

Waitaki District Health Services Ltd

Annual Report

For the Fifteenth Financial Year

to 30 June 2014

The Directors are pleased to report that Waitaki District Health Services Limited has completed another satisfactory operational and financial year for the year ended 30th June 2014, in accordance with the company's principal objective of operating a successful health care business to meet the health care needs of the Waitaki District community.

General Comment

The financial year has ended with a small profit before provision for extraordinary items, namely costs incurred on the Observatory Hill Retirement Village planning, (which will be recoverable), and an increase of \$1,220,003 in the land and buildings valuation of the hospital.

The funding difficulties and shortfalls of the Southern District Health Board continue to be of concern to the Directors and to other rural hospitals dependent on such funding for the quality and range of services that are provided to our respective communities in Otago and Southland. We are currently awaiting the release of the SDHB draft Strategic Health Plan which is due to be released for public consultation. This is intended to define a way in which future health services delivery will be arranged in the base and rural hospitals throughout the region. There is some apprehension that both funding and some services currently provided by the rural hospitals will be drawn back to support Dunedin and Invercargill hospitals but we are relying on the SDHB management's assurances that the plan is to provide for better delivery of health services closer to communities and patients. This may herald some further devolution of services to the district hospitals where we believe these can be provided and maintained on a more efficient and cost effective basis.

WDHSL will be making full submission on the draft plan when this has been assessed and impacts, positive or otherwise, are able to be ascertained.

Operationally the Hospital and community health services have continued to deliver the required quality and range of services to our community that is required by our SDHB and other health services contracts and no particular issues have arisen as to service delivery.

A review of nursing services was undertaken and some restructuring has followed to implement the recommendations received. Effectively there has been some consolidation of the management of nursing services to improve management and an increase in efficiency of rostering.

Union negotiations on annual wage rounds have generally been satisfactorily completed.

The company's services contract with SDHB has been renewed, but subject to a provision for review that may be needed to accommodate changes that could occur as a result of finalizing and adopting the strategic health plan.

The directors annually complete a full day planning and strategy special meeting to review and update the company's business plan as may be needed. This was completed in accordance with the annual cycle of board meetings and the Directors are positive on the opportunities that exist to widen and improve health services we provide to Waitaki District.

Otherwise, a significant amount of director time has been involved in scoping and planning for the Observatory Hill Retirement Village project. This is proceeding satisfactorily and is now at the stage of detailed design development so that definitive costings for the project can be obtained. The directors consider that the growing needs of elderly residents in the Waitaki District do require the project to proceed and that there should not be any undue impact

from this on existing rest home operators given the extent of current and impending demand for placements and the apparent need for independent living facilities within a retirement village which is currently not met by any provider within our district.

The Waitaki District Health Services Trust has had a satisfactory year and continues to assist the hospital in areas where Government funding is either not available or limited. This year the trust made grants towards the new Pulmonary Rehabilitation Service and the Nurse Entry into Practice training programme but otherwise has conserved funds to ensure adequate funding can be provided toward the Observatory Hill project as and when this may be needed. Meantime WDHSL is temporarily covering development costs and will be reimbursed in due course from either the Trust or the owner and operator of the retirement village.

Service Highlights:

- Pulmonary Rehabilitation Programme commenced
- Successful integration of the Nurse Entry to Practice (NETP) position into normal nurse staffing mix
- Nurse staffing review completed
- Protected Quality Assurance Activity status achieved
- New Ultrasound Machine procured
- Hospital roof repainted under warranty

Activity Statistics:

- 6,721 Medical and 1,327 AT&R bed days occupied at Takaro Ward
- 4,920 Outpatient Clinic attendances
- 93 local births
- 165 postnatal services to women in Waitaki
- 7,667 attendances at Emergency Department
- 235 minor operations (local anaesthetics) performed
- 11,004 meals on wheels delivered
- 9,236 District Nursing visits
- 436 Day Chemotherapy treatments
- 1,949 Physiotherapy Outpatient & Community treatments
- 348 Community Occupational Therapy assessments completed
- 234 Community Social Work and 282 Needs Assessment completed
- 813 Podiatry treatments
- 67 Audiology treatments
- 62 Community Speech Therapy interventions
- 536 Diabetes Fundus Screening
- 217 Diabetes patients educated and managed
- 642 Dietetics input
- 46 Cardiac education and management cases completed
- 143 Respiratory education and management cases completed
- 9,937 primary referred Radiology procedures
- 9 Mobile Bus visits (at least 8 Day Surgery procedures per visit)
- 203 Assessment, Treatment & Rehabilitation (AT&R) Day Hospital services
- 370 AT&R Outpatient attendances
- 898 AT&R Domicilliary visits

Challenges:

- Consistent decline of ACC-related revenue activities
- Changes to contracting methodology by the SDHB Funding Arm

- Persisting centralisation of services by the SDHB Provider Arm, contrary to its expressed intent to devolve services to rural hospitals
- Increasing need for storage space for medical records

Opportunities:

- The provision of aged care services for our unusually high proportion of elderly population
- Devolution of further services from the Southern District Health Board
- Integration with Primary Health services
- Ongoing participation in ACC review programmes
- Introduction of Electronic archiving system

Pulmonary Rehabilitation Programme

Through funding support from the Waitaki District Health Services Trust, the hospital has this year established its own Pulmonary Rehab Programme. Pulmonary Rehabilitation is a broad programme that helps improve the well-being of people who have chronic (ongoing) breathing problems, including those who have COPD (chronic obstructive pulmonary disease), sarcoidosis, idiopathic pulmonary fibrosis or cystic fibrosis. It requires ongoing commitment from patients and our team of health care providers including Medical Specialist, Respiratory Nurse, Physiotherapists and other disciplines as may be required eg Occupational Therapists, Dietitian, Social Workers etc. When a patient starts pulmonary rehabilitation, the rehab team will create a plan that is tailored to their abilities and needs. Patients will attend the programme sessions and will be expected to follow their plan, including exercises and lifestyle changes, at home, on an ongoing basis.

Pulmonary Rehabilitation can improve patients' ability to function and their quality of life, and may help relieve their breathing problems. People with advanced lung disease can still benefit from Pulmonary Rehabilitation.

Our Pulmonary Rehab Team reported the first pilot group completed their six week programme in June 2014. It was very successful with all six participants completing the programme, a big commitment of two hours twice a week.

The success has some measured outcomes for the 6 participants:

Forced Expiratory Volume (FEV1)	50% improved
Peak Expiratory Flow (PEF)	84% improved
COPD assessment	84% improved
Chronic Respiratory Questionnaire	100% improved
Borg Scale Breathlessness	100% improved

From participants' point of view "Satisfaction Survey":

The course has helped me manage my lung condition more effectively	84% strongly agree	17% agree
Course met my expectations	67% strongly agree	34% agree
I found the course worthwhile	84% strongly agree	17% agree
The exercise programme has been helpful	100% strongly agree	
I would recommend this course to others with lung condition	100% strongly agree	

The next programme commenced in August 2014.

Workforce Planning & Development

Recruitment and retention of health professional staff is an ongoing challenge for rural health. We also face the challenge of an ageing workforce and therefore recognize the need to implement initiatives to mitigate this issue.

- The successful implementation of the Nurse Entry to Practice (NETP) Programme will assist with ongoing succession planning for nursing at Oamaru Hospital. At the completion of their year, the NETP nurse would have the opportunity to apply for any available vacancy or be offered a temporary contract to cover planned annual leave for nursing staff.

- We have also successfully implemented an individualized Return to Nursing (RTN) Programme for an Enrolled Nurse who subsequently regained her practicing certificate in Enrolled Nursing. This nurse has since joined our centre staff team at Maternity, providing much needed relief for the staffing of this service. The RTN process included Nursing Council endorsement of a senior nurse staff member as the local preceptor for the programme, which means we have ongoing ability to implement this programme as and when required.
- We continue to accommodate overseas Registered Nurses who are undertaking the Competency Assessment Programme (CAP) via Otago Polytechnic for their clinical placement and assessments. This is a 7-12 week programme which involves simulated practice assessments, clinical placements and assessments in hospitals or the community, completion of a range of worksheets, and a Treaty of Waitangi workshop and one assignment. The programme integrates theory and practice and gives overseas registered nurses the opportunity to demonstrate their ability to meet the NZ Nursing Council competencies for the Registered Nurse Scope of Practice and thereby apply for an annual practising certificate and gain employment at Oamaru Hospital or elsewhere within New Zealand.
- Our designation as a Rural Teaching Centre for the Otago University Medical School Department of General Practice and Rural Health ensures ongoing placements of 5th year Medical School students at Oamaru Hospital and Waitaki GP practices. This year a total of 9 students completed their placement in Oamaru. Such placements help raise the profile, status or prestige of rural health as a discipline and may affirmatively influence career preference of medical undergraduates during medical school years. A positive experience of Oamaru Hospital may in future assist with recruitment of Medical staff.
- We also maintain our arrangements with other various training institutions and this year had student placements for Nursing, Midwifery, Physiotherapy, Occupational Therapy, Social Work and Radiography.
- We have also had students from local high schools join us as part of their “work experience” programmes in various departments around the hospital.

Staffing

Staffing has been stable over the last year with the exception of Sonography which has become a challenge during later half of the year. We have been fortunate in securing locum sonographers which kept the service going although on a limited basis until a full time permanent appointment was eventually made in September 2014.

A review of nurse staffing was undertaken which resulted in restructure of nursing leadership and support base, as well as ongoing re-organization to ensure optimum staff utilization.

Protected Quality Assurance Activity Status Achieved

This year, approval of our application for protection for our Patient-related Critical Incident / Sentinel Events Review meetings has been achieved. The critical review meeting, which is held monthly, is a Quality Assurance Activity (QAA) undertaken to improve the practices and competence of our health practitioners by assessing the health services provided by them (eg, clinical audits of the outcomes of treatment). The Minister of Health can declare a QAA to be protected under the Health Practitioners Competence Assurance Act 2003, if satisfied that it is in the public interest.

A protected QAA protects the confidentiality of information that becomes known as a result of the declared QAA and gives immunity from civil liability to people who carry out activities in good faith as part of the declared QAA. A protected QAA does not cover systemic investigation. We initially applied to the MOH for our PQAA, however they have recommended we apply to SDHB for inclusion in their PQAA status which is already in place. We thank Mr Richard Bunton, Chief Medical Officer SDHB, for helping us achieve this status.

Audit Expectations All Successfully Met

The hospital has this past year undergone several compliance audits. These are:

1. The Health & Disability Sector Standard, Restraint Minimisation and Infection Control Surveillance audit
2. Radiology Accreditation Surveillance Audit by International Accreditation New Zealand (IANZ)
3. Radiology Audit by the National Radiation Laboratory
4. Financial Audit by Audit NZ
5. Blood Services Audit

These were all successful and all areas of compliance and improvement identified have or are being actioned as part of ongoing quality improvement effort.

Health & Safety

This year all employee representatives were encouraged to take on more responsibility by working through the Workplace Safety Management Programme elements and reporting back to the Health & Safety Officers. All reps continued to upskill and most have completed Stage 3 Rep training.

A new system was put in place to ensure all contractors are aware of all Health & Safety issues at WDHSL and that they also inform us of any hazards they may bring while working at Oamaru Hospital.

During H&S Week the usual Annual H&S Training Day was held, the Annual nominations of H&S Reps were received and we awarded H&S Employee of the year to two well-deserving staff members.

There have been minimal staff injuries during the year, all minor in nature.

Manual Handling training was carried out by the Physiotherapy Department, which had been very well attended and beneficial to all staff.

Policies, procedures and hazards are continually being reviewed and updated at our monthly meetings. H&S internal audits have all been completed as planned.

Goals and objectives for the past year were maintained. These are:

1. To promote, enhance and maintain the current H&S structure of WDHSL
2. To maintain Tertiary Level ACC WSMP status

Directors and management have been updated on impending changes in H&S legislation and close liaison with Reps and staff will continue to maintain a healthy and safe environment for all who work at Oamaru Hospital.

Infection Control

Approximately 92 staff had the flu vaccination this winter. This figure includes St John Ambulance staff.

The Infection Control Committee, who meets monthly, implements an annual audit/monitoring programme which includes environmental audit of all service departments, refrigerator temperature monitoring, hospital acquired infections (HAI), antimicrobial usage and prescribers audit, isolation audit and IV cannula audit. The programme ensures our ongoing compliance to standard requirements in these areas.

This year the hospital experienced one outbreak affecting a number of patients and staff who became unwell with diarrhoea and vomiting illnesses. This was handled very well with effective implementation of precautionary, protection, isolation and communication measures which resulted in prompt elimination of the illness from the inpatient ward. Education was also provided to ward staff around isolation cleaning and terminal cleaning requirements for patient rooms.

Membership of this Committee includes the Infection Control Officer, Department Reps and Senior staff.

Mobile Surgical Services:-

There were 9 visits by the Mobile Surgical Services Bus during the last year

Total number of patients 65 treated and 1 called in but not able to be done on day

1 visit	Dental	07
2 visits	Orthopaedic	18
2 visits	Gynaecology	12
1 visit	ENT	08

3 visits

Gen Surgery

20 treated 1 not done on day

Outreach Diabetes Educator Funding Contract now secured from DHB

The hospital has this year secured the funding contract for this service directly from Southern DHB. The service remains essential for ongoing management of diabetes in a community setting, diabetes being an illness that in some cases can be prevented or managed well given adequate education and support. This service works well complementing our hospital-based diabetes education service.

Emergency Department & Outpatients

The **Emergency Department** has this year seen a further increase in the number of presentations, with a total of 7,667 attendances compared with 7,284 the previous year. Of these, approximately 37% were ACC related cases. Nursing and Medical staff remained constant over the same period.

The waiting list expectation by the Ministry of Health has this year been upgraded to 4 months and this is proving to be a challenge for the **Outpatients** service. The hospital continues to work with appropriate services in Dunedin to ensure ongoing compliance to this requirement. We also continue advocating for retention of outpatient services locally, particularly centrally funded regional services.

Takaro Wing & Takaro Lodge

The **Inpatient Service** continued to treat high acuity patients with complex needs. There have been a lot of social issues involving elderly patients which were time consuming. Nurse staffing in the Ward had been stable generally except at Duty Nurse level which had been challenging at times during the year.

Professional development for staff is ongoing. This year and in-house education for CPR levels 2 & 4 was implemented. IV certification was also completed. Manual Handling Training was provided to all staff via the Physiotherapy Department. Palliative Care courses continued through Hospice, and ongoing updates in Triage, CPR level 6, TNCC plus other mandatory competencies were also supported for staff. Ongoing education sessions were also provided through the Mobile Surgical Bus throughout the year.

Takaro Lodge aged care facility remained fully occupied over the last 12 months with both demand and need for this facility being well established.

Maternity

During the 2013/14 period 211 women booked with our service. 102 births were attended in Oamaru including 9 homebirths (8.8%) and 54 water births (52%).

The transfer of women in labour to Queen Mary Hospital requiring secondary care was 10 (9.8%). Overall the percentage of women who birthed in Oamaru was 48% and 52% in Queen Mary or elsewhere. However this does not reflect the number of women who miscarried following booking or moved out of the area. Early pregnancy loss continues to require significant midwifery time with minimal reimbursement for this service.

Two new midwives have joined the maternity team. Following a long period of recruiting and relying on locum midwives to cover gaps, this last year has been more settled in terms of midwifery cover.

Support for Otago Polytechnic student midwives continued. During the last year we have supported one first year student, one second year student and two third year students with a commitment to a further two third year students by the end of 2014.

The Baby Friendly Hospital Initiative (BFHI) annual survey for the period 01st January to 31st of December 2013 revealed that the unit continued to be well above the 75% recommended rate of women exclusively breastfeeding on discharge. The average exclusive breastfeeding rate on discharge for babies born in the facility was 89.84% and for all infants including the transfers in the percentage was 84.77%. These statistics reflect the commitment of staff to provide quality levels of support. The majority of enrolled nurses are qualified peer counsellors and offer their

support often on a voluntary basis. This support has been very valuable for women who experience difficulties following discharge.

The service has received many compliments from women and their families/whanau as to the level of care and support they receive. As with every rural setting there have been challenging situations which were managed successfully.

District Nursing & Community Services

It has been a very steady year on District with staff remaining stable till the end of the reporting year. Referral numbers to District can fluctuate but on average we receive about 70 referrals to the service per month.

Patients continued to be very complex, with CVAD, low pressure vacuum systems and compression bandaging. District nurses undertake extra training to maintain their competencies in these skills.

Palliative Nursing remains an important part of the service. The district nurses work closely with Takaro Ward, the Otago Hospice in the provision of this service to the Waitaki Community.

The **oxygen therapy** service, although provided by the Southern District Health Board, continues to be managed very well under a subcontract arrangement with the district nursing service in Oamaru.

Continence advice has also been provided to many grateful patients as required. Continence is an issue that people don't discuss but has a huge impact on their lives. Palliative patients frequently require continence products in the last few days of life, and District Nursing works with the Hospice Service to have a supply of products available at short notice for these people.

This year there have been 3 third year **Nursing students** training here, each for a 3 week period and working with a preceptor on a district nursing run.

Wound Care services continue to be provided by district nurses alongside a clinical nurse specialist from Dunedin who comes for a monthly outpatient clinic in Oamaru. Two nurses also provide Nurse-led wound clinics which are now held in patient's homes.

We continue to hold two **ACC contracts**, clinic based and Nursing Services. The Nursing Services contract has been extended by 2 years till 2017. This contract is for complex wounds, patients with wounds unable to be managed by General Practitioners and patients who are unable to attend a GP or our clinic.

Rural Nurses continue to provide invaluable clinical support within Waitaki Valley, and there are currently have a good number of nursing staff available for covering this area.

The **chemotherapy** service continues to use MOSAIQ, the electronic scheduling and prescribing programme. This requires 2 laptop computers and a lot of extra time as each patient needs to be completed before starting the next patient. The service remained busy, workload often required the Chemotherapy nurses to deliver chemo on Thursday and Friday. The actual chemotherapy which is given is becoming more complicated, often running two products at one time.

Meals on Wheels numbers have been steady, averaging 50-60 meals a day.

District Nurses work closely with Clinical Needs Assessors, Medical Social workers, Occupational Therapists, Physiotherapists and GP practices, and we greatly value these partnerships.

The **Physiotherapy Department** has had full level of staffing during the last 12 months. This enabled the service to increase its community based work with two afternoons per week allocated to community visits which is an ever expanding area of work in Oamaru as well as nationwide with early discharge initiative being introduced.

The department also resumed involvement with Fracture Clinic which has been beneficial and educational for staff.

Occupational Therapy has had another year of stable workforce. Staffing was slightly increased to accommodate additional contracted work. Regular Clinical supervision sessions for staff were introduced which enhanced staff morale.

Social Work Services saw an increase in the number of complex cases which were very time consuming and a significant number of these came from the Ward. This is indicative of increasing number of elderly staying longer at home, and accordingly they have increased level of need when accessing hospital and ongoing health care input.

Clinical Needs Assessment service has been under review with the DHB for most of the year and it is likely some funding reduction for this service will occur in the new financial year.

Radiology

There has been another busy year in **Plain Imaging**, CT and Ultrasound scanning services.

The service continued supporting MRT Students from CPIT and hosted a 1st year student in Term 4, 2013, a 2nd year student in Term 1 2014 and another 2nd year student in the current Term.

The annual IANZ Surveillance audit was again successfully completed. The 2-yearly National Radiation Laboratory Audit was also successfully completed.

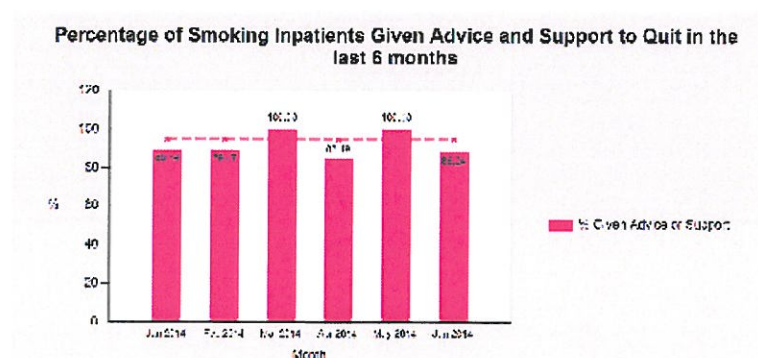
Annual equipment testing for main x-ray and CT was also successfully completed by a qualified medical physicist.

This year has seen an increase in **CT Scanning** numbers, as more cases were allocated to us by Southern DHB to manage their waiting list. We continue to advocate towards scanning of most North Otago patients in Oamaru. As many as 85% of North Otago patients can be scanned in Oamaru. There will always be a small percentage that require a faster scanner and radiologist intervention.

The first 6 months from July 13 to January 14 was extremely busy for **Ultrasound** but the service was then disrupted due to staffing issues. We have been fortunate to have had sporadic locum cover during the latter half of the financial year which enabled us to maintain the waiting list at 4-6 weeks for non-urgent examinations. The service is now permanently staffed again.

Smoking Cessation

Oamaru Hospital Health professionals assist people who smoke by advising them to stop smoking, recommending treatment (e.g. NRT), providing encouragement and referring to services such as Quitline or General Practice and Smoking Cessation Practitioners for ongoing treatment and support. The Better Help for Smokers to Quit Health Target is that 95 % of inpatients who smoke will be given advice and support to quit smoking. Within the general population in Otago the percentage of people who smoke is 19.40% (2006 NZ Census). The graph below shows the progress that Oamaru Hospital is making towards the health target.



Non-Clinical Support Services

Non-Clinical Support Services (NCSS) include supply, kitchen, orderly/security, cleaning, patient transfer and maintenance services. All NCSS staff provided excellent support to clinical departments over the last year. The good quality of food provided by the kitchen received numerous positive feedback. Routine maintenance work is consistently carried out as planned and as required.

Hospital Facility, Plant & Equipment Maintenance

- Hospital Roof repainted
- Patient scales calibrated
- External surfaces painting and maintenance contract renewed for another 5 years
- Ward Sanitizer repaired
- ED Stretcher repaired
- IV Pumps serviced
- Heart Monitoring system serviced
- Sewer Pumps replaced
- Fire Alarm system serviced
- Hospital windows repaired
- Bandwidth capacity between Oamaru & Dunedin Hospitals increased
- Kitchen Hot Water Cylinder replaced
- Heating units repaired / replaced as required
- Roof vents intalled to relieve heat from ceiling spaces
- Oxygen system maintained
- Thermostat for boiler in kitchen replaced
- New seal for oven in kitchen
- Regulators for LPG gas upgraded

Building Compliance

Inspection and Reporting contracts for ongoing building compliance have this month been renewed for another two years. These include:

- The fire systems
- Sewage pumps
- Mechanical Ventilation and Air Conditioning
- Diesel Stand-by Generator, including load tests
- Signs, means of escape from fire, safety barriers, access and facilities for disabled
- Backflow preventer tests
- Compliance Management

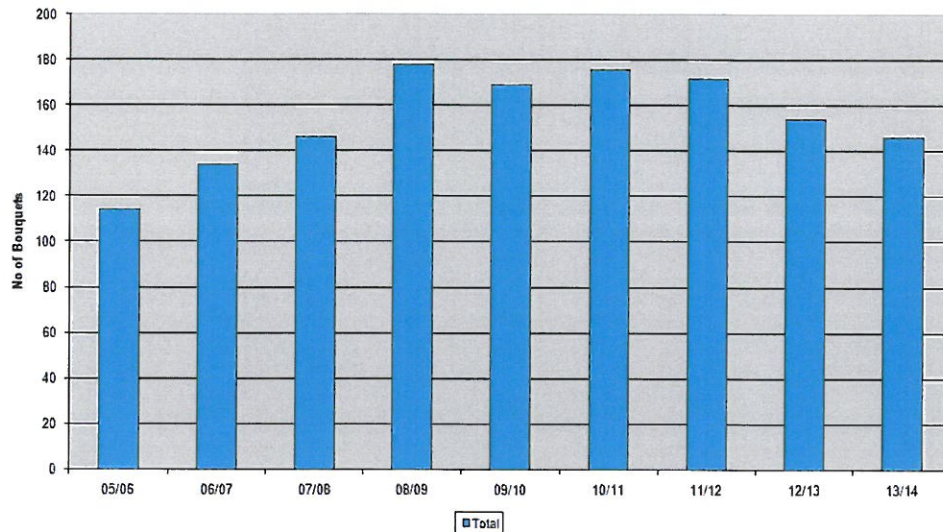
Patient Satisfaction Survey - Satisfaction Ratings for Services 2013/14

This year's Patient Satisfaction Survey continued to show outstanding satisfaction rating for most departments with the majority of feedback concentrated towards the "Excellent" end of the scale. Areas for improvement were again identified and work on these will be carried out as appropriate.

Quality Assurance

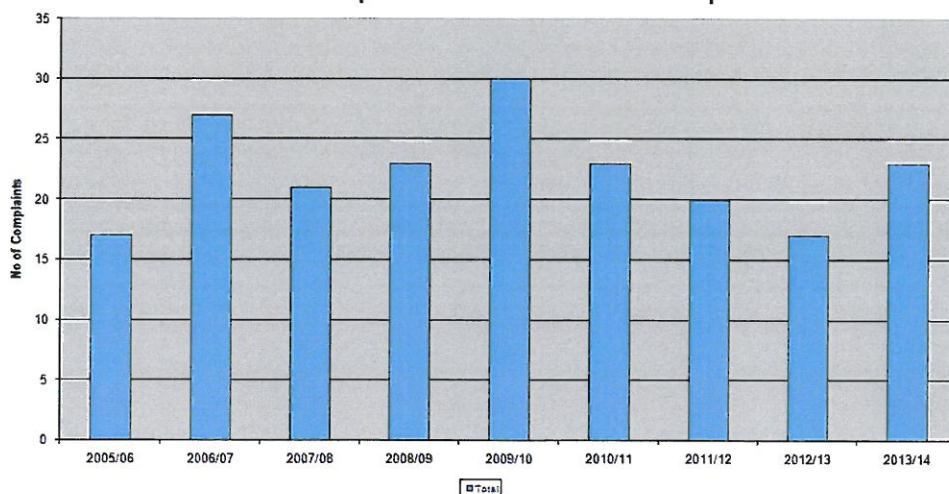
- The H&DSS Surveillance Audit was carried out in February 2014. Majority of the corrective actions raised from previous year's certification audit have been closed off.
- Review of Incident Reports continued monthly and these are reported to Health & Safety, Critical Incident Review or Infection Control as appropriate.
- Risks and Corrective Action Requests registers were also reviewed and updated as necessary.
- Restraint Minimisation processes continues to be monitored every 2 months at Quality meetings.
- Bouquets continue to be received by the various hospital departments. They appear to be more general this past 12 months.

Oamaru Hospital - Total Annual Bouquets



- Total number of complaints received for the year is within normal range. Staff continue to deal with issues and take opportunity to improve services where able. Assistance from the H&D Advocacy service has been minimal over the past 12 months but this is always encouraged to resolve concerns or complaints received.

Oamaru Hospital Annual Total Complaints



- Policies and procedures continue to be reviewed and updated and new ones created as changes in work practices and/or requirements arise.
- The Incident Reporting System continues to be an effective tool for ongoing risk identification, management and minimization. The Quality/Risk Committee reviews all incidents monthly and corrective action is taken where this is appropriate and necessary. A Corrective Action Request (CAR) system is working well in ensuring all issues identified are dealt with and documented.
- The Critical Review Forum continues to meet every month. The policy for this forum is currently being reviewed to expand its scope from purely sentinel events review to include difficult clinical cases with less than desired outcomes, complaints involving clinical care and any corrective actions from clinical audits. The Forum is open to all Clinical staff to put forward cases for discussion at the meetings.
- Building and Fire Evacuation compliance has again been achieved.

Staff Education

- The company has invested approximately \$125,600 on staff continuing professional education in the 13/14 financial year, comprising 216 different Courses approved. These were over and above mandatory training for meeting staff competency and legislative requirements.

- The hospital has again hosted mobile surgical bus video-conference education sessions through the year. Health Professionals within the Waitaki Community also attended the sessions.
- Liaison continues with Oamaru Hospital staff and community health professionals to inform staff of upcoming educational opportunities. Staff identify opportunity for education they would like to receive. The hospital has a close working relationship with the Mobile Surgical Services regarding topics that are specifically tailored to what staff requested to have education on.
- All relevant flyers/advertisements for conferences, education, SDHB education, postgraduate education and education fairs are distributed to relevant staff.

Capital Expenditure

A total of \$93,638 was invested by the Hospital Company on Capital Items in the 2013/14 financial year. These include:

Sewage pumps	Non-Clinical Support
Heatpump	Community Services
Leather Lazy Boy Chairs	Chemotherapy
IV Pumps	Chemotherapy
2 x Veriton Computers	ED/OPD
Leather Lazy Boy Chair	ED/OPD
Pharmacy (Drug) Fridge	ED/OPD
Lantronix Terminal server	ED/OPD
Foetal Doppler	Maternity
P07680-C60X / 5-2 MHZ Transducer Biopsy Compatible	Medical
P07680-SLAX / 13-6 MHZ Transducer	Medical
Stainless Steel Hot Water Cylinder	Non-Clinical Support
Exercycle	Physio
Physio Bed	Physio
Regius 24 x 30cm CR Cassette	Radiology
ACER Lap Top Computer	Social Work
Alternating Air Mattress Aeria8 Pro	Takaro
Drug Room Upgrade	Takaro
Computers for Ward/HDU Nurses	Takaro
Huntleigh O2 Sats machine	Takaro
Oxygen Concentrator	Takaro
Pre rinse unit for the sluice	Takaro
Personal Scales	Takaro

Donations received:

This year the hospital received the following donations:

- \$5,000 for purchase of an alternating air mattress for the Ward, from a grateful wife of a patient who passed away in Hospital.
- \$5,000 donation received in appreciation of patient transport services provided to a client
- \$1,000 cheque bequest received and forwarded to the WDHSL Trust
- \$1,473.91 donation from the Waitaki Hospice Care Trust toward purchase of a new leather lazy boy chair for the chemo room
- \$20,000 donation from J W Christie Charitable Trust towards the installation of a 2nd Birthing Pool at Oamaru Hospital Maternity Centre
- iPro equipment donated by the Rotary Club of Waitaki to our local diabetes service.

- 6 x Samsung 32in TVs donated from a respected member of the community, these were installed in all the side-rooms in the inpatient ward
- AERIA 8 Pro Specialized dynamic air mattress donated by a grateful patient via the Waiareka Valley Lions Club, for use in the inpatient ward

Ongoing Consultation

The Directors continue to maintain communication and consultation with the Waitaki District community. The Health Forum held every four months is attended by representatives from community health and other relevant organizations. These meetings are well attended and give an opportunity for discussion of any health issues that may arise from time to time. Staff forums are also held during the year giving an opportunity for staff to have direct discussion with directors and managers on any issues they may have. We also meet with local doctors as need arises to discuss service and other issues that may need coordination.

Meetings are minuted and actions taken as appropriate on matters arising from those meetings.

Financial

Audited accounts for the Company and the Waitaki District Health Services Trust accompany this report. No reported issues of significance have arisen.

The Company have recorded a pre-tax operating profit of \$35,991 for the year (excluding trusts funds and extraordinary items), a total of \$112,563 has been expended in advances towards the Observatory Hill Retirement Village Project and the annual revaluation of the hospital land and buildings has resulted in an increase of \$1,220,003 in item "gains on property" Income Statement of Accounts.

ACC income was \$631,520, less than budget and down \$10,117 on the year ended 30 June 2013 (\$641,637). This trend with ACC income appears general amongst most health service providers throughout the country.

Revenue totalled \$11,953,062, increased from \$11,937,052 last year.

Net surplus for the trust totalled \$200,471 and the trust net assets position is now \$5,431,853.

The company has retained earnings of \$5,793,101 and a total shareholder equity of \$12,617,966 giving it an equity ratio of 84%.

The company accounts needs to be read as consolidating both the Company and the Waitaki District Health Services Charitable Trust funds (Group) in financial statements and total equity for the Group is now \$18,048,989.

Total assets held in the charitable trusts have increased by \$200,471 in the current financial year.

The directors consider the current financial and operational position of the company and the trust to be satisfactory.

Dated this 30th day of September 2014



George Berry

Chairman

Waitaki District Health Services Limited