JOONDALUP HEALTH CAMPUS **CLINICAL SERVICES PLAN 2017 - 2025**

joondaluphealthcampus.com.au

Joondalup Health Campus
Part of Ramsay Health Care

WELCOME TO THE JOONDALUP HEALTH CAMPUS CLINICAL SERVICES PLAN 2017 – 2025

This document provides strategic direction and sets priorities for JHC clinical services over the coming eight years.

It outlines our future service profile, spelling out what services we aspire to provide in the future and to what level.

Importantly, it has been developed with consideration of the ***WA Health Clinical Services Framework 2014-2024*** and the concept of providing care for more complex patients closer to home.

The plan was informed by extensive consultation with clinical leadership and frontline staff and will continue to be refined biannually.

We have also spoken to patients as part of this process, to get their stories, experiences and insights into what they need and what is important from their point of view.

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"If you fail to plan, you are planning to fail"

— BENJAMIN FRANKLIN

MESSAGE FROM OUR CEO AND DEPUTY CEO

CHIEF EXECUTIVE OFFICER KEMPTON COWAN AND
DEPUTY CHIEF EXECUTIVE OFFICER DR AMANDA LING

THE PEOPLE OF THE NORTHERN SUBURBS OF PERTH NEED TO HAVE A HIGH-QUALITY HEALTH FACILITY IN THEIR LOCAL COMMUNITY.

We are witnessing big changes in population demographics and health needs and we must ensure that the clinical services we are planning to deliver in the future are appropriately matched to community expectations and needs.

Our role extends beyond the walls of the hospital - it's actually far more about keeping the local population healthy and out of hospital, whilst still having access to hospital when needed.

That is why this Clinical Services Plan, which we are very proud to present, gives consideration to how we partner with community health service providers and other businesses.

Our intention is always to be innovative in care provision, not only when a patient is here in hospital, but also before and after their stay.

This document sets out our vision to provide excellent health care to our growing community and maps out what the future of health care delivery at Joondalup Health Campus could look like.

As such, we've drawn on data from various sources to assist with planning for services. Our data identifies key groups of patients who are receiving care in other hospitals. Understanding why patients are receiving care at another hospital and looking at what models could be incorporated at JHC helps us plan and ultimately provide services that patients can access closer to their home.

Our vision, *Growing with our Community to Provide Excellent Health Care*, means growing not just in terms of our physical expansion and number of beds, it means growing with our relationships, and it also means growing with the people who use our health service.

This Clinical Services Plan is important, as it defines the services we offer and to what extent. In other words, this plan goes beyond talking about the breadth of our service; it also considers our capability and the level to which we provide those services to our community. This will involve us transitioning to tertiary level service in some key specialty areas.

This plan is a complex piece of work and it has been important throughout the process to involve our front-line staff as they are the ones who will ultimately deliver the clinical services of the future, and key representatives of the local community.

We thank all who have generously contributed ideas, challenged our thinking, and made suggestions all with the one goal of providing patient-centred services to our local community.

Our vision for our patient services and this document is to deliver innovation and excellence in health care and this high-level plan sets us on a course to achieving that.

Dr Amanda Ling
Deputy Chief Executive Officer

Kempton Cowan
Chief Executive Officer

ABOUT THIS PLAN

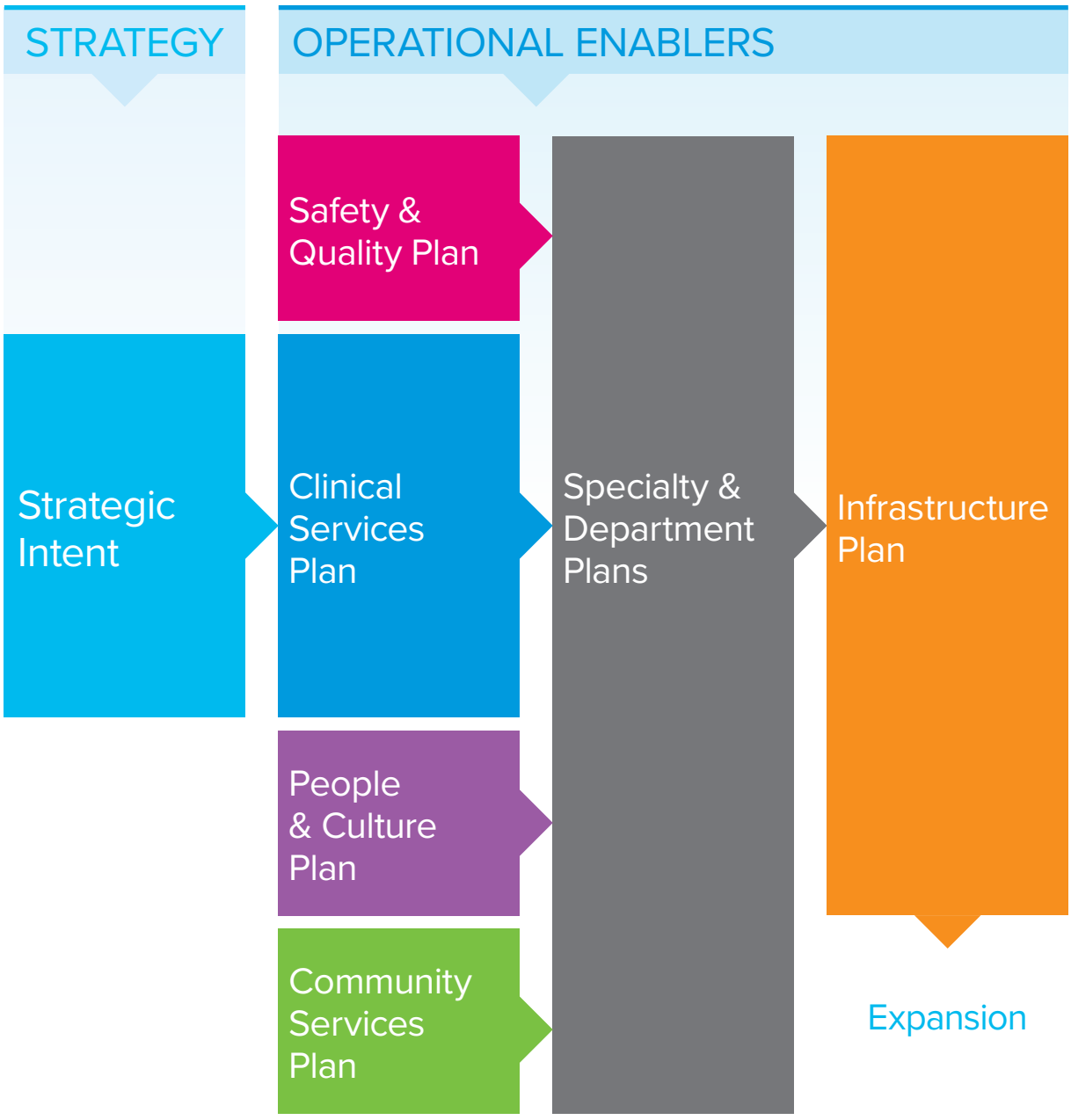
THIS CLINICAL SERVICES PLAN FORMS PART OF OUR CARE TRANSFORMATION FRAMEWORK AND IS ONE OF SIX OPERATIONAL ENABLERS THAT WILL HELP DRIVE AND ACHIEVE OUR STRATEGIC INTENT.

The detailed departmental and specialty plans will align with the overall Strategic Intent and Clinical Services Plan that will ultimately inform our infrastructure plan. It is vital to read this plan in the context of the other strategy and operational enabling plans presented to the right.

THE CLINICAL SERVICES PLAN IS ONE OF THE 6 KEY OPERATIONAL ENABLERS IN THE TRANSFORMING CARE FRAMEWORK THAT WILL HELP DRIVE AND ACHIEVE OUR STRATEGIC INTENT.

CARE TRANSFORMATION FRAMEWORK

GROWING WITH OUR COMMUNITY TO PROVIDE EXCELLENT HEALTH CARE



WA HEALTH CLINICAL SERVICES FRAMEWORK 2014-2024

Government of Western Australia
Department of Health

WA Health Clinical Services Framework 2014–2024

health.wa.gov.au

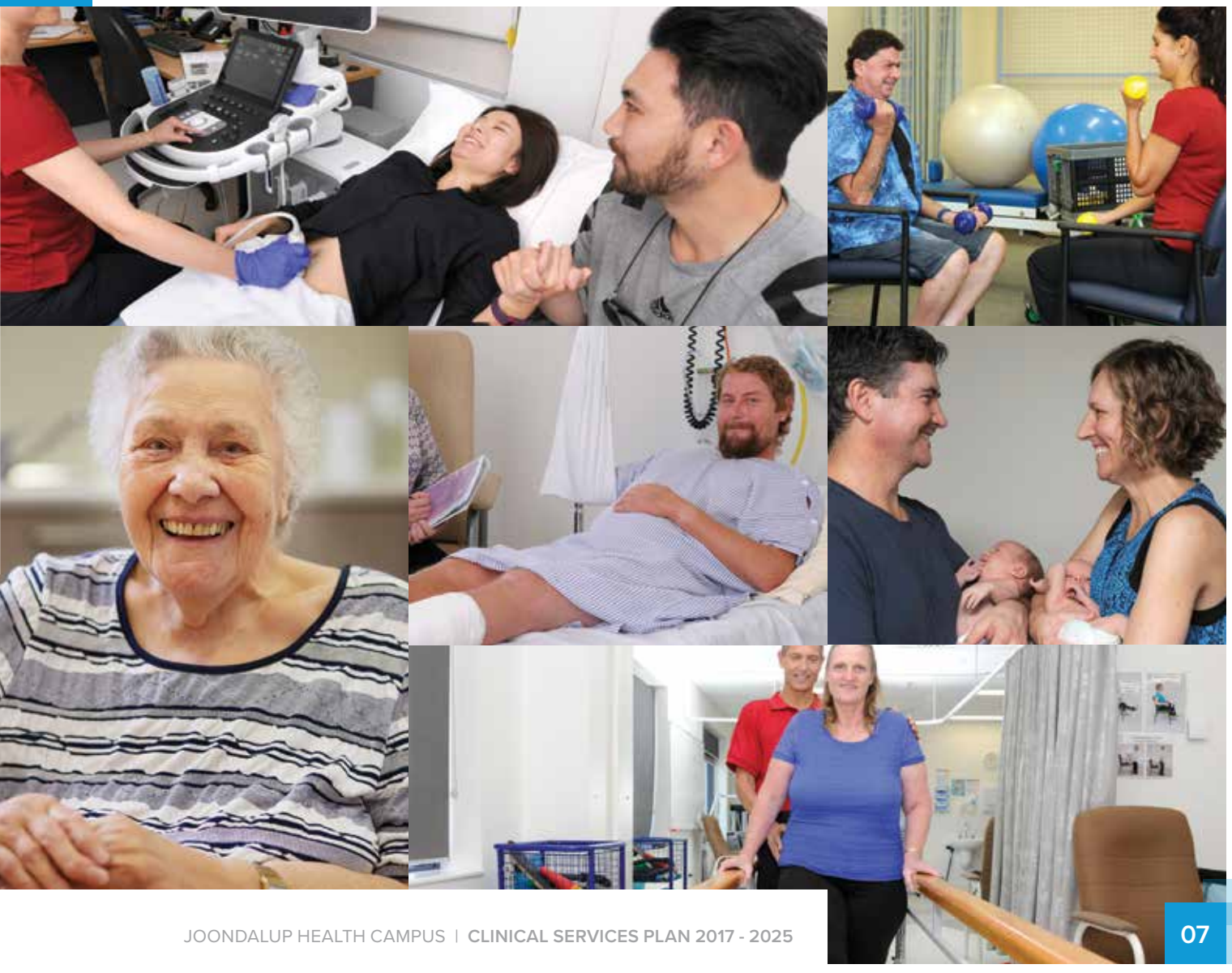
THE WA HEALTH CLINICAL SERVICES FRAMEWORK (CSF) 2014-2024 IS A HIGH-LEVEL FRAMEWORK PRODUCED BY THE DEPARTMENT OF HEALTH IN WESTERN AUSTRALIA.[1]

It provides a foundation for the whole health system in its planning to meet future demand for health services, given changing service capabilities and evolving models of care, whilst understanding the clinical need of the growing population in WA.

The CSF provides a picture for how the clinical services at each health service and health site -hospital or community - should develop over time to provide the community with appropriate access to safe, high quality care.

It articulates the level of service each Health Service Provider should deliver, ranging from a level one to a level six, where level one is essential community services provided by registered nurses and visiting medical practitioners, whilst level six is a tertiary or quaternary state wide level care (see Appendix 1). The current iteration of the CSF is explicit in acknowledging the importance of disease prevention and control measures and providing care in the most appropriate setting.

JHC's Clinical Services Plan has been aligned with the State's recommendations for each service area to realise the overarching goal of providing care closer to home. It is noted that the CSF will be reviewed and adjusted according to changes in trends and data to meet the community needs, which may require adjustments to this document.



ABOUT JOONDALUP HEALTH CAMPUS

JOONDALUP HEALTH CAMPUS (JHC) IS A MAJOR HOSPITAL IN ONE OF THE FASTEST GROWING REGIONS OF AUSTRALIA AND IS DEDICATED TO PROVIDING SAFE, HIGH QUALITY HEALTH CARE TO BOTH PUBLIC AND PRIVATE PATIENTS.

The hospital treats more than 73,000 inpatients, close to 100,000 emergency presentations and delivers around 4,000 babies each year.

JHC provides a comprehensive range of acute and non-acute services including, but not limited to, emergency (adult and paediatric), critical care, maternity, neonatal and paediatric care, surgical and orthopaedics, medical, aged care and rehabilitation, and mental health services.

Located in Perth's northern suburbs, it is the largest hospital in the region with 722 licenced beds and bays – including 146 private beds and 576 public beds.

Whilst JHC is managed by Australia's largest private health care operator, Ramsay Health Care, the hospital has a long-standing public contract with North Metropolitan Health Service (NMHS), under which it treats public patients on behalf of the State Government.

With the rapidly growing population in our catchment area tipped to increase 100 per cent in the next 20 years, we have our work cut out for us. To continue to meet community needs, a major expansion of the hospital is being planned.

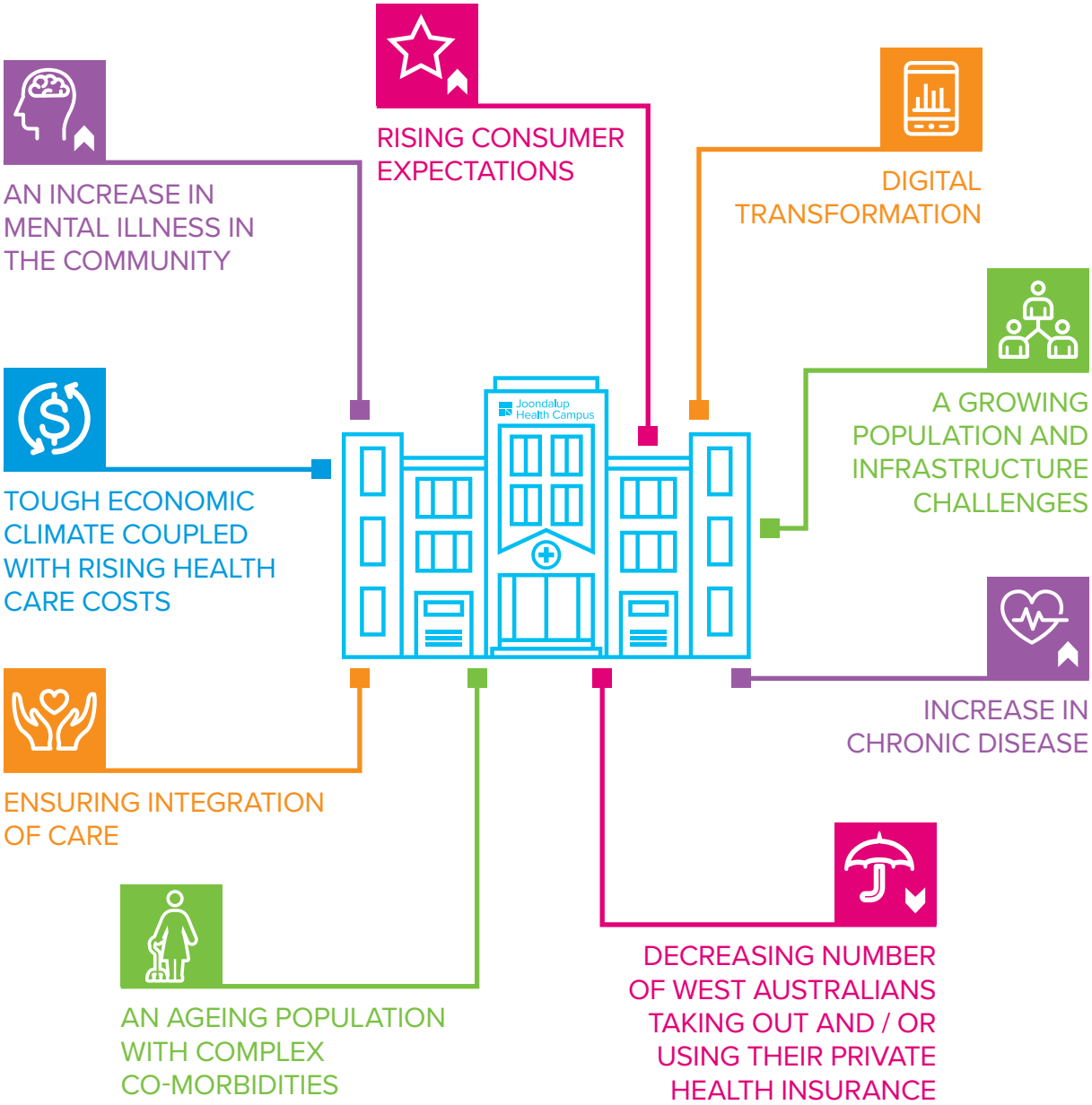
High level negotiations are taking place to bring this expansion of the hospital to fruition, with the Government committing millions to provide additional beds, theatres, Emergency Department (ED) capacity, parking and new services over the coming years.

This work will be aligned with the JHC Clinical Services Plan, to ensure that our physical infrastructure supports the delivery of our planned future services.

PLANNING CONTEXT

THE WORLD IS A VASTLY DIFFERENT PLACE TODAY COMPARED WITH 10 YEARS AGO.

Understanding the key factors and trends in health at a global, national and local level shape and inform our clinical service planning.



GLOBAL HEALTH TRENDS

AGEING POPULATIONS WORLDWIDE – IN BOTH DEVELOPED AND DEVELOPING NATIONS - ARE DRIVING UP DEMAND FOR HEALTH CARE.

According to the United Nations, the world's population is expected to increase by more than one billion people over the next 13 years. The population of people aged 60 or over and life expectancy around the globe continues to rise[2].

Health care service innovations are needed to deliver the necessary long-term care and chronic disease management services that are required by the world's increasingly senior population.

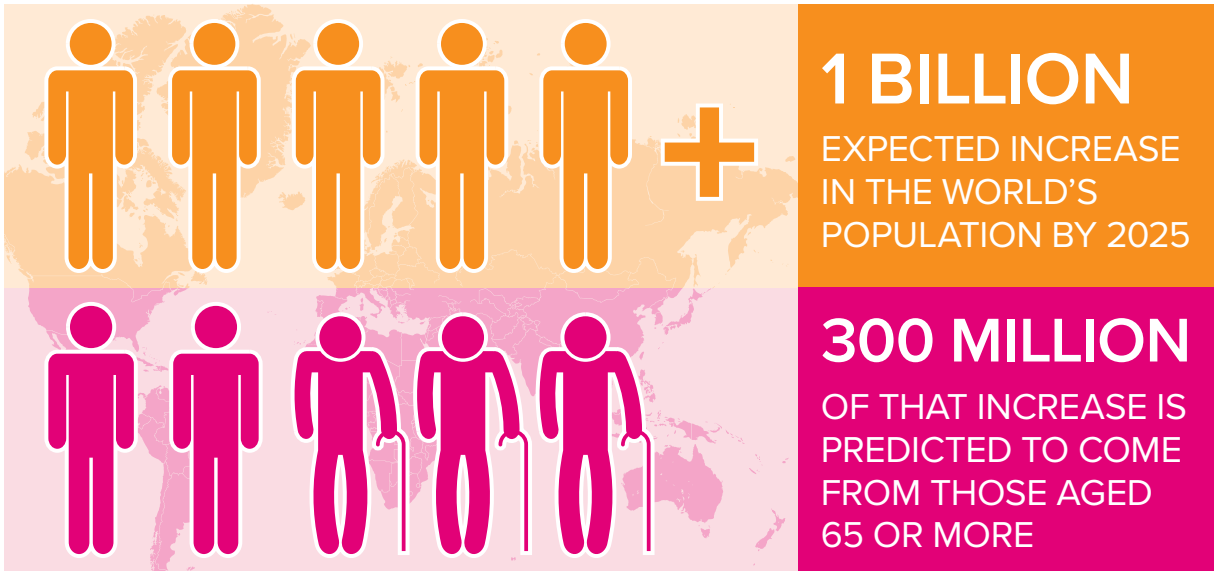
A new paradigm of collaboration is developing which will transform health care delivery and financing. Partnerships with other sectors such as telecommunications, technology, wellness and fitness are expanding to reshape the health system[3].

Such arrangements offer the health system the benefit of long-term cost savings with better outcomes for the patients at a time when changing demographics are depleting health resources.

According to *Head of Global Health and Healthcare Industries for the World Economic Forum*, Arnaud Bernaert, there are five global health trends that need consideration in health service planning[3]:

1. Costs of health care delivery spiralling to unsustainable levels.
2. The inability of health care industries to deliver health all by itself.
3. The smartphone becoming one of the most powerful tools for access to health.
4. Health dominating the top 10 emerging technologies.
5. Investing in healthy life years pays dividend for businesses, governments and society.

The global health shifts and trends identified are emerging in Australia, which impacts health care systems. Innovation in health care design and delivery will aid in the management of rising challenges.



1 BILLION

EXPECTED INCREASE IN THE WORLD'S POPULATION BY 2025

300 MILLION

OF THAT INCREASE IS PREDICTED TO COME FROM THOSE AGED 65 OR MORE

AUSTRALIAN HEALTH TRENDS

COMPARED TO OTHER ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD) COUNTRIES, AUSTRALIA RATES BETTER THAN AVERAGE FOR MORTALITY FROM CORONARY HEART DISEASE, CANCERS AND SUICIDE AND WE HAVE THE LOWEST TOBACCO SMOKING RATES.

However, Australia's hospital admission rates for potentially preventable hospitalisation (PPH) diseases such as asthma and chronic obstructive pulmonary disease (COPD) are high compared to other nations[4].

Life expectancy is rising steadily, death rates continue to fall, and other trends in health such as chronic disease and ageing population are increasing which will add to the challenges for the Australian health care system.

According to the Australian Institute on Health and Welfare (AIHW), Australia faces an ageing population, heightened consumer expectations, increasingly expensive technologies and more complex health conditions [4&5].

It is well understood that the growing burden of chronic disease is one of the key factors driving increased demand for health service and cost.

LOCAL TRENDS

JOONDALUP HEALTH CAMPUS CURRENTLY PROVIDES SERVICES TO RESIDENTS LIVING IN THE WANNEROO AND JOONDALUP CATCHMENT.

These two catchments extend 40 kilometres north of Joondalup to the suburb of Two Rocks and around 15 kilometres south to the suburb of Marmion.

JHC provides health services to a combined Wanneroo-Joondalup catchment population of around 372,475 residents.

Projections for population and age growth have been explored for both catchment areas and summarised in the following pages. This information will be used to help inform and plan for JHC's future clinical services.

By 2025 the Wanneroo-Joondalup catchment population will sit around 442,582 residents – an increase of 18.8 per cent.

The steepest growth is projected in the Wanneroo catchment, across all age demographics.

In comparison, whilst the Joondalup catchment population is also projected to grow, the increase in numbers will be smaller. For Joondalup, the greatest growth will be in the older adult demographic.

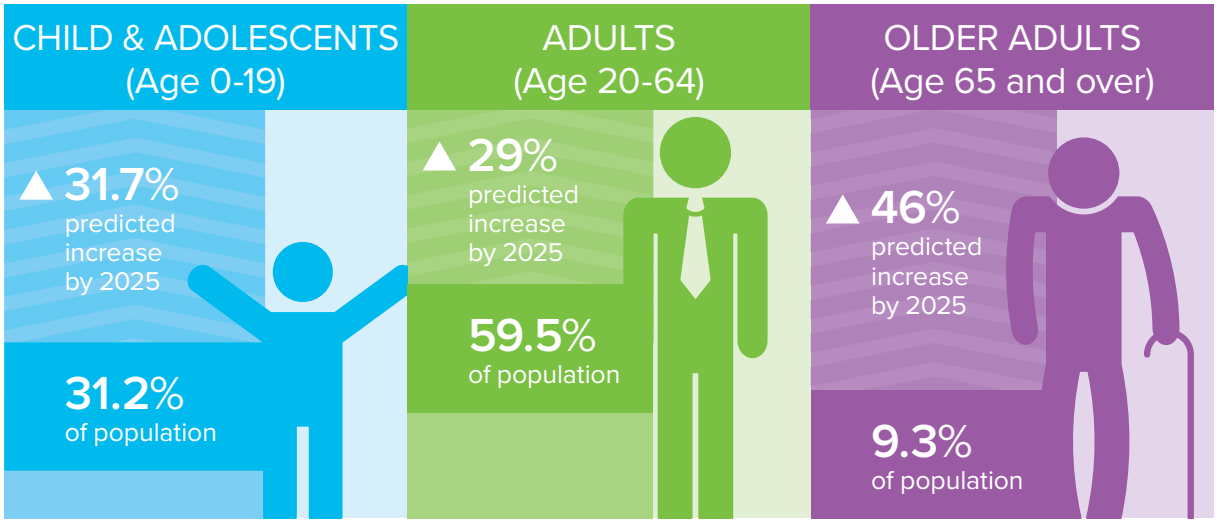
CITY OF WANNEROO SNAPSHOT

THE CITY OF WANNEROO POPULATION IN 2017 IS ESTIMATED AT 207,168 AND FORECASTED TO RISE 31 PER CENT BY 2025 TO 272,297 RESIDENTS. BY 2041, THE POPULATION IS PROJECTED TO EXPERIENCE A 100 PER CENT GROWTH IN NUMBERS TO MORE THAN 400,000 RESIDENTS.

The rising trend in population for the Wanneroo area will impact demand for services at JHC, therefore is an important factor in our planning at all levels. Another factor to consider is the age structure profiles.

For example, age group 65 years and over have the highest predicted increase going from 19,265 to 28,213 (46% from 2017 to 2025). Service planning for the older adult and aged care need to prepare for the predicted growth.

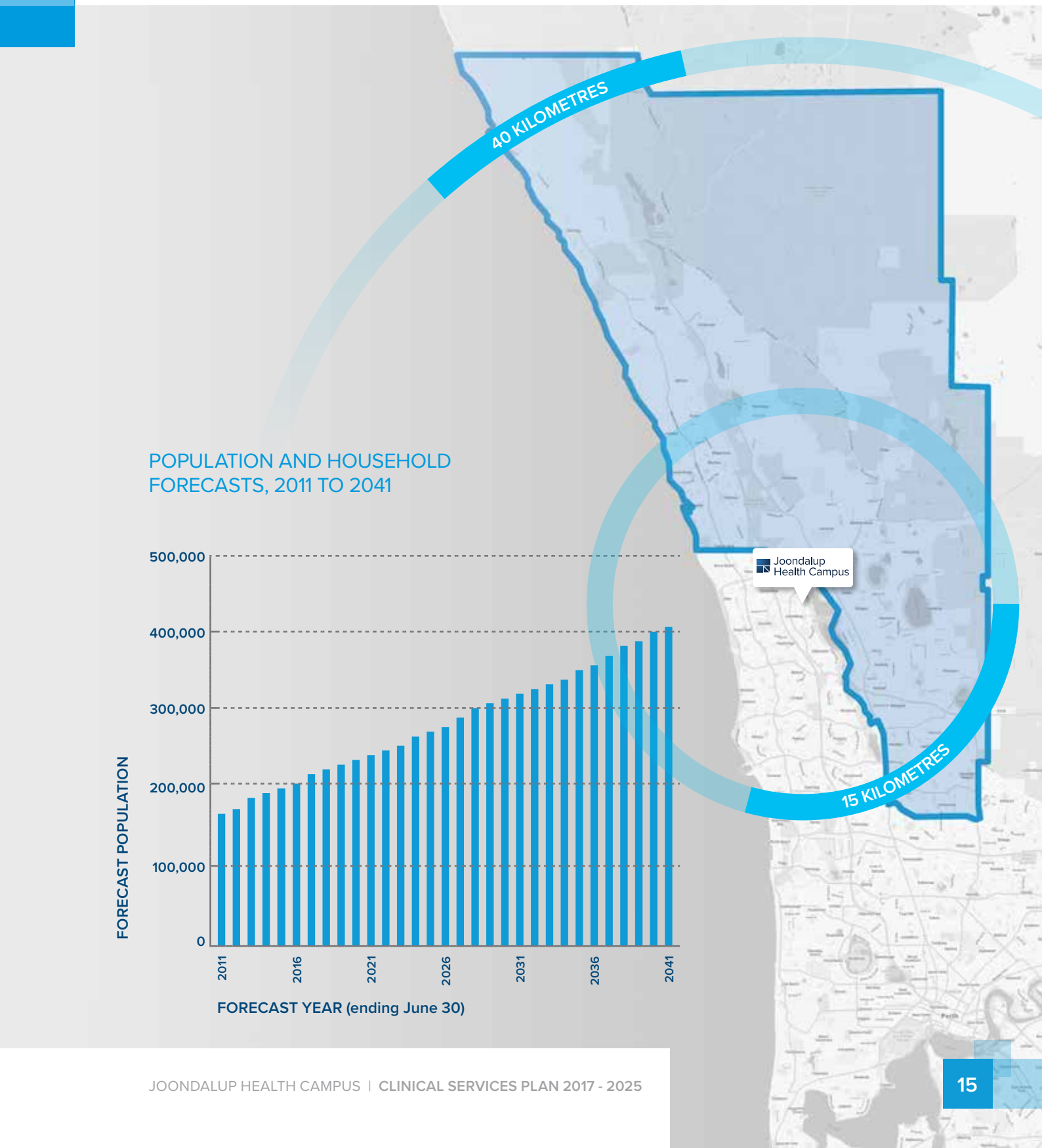
AGE STRUCTURE



- There is a predicted 31.7% increase from 2017-2025 (from 64,589 to 85,042)
- Accounts for 31.2% of Wanneroo catchment population 2017
- There is a predicted 29% increase from 2017-2025 (from 123,312 to 159,042)
- Accounts for 59.5% of Wanneroo catchment population 2017
- There is a predicted 46% increase from 2017-2025 (from 19,265 to 28,213)
- Accounts for 9.3% of Wanneroo catchment population 2017

2 City of Wanneroo: Population and age structure (http://forecast.id.com.au/wanneroo/population-age-structure). Accessed October 2017

CITY OF WANNEROO POPULATION FORECAST



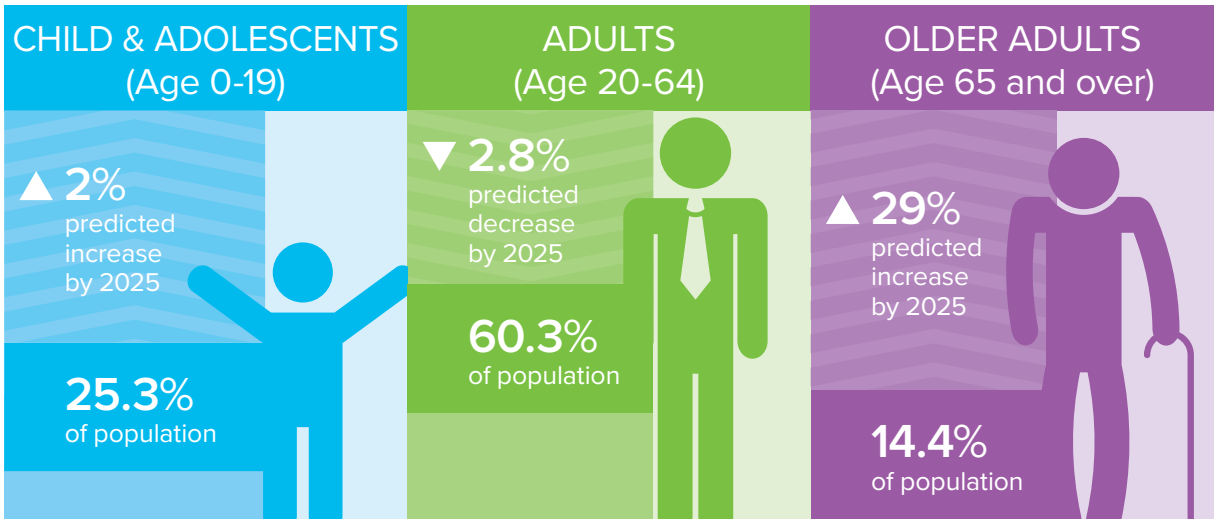
POPULATION AND HOUSEHOLD FORECASTS, 2011 TO 2041

CITY OF JOONDALUP SNAPSHOT

THE CITY OF JOONDALUP POPULATION IN 2017 IS ESTIMATED AT 165,307 AND FORECASTED FOR A RISE OF THREE PER CENT BY 2025 TO 170,285 RESIDENTS. BY 2036, THE POPULATION IS PROJECTED TO EXPERIENCE A NINE PER CENT GROWTH IN NUMBERS TO APPROXIMATELY 180,812 RESIDENTS[7].

The rising trend in population for the Joondalup area will impact demand for services at JHC, therefore is an important factor in our planning at all levels. Although the population growth trend is expected to plateau, the complexity of care that is anticipated with ageing such as chronic diseases needs to be considered.

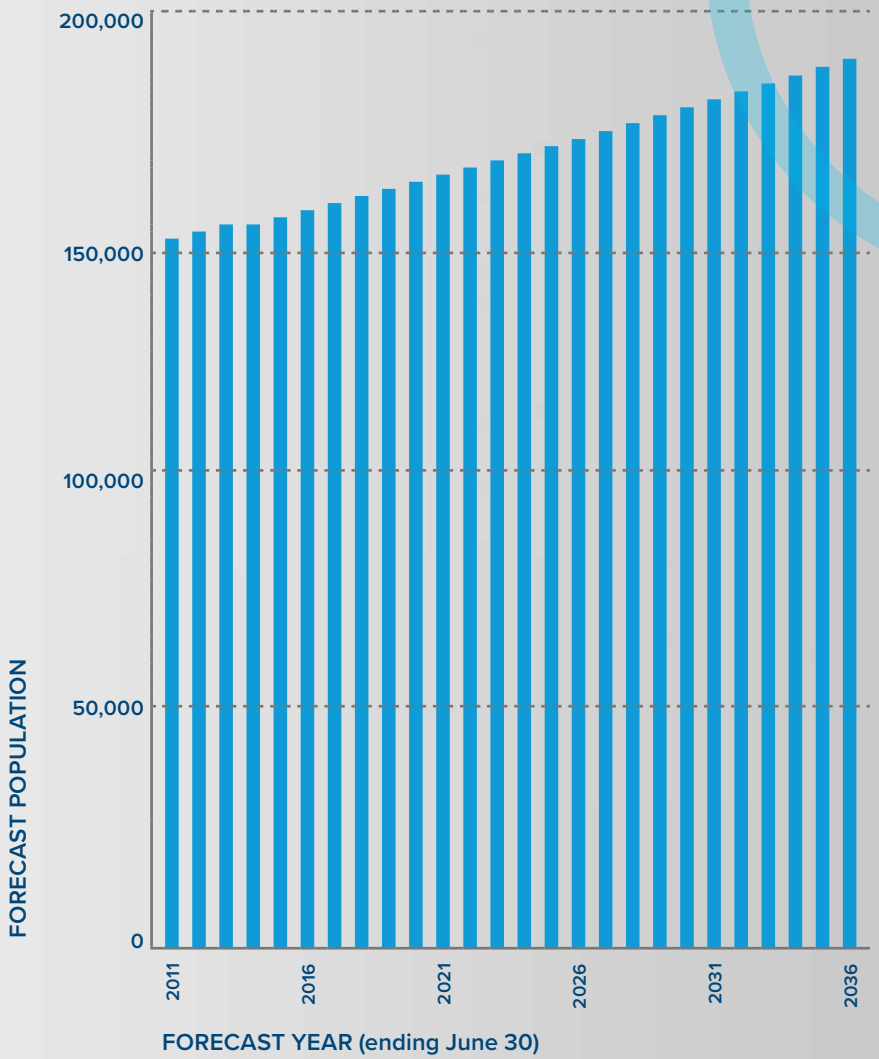
AGE STRUCTURE

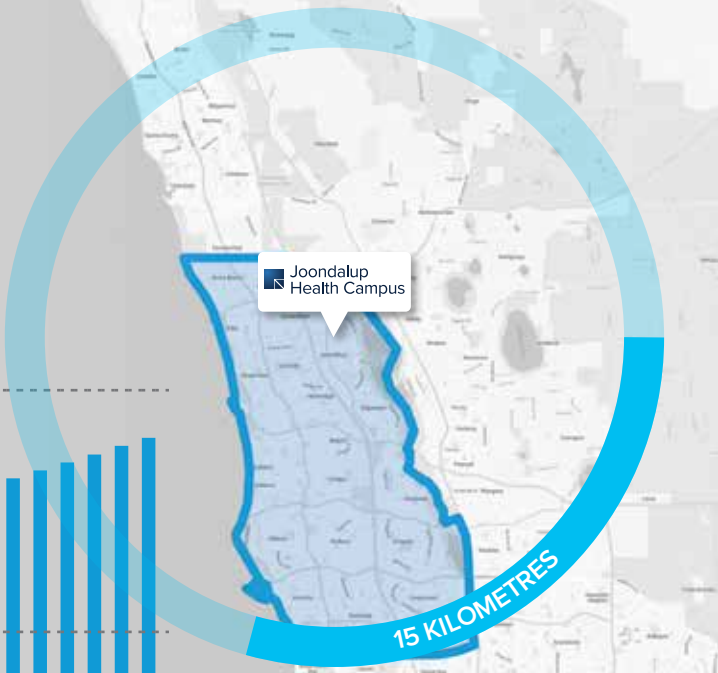


- There is a predicted 2% increase from 2017-2025 (from 41,803 to 42,632)
- Accounts for 25.3 % of Joondalup catchment population 2017
- There is a predicted 2.8% fall for this age group from 2017-2025 (from 99,688 to 96,875)
- Accounts for 60.3 % of Joondalup catchment population 2017
- There is a predicted 29% increase from 2017-2025 (from 23,815 to 30,777)
- Accounts for 14.4 % of Joondalup catchment population 2017

CITY OF JOONDALUP POPULATION FORECAST

POPULATION AND HOUSEHOLD FORECASTS, 2011 TO 2036





HARDES DATA

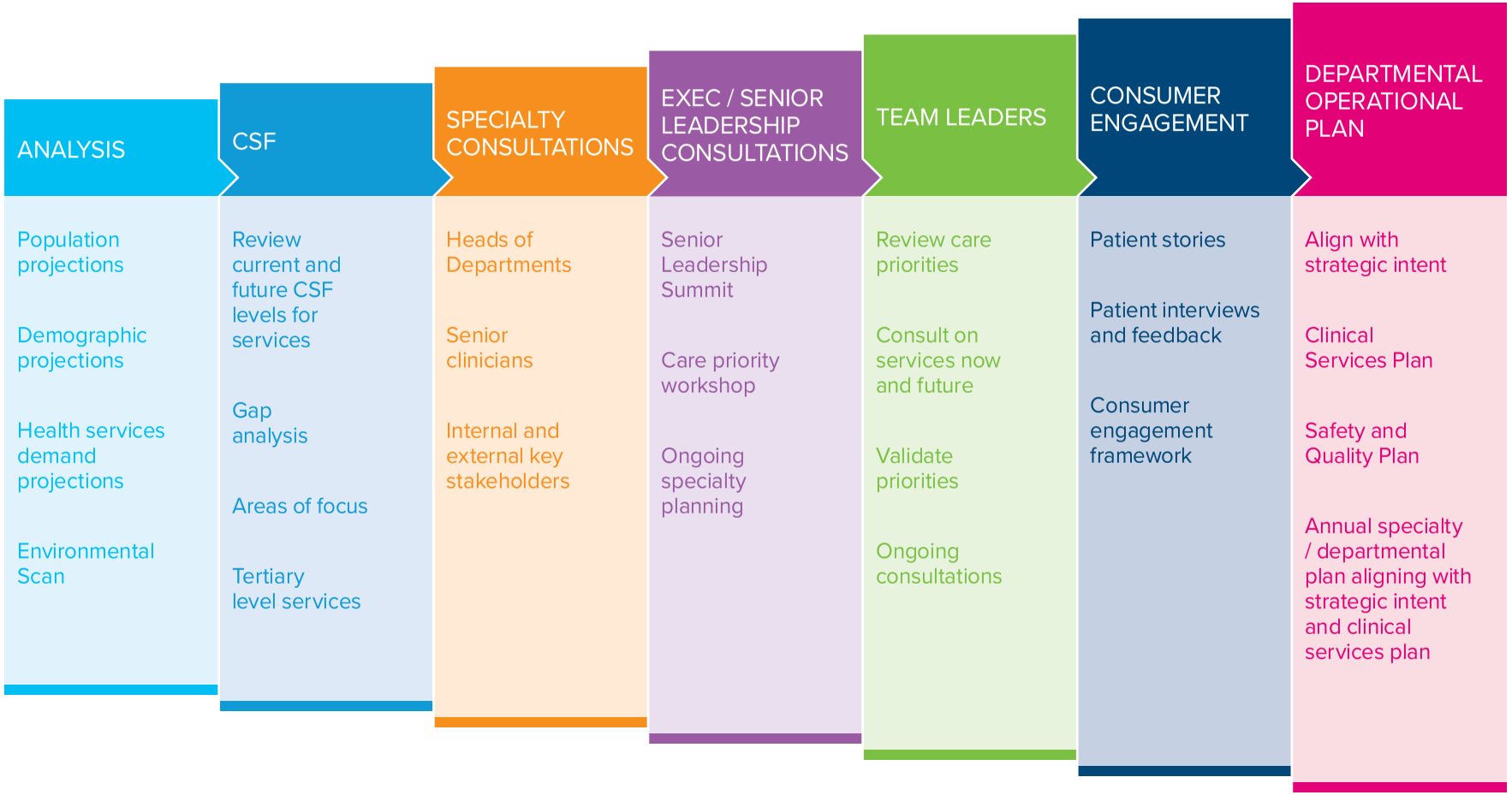
HARDES & ASSOCIATES FOR MANY YEARS HAS ASSISTED HEALTH SERVICES BETTER PLAN FOR SERVICE PROVISION FOR THE LOCAL COMMUNITIES BY PROVIDING COMPREHENSIVE DATA ANALYSIS FROM VARIOUS SOURCES TO IDENTIFY UNMET DEMAND AND PROJECTING FUTURE DEMAND FOR CLINICAL SERVICES.

The data provided by Hardes & Associates will be integral to Clinical Services Planning and will be discussed in more detail later in this document.

PLANNING APPROACH

OUR APPROACH TO PLANNING FOCUSES ON A PROCESS THAT IS REVIEWED ANNUALLY TO MEET THE RAPID CHANGES IN COMMUNITY NEEDS.

THIS PROCESS IS SHOWN BELOW.

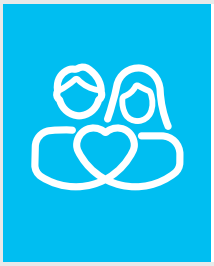


OUR SIX CLINICAL PLANNING PILLARS

THERE ARE A NUMBER OF PRINCIPLES WE BELIEVE SHOULD UNDERPIN OUR CLINICAL SERVICES AND WILL ENABLE US TO ACHIEVE OUR STRATEGIC INTENT*.

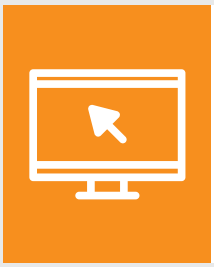
There are six major themes that emerged during our consultation process with the various clinical services and they are mapped in the diagram below and explained in full on page 21.

Transforming Care – Joondalup Health Campus Strategic Intent 2017-2022 available online at www.joondaluphealthcampus.com.au



PILLAR ONE:
APPLYING INNOVATIVE MODELS OF CARE

Our models of care are innovative and evidenced-based. We will adopt patient-centred models and empower patients and care-givers to participate in the planning of their care. We will streamline the patient journey by standardising current practice and future-care pathways designed to minimise variations in care.

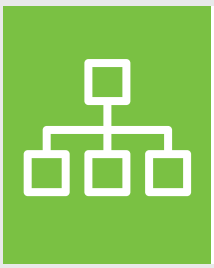


PILLAR TWO:
OPTIMISING SMART TECHNOLOGY

Our digital transformation will focus on new technologies that allow access to information in real-time for patients and staff. These new technologies will enhance our capabilities across all settings to support our models of care.

PILLAR THREE:
DEVELOPING OUR PEOPLE

Our people will be provided with innovative training to develop their capability so we are a highly agile, flexible workforce that is able to meet challenges and deliver quality care, aligned with our models of care.



PILLAR FOUR:
BUILDING THE RIGHT INFRASTRUCTURE

Our infrastructure will support the services we plan to deliver.

PILLAR FIVE:
ENGAGING WITH OUR COMMUNITY

We endeavour to work with service providers (both Government agencies and Non-Government Organisations) to develop a seamless transition of care in and out of hospital, whilst keeping the patient at the centre of the care that is provided.

PILLAR SIX:
PARTNERING TO ENHANCE RESEARCH

Partner with local universities and other foundations to drive a translational research agenda through Joondalup Health Campus, to the benefit of the local community and wider society.

CARE PRIORITIES

CONSULTATIONS WITH THE SENIOR LEADERSHIP TEAM, A GROUP WHICH CONSISTS OF SENIOR CLINICAL STAFF, HOSPITAL SENIOR MANAGERS, HEADS OF DEPARTMENTS AND SUPPORT SERVICES, HAS LED TO A NUMBER OF FUTURE CARE PRIORITIES BEING IDENTIFIED FOR THE HOSPITAL.

In determining future priorities we have considered:

- Predicted forecast population growth and the service demands;
- Catchment profile and projections in the next 10 years;
- Rise in chronic diseases;
- The WA Clinical Services Framework 2014-2024;
- Unmet service demand
- Future projections for service requirements, and
- Community feedback.

Further consultation with the team leaders group, consisting of managers and supervisors for the hospital from all departments, aims to validate and confirm if the care priorities are close to where our direction needs to be set.

In addition, consultation with community service providers and patients will ultimately steer our planning in the right direction with a clear focus on the care priorities. Our ultimate goal is to provide the local community with access to the right care, at the right time in the right place.

Using the data sets detailed above, along with the engagement of senior clinicians, and community leaders within the City of Wanneroo (CoW) and Joondalup (CoJ), as well as community care providers operating in the local area, the following specialities have been identified as priorities for focus. These are listed alphabetically and are in no particular order of importance.

OUR TOP ELEVEN CARE PRIORITY AREAS

SPECIALITY	CONTRIBUTING FACTOR IDENTIFIED	JHC CSF LEVEL 2017	CSF LEVEL 2024/25
CARDIOLOGY	Rise in chronic disease / aging population in catchment areas for Joondalup Health Campus, as well as identified service delivery gap by the local population	5	6
GENERAL MEDICINE	Rise in chronic disease / aging population in JHC's catchment area	5	6
GENERAL SURGERY	Number of patient accessing services in the city rather than being treated locally and gap in sub speciality services, future projection for service requirement is high for JHC's catchment areas	5	6
MENTAL HEALTH	Rise in demand for mental health services, particularly for young people, as well as identified service delivery gap by the local population	5	5
OBSTETRICS AND GYNAECOLOGY	Number of patients accessing services in the city rather than being treated locally	5	5
ORTHOPAEDICS	Number of patient accessing services in the city rather than being treated locally, future growth projections for orthopaedic service requirement from JHC's catchment residents	5	5
ONCOLOGY	Rise in chronic disease / aging population in JHC's catchment, as well as identified service delivery gap by the local population and clinical services framework	4	6
PAEDIATRICS	Projected rise in population of children over the next 5-10 years within the Wanneroo catchment area, the number of paediatric patients currently treated in the city rather than locally	5	5
PALLIATIVE CARE	Rise in chronic disease / aging population in JHC's catchment areas, as well as identified service delivery gap by the local population and clinical services framework	4	6
REHABILITATION AND AGED CARE	Rise in chronic disease / aging population in JHC's catchment areas and projected future demand for the service.	5	6
RESPIRATORY	Rise in chronic disease / aging population in JHC's catchment areas, gap in service to meet clinical services framework and community	4	6

It is worth noting that whilst these are the focus areas for the hospital, we will continue to strive to improve the quality, scope and scale of our all services provided at JHC and nurturing a culture that values innovation and excellence.

CARDIOLOGY SERVICES

CURRENT SERVICE

The JHC Cardiology Service currently provides an extensive range of treatment for both public and private patients with heart conditions.

These patients are primarily cared for in the Coronary Care Unit or Telemetry Care Unit.

The JHC Cardiology Service is currently provided at a CSF level 5. A CSF level 5 in cardiology includes the provision of care by a complete team of specialist doctors, nurses and allied health professionals on-site.

It also means we provide an emergency service by an on-call cardiologist and some cardiology diagnostic and interventional services.

TYPES OF PATIENTS

- Patients with chest pain who arrive via the Emergency Department for initial investigation and tests and are referred to cardiology services for further investigation and management or treatment.
- Patients with cardiovascular disease such as heart failure; coronary artery disease; and hypertension may present via ED or be referred to the cardiology service by their GP.
- Patients who have heart rhythm conditions or need a cardiac device to assist with managing rhythm conditions are also catered for. They may present via ED or referred by their GP.

STANLEY AND MARGARET'S STORY

Stanley Walkerden was shopping with his wife Margaret when he suffered a massive heart attack. Margaret immediately started chest compressions until help arrived.

Stanley was taken to JHC and as he was recovering in ICU, Margaret had chest pains of her own and was admitted with Takotsubo cardiomyopathy, bought on by the stress of the day's events.

The Walkerdens wanted care that was close to where they live to make follow-up appointments easier. They were keen to get home to be with their grandchildren.

CARDIOLOGY SERVICES

WHAT DOES THE DATA TELL US?

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed cardiology services, received their treatment at JHC.

MEDICAL CARDIOLOGY

INTERVENTIONAL CARDIOLOGY

KEY INFO

10,200
PEOPLE IN WESTERN AUSTRALIA HAD CARDIOVASCULAR HEART DISEASE RELATED HEART FAILURE BETWEEN 2000 AND 2010[21]

ONE IN SIX AUSTRALIANS ARE AFFECTED BY CARDIOVASCULAR DISEASE[22]

AN ESTIMATED
400,000+
AUSTRALIANS HAVE HAD A HEART ATTACK AT SOME TIME IN THEIR LIVES[22]

HARDES DATA 2015-16 Analysis

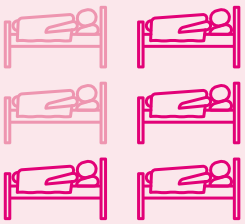
CARDIOLOGY SERVICES

TOWARDS 2025

WHAT DOES CARDIOLOGY LOOK LIKE IN THE FUTURE?

We recognise that to meet community health care needs in future, cardiology must continue to evolve as a critical specialty at JHC.

According to Hardes data, it is projected that the demand for cardiology services will increase, **rising from 3,041 in cardiology admissions to JHC per year in 2015-16 to 5,005 admissions in 2026-27**.



64.5%
INCREASE IN DEMAND OVER THE NEXT DECADE

In the future JHC plans to increase cardiology services to a **CSF level 6** (tertiary level). A level 6 service includes everything we provide under our current level 5 service and also:

- Provides the full range of cardiac services including cardiac sub-specialties and emergency services;
- Has a statewide referral role;
- Plays an undergraduate and postgraduate teaching role;
- Assumes a research role; and
- Offers the complete range of diagnostic and interventional services

JHC already meets some of these criteria, but will expand its scope in certain areas and work with the WA Department of Health to become a level 6. Success will depend on key enablers such as access to funding.

JHC intends to play a greater role in keeping people in our community healthier, preventing the need for hospitalisation and preventing unnecessary re-admissions. By 2025, we will move beyond reactive provision of an acute care cardiology service and shift our focus to prevention through early detection and education on lifestyle changes. We'll also be more engaged with research and intend to grow our capability by partnering with organisations and bodies that have similar goals.

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL 1	PILLAR
Develop a fully integrated 24/7 service for heart attacks that meets community demand, including additional catheterisation labs, a chest pain clinic, a cardiac step-down unit and additional beds	1 & 4

KEY STRATEGIC GOAL 2	PILLAR
Introduce early detection and prevention programs, including the development of a wellness clinic that will proactively prompt people who reach age milestones to visit the clinic for a check-up	1

KEY STRATEGIC GOAL 3	PILLAR
Expand our cardiac program to include comprehensive rehabilitation, supported by the right infrastructure and integration with community rehabilitation programs	4

KEY STRATEGIC GOAL 4	PILLAR
Promote prevention strategies and lifestyle changes through partnerships with other organisations	4 & 5

KEY STRATEGIC GOAL 5	PILLAR
Establish partnerships and integration with other services such as the North Metropolitan Health Service and community services to expand cardiology services at JHC	5

KEY STRATEGIC GOAL 6	PILLAR
Build partnerships with universities, collaborate on research projects	6

GENERAL MEDICINE SERVICES

CURRENT SERVICE

General medicine professionals diagnose and help manage patients who are acutely unwell, particularly if they have multiple comorbidities.

The General Medicine Service sees the most patients in the hospital by admission numbers and bed days, making it the one of the busiest and biggest services provided by the hospital.

The majority of general medicine patients arrive via the Emergency Department and are subsequently admitted to the Medical Admissions Unit (MAU) for further assessment and to commence treatment prior to transfer to a medical ward.

JHC currently provides general medical services as a **CSF level 5**.

A CSF level 5 in general medicine includes the provision of care by onsite general physicians and sub-specialists, registrars, resident medical officers, interns and onsite specialised allied health practitioners. A level 5 service is also supported by a coronary care unit and a high dependency unit.

TYPES OF PATIENTS

- Patients with an acute medical illness, complications of chronic multisystem diseases
- Patients who need investigation for complex undiagnosed illnesses

COURTNEY'S STORY

After years of suffering from multiple symptoms including joint dislocations, vomiting and pain, and having seen numerous specialists in Perth, what 17–year-old Courtney Mooy wanted was a diagnosis.

She was referred to a General Medicine consultant who was able to streamline her health care experience and within weeks she was diagnosed with Hypermobility due to Ehlers Danlos Syndrome; Gilbert Syndrome; oesophageal candidiasis; and antral gastritis.

What Courtney wanted was to be given information so she would feel empowered, along with expert advice on what to do to manage her condition.

It was also important to her parents that she had a doctor who showed compassion and understanding – and who took charge by looking at the bigger picture of Courtney's complex health care needs.

GENERAL MEDICINE SERVICES

WHAT DOES THE DATA TELL US?

General Medicine covers a broad range of clinical areas. For the purpose of this plan, the data provided will include the top four clinical areas that are currently covered by General Medicine Services, which are: respiratory; non-subspecialty medicine; neurology; and cardiology.

PUBLIC NON-SUBSPECIALTY MEDICAL SERVICE

30.1% Treated at other hospitals

69.9% JHC

PRIVATE NON-SUBSPECIALTY MEDICAL SERVICE

60% Treated at other hospitals

40% JHC

PUBLIC NON-SUBSPECIALTY RESPIRATORY

29.5% Treated at other hospitals

70.5% JHC

PRIVATE NON-SUBSPECIALTY RESPIRATORY

66.7% Treated at other hospitals

33.3% JHC

PUBLIC NON-SUBSPECIALTY NEUROLOGY

40% Treated at other hospitals

60% JHC

PRIVATE NON-SUBSPECIALTY NEUROLOGY

69.8% Treated at other hospitals

30.2% JHC

PUBLIC NON-SUBSPECIALTY CARDIOLOGY

22.3% Treated at other hospitals

77.7% JHC

PRIVATE NON-SUBSPECIALTY CARDIOLOGY

49.4% Treated at other hospitals

50.6% JHC

ONE IN TWO AUSTRALIANS HAVE A CHRONIC DISEASE[8]

ONE IN FIVE AUSTRALIANS AFFECTED BY MULTIPLE CHRONIC DISEASES[8]

CHRONIC DISEASES ARE ALSO THE **LEADING CAUSE** OF ILLNESS, DISABILITY AND DEATH IN AUSTRALIA[9]

HARDES DATA 2015-16 Analysis

GENERAL MEDICINE SERVICES

TOWARDS 2025

WHAT WILL THE GENERAL MEDICINE SERVICE LOOK LIKE IN THE FUTURE?

General Medical Services have been highlighted as a service priority for JHC based on the growing needs of the community. Acute care for these patients will increase in the future, particularly with the ageing local population.

In planning for future general medical services, JHC intends to focus on growing the private service offering so those who currently receive care at other private hospitals can receive that same care closer to home.

According to Hardes Data, demand for non-subspecialty medicine will **rise from 2,732 admissions to JHC in 2015-16 to 3,947 admissions in 2026-27**.

44%
INCREASE IN DEMAND OVER THE NEXT DECADE

RESPIRATORY

Demand projections for both public and private admissions will **increase by 83.1%, from 2,357 admissions in 2015-2016 to 4,315 admissions in 2026-2027**

83.1%
INCREASE IN DEMAND OVER THE NEXT DECADE

By 2025 we will have expanded existing general medical services to meet the requirements of **CSF level 6 (tertiary)** and the rapidly growing need from the community.

A level 6 general medicine service provides everything that a level 5 service provides and also:

- Delivers a broad range of medical sub-specialties and emergency medical services on-site;
- Plays a Statewide referral role in certain subspecialties; and
- Assumes an undergraduate and postgraduate teaching role.

JHC intends to deliver an integrated service with closer ties to primary and community health care providers.

The number of sub-specialty areas within general medicine will also increase in scope to include new services such as stroke and expanded services in other areas.

General Medicine will be meeting for their strategy workshop in coming months to map out more specifically what the future of the service might look like.

NEUROLOGY

Demand projections for both public and private admissions will **increase by 57.2%, from 1,879 admissions in 2015-2016 to 2,953 admissions in 2026-2027**

57.2%
INCREASE IN DEMAND OVER THE NEXT DECADE

CARDIOLOGY

Demand for projections for both public and private admissions will **increase by 64.6 % from 3,041 admission in 2015-2016 to 5,005 admissions in 2026-2027**

64.6%
INCREASE IN DEMAND OVER THE NEXT DECADE

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL 1	PILLAR
Adopt innovative and best practice models of care	1

KEY STRATEGIC GOAL 2	PILLAR
Build sub-specialties such as gastroenterology, endocrinology, stroke service, renal, hepatology, rheumatology and neurology to fulfil the CSF level 6 requirements	1 & 3

KEY STRATEGIC GOAL 3	PILLAR
Apply technology designs that improve efficiencies and reduce duplication	2

KEY STRATEGIC GOAL 4	PILLAR
Integrate with community care to ensure continuity of care beyond hospital walls	5

KEY STRATEGIC GOAL 5	PILLAR
Develop partnerships with community services to optimise hospital avoidance initiatives and community based chronic disease management	5

KEY STRATEGIC GOAL 6	PILLAR
Expansion of the workforce to include Nurse Practitioners	3

GENERAL SURGICAL SERVICES

CURRENT SERVICE

The General Surgical Service currently provides a wide-range of general surgery, undertaking both emergency and non-emergency (elective) procedures for both public and private patients.

JHC has 12 theatres on-site, which are available 24/7 for use by the general surgeons and other surgical specialties.

The hospital plays a state-wide referral role in both peritonectomy and bariatric surgery.

The General Surgical Service is currently provided at a **CSF level 5**.

A CSF level 5 in general surgical includes the provision of care by general surgeons, sub-specialists, registrars and resident medical officers, and access to specialised allied health professionals.

It also includes provision of an emergency service by an on-call cardiologist and some cardiology diagnostic and interventional services. The service is supported by an intensive care unit.

TYPES OF PATIENTS

- General surgery patients are admitted either via the Emergency Department or via private consulting rooms.
- The General Surgical Service provides care for patients with abdominal related conditions, including, but not limited to, those affecting the small bowel, colon, appendix and gallbladder.
- The service also caters for patients who require specialised surgical services including minor trauma, endocrine, peritonectomy, bariatric and paediatric surgeries.
- As JHC has no outpatient services, the hospital does not take public patients needing review and assessment for surgery. These public patients are referred to outpatient clinics in the public hospitals.

JULIA'S STORY

Forty three year old Julia Upton underwent peritonectomy surgery in May 2017.

As part of her 13-hour surgery, Julia had part of her bowel removed along with her uterus, gall bladder and ovaries.

Julia could not speak more highly of the procedure, which she says she had to research online before discovering it was a possible option for her. She says she wishes that she was made aware by other medical professionals.

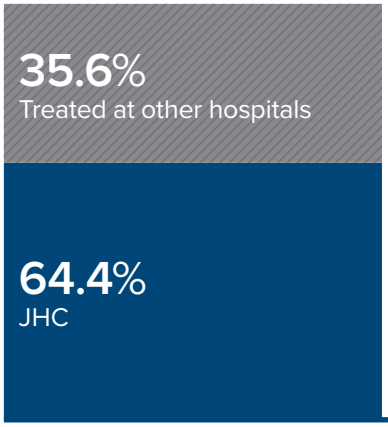
She also said that a positive attitude and reassurance from her surgeon gave her the confidence she needed to get through this challenging time – and that this was an extremely important aspect of her overall journey.

GENERAL SURGICAL SERVICES

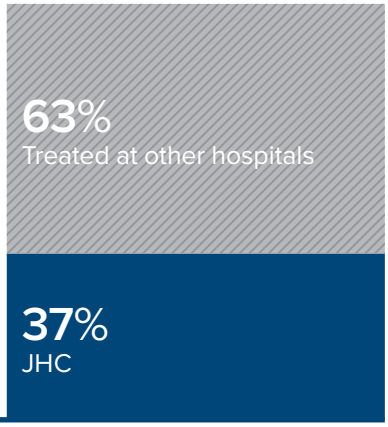
WHAT DOES THE DATA TELL US?

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed general surgery services, received their treatment at JHC.

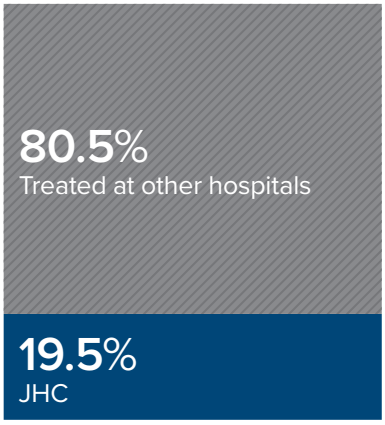
PUBLIC NON-SUBSPECIALTY SURGERY



PRIVATE NON-SUBSPECIALTY SURGICAL ADMISSION



PAEDIATRIC SURGICAL ADMISSIONS (AGED 0-14)



KEY INFO

WEIGHT LOSS SURGERY SEPARATIONS **MORE THAN DOUBLED IN AUSTRALIA** FROM 2005-06 WITH **9,300 SEPARATIONS** TO 2014-15 WITH **22,700 SEPARATIONS**[23]

HARDES DATA 2015-16 Analysis

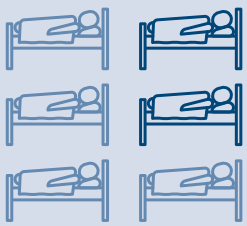
GENERAL SURGICAL SERVICES

TOWARDS 2025

WHAT WILL THE GENERAL SURGICAL SERVICE LOOK LIKE IN THE FUTURE?

We recognise that general surgical services will continue to be a critical service in the future. JHC plans to expand in both services and infrastructure to support growth in demand and community needs.

Demand projections for surgical services indicate high increases in the next few years. **Hardes data indicates there is a projected 52.9% increase in non-subspecialty surgery admissions, rising from 3,795 admissions in 2015-16 to 5,804 admissions in 2026-27**.



52.9%

INCREASE IN DEMAND OVER THE NEXT DECADE

JHC plans to expand the General Surgery service to become a **CSF level 6** service by 2025.

A CSF level 6 service incorporates everything provided under a level 5 service and also:

- Provision of the full range of surgical sub-specialties
- Has a Statewide referral role
- Assumes an undergraduate and post graduate teaching role
- Plays a research role

JHC already takes a state-wide referral role in peritonectomy and bariatric surgery, and delivers undergraduate and postgraduate training, but needs to take on more of a research role and increase scope to provide the full range of surgical sub-specialties to become a CSF level 6 service.

Further consultation with the general surgeons is planned to refine the key strategic goals.

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL 1	PILLAR
Expand the service in surgery for major cancers such as breast, prostate and bowel cancer	1

KEY STRATEGIC GOAL 2	PILLAR
Integrate with other hospital services such as oncology and gastroenterology to support a coordinated care approach	1

KEY STRATEGIC GOAL 3	PILLAR
Explore innovative models of outpatient care	1

KEY STRATEGIC GOAL 4	PILLAR
Extend the workforce to include advanced practitioners such as a Surgical Nurse Practitioner	1 & 3

KEY STRATEGIC GOAL 5	PILLAR
Grow and develop our theatre and surgical infrastructure to keep pace with the most current equipment in place	4

KEY STRATEGIC GOAL 6	PILLAR
Investigate technology advancements and keep pace with the most current equipment available	2

MENTAL HEALTH SERVICES

CURRENT SERVICE

The Mental Health Service at JHC is provided at **CSF level 5**. This means that the inpatient mental health service is an authorised mental health service under the Mental Health Act; capable of providing short to medium term and intermittent inpatient mental health care for low to high/complex voluntary and involuntary patients; the service is delivered by a comprehensive multidisciplinary team of mental health professionals; and includes a consultation liaison service.

Currently, JHC's Mental Health Unit provides services for adult inpatients aged 18-65 years in both open and secure areas, and operates at close to 100 per cent capacity almost every day.

JHC Mental Health Services are a part of the State-wide Assertive Patient Flow Unit, offering inpatient beds to patients within the catchment area. This means patients who are currently at other hospitals, but who usually reside in the Joondalup or Wanneroo catchment area may be referred to us. The 10-bed Mental Health Observation Area co-located in the Emergency Department (ED) accommodates appropriate patients who present to the ED with mental health disorders.

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 published by the WA Mental Health Commission articulates the overall intentions for service development, transformation and expansion of mental health, alcohol and other drug services over the coming years.[15]

Mental Health Services at Joondalup Health Campus will be part of the WA Mental Health Plan and share the same vision working together for real changes for our community.

TYPES OF PATIENTS

- Patients between the ages of 18 and 65 with depression; psychosis; anxiety; bipolar disorder; schizophrenia; personality disorders; trauma related disorders such as post-traumatic stress; substance abuse disorders; and those who are suicidal or at risk of harm.
- Child and adolescent patients from as young as eight years of age to 18 years of age frequently present to the Emergency Department with mental health conditions or situations for initial assessment and management. These patients are then either discharged home or transferred to another facility for further management.
- Older adult mental health patients (65 years+) who require inpatient care are also transferred to other facilities.

ANNE'S STORY

Anne* has suffered from mental health illness for many years, having suffered a traumatic childhood.

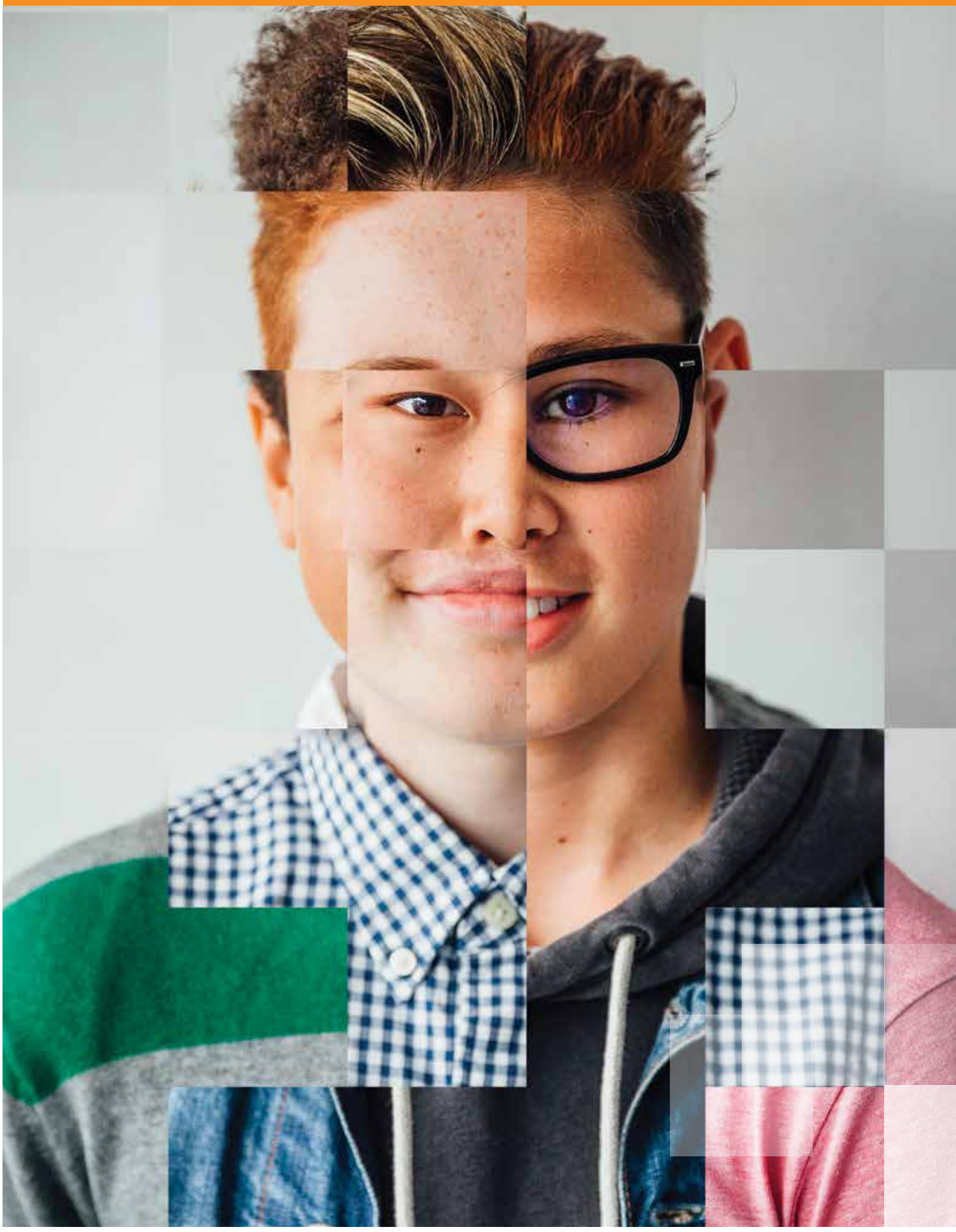
She has been a patient in the JHC Emergency Department on multiple occasions and says that what she wants from her experience in hospital is to have privacy and respect afforded to her. She says she found it quite challenging to come to terms with the need for the doctors and nurses to talk about her condition openly and in front of her.

In the ED, because of the lack of mental health beds across the system, it's not uncommon to wait a long time before being admitted and Anne says all she sometimes wants to do is run away, to escape the setting of a crowded ED, with its bright lights and so much noise.

Anne says the Mental Health Observation Area is a step in the right direction for mental health patients presenting at JHC.

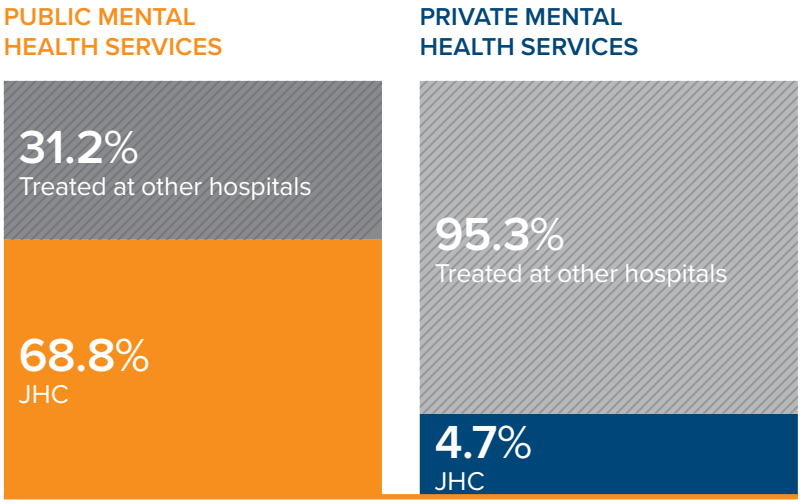
**Name changed to protect the anonymity of this person.*

MENTAL HEALTH SERVICES

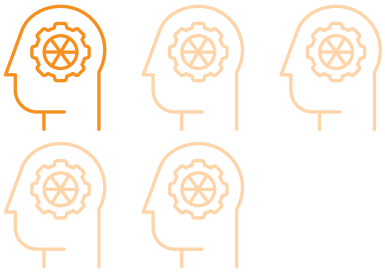


WHAT DOES THE DATA TELL US?

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed mental health services, received their treatment at JHC.



KEY INFO



ONE IN FIVE AUSTRALIANS WILL BE AFFECTED BY A MENTAL HEALTH DISORDER EACH YEAR[11]

132,100

PEOPLE WERE LIVING WITH DIAGNOSED MENTAL HEALTH OR BEHAVIOURAL CONDITIONS IN PERTH'S NORTH DURING 2011-13[12]

AROUND ONE IN SEVEN YOUNG AUSTRALIANS EXPERIENCE A MENTAL HEALTH CONDITION[13]

HARDES DATA 2015-16 Analysis

MENTAL HEALTH SERVICES

TOWARDS 2025

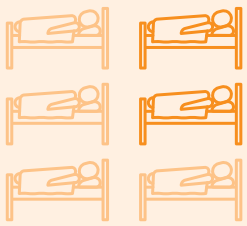
WHAT WILL THE MENTAL HEALTH SERVICE LOOK LIKE IN THE FUTURE?

JHC will expand the Mental Health Service and its infrastructure to meet growing community needs.

The expected growth in mental health patients in the future will naturally lead to an increased demand for services, including child and adolescent services. There is a large gap in private mental health service provision at JHC and this needs consideration in planning for the future.

Hardes data indicates that there is a projected 35.5% increase in demand for acute psychiatry rising from 1,410 admissions in 2015-2016 to 1,911 in 2026-2027.

A rise in Emergency Department attendance for patients with mental health disorders, alcohol and other drug abuse disorders is also expected with a current steady upward trend.[4a]



35.5%
INCREASE IN DEMAND OVER THE NEXT DECADE

JHC will remain at a CSF level 5 in 2025. Level 5 inpatient Mental Health Services, are as for Level 4 plus:

- Is an authorised mental health hospital or part of a hospital under the Mental Health Act
- Delivered predominantly by mental health professionals within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit
- Capable of providing short to medium-term and intermittent inpatient mental health care to low, moderate and high risk/complexity voluntary and involuntary mental health patients
- Delivered predominantly by a comprehensive, multidisciplinary team of mental health professionals (psychiatrist, nurses, allied health professionals) within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit
- Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented weekly case review; group programs; extensive primary and secondary prevention programs; consultation liaison with higher and lower level mental health services; and referral, where appropriate

In 2025 mental health services at JHC will provide a true person-centred experience from crisis to recuperation, both within the hospital and into the community. The Joondalup and Wanneroo community will have access to a more integrated and age appropriate service.

Our future fit-for-purpose building will provide appropriate settings and environments for patients with differing needs. This may range from the Mental Health Observation Area, to youth-specific areas, a perinatal unit and a medically unwell or complex needs unit. The discharge process will encourage a smooth transition and the hospital service will integrate with community services.

Innovative models of care will be supported by partnerships with community mental health services.

Partnerships with universities will also position JHC mental health service as an exemplar to attract academics and students supporting our strategic intent of building our research and training capabilities.

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL	PILLAR
Expand the Mental Health Service to include youth mental health (patients aged 16-24)	1
Develop innovative models of care such as tele-psychiatry, day programs, day therapy, and outreach	1
Expand the private mental health service	1 & 4
Explore options for a 'step-up' or 'step-down' model that would provide for people who are transitioning from an acute care setting	2
Develop and maintain a healthy, skilled and supported workforce	3
Design and build patient-centric mental health service infrastructure that facilitates integration with community mental health service providers	3 & 5
Develop a wellness hub for people experiencing mental health illness which focuses on promotion of wellness and prevention strategies	1 & 6

This plan will evolve over time with changing trends and as new evidence become available. It will align with community needs and also with the *WA 2015-2025 Mental Health, Alcohol and other Drug Services Plan.*

OBSTETRICS AND GYNAECOLOGY SERVICES

CURRENT SERVICE

Currently JHC is providing this service for both public and private patients at a **CSF level 5**.

OBSTETRICS

The JHC obstetric service is offered to low, moderate and certain high risk mothers by specialist obstetricians, midwives, neonatal paediatricians and anaesthetists.

It includes on-site medical cover 24/7 and is supported by an on-site high dependency unit, intensive care unit and level 2B neonatal care unit.

The obstetric service at JHC caters for pregnancies over 32 weeks gestation. It includes antenatal and post-natal care.

JHC does not cater for all 'high risk' pregnancies, a term which generally refers to pregnancies that have major foetal or maternal risk factors that may involve complications requiring specialised care.

GYNAECOLOGY

JHC offers a comprehensive gynaecology service, which includes a general gynaecology service comprising examinations, investigations, procedures and treatments.

A CSF level 5 gynaecology service means that JHC provides diagnostic services and surgery for low, moderate and high risk patients.

TYPES OF PATIENTS

- Expectant mothers with low to medium risk pregnancies as either private or public patients.
- Select high risk patients and deliveries under 32 weeks gestation will be either referred or transferred to King Edward Memorial Hospital.
- Female patients requiring a public or private gynaecological admission or procedures can come to JHC for assessment and management.

KATIE AND JOHAN'S STORY

Katie and Johan delivered twins at JHC in 2017. They said they loved being close to home and elected to go private because it was important to them to have access to their choice of obstetrician.

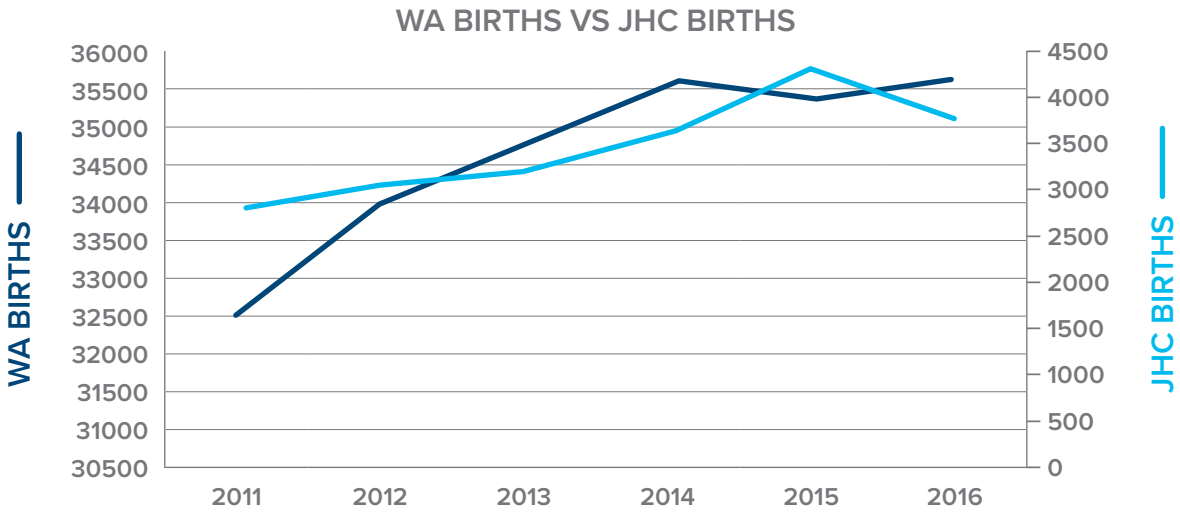
As a first-time mother, Katie said she was nervous and feared that if the babies came early; they might need the Neonatal Intensive Care Unit located on-site within the JHC public hospital.

She says they felt confident in the specialist care they would have at JHC with their twins.

OBSTETRICS AND GYNAECOLOGY SERVICES

WHAT DOES THE DATA TELL US?

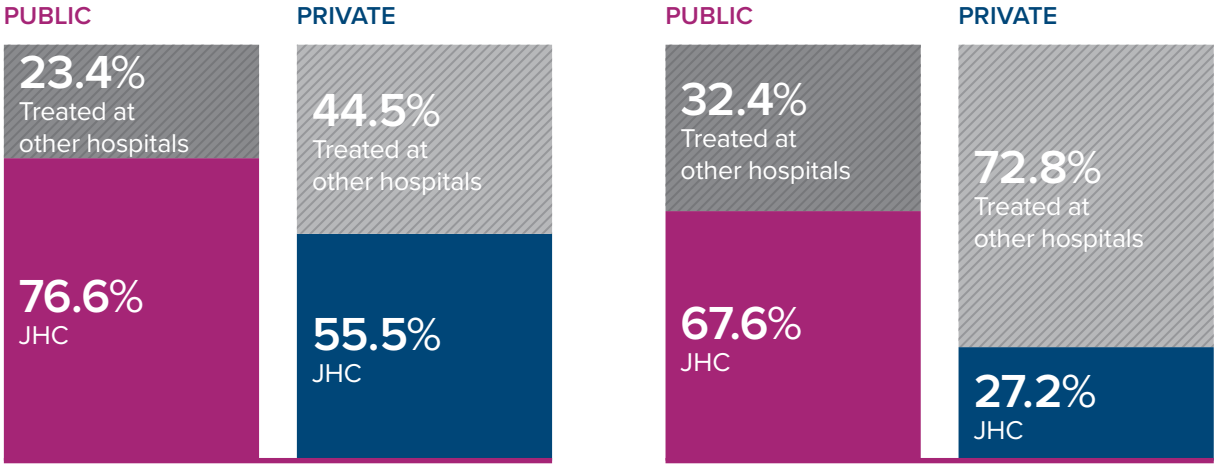
The trend in birth numbers in Western Australia dropped after 2014. It has since picked up by less than 1% from 35,335 births in 2015 to 35,652 in 2016.



Data source: Department of Justice: Births, Deaths and Marriages in WA (last updated August 2017), *http://www.bdm.dotag.wa.gov.au/S/statistics.aspx?uid=5227-3572-2658-8961, accessed October 2017.* JHC Meditech, births 2011-2016

Despite a slow-down in the number of births in WA, as the only major hospital in the northern corridor of Perth, JHC remains an essential provider of obstetrics and gynaecology services.

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed obstetrics and gynaecology services, received their treatment at JHC.



HARDES DATA 2015-16 Analysis

OBSTETRICS AND GYNAECOLOGY SERVICES

TOWARDS 2025

WHAT WILL THE OBSTETRICS AND GYNAECOLOGY SERVICE LOOK LIKE IN THE FUTURE?

The Obstetrics and Gynaecology Service is one of our top priorities. In 2025 JHC intends to have expanded the obstetric and gynaecology service to meet community needs.

OBSTETRICS

Demand projections for obstetric services show an **increase from 4,522 admissions in 2015-16 to 5,765 in 2026-27***

27.5%
INCREASE IN DEMAND OVER THE NEXT DECADE

GYNAECOLOGY

Demand projections for gynaecology services show an **increase from 2,294 admissions in 2015-16 to 3,111 in 2026-27***

35.6%
INCREASE IN DEMAND OVER THE NEXT DECADE

JHC currently provides a CSF level 5 and plans to continue at this level as indicated in the WA Clinical Services Framework 2014-2024. Level 5 is defined as follows:

Gynaecology

- Diagnostic services and surgery on low, moderate and high risk patients by on-call gynecologists
- Access to specialist SRN
- May have gynaecology registrar/RMO
- May have some teaching and research
- Access to specialised allied health services

Obstetrics

- Births of low, moderate and high risk mothers
- Service provided to high risk mothers by specialist obstetricians, neonatal paediatricians and anaesthetists
- On-site 24/7 medical officer obstetric cover by registrar or above
- 24/7 cover by specialist obstetricians, paediatricians and anaesthetists
- Access to HDU/ICU facility
- Access to specialised allied health services
- On-site Level 2B neonatal facilities

Our ten year vision is to provide a service that meets the needs of all women in the local area by closing the current gaps in service provision such as urogynaecology, midwifery-led care and outpatient services. We will also explore care models that best meet the community's needs.

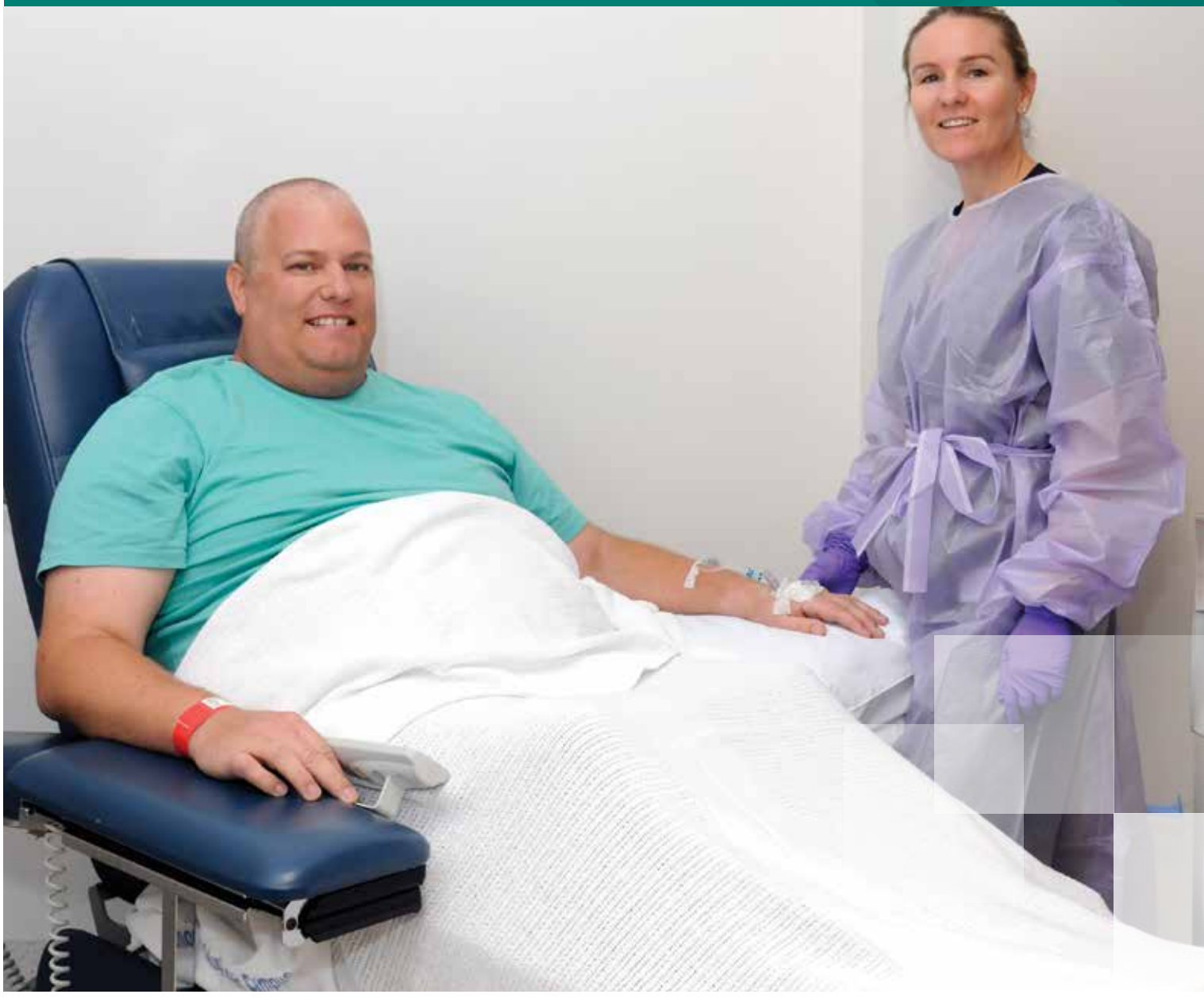
The key focus for the Obstetrics and Gynaecology Service is to ensure our patients experience seamless and co-ordinated care closer to home and avoid long waiting times.

*HARDES DATA 2015-16

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL	PILLAR
KEY STRATEGIC GOAL 1 Integration with other services such as paediatric and neonatal services	PILLAR 1
KEY STRATEGIC GOAL 2 Develop a collaborative continuity of care model	PILLAR 1
KEY STRATEGIC GOAL 3 Explore the design and development of an obstetrics only theatre model	PILLAR 1
KEY STRATEGIC GOAL 4 Develop linkages with other services such as oncology and integrate care co-ordination with community services. Explore partnership opportunities	PILLAR 1 & 5
KEY STRATEGIC GOAL 5 Develop partnerships universities and other organisations to support training and teaching for medical and nursing staff	PILLAR 2 & 3
KEY STRATEGIC GOAL 6 Expand the gynaecology service to include urogynaecology	PILLAR 1
KEY STRATEGIC GOAL 7 Participate in research and become an accredited training site	PILLAR 6

ONCOLOGY SERVICES



CURRENT SERVICE

JHC is currently operating at a CSF level 4. This means that the in-patient care is provided by the on-site general medical physician; the chemotherapy is a shared care service with tertiary facilities for cancer patients with complex needs; JHC provides a senior specialist nurse; and there are links with pain management and radiotherapy, and palliative care.

We currently have a day unit with chemotherapy and haematology service. This service is offered to both private and public adult patients.

TYPES OF PATIENTS

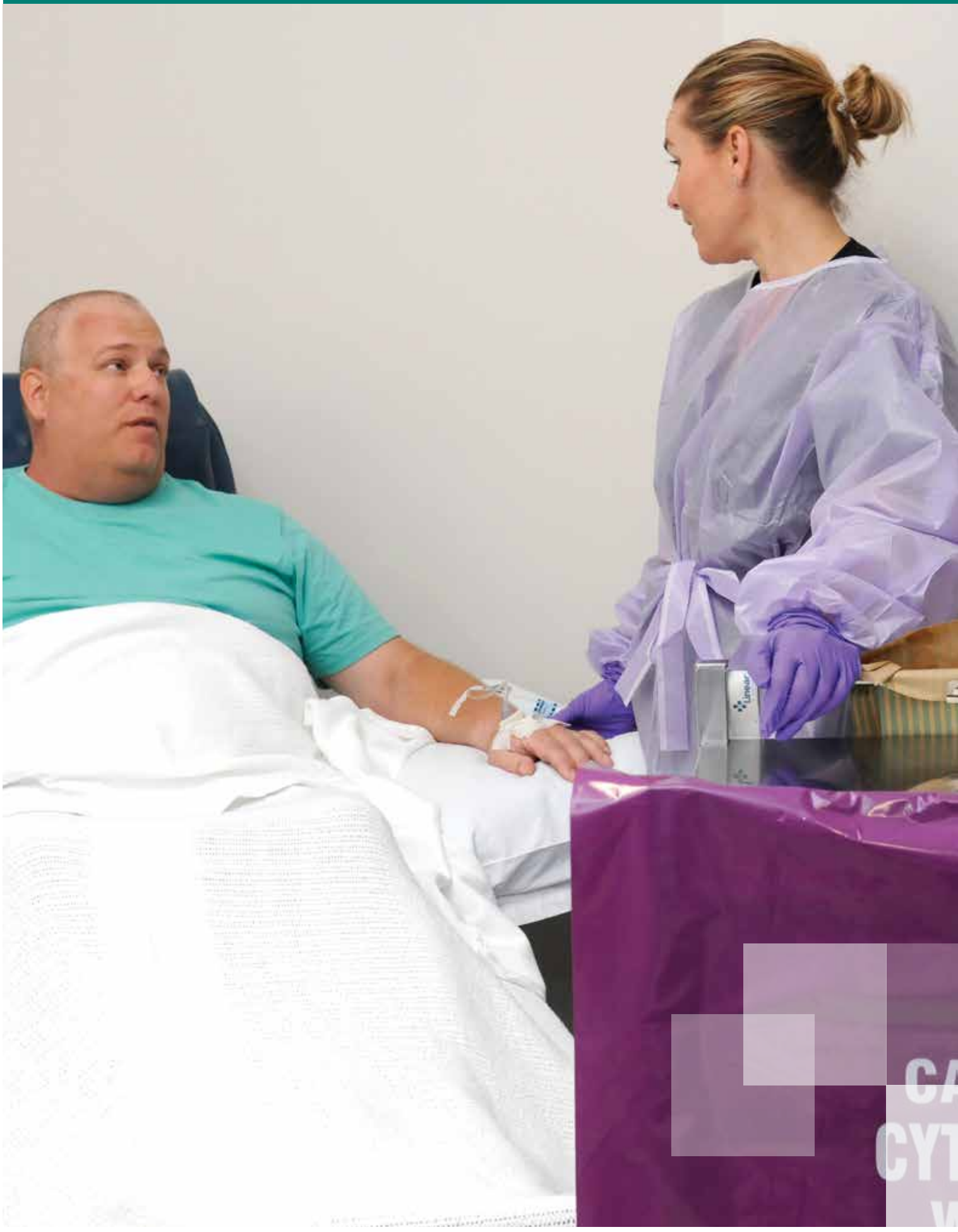
- Patients that require chemotherapy for their cancer treatment receive this in the oncology day unit
- Haematology, neurology, gastroenterology patients and those patients who require specialised infusions can also receive therapy and care at the JHC oncology day unit
- Patients requiring surgery for cancers such as bowel, breast, gynaecological, prostate, peritoneal, and skin can come to JHC.

CLAYTON'S STORY

Forty two year old Clayton Osborne underwent surgery to remove testicular cancer in February 2018. Clayton is now faced with six weeks of intense chemotherapy at Joondalup Health Campus (JHC).

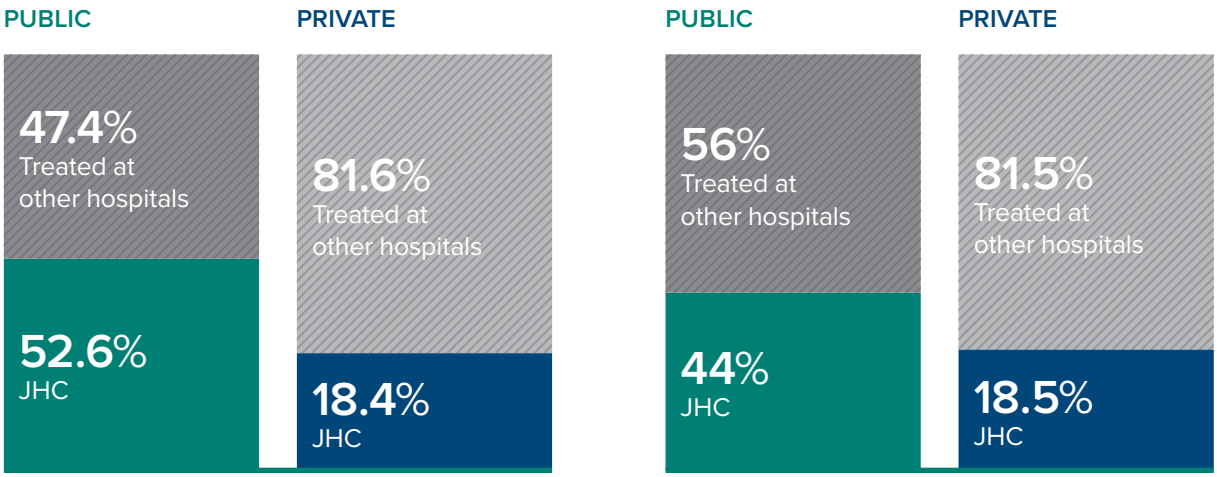
The Tapping father of three says staff at JHC are attentive and thorough and he loves being able to have his treatment so close to home. Given Clayton is confined to his chair for several hours a day during treatment, comfort is extremely important to him.

ONCOLOGY SERVICES



WHAT DOES THE DATA TELL US?

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed oncology services, received their treatment at JHC.



KEY INFO

12,364
NEW CASES OF CANCER DIAGNOSED IN WA IN 2014[16]

THERE WAS A 13% INCREASE IN THE NUMBER OF CASES FROM 10,942 CASES IN 2010 TO 12,364 CASES IN 2014[16]

13%
INCREASE IN NUMBER OF CASES

HARDES DATA 2015-16 Analysis

ONCOLOGY SERVICES

TOWARDS 2025

WHAT WILL THE ONCOLOGY SERVICE LOOK LIKE IN THE FUTURE?

Oncology has been recognised as a critical service at JHC to meet the community needs. We expect that the growing population, ageing population and improved early detection methods for cancer will likely contribute to the continued rise in the number of cancers.

The Oncology Service has been highlighted in the WA Clinical Services Framework to be at a CSF level 6 by 2025.

This service is also recognised as a priority for JHC to meet community needs in the future. A high proportion of oncology patients are currently receiving outpatient chemotherapy treatments in other facilities, when they could be accessing it closer to home.

JHC also does not currently provide inpatient medical oncology services, which is a gap that will be considered in future planning.

This plan, therefore, includes expansion of service and infrastructure.

JHC will provide oncology services at a CSF level 6 in 2025 according to the WA Clinical Services Framework 2014-2024 (see full description in appendix) which includes everything provided under a level 5 service plus:

- Full range of oncology services, with oncology department and emergency services (NB: radiation oncology defined separately)
- Medical registrar on-site 24/7
- Statewide referral role
- Statewide mentoring and specialist leadership role
- Undergraduate and postgraduate teaching role
- Research role

Demand projection for medical oncology services is expected to **increase from 308 admissions in 2015-16 to 471 admissions in 2026-27**.

52.8%
INCREASE IN DEMAND OVER THE NEXT DECADE

Demand projection for chemotherapy services is expected to **rise from 3,040 admissions in 2015-16 to 5,492 admissions in 2026-27**.

80.6%
INCREASE IN DEMAND OVER THE NEXT DECADE

In 2025 JHC plans to meet the needs of the local community by providing access to comprehensive oncology care closer to home.

The future plan for oncology services will depend on enabling factors such as funding and IT transformation.

We will work closely with key stakeholders to monitor changes and plan accordingly. Ultimately, our plan is to bring a comprehensive oncology service closer to home for patients.

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL	PILLAR
Expand the oncology service to include inpatient medical oncology	1
Provide a 'one stop shop' service where patients can see multiple specialists at the same time to reduce the number of return visits" to the existing sentence	1
Integrate the oncology service with links to community care services and palliative care service	1 & 5
Explore technology advancements such as electronic prescribing and electronic or online access for patient information	2
Increase undergraduate and post graduate teaching capability	3
Pursue active involvement in clinical trials and research	6

ORTHOPAEDIC SERVICES

CURRENT SERVICE

Orthopaedic Services at JHC are currently provided at a **CSF level 5**.

This means that JHC provides a full range of major diagnostic and procedures on low, moderate and high risk patients, which are performed by orthopaedic surgeons. As a level 5 service we also have an on-call registrar; access to subspecialties and specialised allied health professionals.

JHC currently provides an inpatient service for public and private patients who need to be admitted for orthopaedic care.

The service provides patients with access to a wide range of orthopaedic procedures such as arthroscopic surgery, joint replacements, paediatric orthopaedics and trauma surgery.

An 'Enhanced Recovery Program' and allied health rehabilitation programs are also offered to patients.

JHC's orthopaedics training is accredited with the Royal Australasian College of Surgeons (RACS) and the Australian Orthopaedic Association.

TYPES OF PATIENTS

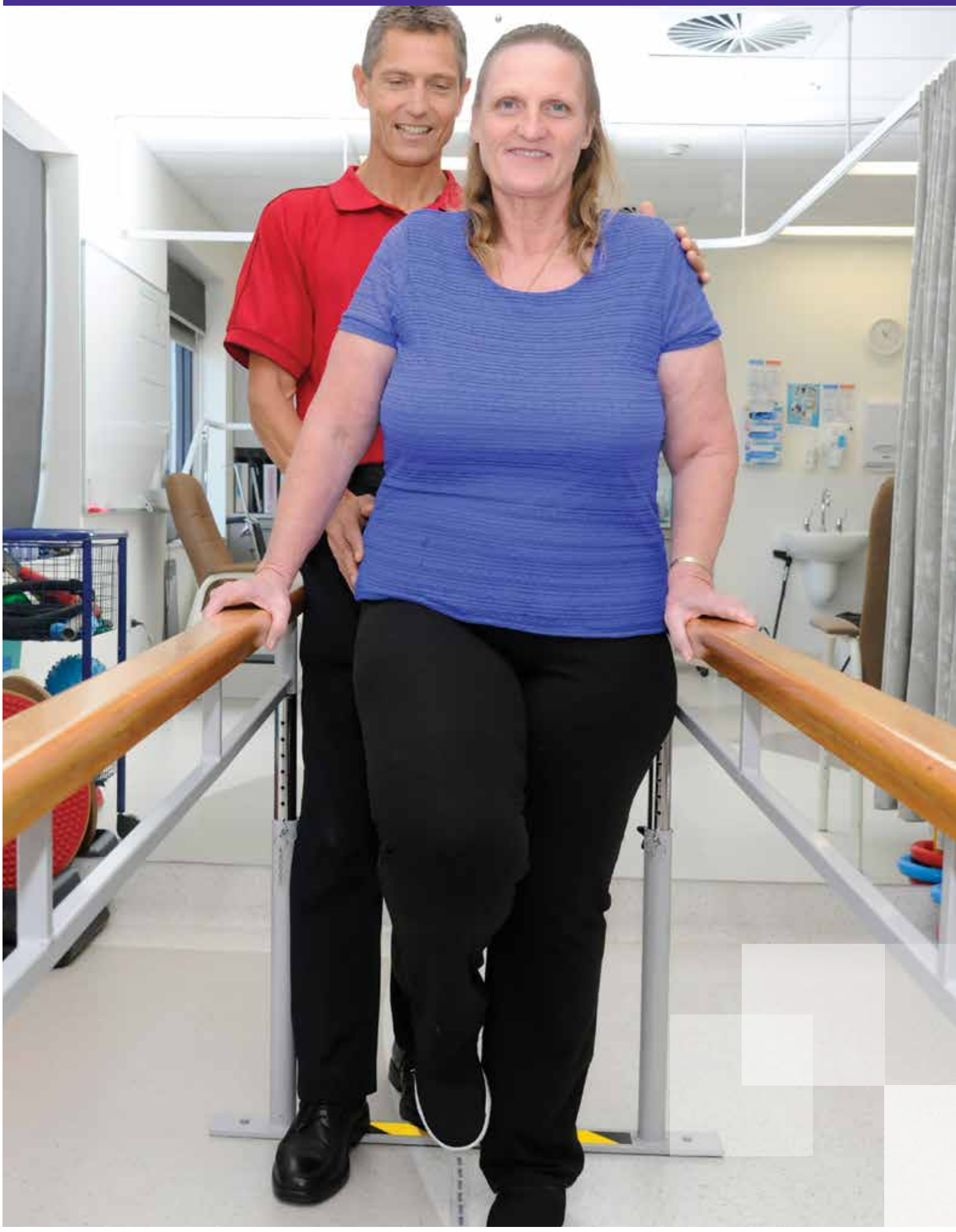
- Public and private patients requiring a range of surgeries – both emergency and elective, including hip and knee surgery, upper limb, arthroscopic surgery, sports injury, shoulder surgery, medical orthopaedics, paediatric orthopaedics, and trauma related surgery.
- Patients with minor injuries who have presented to the Emergency Department may be followed-up at the Orthopaedic Trauma Clinic, which is staffed by orthopaedic doctors and nurses.
- As JHC has no medical outpatient services, the hospital does not take public patients needing review and assessment for surgery. These public patients are referred to outpatient clinics in the public hospitals.

KAY'S STORY

Kay Holodowskyj came to JHC in 2017 for a robot-assisted knee replacement. She was up and walking within four hours of her operation and back at home within days.

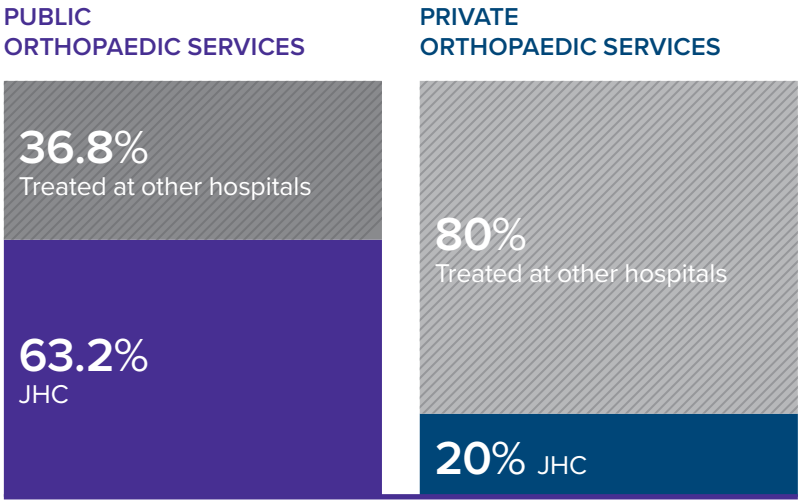
She says what she wanted from her health care experience was to be genuinely listened to, heard and respected by nursing and medical staff and to be quickly discharged as she was eager to get back to her role as the carer to her 80-year-old mother who suffers from dementia.

ORTHOPAEDIC SERVICES



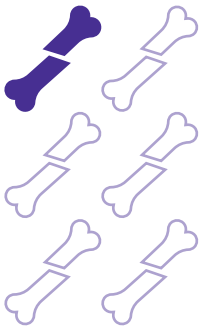
WHAT DOES THE DATA TELL US?

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed orthopaedics services, received their treatment at JHC.

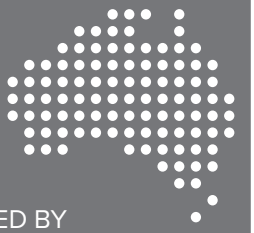


677,800

THE NUMBER OF WESTERN AUSTRALIANS OVER 50 WHO WILL DEVELOP BRITTLE BONES WITHIN THE NEXT FIVE YEARS. THIS IS AN INCREASE OF 45% FROM 2012



BY 2022 THERE WILL BE 56 FRACTURES EVERY DAY AMONG OLDER ADULTS IN WA (COMPARED TO 46 A DAY IN 2017), WITH **ONE IN SIX OF THOSE BEING A HIP FRACTURE**[17]



IT IS ESTIMATED BY 2022 THERE WILL BE 1 HIP FRACTURE EVERY 2.9 MINUTES IN AUSTRALIA[18]

66%

4.74 MILLION AUSTRALIANS (66% OF PEOPLE OVER 50) HAVE OSTEOPOROSIS OR POOR BONE HEALTH[18]

IT IS ESTIMATED THAT THIS WILL INCREASE TO 6.2 MILLION IN 2022 (31%)[18]

HARDES DATA 2015-16 Analysis

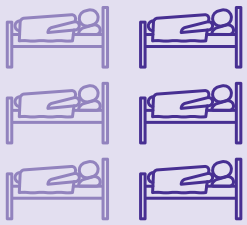
ORTHOPAEDIC SERVICES

TOWARDS 2025

WHAT WILL THE ORTHOPAEDIC SERVICE LOOK LIKE IN THE FUTURE?

The Orthopaedic Service will remain a critical priority for JHC to service the ageing population and growing needs of the community.

Demand projections indicate an **increase for orthopaedic services from 4,798 admissions in 2015-16 to 7,267 admissions in 2026-27**.



51.5%
INCREASE IN DEMAND OVER THE NEXT DECADE

This highlights the real need to focus on orthopaedic services as a priority service for JHC in planning towards 2025.

By 2025 JHC intends to expand the orthopaedic service to meet the expected growing community needs.

The service will remain as a level 5 service in 2025 according to WA Department of Health's Clinical Services Framework (see full description in appendix). A level 5 service is everything provided under a level 4 service and also:

- Full range of major diagnostic and procedures on low, moderate and high risk patients performed by on-call orthopaedic surgeons
- May provide regional services
- May have teaching and research role
- Orthopaedic registrar on-call
- Access to subspecialties
- Links with Level 5 rehabilitation service
- Access to specialised allied health services

An orthopaedics planning session has been scheduled for June 2018 to map out what the future service will look like.

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL 1	PILLAR
Provide a comprehensive rehabilitation program	1

KEY STRATEGIC GOAL 2	PILLAR
Partner with other services to provide shared care models such as an orthogeriatric model of care	1

KEY STRATEGIC GOAL 3	PILLAR
Develop patient education programs to enhance recovery	1

KEY STRATEGIC GOAL 4	PILLAR
Develop innovative models of care provision to meet the changing and growing community	1

KEY STRATEGIC GOAL 5	PILLAR
Develop training and education programs to ensure sustainable skilled workforce through partnerships with universities and professional organisations	3

KEY STRATEGIC GOAL 6	PILLAR
Expand and develop infrastructure to support growing community needs	4

PAEDIATRIC SERVICES

CURRENT SERVICE

JHC is currently offering paediatric services at a CSF level 5 in key areas such as general medical and emergency paediatrics. This means that JHC provides inpatient consultation by paediatric specialists; has paediatric on-call registrars available 24/7 and on-site registrars and resident medical officers; and a designated paediatric emergency department.

JHC offers CSF level 4 for other areas of paediatric services such as surgical and operating theatres, which includes: non-complex, mainly elective, surgery by visiting paediatric skilled surgeons; and access to senior skilled paediatric nurses.

The paediatric service covers inpatient services and has a dedicated day procedures unit for patients under the age of 16.

TYPES OF PATIENTS

- Paediatric patients under 16 years of age with medical conditions (such as asthma or those who are generally unwell) requiring further investigation and management are admitted to the Telethon Children's Ward at JHC.
- Elective general surgery patients are also admitted to this ward.
- Children who present to the Emergency Department's dedicated paediatric service (which is separately located from the adult area) requiring urgent or emergency care including life threatening conditions such as trauma, respiratory or cardiac emergencies.

ZAIDEN'S STORY

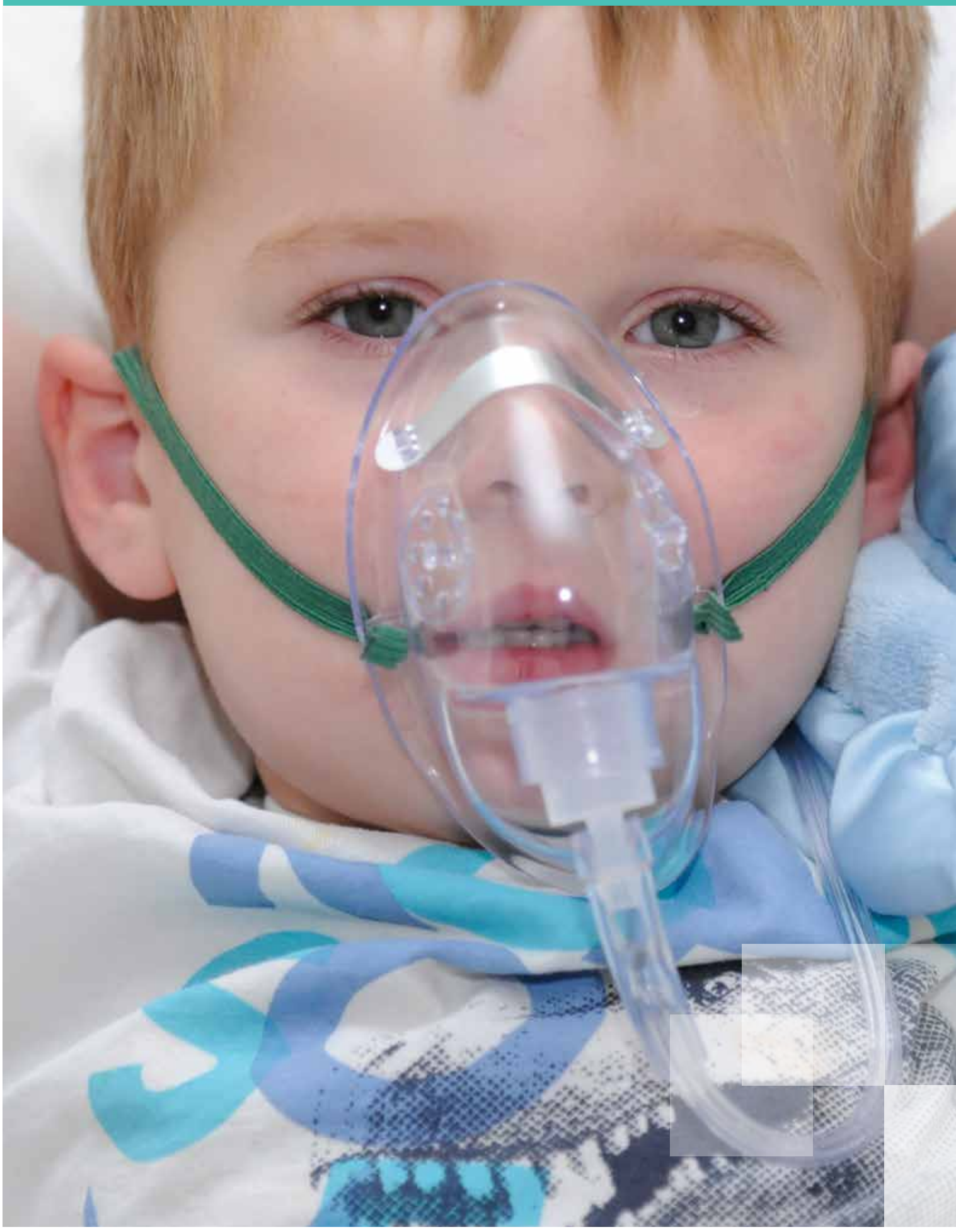
Two year old Zaiden Whittaker has been hospitalised at JHC three times since he was born.

Zaiden suffers from asthma and on one occasion was transferred to ICU at PMH. His dad, Joseph, says his little boy has received excellent care at JHC.

He says that for him, the expertise and attitude of the staff and the facilities are the ingredients for quality care.

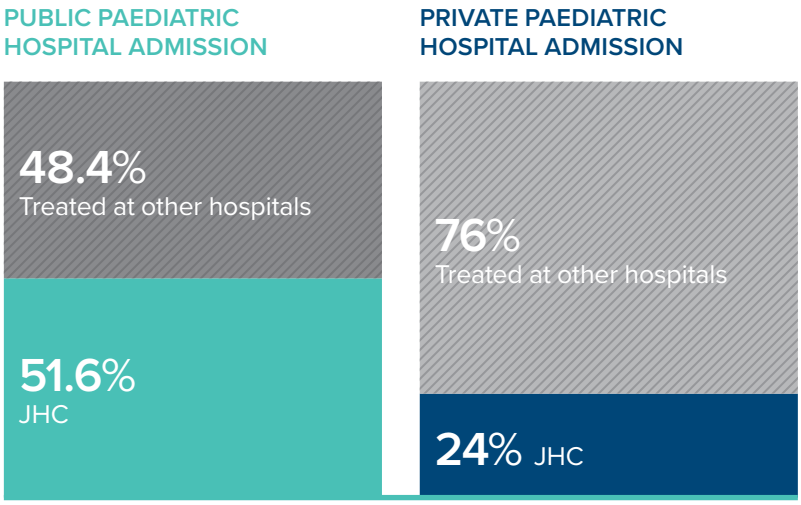
Having a good paediatric service close to home is also important to the family.

PAEDIATRIC SERVICES

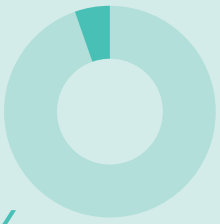


WHAT DOES THE DATA TELL US?

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed paediatric services, received their treatment at JHC.



KEY INFO



6.3%
OF CHILDREN IN AUSTRALIA HAVE A FOOD ALLERGY IN 2014-15[18]

IN 2014-15 JUST **OVER 1 IN 10 CHILDREN** IN AUSTRALIA WERE DIAGNOSED WITH ASTHMA[24]

THE MOST COMMON REPORTED LONG-TERM CONDITIONS IN AUSTRALIAN CHILDREN WERE **ASTHMA**, **HAY FEVER**, AND **ALLERGIC RHINITIS** IN 2014-15[24]

POPULATION:
AGES 0-14 MAKES UP
21.8%
OF THE JOONDALUP AND WANNEROO POPULATION COMBINED

1088
NEW CASES OF TYPE I DIABETES WERE DIAGNOSED IN CHILDREN IN AUSTRALIA IN 2014-15[24]

HARDES DATA 2015-16 Analysis

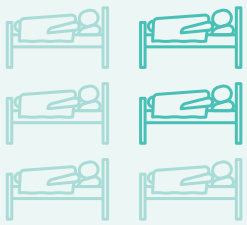
PAEDIATRIC SERVICES

TOWARDS 2025

WHAT WILL THE PAEDIATRIC SERVICE LOOK LIKE IN THE FUTURE?

Although the current paediatric activity trend at JHC has stabilised, JHC remains the only paediatric hospital with an Emergency Department providing services to children in the northern corridor.

Demand projections indicate an **increase for paediatric services for 0-14 year olds from 4,925 admissions in 2015-16 to 6,284 admissions in 2026-27**.



27.6%
INCREASE IN DEMAND OVER THE NEXT DECADE

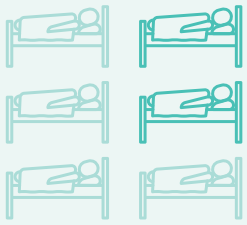
As such, it is a critical community service and JHC plans to expand the paediatric service to accommodate the growing needs of the community.

According to the WA Department of Health Clinical Services Framework 2014-2024 JHC is set to provide this service at CSF level 5 by 2025.

A level 5 service includes everything provided under Level 4 and also:

- Access to inpatient consultation by paediatric specialists
- Designated paediatric skilled specialised allied health
- Designated paediatric ED with paediatric ESSU
- Designated same day paediatric medical services
- Range of paediatric hospital avoidance, rapid assessment and ambulatory programs

It is projected that the population of children aged 0-14 years living in the Joondalup and Wanneroo catchment areas will **grow from a population of 78,610 in 2017 to 96,975 in 2025. This is a 23.4% increase**.



23.4%
INCREASE IN DEMAND OVER THE NEXT DECADE

By 2025 the paediatric service will be a renowned centre of excellence providing a complete and integrated service for mothers, babies, children, adolescents and families. The future expansion of the paediatric service will mean that families and children from the local catchment will be able to access the care that they need here at their local hospital, minimising the need for patient transfers to the Perth Children's Hospital.

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL	PILLAR
Develop collaborative nurse-led paediatric clinic models which focus on primary prevention and follow up of children in the northern suburbs	1
Explore innovative models of care, including opportunistic adolescent mental health screening, and programs such as the hospital schooling program	1
Expand the paediatric service to include adolescent medicine and optimise day procedures to include haematology, allergy, oncology and sleep studies	1
Develop a paediatric high dependency unit / step up unit to reduce transfers to other facilities and keep patients closer to home	1 & 4
Build the paediatric surgical service to include after-hours coverage to facilitate access to care closer to home	1 & 4
Optimise the use of technology and medical advancements that support patients such as apps, telehealth, home monitoring systems and biomarkers to detect and monitor chronic diseases	2
Integrate with community care services and provide direct access to the paediatric service for GP patients	5
To become recognised as a centre of paediatric research excellence through the development of strategic partnerships	6

Through an integrated model of care involving multidisciplinary teams of clinicians and health care professionals, patients and families will experience coordinated child-centered care. This means placing the family and child at the center of the care plan and providing specialised care, emergency and acute care for children in the community. The achievement of future plans will require critical enablers such as funding and IT support.

PALLIATIVE CARE SERVICES

CURRENT SERVICE

The Palliative Care Service is currently provided at a CSF level 4, which means that palliative patients at JHC are managed by medical practitioners or a GP specialising in palliative care.

A consultative model of care is provided to both public and private patients.

TYPES OF PATIENTS

- Patients with a progressive illness that will lead to death often require palliative care.
- Currently the palliative care service at JHC is delivered in partnership with external palliative care specialists on a consultative basis. Palliative patients also have the option of transfer to Bethesda hospital, which has palliative inpatient beds, or other facilities.
- Palliative patients can also receive care in the comfort of their own home by Silver Chain, on referral from JHC.

ANNE'S STORY

When doctors at JHC diagnosed Anne Priest with terminal pancreatic cancer, her priority soon became quality of life.

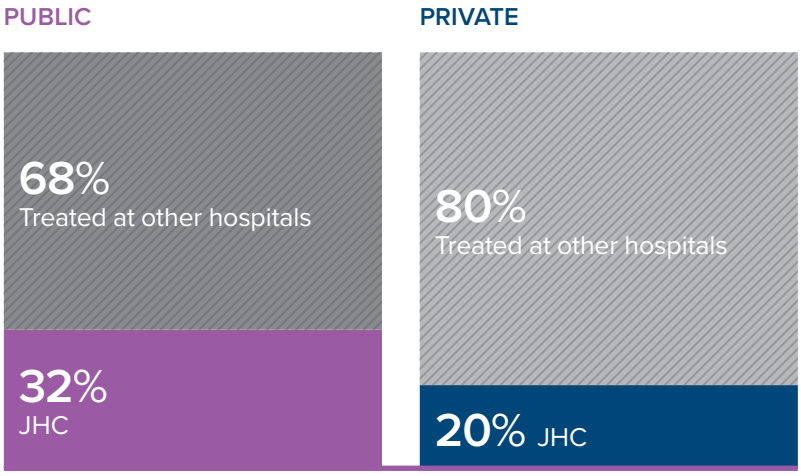
She passed away just 13 weeks later. During that time she enjoyed regular visits from the JHC chaplain.

Anne's daughter said it was important for her mum to receive palliative care close to home. She said what mattered most was that her mum had adequate pain relief in her final weeks of life.

PALLIATIVE CARE SERVICES

WHAT DOES THE DATA TELL US?

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed palliative care services, received their treatment at JHC.



KEY INFO

WHEN ASKED WHERE THEY WOULD PREFER TO DIE, THE MAJORITY OF HEALTHY AUSTRALIANS NOMINATE THEIR HOME AS THEIR PREFERENCE, YET THE STATISTICS ON PLACE OF DEATH INDICATE THIS IS RELATIVELY UNCOMMON — ONLY 16% OF PEOPLE DIE AT HOME[19]

JHC SUPPORTS THE PREFERENCE OF PATIENTS TO REMAIN IN THEIR HOME

HARDES DATA 2015-16 Analysis

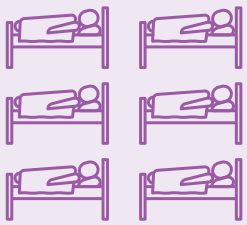
PALLIATIVE CARE SERVICES

TOWARDS 2025

WHAT WILL THE PALLIATIVE CARE SERVICE LOOK LIKE IN THE FUTURE?

The Palliative Care Service has been identified as a critical service for patients living in the JHC catchment area to receive care closer to their home.

Demand projections for palliative care services indicate an **increase from 88 admissions in 2015-16 to 169 admissions in 2026-27**.



92%
INCREASE IN DEMAND OVER THE NEXT DECADE

JHC plans to expand the Palliative Care Service and infrastructure to meet the growing need of the community to ensure that when complex care is required and patients need to come to JHC receive this service.

JHC supports the preference of patients remain in their home and plans to partner with Silver Chain and other palliative care providers to integrate palliative care services so that patients get the right care, in the right place, at the right time.

The Clinical Framework 2014-2024 has identified the need for growth through an allocation for this service to be provided at a CSF level 6 in 2025 (see full description in appendix) which includes everything provided under a Level 5 service plus:

- Full range of palliative care services with palliative care specialist providing consultancy to other units referral hospitals
- Emergency services available
- Statewide referral role
- Undergraduate and postgraduate teaching role
- 24/7 on-call specialist

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL	PILLAR
Expand the palliative care service including palliative inpatient service	1 & 4
Link with other services such as oncology, radiotherapy, anaesthetic, pain, respiratory and rehabilitation	1
Provide specialised multidisciplinary co-ordinated and patient-centric models of care.	1
Partnership and collaboration with other services to provide end-of-life care tailored to individual needs.	1 & 5
Invest in electronic systems to provide easily accessible information for patients and staff	2
Secure and develop a skilled workforce through training and education programs	3
Integrate with community services and programs	5
Form partnerships with universities to take on a more active role in research	6

Planning for the Palliative Care Service involves availability of funding; planning will be ongoing, monitored and adapted as trends change over time.

REHABILITATION & AGED CARE SERVICES

CURRENT SERVICE

The Rehabilitation & Aged Care Service (referred to as Geriatric Services in the WA Health Clinical Services Framework) is provided at a CSF level 5. This means that inpatient care is provided on-site by specialists, registrars, resident medical officer, and senior specialist nurses. The service also has access to specialised allied health.

The older adult patient (i.e. people over the age of 65) receives comprehensive care at JHC including inpatient and outpatient services, both public and private.

The hospital takes a multidisciplinary approach to providing complex care for older patients.

TYPES OF PATIENTS

- Older patients requiring acute medical care or rehabilitation have access to a full range of services including care for conditions such as dementia and other problems or diseases related to ageing.
- Older patients are at high risk of falls, often sustaining fractures such as hip and humerus. These patients come to JHC for surgery and care under an orthogeriatric model of care.
- Patients requiring outpatient care such as access to the Assessment Clinic (bone, memory assessments), Parkinson's Clinic and Falls/First Fracture Clinic.

EMILY'S STORY

Ninety-year-old Emily Lockwood was hospitalised on an aged care and rehabilitation ward at Joondalup Health Campus.

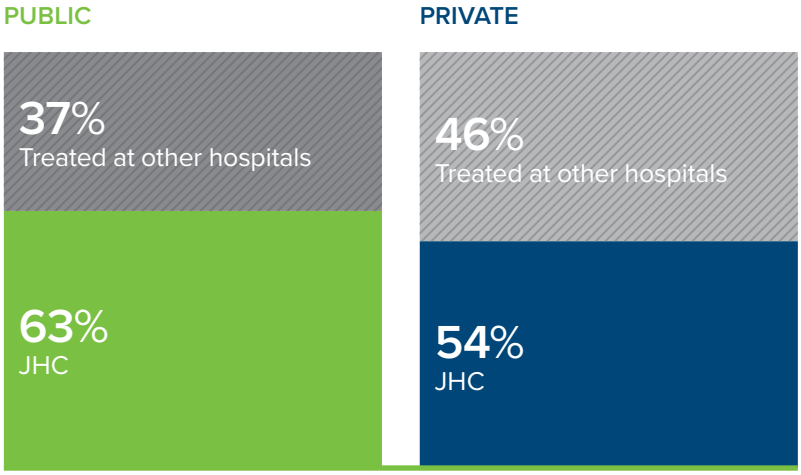
Emily underwent surgery on her shoulder after a fall.

She said it was important for her to remain in hospital undergoing physiotherapy and other treatment until she felt confident and well enough to be discharged home.

REHABILITATION & AGED CARE SERVICES

WHAT DOES THE DATA TELL US?

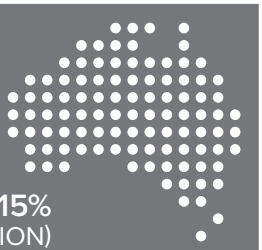
The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed rehabilitation and aged care services, received their treatment at JHC.



KEY INFO

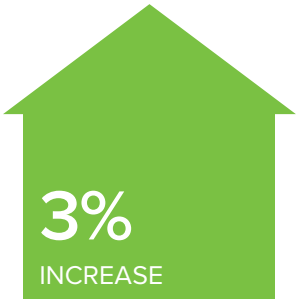
2012-2013;
HIP FRACTURES
ACCOUNT FOR
74%
OF FALL INJURIES[26]

11.6%
OF WANNEROO AND JOONDALUP CATCHMENT POPULATION ARE **AGED 65 AND OVER**



IN 2016; **15%** (3.7 MILLION) AUSTRALIANS WERE AGED 65 YEARS AND OVER, PARTLY **DUE TO INCREASING LIFE EXPECTANCY**[25]

2012-2013;
RATES OF HOSPITALISED FALL INJURY INCREASED 3% PER YEAR
BETWEEN 2002-2003 AND 2012-2013[26]



36.3% INCREASE IN POPULATION OF AGE 65 AND OVER
FOR JOONDALUP AND WANNEROO CATCHMENTS FROM 2011 TO 2017

HARDES DATA 2015-16 Analysis

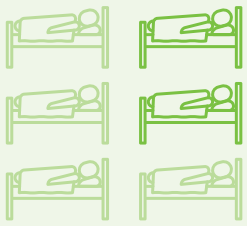
REHABILITATION & AGED CARE SERVICES

TOWARDS 2025

WHAT WILL THE REHABILITATION & AGED CARE SERVICE LOOK LIKE IN THE FUTURE?

The ageing population and growth in demand makes geriatric services a high priority for JHC and the need to expand this service is recognised.

Demand projections for non-acute (rehab, Pall, GEM, NHT) indicate an **increase from 1,482 admissions in 2015-16 to 2,538 in 2026-27**.

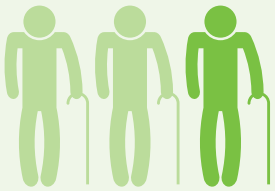


71.2%
INCREASE IN DEMAND OVER THE NEXT DECADE

JHC plans to expand this service and provide a CSF level 6 service by 2025 in line with the WA Health Clinical Services Framework 2014-2024. Broadly, a level 6 service (full description in appendix) is everything provided under a level 5 service plus:

- Undergraduate and postgraduate teaching role
- Research role
- Statewide referral role

There is a predicted **37% increase** in the number of people aged 65 years and over living in the Joondalup and Wanneroo catchment areas from 43,080 in 2017 to 58,990 in 2025. [6&7]



37%
INCREASE IN NUMBER OF PEOPLE AGED 65+ OVER THE NEXT EIGHT YEARS

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL 1	PILLAR
Implement initiatives to support older adult patients such as rapid front door assessments	1

KEY STRATEGIC GOAL 2	PILLAR
Develop a Stroke Rehabilitation Service	1

KEY STRATEGIC GOAL 3	PILLAR
Explore, develop and implement innovative models of care and pathways such as outreach to aged care and residential facilities and Community Care Service partnerships	1 & 5

KEY STRATEGIC GOAL 4	PILLAR
Develop and design the infrastructure to support an integrated rehabilitation service model	4

KEY STRATEGIC GOAL 5	PILLAR
Design and develop the infrastructure to support an innovative model of care for patients with neurodegenerative conditions such as dementia and Parkinson's disease	4

KEY STRATEGIC GOAL 6	PILLAR
Increase involvement and partnerships in research opportunities	6

Planning at JHC for geriatric services is not in isolation but in partnership with other WA strategies and programs such as: the Dementia Model of Care 2011; WA Chronic Health Conditions Framework 2011-2016; and the Falls Prevention Models of Care 2014. An integrated community service will also include planning partnerships with aged care services.

RESPIRATORY SERVICES

CURRENT SERVICE

The Respiratory Service at JHC is currently provided as a **CSF level 4**. This means that on-site care is provided by general physicians, however JHC currently also provides inpatient care by respiratory specialists.

The service also has access to specialised allied health service professionals, links with community pulmonary rehabilitation and has capability to provide bronchoscopy procedures.

The Respiratory Service provides comprehensive care and treatment to both public and private patients for the investigation and management of a broad range of respiratory conditions including asthma, bronchiectasis, chronic obstructive pulmonary disease (COPD) and pneumonia.

Inpatient care is delivered by our on-site specialist respiratory physicians and specialist nursing staff with advanced respiratory skills and knowledge, and supported by allied health professionals.

TYPES OF PATIENTS

- Patients with respiratory conditions such as shortness of breath, asthma, respiratory diseases such as chronic obstructive pulmonary disease (COPD) and chest infections.
- Patients who require investigative procedures such as bronchoscopy.

JEFFREY'S STORY

Jeffrey Isaacs knows more about hospitals than most after a prolonged and complex admission at JHC lasting three months.

Suffering from Chronic Obstructive Pulmonary Disorder (COPD), 58-year-old Mr Isaacs was a patient on the Intensive Care Unit before being moved to a medical ward for recovery.

During his health care journey, Mr Isaacs wanted to be kept informed and communicated with regularly by his treating team. He felt that his care team were always attentive and engaged him in discussions about his treatment which made him feel involved in the process.

Mr Isaacs felt supported by his care team, is positive about his future as he continues on the road to recovery and keen to get back to work when his health allows. He says that, on reflection, his lengthy hospital admission did affect his mental well-being and that this is something he wants to continue to work on.

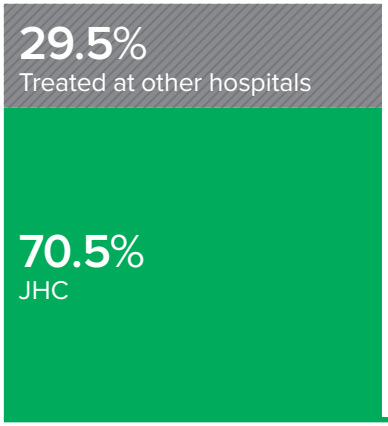
He loved participating in his rehabilitation sessions with the physiotherapists at JHC but says he wishes they were available to him more frequently.

RESPIRATORY SERVICES

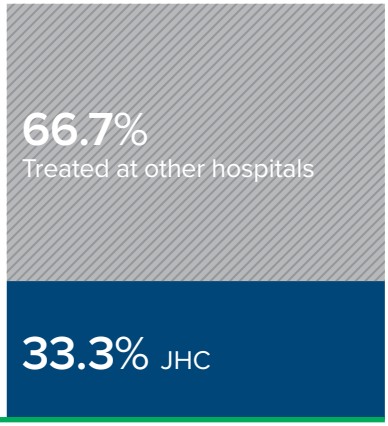
WHAT DOES THE DATA TELL US?

The graph below shows what proportion of residents living in the Wanneroo and Joondalup catchment areas, who needed respiratory services, received their treatment at JHC.

PUBLIC RESPIRATORY SERVICE

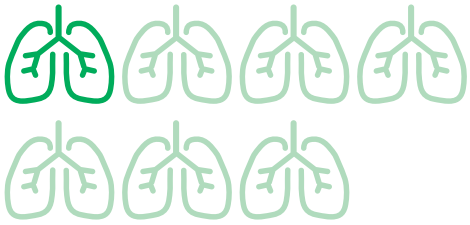


PRIVATE RESPIRATORY SERVICE



KEY INFO

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IS THE **second highest cause** OF AVOIDABLE HOSPITALISATION[20]



ONE IN SEVEN AUSTRALIANS 40 YEARS AND OLDER HAS COPD[20]

LUNG DISEASE AFFECTS MORE THAN **2.6 MILLION** PEOPLE IN AUSTRALIA[20]

HARDES DATA 2015-16 Analysis

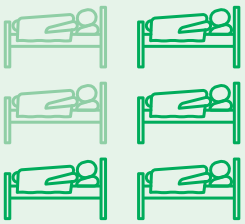
RESPIRATORY SERVICES

TOWARDS 2025

WHAT WILL THE RESPIRATORY SERVICE LOOK LIKE IN THE FUTURE?

Respiratory Services is recognised as a critical service to meet the increasing community needs in the future

Demand projections for respiratory services indicate an **increase from 2,357 admissions in 2015-16 to 4,315 admissions in 2026-27**.



83.1%
INCREASE IN DEMAND OVER THE NEXT DECADE

JHC plans to expand the service from the current CSF level 4 to become a CSF level 6 by 2025, in line with the WA Department of Health's Clinical Services Framework recommendations. A CSF level 6 service (see full description in appendix) includes:

- Full range of respiratory services, with respiratory department and emergency care
- Statewide referral role
- Undergraduate and postgraduate teaching role
- Research role
- Respiratory function laboratory
- Provision of complete diagnostic services including bronchoscopy suite
- Specialised respiratory ward, with non-invasive ventilation (NIV) capability

WHAT WILL WE DO TO GET THERE?

KEY STRATEGIC GOAL	PILLAR
KEY STRATEGIC GOAL 1 Link with other services such as oncology, palliative care and cardiology	PILLAR 1
KEY STRATEGIC GOAL 2 Develop a Pulmonary Rehabilitation Service	PILLAR 1
KEY STRATEGIC GOAL 3 Develop a specialised respiratory ward to be able to care for complex patients such as those requiring NIV	PILLAR 1 & 4
KEY STRATEGIC GOAL 4 Develop a respiratory step-up and step-down unit	PILLAR 1 & 4
KEY STRATEGIC GOAL 5 Integrate with community care services such as a COPD community care co-ordination model	PILLAR 1 & 5
KEY STRATEGIC GOAL 6 Optimise the use of technology to support the service such as remote home monitoring	PILLAR 2 & 5
KEY STRATEGIC GOAL 7 Provide specialised training and education and partner with universities to provide postgraduate teaching	PILLAR 3
KEY STRATEGIC GOAL 8 Grow and develop a capable and specialised workforce	PILLAR 3
KEY STRATEGIC GOAL 9 Develop partnerships and involvement in research	PILLAR 6

KEY ENABLERS

KEY ENABLERS THAT WILL ENSURE THE SUCCESSFUL IMPLEMENTATION OF THE CLINICAL SERVICES INITIATIVES OUTLINED IN THIS DOCUMENT INCLUDE:

- Funding;
- Technology support;
- Contractual obligations with Department of Health;
- Workforce capability; and
- Infrastructure.

RECOMMENDATIONS

JHC operates within a complex health care landscape and is uniquely positioned to provide both public and private services to a growing and ageing local population.

There are several keys critical to the success of the clinical services plan, including:

- JHC continuing to work with key tertiary sites to ensure seamless continuity of care
- JHC partnering with other health care providers, such as primary health, to deliver an integrated care model
- Aligning the Clinical Services Plan with other JHC enabling plans such as the Safety & Quality Plan, People & Culture Plan, Infrastructure Plan, Community Services Plan and specialty and departmental plans
- Integrating services within the hospital and beyond the hospital walls

NEXT STEPS

THIS HIGH LEVEL PLAN IS DESIGNED TO PROVIDE OUR STAFF AND STAKEHOLDERS AN OVERVIEW OF THE DIRECTION WE WILL TAKE IN EACH OF OUR PRIORITY SPECIALTY AREAS OVER THE NEXT TEN YEARS.

This plan will be updated biannually to reflect the changes that will inevitably take place in the health system and in the community.

We acknowledge that the hospital offers a number of important services, that may not be listed in this plan and we intend to continue to work with these services to deliver our strategic intent.

Our next steps involve continuing our work with departments on their specialty plans and operationalise these over the next few years. The specialty plans will describe how to achieve the key strategic goals mapped out in this plan.

At appendix two, a template is provided to help achieve our strategic goals through setting objectives and describing specific actions that need to be taken to deliver the plan.

APPENDIX ONE

CARDIOLOGY

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
MEDICAL SERVICES						
CARDIOLOGY	■ Staffed by RN with some visiting services ■ Emergency first assessment, treatment and appropriate referral ■ Provision of ETS	**As for Level 1 plus:** ■ On-call medical cover by GP/VMP/SMO ■ Initial assessment, stabilisation and transfer to higher level facility	**As for Level 2 plus:** ■ GP inpatient care ■ 24/7 cover by RN ■ Access to some allied health services ■ Access to non-invasive monitoring	**As for Level 3 plus:** ■ Inpatient care by on-site general medical physician ■ Access to consultancy service provided by a specialist or physician credentialed in cardiology ■ Access to designated allied health services ■ Some allied health undergraduate education ■ Non-invasive diagnostic procedures, echocardiograms and exercise stress testing ■ Links with community cardiac rehabilitation	**As for Level 4 plus:** ■ Inpatient care by on-site cardiologist ■ Registrar/RMO/Intern ■ CCU/HDU ■ Regional referral role ■ Access to specialist SRN ■ Some undergraduate teaching and possibly some research ■ Links with Level 5 rehabilitation service ■ Emergency services available by on-call cardiologist ■ May provide some cardiology diagnostic and interventional services ■ Access to specialised allied health services	**As for Level 5 plus:** ■ Full range of cardiac services including cardiac sub-specialties and emergency services ■ Statewide referral role ■ Undergraduate and postgraduate teaching role ■ Research role ■ Complete range of diagnostic and interventional services (includes catheter labs)

GENERAL MEDICINE

MEDICAL SERVICES

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
GENERAL	■ Provision of primary health care and urgent primary care ■ Staffed by RN ■ Emergency first assessment, treatment and appropriate referral ■ Telehealth services available (appropriate to location)	**As for Level 1 plus:** ■ 24/7 on-call by GP/ VMP/SMO ■ 24/7 cover by RN	**As for Level 2 plus:** ■ GP inpatient care ■ Access to some allied health services ■ Acute inpatient care provided where possible on-site/close on-call GP/VMP/SMO available 24/7	**As for Level 3 plus:** ■ Inpatient care by on-site general medical physician and GPs ■ Specialist RN ■ Phone advice and consultation provided to lower level sites including via Telehealth /e-health ■ On-site designated allied health services ■ Some allied health undergraduate education	**As for Level 4 plus:** ■ Inpatient care by on-site general medical physician, GPs and sub-specialists ■ Visiting sub-specialists ■ Registrar/RMO/Intern ■ CCU/HDU ■ Regional referral role ■ Some undergraduate teaching ■ Emergency services available by on-call specialist ■ Specialist consultation or diagnosis provided via Telehealth /e-health to rural and other smaller sites and services ■ On-site specialised allied health services	**As for Level 5 plus:** ■ Broad range of medical sub-specialists and emergency medical services on-site ■ Statewide referral role in certain subspecialties ■ Undergraduate and postgraduate teaching role

GENERAL SURGICAL

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
SURGICAL SERVICES						
GENERAL		■ Same day procedures performed under local anaesthetic/light sedation by GPs or trained nurses ■ Simple, therapeutic and diagnostic procedures in a procedure room ■ Access to medical services if required ■ Visiting GP ■ 24/7 on-site RN	**As for Level 2 plus:** ■ Day surgery type cases, uncomplicated elective surgery ■ GP and visiting general surgical specialist ■ Visiting anaesthetist with visiting surgeon ■ Theatre trained RN ■ Access to some allied health services ■ Inpatient care following surgery elsewhere	**As for Level 3 plus:** ■ Surgery by GPs, general surgeons and visiting sub-specialists ■ Broad range of general elective and emergency surgery (if site has an ED) and some specialty surgery ■ Theatre trained nurses ■ More than one theatre ■ May include high-dependency nursing unit ■ Access to designated allied health services ■ Some allied health undergraduate education	**As for Level 4 plus:** ■ General surgeons sub-specialists and visiting sub-specialists ■ Registrar/RMO ■ ICU ■ Some teaching and research role ■ Access to specialised allied health services	**As for Level 5 plus:** ■ Full range of surgical sub-specialists ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role ■ May include kidney and liver transplantation at selected sites

MENTAL HEALTH SERVICES – CHILD AND ADOLESCENT, ADULT AND OLDER PERSONS

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
INPATIENT MENTAL HEALTH SERVICES		■ Capable of providing limited short-term or intermittent inpatient mental health care to low risk/complexity voluntary mental health patients ■ Provides general healthcare and some limited mental health care 24/7 ■ Delivered predominantly by a team of general health clinicians within a facility that does not have dedicated mental health staff (on-site) or beds ■ Service provision typically includes: assessment, brief interventions and monitoring; patient and carer education and information; documented case review; consultation liaison of general health staff with specialised mental health services; and referral, where appropriate ■ Services are provided in a culturally appropriate way	**As for Level 2 plus:** ■ Provides general health care and mental health care 24/7	**As for Level 3 plus:** ■ Capable of providing short to medium-term and intermittent inpatient mental health care to low and moderate risk/complexity voluntary mental health patients, in dedicated beds that are not in an authorised hospital. ■ Children may only be admitted to adult services that meet the conditions stipulated in section 303 of the Mental Health Act 2014 ■ Service provision typically includes some group programs; primary and secondary prevention programs ■ Delivered predominantly by on-site general and mental health professionals ■ Psychiatric consultation liaison services available to be delivered to general health wards	**As for Level 4 plus:** ■ Is an authorised mental health hospital or part of a hospital under the Mental Health Act ■ Delivered predominantly by mental health professionals within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit ■ Capable of providing short to medium-term and intermittent inpatient mental health care to low, moderate and high risk/complexity voluntary and involuntary mental health patients ■ Delivered predominantly by a comprehensive, multidisciplinary team of mental health professionals (psychiatrist, nurses, allied health professionals) within a dedicated mental health hospital or a general hospital that has a dedicated mental health acute inpatient unit ■ Service provision typically includes: multidisciplinary assessment and targeted interventions by mental health professionals; patient and carer education and information; documented weekly case review; group programs; extensive primary and secondary prevention programs; consultation liaison with higher and lower level mental health services; and referral, where appropriate	**As for Level 5 plus:** ■ Capable of providing short to medium-term, long term and intermittent inpatient mental health care to voluntary and involuntary mental health patients who present with the highest level of risk and complexity ■ Patient group accessing this level of service may be a population with special care needs (including forensic) ■ Patient group may demonstrate the most extreme comorbidities and/or indicators of treatment resistance ■ Demonstrates specialist expertise in the delivery of mental health services to a patient group that cannot be safely and effectively cared for in any other level of service ■ Delivered by a highly specialised, comprehensive, multidisciplinary team of mental health professionals

MENTAL HEALTH SERVICES – CHILD AND ADOLESCENT, ADULT AND OLDER PERSONS

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
EMERGENCY SERVICES (HOSPITAL BASED)			■ Emergency capacity through assessment, referral and management by GPs and/or medical professional or through a 24/7 emergency helpline and access to Telehealth where available ■ Direct communication with a developmentally appropriate mental health emergency service ■ Services are provided in a culturally appropriate way	**As for Level 3 plus:** ■ Capable of providing short-term emergency mental health care for low to high risk/complexity mental health patients (across the age spectrum) who present to an emergency service and are triaged as having a mental health problem/ disorder associated with their current presentation ■ Provided predominantly by general health clinicians within a general hospital. The local mental health service (may be community or hospital-based) provides a consultation liaison service to the emergency department as required ■ Provides emergency mental health care 24/7 ■ Service provision typically includes: assessment and brief treatment of acute mental health problems and illnesses; and stabilisation of emergencies before onward referral or retrieval by medical practitioners and/or other qualified staff	**As for Level 4 plus:** ■ Delivered on-site with an acute inpatient mental health service and provides initial triage, treatment and definitive care for the majority of emergency presentations before retrieval by medical practitioners and/ or other qualified staff ■ Triage is conducted by general health clinicians of the emergency department and further mental health assessments/ interventions are then conducted by mental health clinicians who are assigned to the emergency department ■ Mental health clinicians are stationed within the emergency department at least during business hours ■ May have a designated mental health observation area within the emergency department ■ If there is no emergency department available on-site, triage is conducted by mental health clinicians to stabilise the emergency before onward referral or admission to a mental health bed	**As for Level 5 plus:** ■ Is an authorised mental health hospital or part of hospital under the Mental Health Act ■ Will be delivered by emergency department-based Acute Care Teams (or their equivalent) ■ Will provide short-stay medical inpatient beds and mental health clinicians may provide the direct care of mental health patients admitted to these beds (as required/ negotiated) ■ Will provide a psychiatric emergency care centre/ unit

OBSTETRICS AND GYNAECOLOGY

APPENDIX ONE

OBSTETRIC AND NEONATAL SERVICES

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
OBSTETRICS	■ No planned births ■ If required, inpatient care following birth elsewhere ■ Antenatal, postnatal care is carried out by visiting public, aboriginal community controlled health organisation or RFDS GPs with or without the assistance of aboriginal health workers or RNs/RMs depending on the type of patient care needed	**As for Level 1 plus:** ■ Normal low-risk pregnancies and births and management of newborns > 37 weeks gestation with minimal complications ■ Service by GPs/GP obstetricians/DMOs and midwives ■ Caesarean section transferred elsewhere but must be within safe timeframe ■ Access to 24/7 telephone support from obstetricians ■ Access to allied health ■ Access to e-health or Telehealth ■ Onsite Level 1 neonatal facilities	**As for Level 2 plus:** ■ Elective and emergency caesarean capability ■ 24/7 anaesthetic service provided ■ Visiting obstetrician ■ Access to some allied health services	**As for Level 3 plus:** ■ Planned births of low and moderate risk mothers ■ Access to specialist obstetricians, paediatricians and anaesthetists ■ On-call roster for obstetricians and anaesthetists ■ Access to designated allied health services ■ Some allied health undergraduate education ■ On-site Level 2A neonatal facilities ■ Access to ultrasound service	**As for Level 4 plus:** ■ Births of low, moderate and high risk mothers ■ Service provided to high risk mothers by specialist obstetricians, neonatal paediatricians and anaesthetists ■ On-site 24/7 medical officer obstetric cover by registrar or above ■ 24/7 cover by specialist obstetricians, paediatricians and anaesthetists ■ Access to HDU/ICU facility ■ Regional referral role ■ Access to specialised allied health services ■ On-site Level 2B neonatal facilities	**As for Level 5 plus:** ■ Full range of palliative care services with palliative care specialist providing consultancy to other units referral hospitals ■ Emergency services available ■ Statewide referral role ■ Undergraduate and postgraduate teaching role ■ 24/7 on-call specialist

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
SURGICAL SERVICES						
GYNAECOLOGY			■ Common and intermediate procedures on low or moderate risk patients by credentialed GP or visiting surgeon ■ Access to visiting gynaecologist or by Telehealth ■ Access to some allied health services	**As for Level 3 plus:** ■ Common, intermediate and some major procedures on low and moderate risk patients performed by visiting gynaecologists ■ Links with oncology, radiotherapy and palliative care services ■ Access to designated allied health services ■ Some allied health undergraduate education	**As for Level 4 plus:** ■ Diagnostic services and surgery on low, moderate and high risk patients by on-call gynaecologists ■ Access to specialist SRN ■ May have gynaecology registrar/RMO ■ Regional referral role ■ May have some teaching and research ■ Access to specialised allied health services	**As for Level 5 plus:** ■ Ability to deal with all cases including full range of complex cases in association with other specialists including reproductive endocrinology, infertility, gynaecological malignancy ■ Full emergency services ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role ■ Gynaecology registrar/RMO and possibly registrars in subspecialties

ONCOLOGY

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
MEDICAL SERVICES						
ONCOLOGY		■ Specialist RN in region (cancer nurse coordinator/breast care nurse) who links with relevant tumour specific CNC and treating facility for care coordination ■ No treatment facilities	**As for Level 2 plus:** ■ GP inpatient care ■ 24/7 cover by RN ■ Low risk chemotherapy for the four most common cancers and palliative patients ■ Multidisciplinary case conferencing with tumour specific specialist for all patients ■ Access to some allied health services	**As for Level 3 plus:** ■ Inpatient care by on-site general medical physician ■ Chemotherapy shared care with the tertiary facilities for common cancers with more complex needs ■ Links with radiotherapy, palliative care and pain management services ■ Specialist RN ■ Access to designated allied health services ■ Some allied health undergraduate education ■ Consultancy services provided by a visiting consultant or physician experienced in oncology	**As for Level 4 plus:** ■ Inpatient care by on-site oncologist ■ Registrar/RMO ■ Regional referral role ■ Access to specialist SRN ■ Some undergraduate teaching and possibly some research ■ Multidisciplinary management of patients including case conferences ■ Formalised link with or referral pathways to palliative care services and may have pain management clinic ■ Emergency care available ■ Access to specialised allied health services	**As for Level 5 plus:** ■ Full range of oncology services, with oncology department and emergency services (NB: radiation oncology defined separately) ■ Medical registrar on-site 24/7 ■ Statewide referral role ■ Statewide mentoring and specialist leadership role ■ Undergraduate and postgraduate teaching role ■ Research role

ORTHOPAEDICS

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
SURGICAL SERVICES						
ORTHOPAEDICS		■ Minor reduction of fractures performed on low-risk patients by GP or visiting general surgeon with experience in orthopedics ■ Orthopaedic consultation available ■ Access to Telehealth and / or ETS ■ Must be linked with appropriate imaging – limited to chest and limbs by nurse x-ray operators	**As for Level 2 plus:** ■ Common and intermediate procedures on low or moderate risk patients performed by visiting orthopaedic or general surgeon credentialed in orthopaedics ■ General orthopaedic equipment and theatre x-ray available ■ Preferably access to specialist SRN ■ Access to some allied health services	**As for Level 3 plus:** ■ Common and intermediate procedures on low or moderate risk patients performed by on-call orthopaedic surgeon ■ Access to Level 4 rehabilitation service at minimum ■ Access to specialist SRN ■ Access to designated allied health services ■ Some allied health undergraduate education	**As for Level 4 plus:** ■ Full range of major diagnostic and procedures on low, moderate and high risk patients performed by on-call orthopaedic surgeons ■ May provide regional services ■ May have teaching and research role ■ Orthopaedic registrar on-call ■ Access to subspecialties ■ Links with Level 5 rehabilitation service ■ Access to specialised allied health services	**As for Level 5 plus:** ■ Ability to deal with all cases including full range of complex cases (and all emergency) in association with other specialists ■ Statewide referral role ■ Undergraduate and post graduate teaching role ■ Research role ■ Links with Level 6 rehabilitation service

PAEDIATRICS

APPENDIX ONE

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
PAEDIATRIC SERVICES						
EMERGENCY	■ Care by RN with oversight by GPs (potentially visiting) ■ Stabilisation and first aid	**As for Level 1 plus:** ■ Resuscitation and stabilisation ■ Care provided by general practitioner ■ On-call paediatric advice from higher level centres ■ Established pathway for child protection or family/paediatric skilled social worker ■ Participates in care of minor trauma ■ Possible resuscitation of a major trauma patient, with rapid transfer on	**As for Level 2 plus:** ■ Local GPs roster to provide 24/7 cover with service by RN ■ Resuscitation and stabilisation ■ Access to specialist services visiting or by Telehealth ■ Access to dental service for dento-alveolar trauma and infection	**As for Level 3 plus:** ■ Emergency physicians ■ Emergency operating theatre facilities ■ Access to on-site and on-call paediatrician ■ Access to paediatric skilled SRN/CNS ■ Access to paediatric skilled allied health ■ On-site child protection or paediatric skilled social worker ■ Access to dental advice/consult for paediatric mouth and facial bone trauma ■ Participation in under and post graduate training all professions	**As for Level 4 plus:** ■ Designated paediatric emergency area including paediatric short stay unit/area ■ Paediatric emergency medicine team ■ Paediatric consultant on-call 24/7 ■ Paediatric skilled nursing ■ Access to on-site paediatric medical and paediatric surgical services ■ Access to specialised allied health skilled in paediatric care ■ Access to paediatric suitable diagnostic services ■ Accepts transfers from other hospitals in region	**As for Level 5 plus:** ■ Paediatric emergency medicine consultant on duty 24/7* ■ Statewide referral role ■ Access to full range of medical and surgical specialists skilled in paediatrics ■ Access to full range of diagnostic services ■ Access to paediatric ICU ■ On-site child protection services ** Not currently operating in WA*

PAEDIATRIC SERVICES

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
GENERAL MEDICAL	■ Care by RNs with oversight by GPs (potentially visiting) ■ Stabilisation and first aid	**As for Level 1 plus:** ■ Access to medical beds suitable for paediatric care ■ Care provided by general practitioner ■ On-call paediatric advice from higher level centres ■ Established pathway for child protection or family/paediatric skilled social work	**As for Level 2 plus:** ■ May have designated paediatric beds/ward including short stay managed by paediatric skilled staff ■ Access to some allied health services in liaison with higher level paediatric services	**As for Level 3 plus:** ■ Inpatient care by paediatrician ■ Paediatric skilled ENs, RNs and CNs; and access to specialist SRN ■ Access to paediatric skilled allied health ■ Access to resident/ RMO rotations from Level 5 or 6 facility ■ Designated paediatric beds/ward including short stay ■ Contributes to undergraduate education ■ Patient/family education services integrated with community care ■ On-site child protection or paediatric skilled social worker	**As for Level 4 plus:** ■ Paediatric registrar on-call 24/7 /RMO on-site ■ Access to inpatient consultation by paediatric specialists ■ Designated paediatric skilled specialised allied health ■ Designated paediatric ED with paediatric ESSU ■ Designated same day paediatric medical services ■ Range of paediatric hospital avoidance, rapid assessment and ambulatory programs ■ Undergraduate teaching role in medical, nursing and allied health disciplines ■ Support in paediatric care to other sites	**As for Level 5 plus:** ■ Comprehensive care, including emergency care ■ Access to full range of hospital substitution; specialised/targeted and same day medical services ■ Specialised inpatient paediatric skilled allied health services ■ Statewide referral, advisory, decision support, consult, teaching and referral role in medical, nursing and allied health disciplines ■ Paediatric and neonatal ICU ■ On-site or 24/7 access paediatric skilled anaesthetic services ■ On-site child protection providing state-wide support to other sites ■ Specialist SRN

PAEDIATRICS

APPENDIX ONE

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
PAEDIATRIC SERVICES						
GENERAL SURGERY	■ Stabilisation and first aid	**As for Level 1 plus:** ■ Minor outpatient and same day procedure by GP via local anaesthesia only ■ Visiting GP; no post surgical inpatient care ■ On-call paediatric advice ■ Established pathway for child protection or family/paediatric skilled social worker	**As for Level 2 plus:** ■ Day surgery, uncomplicated elective and some emergency surgery by GP, general surgeon or visiting paediatric surgeons ■ Designated paediatric ward/beds ■ Visiting paediatric skilled anaesthetist ■ Inpatient medical/ nursing care by GP and paediatric skilled RNs	**As for Level 3 plus:** ■ Non-complex mainly elective surgery by visiting paediatric skilled surgeon and some specialty surgeons skilled in paediatric surgery ■ Paediatric skilled consultant anaesthetist ■ Paediatric skilled RNs and CN ■ Access to paediatric skilled SRN /CNS ■ Access to designated paediatric skilled allied health ■ On-site child protection or paediatric skilled ■ social worker Inpatient medical care by paediatrician	**As for Level 4 plus:** ■ Paediatric skilled surgeons, surgical registrar/ RMO ■ 24/7 on-call paediatric anaesthetist ■ 24/7 surgical registrar ■ Inpatient medical care by paediatric team with 24/7 paediatric registrars ■ Paediatric skilled SRN/CNS ■ Designated paediatric skilled allied health ■ Designated paediatric ED with paediatric ESSU ■ Designated paediatric surgical support services ■ Range of paediatric rapid assessment and acute ambulatory programs ■ Inpatient medical care by 24/7 paediatrician team/registrar	**As for Level 5 plus:** ■ Designated paediatric and neonatal ICU ■ On-site or 24/7 paediatric anaesthetic services ■ Specialist SRN ■ Full range of hospital substitution, specialised / targeted ambulatory and same day services ■ On-site child protection including referral from and support of lower level sites ■ Specialised inpatient and outpatient paediatric skilled allied health services ■ Statewide referral, advisory, decision support, consult, teaching and referral role - medical, nursing and allied health disciplines

PALLIATIVE CARE

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
MEDICAL SERVICES						
PALLIATIVE CARE	■ Assessment, referral and management by local GPs ■ Emergency assessment and referral ■ Links with the Palliative Care Network ■ Visiting primary health care providers ■ Access to Telehealth services or support	**As for Level 1 plus:** ■ Inpatient care by GP in consultation with specialist services ■ Access to some allied health services ■ 24/7 cover by RN ■ Referral, coordination and link with specialist community and inpatient programs	**As for Level 2 plus:** ■ 24/7 cover by clinical nurse with training and/or experience in palliative care services	**As for Level 3 plus:** ■ Palliative care patients managed by GP and medical practitioner specialising in palliative care ■ Access to specialist SRN ■ Access to designated allied health services ■ Some allied health undergraduate education	**As for Level 4 plus:** ■ Inpatient care by on-site palliative care physician ■ Registrar/RMO ■ Regional referral role ■ Undergraduate teaching and some research ■ Integrated community consultative service under direction of palliative care physician ■ Links with oncology radiotherapy, anaesthetics, psychiatry, pain clinic and rehabilitation ■ Access to specialised allied health services	**As for Level 5 plus:** ■ Full range of palliative care services with palliative care specialist providing consultancy to other units referral hospitals ■ Emergency services available ■ Statewide referral role ■ Undergraduate and postgraduate teaching role ■ 24/7 on-call specialist

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
MEDICAL SERVICES						
GERIATRIC		■ Phone advice and support by regional aged care program (including ACAP) ■ May coordinate and discharge to community and residential aged care services ■ May provide respite care	**As for Level 2 plus:** ■ Inpatient care ■ GP and access to visiting geriatrician or by Telehealth ■ 24/7 cover by RN ■ Respite care and limited restorative services ■ Access to ACAT ■ Access to some allied health services	**As for Level 3 plus:** ■ Access to consultant physician specialising in geriatric medicine ■ Active assessment and rehabilitation services for inpatients ■ Some allied health undergraduate education ■ Most allied health disciplines available for inpatient sub-acute programs	**As for Level 4 plus:** ■ Inpatient care by on-site specialist ■ Registrar/RMO ■ Links with inpatient rehabilitation unit ■ Access to specialist SRN ■ Some undergraduate teaching ■ Links with geriatric psychiatry services ■ Co-located or links with psychogeriatric services ■ Access to specialised allied health services	**As for Level 5 plus:** ■ Undergraduate and postgraduate teaching role ■ Research role ■ Statewide referral role

RESPIRATORY

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
MEDICAL SERVICES						
RESPIRATORY			■ GP inpatient care ■ 24/7 cover by RN ■ Access to spirometry ■ Access to Specialist SRN Network ■ Access to some allied health services	**As for Level 3 plus:** ■ Inpatient care by on-site general medical physician ■ Specialist SRN ■ Access to lung function diagnostics (spirometry, volumes and gas transfer) ■ Access to respiratory specialist for inpatient consultation ■ Links with sleep service ■ Access to designated allied health services ■ Some allied health undergraduate education ■ Provision of NIV ■ Capability to provide bronchoscopy by visiting consultant ■ Links with community services e.g. Pulmonary rehabilitation	**As for Level 4 plus:** ■ Inpatient care by on-site respiratory specialist ■ Registrar/RMO ■ Regional referral role ■ On-site specialist SRN ■ Significant undergraduate teaching ■ Provision of lung function laboratory ■ On-site bronchoscopy services ■ Access to Level 5 cardiology and cardiothoracic surgery ■ Emergency care provided by on-call specialist ■ Strongly linked with sleep service ■ Access to specialised allied health services	**As for Level 5 plus:** ■ Full range of respiratory services, with respiratory department and emergency care ■ Statewide referral role ■ Undergraduate and postgraduate teaching role ■ Research role ■ Respiratory function laboratory ■ Provision of complete diagnostic services including bronchoscopy suite ■ Specialised respiratory ward, with NIV capability

APPENDIX TWO

KEY STRATEGIC GOALS	OBJECTIVES (HOW WILL WE DO THIS, BROADLY?)
1	
2	
3	
4	
5	
6	

ACTIONS (WHAT WILL WE NEED TO DO, SPECIFICALLY?)	TIMEFRAME (WHEN WILL WE ACHIEVE EACH ACTION)

REFERENCES

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DATA SOURCE

1a. Hardes data: Ramsay WA SQP Pivot financial year 2016/2017 to 2026/2027

3a. Hardes data: Ramsay WA MOA Pivot financial year 2015/2016.

4a. EDIS (Emergency Department Information System): Total Mental Health Admissions August 2016-August 2017)

NOTES

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