the operational and budgetary management of clinical activity.

  **Sub Units:** Nursing Clinical Group 1   Emergency
  Paediatric   Outpatient/Specialist Clinics
  Obstetric

  **Activity:** Activity and occupancy levels remained constant throughout the year.

  - **Average bed occupancy:** 82%
  - **Averaged bed occupancy Special Care Nursery:** 119%
  - **Births:** 748
  - **Emergency Department:** 36,027 attendances
  - **Outpatient Clinics:** 21,379 attendances

  **Key Managements Goals:** Energies have mainly focussed on medical overtime and nursing turnover. Hospital wide strategies are now in place to limit the impact these facts have on operation efficiency.

  **Special Projects:**

  - The new CARESYS Emergency Department module was introduced.
  - A report has been prepared by the Assistant Director of Nursing Services on the feasibility of upgrading Special Care Nursery to accommodate all sick neonates nursed at Alice Springs Hospital.
  - The Commonwealth funded project for the employment of three Aboriginal Health Workers in Clinical Group 1 finished in February. The Health Worker’s positions have been retained in Ward 4, Emergency Department and the Midwifery Unit.
  - The project funded by the Women's Health Unit to examine alternative pain relief in labour was completed. With funding made available via this project a booklet for use in Aboriginal communities was produced. The booklet contains numerous photographs and will be used to introduce the Midwifery Unit at Alice Springs Hospital to Aboriginal ladies.
  - The two year Foiate Trial Research conducted by Dr James Thurley in Ward 4 was completed and data suggests a positive outcome to the use of this medication.

- **Clinical Group 2**

  **Sub Units:** Medicine   Surgery
  Operating Theatre   Anaesthetics & Intensive Care
  Day Surgery/Short Stay

  **Activity:**

  - **Ward 6:** 89%
  - **Ward 9:** 88%
  - **ICU occupancy increased by 50 additional patients compared to 1995/96.**
  - **Operations (Minor):** 1338
  - **Operations (Major):** 2101
Key Management Goals: Identical to Clinical Group 1 and are being addressed collaboratively.

Special Projects:
- Establishment of Critical Care Services Educator.
- Burns Management courses conducted for first time.
- Successfully evacuated patients and staff from southern wing in response to stairwell fire.

• Special Projects

Territory Health Services adopted an output-based funding model as the basis for funding Territory hospitals. Alice Springs Hospital re-organised its business processes to adapt to this change. Senior staff made a significant contribution to the construction of the funding model and its subsequent refinement for 1997/98.

Hospital Activity Statistics

Attached to this report as appendices are reports from the two Clinical Groups established the previous year. These summarise the activity, budgetary and major clinical activities for each group. The following tables and graphs summarise the hospital's overall activity for the year.

Separations, Patient Days and the Percentage of Same Day Separations

<table>
<thead>
<tr>
<th>Separations</th>
<th>Overnight</th>
<th>Same Day</th>
<th>Total</th>
<th>Patient Days</th>
<th>% Same Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995/96 Total</td>
<td>9486</td>
<td>7468</td>
<td>16954</td>
<td>61423</td>
<td>44.05%</td>
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<tr>
<td>1996/97 Total</td>
<td>9915</td>
<td>8835</td>
<td>18750</td>
<td>64882</td>
<td>47.12%</td>
</tr>
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</table>
Alice Springs Hospital – Average Length of Stay for Overnight Patients

Note: This graph includes Boarders and Psychiatric patients.

Alice Springs Hospital – Percentage of Same Day Separations

Note: This graph includes Boarders and Psychiatric patients.
QUALITY MANAGEMENT REPORT 1996/97

The Quality Management Coordinator (QMC) reports directly to the Board in the form of a quarterly presentation and written report. During this financial year the major quality activities have been as follows:

National Quality Indicators. Data is now being collected and reported according to Commonwealth definitions for the three infection control indicators and the emergency readmission within 28 days indicator. Caution is advised in interpreting data because of the range of influencing factors that do not relate to quality care. Nonetheless, the information is useful as a tool for identifying and exploring unexpected variations.

The Alice Springs Hospital Consumer Complaints Policy, Complaint Record and database were implemented, with the purpose of ensuring that a timely and satisfactory response is provided to all complainants, to improve patient services and to provide data for the evaluation of service trends. The QMC is participating in the development of a Territory Health Service complaint management strategy.

During 1996, Mrs Carol Barnes assisted the ASH Safety Officer with the development of a program to coordinate facility wide fire drills including documentation of staff response and follow-up action required. This program is now coordinated by Ms Kelly Davis.

The Board endorsed the plan to undertake a hospital wide self assessment in the second half of 1997, using the methodology described in the Evaluation & Quality Improvement Program of the Australian Council of Healthcare Standards. The purpose of this assessment is to evaluate the overall standard of service and care provided by clinical and support units and to identify areas that require implementation of improvement strategies.

The Board endorsed the plan to develop a set of Hospital Information Manuals in 1997/98 for staff, with a generic format and a system of management that ensures they continue to be a living source of current information. This major project is included in both the nursing division and the Hospital Business Plans.

Mrs Carol Barnes acted as QMC during 1996, achieving significant progress in a range of quality activities. Ms Bronwyn Taylor returned to the position in 1997 after working as Casemix Coordinator.

HERMANN WEBER
Chairman
Alice Springs Hospital Management Board