2020 ANNUAL REPORT

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Joondalup Health Campus
Part of Ramsay Health Care

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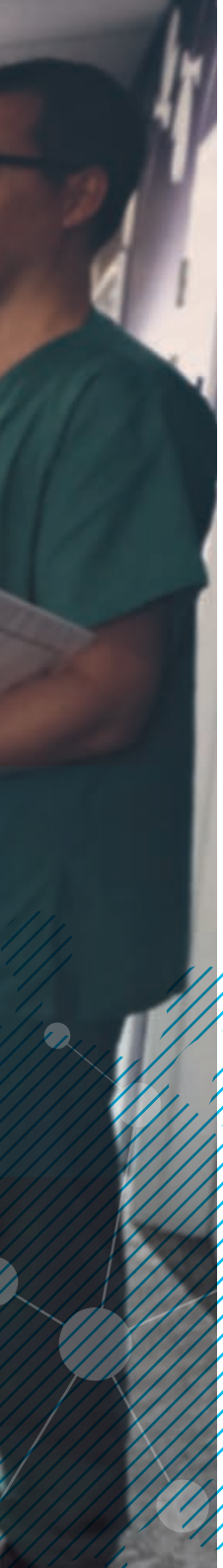
Acknowledgement of Country and People

Joondalup Health Campus acknowledges the Whadjuk people of the Noongar Nation as the Traditional Custodians of the lands upon which we are located. We pay our respects to Elders past and present.

CEO UPDATE

DR AMANDA LING



Welcome to the 2020 Annual Report. This has been a year unlike any other in our recent history with the global spread of COVID-19.

Standing apart has been the only way we've been able to stand together, with physical distancing a necessity.

Words like 'social distancing,' 'iso' and 'flattening the curve' were lexicons that entered the public vernacular and, as we watched the rest of the world descend into the grips of the virus, we simultaneously readied ourselves to deal with a similar situation unfolding here in Australia.

At the time of publishing, that reality had thankfully not eventuated in Western Australia. Our health system had been able to cope due to comparatively low numbers of cases thanks to the State Government acting swiftly to lock our borders and put in place strict measures to control the spread of the disease.

At Joondalup Health Campus (JHC), we had our first COVID-19 meeting on 22 January and began to roll out our recently rehearsed pandemic plan, shore up our supplies and put processes in place to protect staff, patients and visitors.

When one of our own returned from overseas and tested positive, we moved quickly to shut down a ward and had to change gears.

Then on 11 March, the World Health Organisation declared a pandemic and on 30 March we received 30 COVID-19 positive passengers from the German cruise liner, the Artania.

Those at the frontline were well-backed by those working behind the scenes – and if you turn to page 30 you can read more about the specific roles of our support staff.

In fact, all hospital staff played a part in the response and I would like to take this opportunity to say thank you on behalf of the executive team.

CEO-of-20-years Kempton Cowan had stepped into a new role taking on the mantle of State Public Private Partnership Manager in March, a role that covers both JHC and Peel Health Campus.

As such, I am the interim CEO for the foreseeable future and will continue to work with the North Metropolitan Health Service and Ramsay Health Care to deliver public and private services to the community of the northern suburbs.

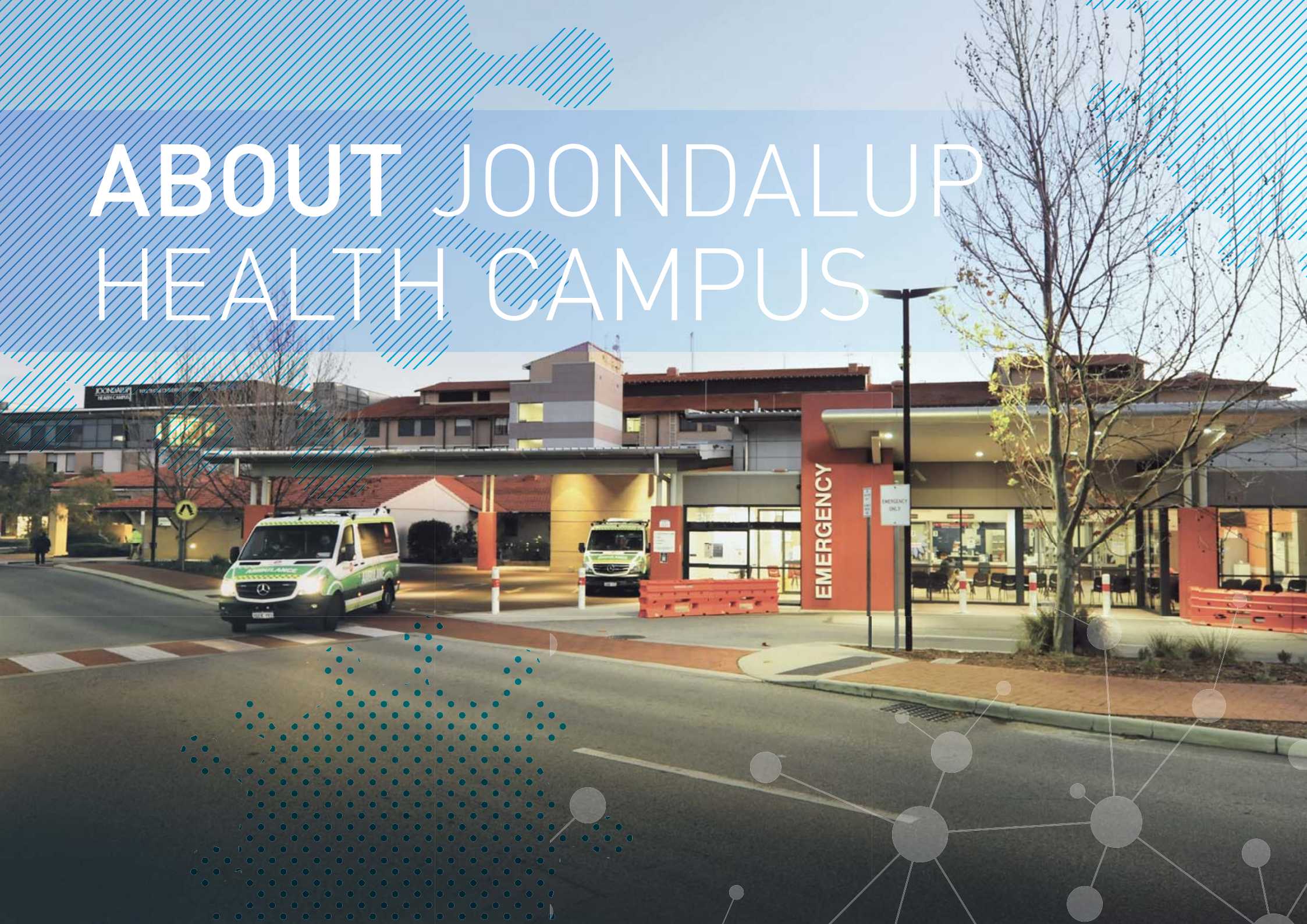
The theme for this year's report is, quite aptly, infectious diseases and we've featured the work of our Infectious Diseases (ID) physicians and Infection Prevention & Control staff on page 28.

I hope you enjoy this year's report.

DR AMANDA LING
Acting Chief Executive Officer

PICTURED: Calm in the eye of the COVID storm, Dr Amanda Ling

ABOUT JOONDALUP HEALTH CAMPUS



Joondalup Health Campus (JHC) is the major hospital in Perth's northern corridor and one of the largest in WA, treating both public and private patients.

This year marks 40 years since the hospital first opened its doors as the 85-bed Wanneroo Hospital. At that time (1980) the northern suburbs were largely undeveloped and surrounded by native bushland.

As the population grew it was clear that the hospital needed to grow and change too. So, in 1996, the State Government turned to the private sector not only to operate the facility on its behalf but also to transform and modernise it. Thus began what was to become one of Australia's most successful public private partnerships (PPPs).

All signs of the small regional hospital disappeared by 1998 when the Premier of the day, Richard Court, opened the health facility with 330 beds (including 70 private), a specialist medical centre and support services. He described the expanded campus as, '…a triumph for the community.'

In 2005, Ramsay Health Care took over as the operator and delivered a major expansion of the facility between 2009 and 2013, more than doubling its capacity. Today Joondalup Health Campus provides a wide range of specialist services for the entire family – from birth through to old age and is home to several state-wide services, including the Bariatric Service and the Peritonectomy Service. With 722 licensed beds and bays, JHC is a sizable hospital and a major employer in the local area.

The campus is set to undergo yet another major expansion, with early works kicking off in the 2020-21 financial year.

"At that stage, of course, in that area of Joondalup the only buildings were the Wanneroo Shire building and the hospital. The rest was just bush. The speed limit down Joondalup Drive was 110 kilometres an hour and the only things you saw were kangaroos and emus. The hospital was opened, and the kangaroos used to come in each morning and feed on the lawns of the hospital."

– Roberta Bevan, inaugural Director of Nursing

RAMSAY HEALTH CARE

THE GLOBAL PICTURE

OUR GLOBAL OPERATIONS TODAY

8.5 million
Patient visits/ admissions

480
Locations

77,000
Employees

11
Countries

GLOBAL HEALTH OPERATOR

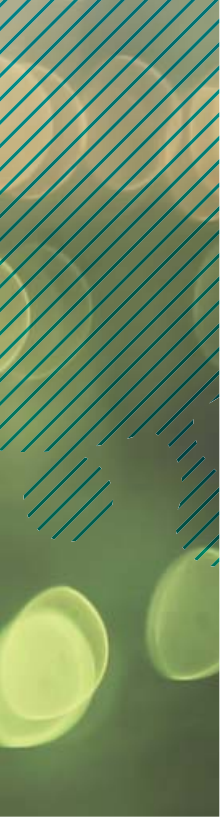
- Economies of scale
- Best practise
- Cost leadership
- Speed to market
- Innovation

MARKET LEADING POSITIONS

#1 Australia
#1 France
#1 Scandinavia

Differentiated Business

- Scale
- Diversified portfolio
- Industry leading quality
- Deep and experienced leadership



Established in Australia in 1964, Ramsay Health Care is the nation's largest private hospital operator.

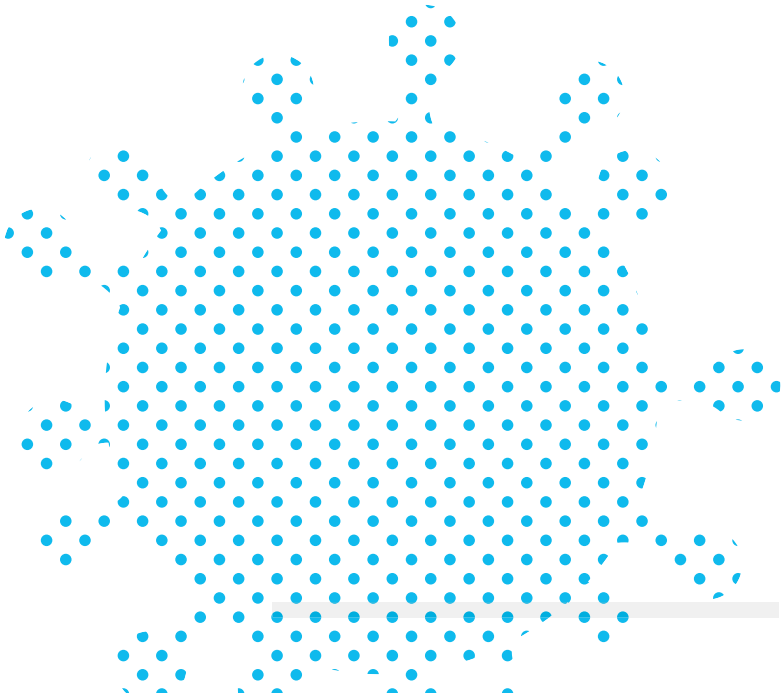
With 72 hospitals and day surgery units, Ramsay Health Care Australia admits more than a million patients a year, delivers more than 22,500 babies, and employs more than 30,000 people.

The company is a respected leader in Australia's private health care sector and is a well-recognised brand in the industry.

In addition to its comprehensive range of private hospitals, Ramsay Health Care also operates three public facilities in Australia: Joondalup Health Campus; Noosa Hospital; and Peel Health Campus.

In the 2019-20 financial year Ramsay Health Care:

- Provided care to some 1,087,178 patients Australia-wide; delivered 22,465 babies; performed 563,228 operations.
- Celebrated 2020 as the Year of the Nurse and Midwife by profiling various nurses and midwives from all Australian hospitals each week for a year
- Stepped up to assist the Federal Government during the COVID pandemic, offering to undertake elective surgery
- Pledged to remove 24 million single-use plastic items every year from Australian sites and replace them with environmentally friendly options
- Supported the community with employees raising $176,000 for bushfire ravaged communities in Australia, an amount which was then matched by Ramsay Health Care.
- The Paul Ramsay Foundation was named Australia's biggest philanthropist, giving away $153 million in FY19.



ABOUT THE PUBLIC CONTRACT

PRIVATELY RUN WITH A PUBLIC CONTRACT

JHC is managed by Australia's largest private hospital operator, Ramsay Health Care, under a long-standing public private partnership agreement with the State Government.

REPORTING TO GOVERNMENT

JHC's public contract is managed by the North Metropolitan Health Service (NMHS) – one of five Health Service Providers (HSPs) in Western Australia.

Every year the NMHS determines a maximum operating budget for the hospital and required levels of activity for services to public patients. JHC is funded for activity based on each public patient treated.

Under the contract, which currently runs to 2028, JHC is required to report regularly to the NMHS on a range of performance indicators including Emergency Department waiting times, surgical wait lists, safety and quality and complaints.

PROVIDING VALUE FOR MONEY

Whilst treating one in ten public patients in WA, JHC also treats many private patients. In fact, around a quarter of patients who need to be admitted, either via the Emergency Department or electively, choose to be treated in our 146-bed standalone private hospital. This saves Government tens of millions of dollars every year.

EXECUTIVE TEAM
AS AT 30 JUNE 2020

DR AMANDA LING
Interim Chief Executive Officer
& Director of Medical Services

BENJAMIN IRISH
Interim Deputy Chief Executive Officer

BEVAN VAN LAMOEN
Director Corporate Services

BRENDON BURNS
Acting Director of Clinical Services

MATTHEW WRIGHT
Contract Manager

Key milestones of the 2019-2020 pandemic

19 NOVEMBER
- JHC runs pandemic disaster planning simulation exercise

31 DECEMBER
- World Health Organisation (WHO) reports a mysterious pneumonia in China

9 JANUARY
- China reports first death from novel coronavirus

20 JANUARY
- Human-to-human transmission confirmed

21 JANUARY
- JHC's first preparatory meeting held

25 JANUARY
- Australia confirms first case

29 JANUARY
- Human coronavirus with pandemic potential declared an urgently notifiable disease

30 JANUARY
- WHO declares outbreak a public health emergency of international concern

11 FEBRUARY
- WHO names the novel coronavirus SARS-CoV-2. Clinical disease caused by this virus is named COVID-19, short for "Coronavirus disease 2019"

17 FEBRUARY
- State Emergency Management Committee meets to discuss pandemic planning

20 FEBRUARY
- JHC first meeting to discuss activation of its pandemic plan

22 FEBRUARY
- A COVID-positive passenger from the Diamond Princess cruise ship arrives in WA

28 FEBRUARY
- Prime Minister Scott Morrison activates emergency plans to deal with COVID outbreak

1 MARCH
- Australia records its first COVID death

3 MARCH
- Australia records its first known case of community transmission
- JHC infectious diseases physician/ microbiologist Dr Jonathan Chambers hosts first lunchtime education session to a full house of staff

4 MARCH
- Ramsay Health Care hosts first COVID planning session with input from experts
- Bulk-purchasing of toilet paper is reported with supermarket shelves stripped bare

10 MARCH
- WA's first three COVID clinics open
- A second staff education session is held at JHC to meet demand

12 MARCH
- WHO declares a pandemic

15 MARCH
- State of Emergency declared in WA

16 MARCH
- A JHC midwife tests positive and private maternity ward is closed

18 MARCH
- Department of Foreign Affairs and Trade advises Australians not to travel overseas

19 MARCH
- Human Biosecurity Emergency is declared under the Biosecurity Act 2015

20 MARCH
- Government introduces rule of no more than one person per four square metres

23 MARCH
- Bookings for Category 2 and 3 elective surgeries cease

24 MARCH
- Booked Category 3 patients have their surgery cancelled
- WA borders close

25 MARCH
- JHC COVID clinic opens
- Premier announces all returning cruise passengers to quarantine on Rottnest Island

27 MARCH
- First COVID death recorded at JHC, the second in WA

30 MARCH
- 30 COVID positive passengers from the Artania cruise ship arrive at JHC

27 APRIL
- Re-introduction of elective surgery commences

26 MAY
- Final Artania cruise ship patient discharged from JHC

3 JUNE
- Hospital visitor restrictions are eased

15 JUNE
- JHC hosts COVID R U OK? day event

COVID EXECUTIVE TEAM

DR DAVID BRIDGMAN
Head of Department – Anaesthetics

SAMANTHA BUCK
Senior Medical Services Manager

BRENDON BURNS
Acting Director of Clinical Services

KATHRYN CALDCLEUGH-JOHNSON
A/Deputy Director of Clinical Services

WENDY CANDY
Quality & Risk Manager

DR JONATHAN CHAMBERS
COVID Lead

DR MARTIN CHAPMAN
A/Head of Department Mental Health Unit

DR JENNY DEAGUE
Director of Cardiology

DR KEVIN HARTLEY
Senior Consultant Patient Safety

JACQUI HOLLAND
Manager – Administration & Health Information

DR CASSANDRA HOST
Deputy Director Medical Services – Workforce

BENJAMIN IRISH
Interim Deputy CEO

REBECCA KITCHING
Clinical Lead Allied Health

DR AMANDA LING
Interim CEO

DR YUSUF MAMOOJEE
Director of Emergency Medicine

MARY McCONNELL
Disaster Management Coordinator

CALUM MCLEOD
Support Services Manager

DR MICHAEL VELTMAN
Director of Anaesthesia

DR CLIFF NEPPE
Director of Obstetrics & Gynaecology

PROFESSOR DESIREE SILVA
Head of Paediatrics

PAUL TAYLOR-BYRNE
Deputy Director of Clinical Services

BEVAN VAN LAMOEN
Director of Corporate Services

DR BARRY VIEIRA
Head of Aged Care & Rehabilitation

DR ANDREW WESSELDINE
Director of Innovation & Clinical Reform

MICHELLE YOUNG
A/Director of Clinical Services

SHANE TOBIN-LONGLY
Deputy Director of Clinical Services

TARA MCRAITH
Clinical Nurse Consultant – Infection Prevention & Control

DR DAVE HAWKINS
Head of ICU

CARING IN THE TIME OF COVID

FAST FACTS

42
COVID patients cared for in FY 19-20

38
staff completed refreshers to critical care

9
the number of 'class 5' rooms which use air flow to trap contaminates

5
April – date of last positive test in COVID clinic

8,852
tests performed in the COVID Clinic

33
the largest cohort of COVID positive patients cared for at any one time

14
wards had air pressure changes installed

650
staff completed PPE awareness training

8
COVID positive admissions to critical care

24
hours taken to transform the MHOA into a COVID assessment and treatment area

81
glass panel windows installed into room doors to allow remote observation of patients

48
hours = the time taken to construct the COVID Clinic

212
staff completed Rapid Upskill to Critical Care training

14

In 2019-20 JHC played its part in the Australian health system response to the COVID pandemic.

On March 30, Joondalup Health Campus in Perth's northern suburbs was called on to accept 30 COVID-positive patients from the beleaguered cruise ship, the Artania, which was alongside at Fremantle Port.

At that point, the hospital's COVID-19 clinic had been operational for five days, the hospital had three COVID-19 positive inpatients – at least one from another cruise ship - and a raft of strategies had been put in place to prepare for the pandemic.

Even with the work undertaken, it was a big ask to quickly accommodate so many very unwell the patients arriving from the Artania. At a total of 33 COVID-19 positive patients in the hospital, it was thought to be the biggest single cohort in any Australian hospital at the time.

There were other challenges not just related to the pandemic: Most of the patients from the Artania were aged over 70, and very few spoke English – most were from Germany, and some were ship's crew from the Philippines and Indonesia.

At least one patient had been ventilated prior to being evacuated from the cruise vessel.

After arrival at Joondalup Health Campus, two were admitted to the Intensive Care Unit and one to the High Dependency Unit. The rest were admitted to wards that had been specially prepared with negative pressure to reduce the risk of infection spreading throughout the hospital.

Two of the 30 patients from the Artania sadly passed away, and our thoughts are with their families. Most recovered and at the time of writing, one remains in hospital undergoing rehabilitation in preparation for repatriation to Munich.

The patients who have spoken publicly have roundly praised the compassion and expertise of the WA staff, who supported them in providing everything from interpreters to help them understand complex medical issues, to providing clothing for them to wear.

The response from the hospital was immense. A PPE committee was created to distribute equipment accordingly to ensure everyone who needed it had ready access. Training on the appropriate use of PPE was rapidly rolled out to a wide range of staff, which helped alleviate staff anxiety.

Cleaning requirements more than doubled for the COVID-19 designated wards where cleaners worked in pairs and were supervised by a PPE expert to ensure they were safe at all times.

Laundry was collected in dissolvable bags to reduce handling, and the volume increased dramatically as the need to wash scrubs and bedding increased.

Four theatres at the end of the theatre complex were designated a "COVID pod", and the hospital was quickly rearranged to create a designated COVID-19 Intensive Care Unit.

For Interim CEO Amanda Ling, the way the hospital staff worked together was proof the Ramsay Way – the unique approach our organisation takes to challenges with patient outcomes at the heart – is critical: "It was asking a lot of the staff, and they were brilliant," she said.

COVID TREATMENT

Respiratory physician **Dr Scott Claxton** described as “surreal” the moment he witnessed hypoxemia – reported internationally as a tell-tale symptom of COVID-19 – in patients arriving at JHC from the cruise ship Artania.

Dr Claxton was leading one of two respiratory teams at JHC on March 30, when 30 patients with suspected or confirmed cases of COVID-19 were evacuated from the cruise ship to the hospital.

Patients were transported to JHC by bus and moved into the hospital in groups of four to be assessed and triaged. Some were clearly gravely unwell upon arrival at JHC, and most spoke German as their primary language, which added a degree of difficulty to recording accurate medical histories.

Basic checks were conducted, including blood pressure, temperature, heart rate and chest assessment, before patients were admitted to single rooms in the dedicated COVID-19 ward.

Reflecting on the day, Dr Claxton said a number of the patients’ symptoms did not immediately present as being critical, despite further investigation confirming hypoxemia – or low blood oxygen levels – so severe as to require immediate intervention. In one case, a patient was able to walk onto the ward, but his oxygen levels were so low he was admitted to ICU and intubated within an hour of arrival.

“Some patients had very abnormal numbers but didn’t look like they should have those numbers. We had heard reports from overseas about this and it was surreal to see it,” he said.

Dr Claxton said x-rays showed shadowing in the lungs of patients, but not to a degree generally associated with hypoxemia. X-rays on patients later admitted to JHC also showed blood clotting – another serious symptom of COVID-19 reported by physicians around the globe.

Although JHC received the 30-patient cohort at short notice, the hospital was well prepared, with dedicated wards equipped with reverse air flow to prevent the spread of infection, windows installed into doors to allow remote monitoring and plenty of personal protective equipment readily available.

Dr Claxton said JHC’s excellent preparatory measures allowed treating respiratory physicians to focus on patient care, with processes and systems requiring only fine turning: “Everyone who was there that day, from the support staff, nursing staff and junior staff members were just amazing. We didn’t have weeks of inductions and discussions, we just got to work,” he said.

COVID-19 treatment required a higher level of vigilance and planning on the part of the JHC team, due to the novel nature of the virus – every interaction with patients had to be carefully planned reduce the risk of transmission.

Dr Claxton said every interaction with JHC’s closed COVID-19 ward and COVID-19 patients’ rooms had to be optimised to achieve the best possible treatment outcomes, with the least possible amount of interaction.

“For patients many miles from home who didn’t speak the language, it would have been an isolating experience particularly because they couldn’t have visitors,” he said. “It’s a credit to the team for working so hard to make sure patients were comfortable and understood what was happening.”

A PATIENT'S **PERSPECTIVE**

18

Experienced cruise passengers **Jürgen** and **Christina Schreyek** were looking forward to a month-long tour that would encompass Australia and New Zealand before island-hopping across the South-Pacific to Peru, from where the pair intended to fly home to Munich.

But their long-awaited holiday was not to be. When they boarded the Artania mid-March, they were told the journey could not continue. The reasons behind it wasn't specified, but they faced a decision: stay on board on the presumption the vessel would return to Germany; or disembark and fly home – relying on an increasingly chaotic air travel environment.

They decided to stay. By the time the Artania arrived in Fremantle for what was expected to be a short re-supply stop-over, cruise ships had become the hot-potato of the pandemic in Australia.

"When we arrived in Fremantle, we couldn't enter the harbor. [The ship was] supposed to go directly to Europe again," Christina said through a translator.

Onboard, people were increasingly falling ill and eventually the vessel was able to dock in Fremantle.

"It was getting worse and worse, we were at the doctor every day because the disease had spread so much," Christina said.

For his part, Jürgen was very unwell and required the support of a ventilator while still on board.

Their fate was confirmed when the repatriation of as many passengers as possible was underway, and their names were called as people identified as being too unwell to fly.

"I already knew, like many others, that I'd been sick somehow – probably with Coronavirus. And when we left the ship, there were two police buses outside… with emergency lights on. They drove us at high speed. I didn't know what was going on, or where I was going."

Christina watched as her husband lost consciousness during the bus ride to JHC. Neither of them can clearly recall arriving at the hospital as they were in the grips of the virus, but Christina does remember being told her beloved husband needed the support of a ventilator.

"The rest I cannot remember, it is gone. The next day or so I thought clearly about it and asked where my husband was – he was in the Intensive Care Unit."

Two weeks later both were recovering in hospital and full of praise for the quality of care they received at JHC.

"I knew it was severe. With his [Jürgen's] heart and the lungs and I cried a lot and I was hugged and they cried with me. Everyone, no matter who it was, showed me so much love. It's something that you cannot describe. I will never in my life forget this," Christina said.

The couple reported home to friends and family that no one would believe the quality of care.

"I write every day to our friends in Germany and yesterday I wrote, "you cannot imagine how we are treated; I think in Germany not even Angela Merkel is treated like this." It's really like that, we are happy," Christina said.

TRAINING & DEVELOPMENT

TRAINING STATS

38
Staff completed refreshers to critical care

8
Recovery staff were upskilled to care of the ICU mechanically ventilated patient

650
Staff completed Personal & Protective Equipment (PPE) awareness training

12
Coronary Care Unit staff upskilled to care for mechanically ventilated patients in the ICU

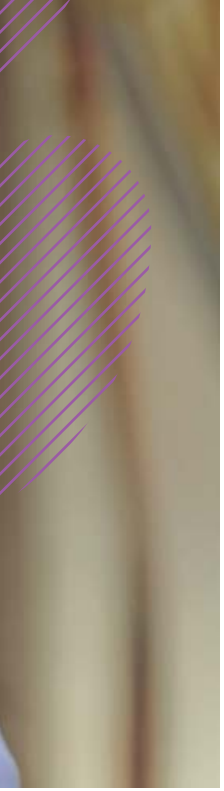
13
Physiotherapists upskilled to care of the mechanically ventilated patient

212
Staff completed *Rapid Upskill to Critical Care* training

38
Nurses completed upskilling course of care for High Dependency Unit (HDU) patients on the ward

30
Nurses attended a workshop for the transferable skills workshop

20



When the World Health Organisation declared COVID-19 a pandemic in March 2020, the potential impact on JHC, with its catchment of 400,000, was immense.

Early modelling suggested an estimated a patient load of 120,000 patients, of which 24,000 may need admission and as many as 850 may need an ICU bed.

With a potential tidal wave of patients heading towards the hospital, the Training and Development team quickly mobilised to put into place a program that would be critical in two ways:

- Provide training for the correct use of PPE to keep staff safe; and
- Upskill staff in how to manage COVID-19 positive patients and work in areas predicted to experience staff shortages.

The first line of defence was the correct use of Personal Protective Equipment. To expedite the training process, a PPE video was created but ward-based training was stymied when physical distancing requirements were introduced.

Instead, 15-minute small-group drop-in sessions were introduced to put staff through PPE training including how to “don” and “doff” equipment. The sessions gave staff the opportunity to raise concerns and ask questions which were relayed to the Infection Control team, which could both answer them and, in some cases, amend processes.

Due to the reallocation of staff and need for acute care nurses there would be a significant need for upskilling and training, including:

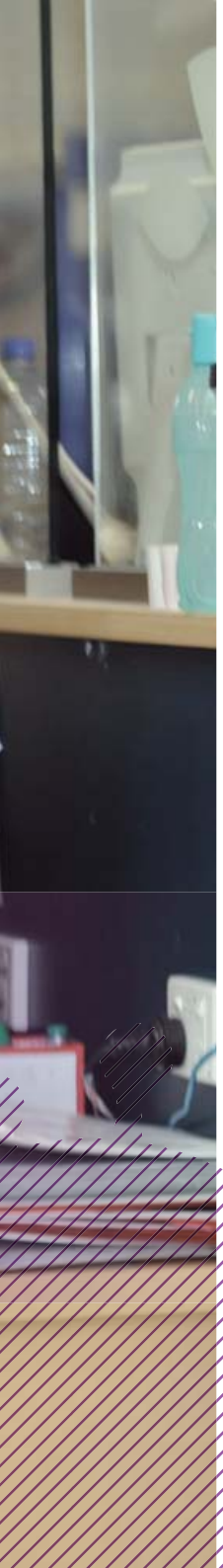
- Non-clinical nursing staff to move to clinical;
- Surgical staff to medical;
- Anaesthetics/recovery staff to Intensive Care Unit;
- Upskilling others in support areas; and
- Critical Care Unit staff to Transitional Care Unit to facilitate backfilling.

A huge recruitment drive to secure additional casual nursing pool, plus additional medical and housekeeping staff also drove a need for additional multiple orientation days, training and competency assessments against a backdrop of physical distancing requirements.

Technology including Zoom, MS Teams and WhatsApp replaced many previously face-to-face orientation, training and upskilling activities.

Orientation processes were overhauled and condensed, including slashing the number of presenters from 17 to just five; cutting face-to-face sessions to less than 1.5 hours; and condensing practical sessions to less than 15 minutes with a maximum of four participants. In addition, the use of PPE was introduced to the orientation curriculum.

THE YEAR **IN REVIEW**



JULY 2019

- JHC celebrated NAIDOC Week with some traditional Noongar dancing in the main hospital foyer. Led by dancers Troy Kelly and Tim Kelly, a group of doctors, nurses, allied health and administrative staff also took part in an interactive dancing session and got to know some of the hospital's new Aboriginal Liaison Officers a little better.
- An 'integrated care' workshop was hosted at JHC to improve how we, as a community, care for older people living in residential aged care facilities. Local GPs, aged care facility managers and executives, representatives from peak bodies and hospital avoidance programs, hospital staff, the WA Primary Health Alliance and the Department of Health attended.
- The results of the Red Cross Blood Service Challenge were published in July and Ramsay Health Care came 5th with a total of 26 donations which in turn saved 78 lives.
- Patient Transport Supervisor Nick Jones won the WA Institute of Hospitality in Healthcare's (IHHC) "Exceptional Customer Service Award" for his amazing attitude and for always going above and beyond.

AUGUST 2019

- Our inaugural Health Training Australia students successfully completed their Cert III in Health Support Services in August. The trainees were year 11 students from local secondary colleges who worked in a range of departments at JHC including Catering, Enviro services and Laundry. We received fantastic feedback from both the trainees and JHC staff around how beneficial the unique experience was.
- The ORIGINS Project published their 2019 Annual Report including some fabulous highlights and achievements. Of the 10,000 families the Project will ultimately recruit, they have already signed up 4,000.
- JHC announced a new professional and career development program called Emerging Leaders, which has seen 24 participants upskill over six months to March 2020. The program was open to all staff interested in continuous improvement and leadership development.
- The Ramsay WA-wide Goals of Patient Care (GOC) form that went live on 12 August. The new form will allow us to undertake high-quality, comprehensive and coordinated end-of-life care discussions for all patients, particularly those with life-limiting illnesses.

SEPTEMBER 2019

- The hospital launched its new online platform to recruit consumer representatives for a range of projects.
- JHC celebrated R U OK? Day with the Human Resources team coordinating a variety of activities for staff including free coffees and cupcakes, a sausage sizzle, a wellness exercise class run by the physio team.

The results of the Red Cross Blood Service Challenge were published in July and Ramsay Health Care came 5th with a total of 26 donations which in turn saved 78 lives.


Medical Centre West

OCTOBER 2019

- JHC was one of the 20 buildings in WA that opted to 'light up red' in support of Telethon over the Telethon weekend 26-27 October.
- On October 7 JHC became smoke-free across the entire site – including in and around the mental health areas, in alignment with the North Metropolitan Health Services' new policy
- Our stroke team were named winners of the Stroke Foundation's competition for their enthusiasm in raising awareness during Stroke Week 2019. The team all dressed as superheroes and ran blood pressure checks for the public.
- JHC hosted a second Integrated Care Workshop which was facilitated by Dan Minchin from Chorus. Participants included the Residential Care Line (North Metropolitan Health Service), Residential Aged Care Facility (RACF) providers, local GPs, the WA Primary Health Alliance, geriatricians, hospital staff and Ramsay Health Plus.

NOVEMBER 2019

- JHC ran a disaster simulation exercise to run through the scenario of a pandemic. The hospital's infection control teams and other pivotal staff worked through the management response and recorded lessons learned.
- JHC became the first hospital in WA to perform a hip replacement by a surgeon using a robot to guide the replacement joint through the front of the hip.
- The chronic obstructive pulmonary disease (COPD) partnership between JHC, Silver Chain and the WA Primary Health Alliance reached its one-year milestone.
- JHC paediatrician Dr Alide Smit, was recognised as part of the team who won the 'Engaging with consumers, carers and the community' category at the Department of Health's 2019 WA Health Excellence Awards. Dr Smit and her colleagues were responsible for developing the WA Youth Health Policy 2018-2023.

DECEMBER 2019

- Deputy Premier and Minister for Health Roger Cook visited JHC to announce $96 million in additional funding to expand JHC, bringing the estimated total cost of the expansion project to $256.7 million, of which the Commonwealth has committed $158 million.

JANUARY 2020

- JHC registered nurse Arielle Popis received the HESTA WA Graduate Award for Excellence, meaning in her first year of practice as a registered nurse, she was identified as a top performer across Ramsay Health Care's WA operations. Each year Ramsay Health Care appoints about 50 graduates into the program in Western Australia, and they remain eligible for the award for two years.

FEBRUARY 2020

- JHC's first meeting to plan for expected COVID cases took place and the hospital activated its Pandemic Plan, commencing the standby phase of the plan.
- JHC finalised its Consumer Engagement Framework with endorsement from the Community Board of Advice and Executive.
- JHC commenced replacing existing lights with LED lights as part of a move by parent company Ramsay Health Care (RHC) to become more environmentally friendly. RHC granted $100,000 and the switch is set to reduce greenhouse gas emissions by nearly 600 tonnes a year. That's the equivalent of what 127 cars would produce annually.


NURSE
NURSE

MARCH 2020

- JHC officially entered ‘activate’ phase of the pandemic plan on 6 March and on 25 March the hospital opened a COVID clinic on-site as a seven-day-a-week service.
- On 23 March JHC ceased bookings for category 2 and 3 elective surgeries and on 24 March cancelled all booked category 3 elective surgeries in line in line with Government’ decision
- On 30 March, JHC accepted 30 passengers from the cruise ship Artania, one of the biggest single COVID positive hospital intakes in Australia.
- March and April saw a decline in ED activity with COVID fears keeping people away. On 31 March only 157 people presented to ED, down almost 60 per cent on the 2018-19 daily average.

APRIL 2020

- Donations flowed from the community to staff with all manner of gifts, meals, coffee vouchers and more being delivered daily to support frontline health workers.
- RHC became a major sponsor of the AMA’s Fuelling the Frontline, which encouraged businesses and the community to shout a coffee to hospital workers.

MAY 2020

- Member for Joondalup Emily Hamilton gave a speech in Parliament on 14 May in which she praised the efforts of all JHC staff – both those on the frontline and those behind it.
- JHC donated 50 ‘care packs’ to the Patricia Giles Centre to support people escaping domestic violence, after a 75 per cent increase in violence referrals the hospital’s social work team.

JUNE 2020

- WA Premier Mark McGowan visited JHC on 3 June to thank staff for their work.
- “Needles-on-wheels” completed a record-breaking 2400+ staff flu vaccinations since 28 April.
- 5 June was devoted to mental wellness for staff, following the peak of the COVID pandemic. An event in the staff dining room provided strategies to help manage stress, worry and anxiety.
- A dedicated staff breast feeding room was opened on 11 June in honour of the late Arlene Ross, a much-loved midwife who passed away in 2018.
- JHC recorded a Net Promoter Score (NPS) of 71 in June 2020, placing it into the world-class bracket.

INFECTIOUS DISEASES

28

Quiet vigilance: hallmark of JHC's first line of defence against infection

Ordinarily, the best indication that JHC's Infectious Diseases physicians are doing a good job is that you probably won't notice them. Unless there is a global pandemic.

JHC's six-member infectious diseases team has a broad remit which includes overseeing the appropriate use of antibiotics, preventing spread of infection within the hospital, and of course caring for patients with a range of infectious diseases.

In the world before COVID-19, the infectious diseases team worked as a general consulting specialty, meaning it was a discipline to work across the spectrum of hospital activities from paediatricians and surgeons to cardiologists, ICU and general medicine.

The team is tasked with educating and informing colleagues on antibiotic therapy to ensure patients receive the most effective and efficient medications to treat specific conditions.

Infectious Diseases physicians help direct appropriate and safe, use of antibiotics so that they remain effective in an era of rising levels antibiotic resistance.

There are multiple benefits from such vigilance, not least improved patient outcomes and reduced length-of-stay.

The team is critical to JHC retaining its accreditation for the National Safety and Quality Health Service (NSQHS) Standard 3 - Preventing and Controlling Healthcare Associated Infections.

Concurrently, the team also provides advice and support for tropical diseases acquired by overseas travellers such as Malaria, Dengue Fever and Salmonella.

The team includes laboratory trained Clinical Microbiologists and General Physicians who are dual trained in infectious disease, which ensures seamless connection between patients and test results, as well as writing policies and contributing to the infection control team.

When COVID-19 was declared a pandemic in Australia during March, a new position in the infectious diseases team was created. Dr Jonathan Chambers was named COVID-19 lead and worked to coordinate test facilitation and work through infection control issues.

The hospital's ability to pivot to address the challenge of COVID-19 put it in good stead to respond, supported by an existing 30-bed cohort ward which provided an ideal environment to manage highly infectious and unwell patients.

Through teamwork, careful planning and daily vigilance, JHC accommodated more than 40 patients with COVID-19 with no detected transmission to staff.

More than 130 members of staff who were directly involved in managing COVID-19 patients have since volunteered to participate in new research to confirm the virus was not contracted by healthcare workers.

The research work is set to provide additional information about the effectiveness of personal protective equipment measures. It's expected to be the first study of its kind in the world, made possible due to WA's quick and comprehensive response to the pandemic and the work of JHC staff.

BEYOND NURSES & DOCTORS

30

ENGINEERING

The Engineering Department delivered an enormous list of tasks to support both the creation of the COVID Clinic on site, and reorganisation of the hospital to accommodate COVID-19 patients.

This included installing 81 windows into doors to allow remote monitoring of patients; implementing negative pressure in 14 wards including birthing suites, resuscitation, paediatrics and ICU as well as cohort wards; and creating nine “class 5” rooms which use air flow to trap contaminates.

The COVID Clinic was established within days and included everything from marquees to power, data cables, temporary fencing, signage and portable hand-gel dispensing.

CLEANING AND HYGIENE

Cleaning requirements more than doubled for the COVID-19 designated wards where cleaners worked in pairs and were supervised by a PPE expert to ensure they were safe at all times.

LAUNDRY

Laundry was collected in dissolvable bags to reduce handling, and the volume increased dramatically as the need to wash scrubs and bedding increased.

SWITCHBOARD

The switchboard at JHC were inundated with calls as the pandemic took hold, with a significant increase in the number of calls taken each day.

The COVID Clinic was established within days and included everything from marquees to power, data cables, temporary fencing, signage and portable hand-gel dispensing.

ACTIVITY & PERFORMANCE IN 2019-20

The COVID-19 pandemic significantly affected hospital activity during the 2019-20 financial year.

The biggest impacts on activity were the State Government's scaling back of elective surgery for public and private patients and the reduction in presentations to the Emergency Department between 24 March and 15 June 2020.

OPERATIONS

Our surgeons performed nearly 28,000 operations and procedures in 2019-20

10%
drop compared to the previous year

HOSPITAL ADMISSIONS

TOTAL ADMISSIONS

There were more than 72,000 hospital admissions in 2019-20

5%
drop compared to the previous year

ELECTIVE SURGERY

The reduction in elective surgery during COVID-19 put significant pressure on public hospital waitlists Australia-wide and impacted our ability to reach the prescribed targets.

Moving into the next financial year, there is a strong focus on clearing the backlog that resulted from the shutdowns.

The percentage of elective surgery patients on the JHC public waitlist who remain inside the recommended timeframe for treatment at 30 June 2020.

JHC ELECTIVE SURGERY PERFORMANCE ON REPORTABLE PROCEDURES*	RESULT	TARGET
URGENT: CATEGORY 1 (<30 DAYS)	92.1%	100%
SEMI-URGENT: CATEGORY 2 (<90 DAYS)	83.6%	100%
NON-URGENT: CATEGORY 3 (<365 DAYS)	80.9%	100%

* *All elective surgery procedures that meet the Commonwealth data reporting requirement ('reportable procedures'), as defined by the Australian Institute of Health and Welfare (AIHW)*

A large proportion of the Category 3 cases outside of the timeframe for treatment are awaiting bariatric surgery, where the annual demand is greater than the capped volume of activity that we are contracted to provide.

EMERGENCY DEPARTMENT

ED PRESENTATIONS RISING

More than 97,000 people presented to our ED in 2019-20*.

ED presentations also significantly declined during the COVID-19 pandemic.

* *Data source: Emergency Department Information System*

4% drop compared to previous year

266 patients presented to ED on average each day

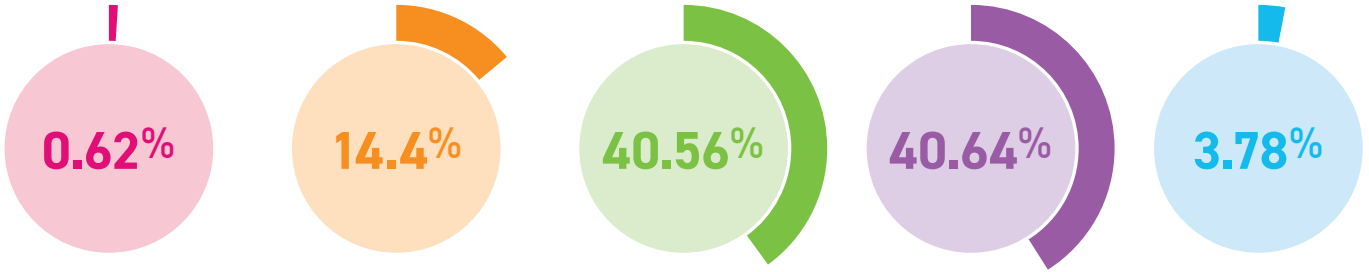
We had **record numbers** on **7 June 2020** with **344 people presenting to the ED**

MARCH **3**

ACUITY

The Australasian Triage System (ATS) is the standard system used to measure acuity in Australian hospitals.

The breakdown of **2019-20** presentations by category is outlined here.



RESUSCITATION **(ATS CATEGORY 1)**

EMERGENCY **(ATS CATEGORY 2)**

URGENT **(ATS CATEGORY 3)**

SEMI-URGENT **(ATS CATEGORY 4)**

NON-URGENT **(ATS CATEGORY 5)**

55%

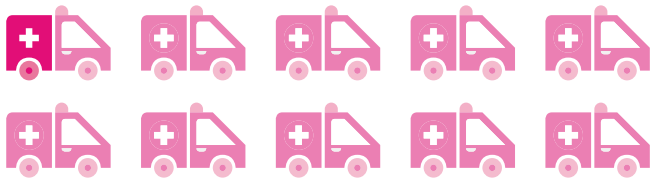
of Ed presentations in 2019-20 were

resuscitations (category 1), emergency (category 2) or urgent cases (category 3).

EMERGENCY DEPARTMENT (continued)

MORE AMBULANCES ARRIVING

51 ambulances
on average arrived each day during 2019-20.



3%
increase compared to the previous year

FEWER CHILDREN TO ED

More than 20,000 children presented to ED in 2019-20

13%
drop compared to the previous year

WEAT

The West Australian Emergency Access Target (WEAT)

WEAT represents the proportion of Emergency Department patients who, within four hours, were either: treated and discharged; admitted to hospital; or transferred to another hospital for treatment.

During 2019-20, WEAT continued to be a key focus and was constantly monitored. Pleasing improvements in performance were seen after successful implementation of a key strategy in November 2019 detailed below. Further improvements were noted during COVID 19 which we are attributing to lower presentations and improved bed availability.

Hospital staff concentrated on **identifying opportunities in work flow** to help lift WEAT performance. Strategies included:

- **A revised General Medicine model of care** was implemented in November 2019. The improved Model of Care promotes improvements in discharge planning and length of stay for admitted medical patients as well as reducing access block and the associated wait time for emergency patients requiring a medical inpatient bed.
- **Rapid Assessment and Concierge Nurse positions** have been implemented within the Emergency Department to assist with streaming, patient flow and infection control.
- the **Clinical Initiator Nurse continues** to help patient assessment and care start sooner as per pathways.
- Working towards **implementation of an Electronic Bed Management System**. Once implemented it should facilitate hospital wide improvements for patient flow. Implementation should be completed early in the next financial year.

The WEAT for JHC
in 2019-20 was **67.3%** compared to **65.6%** in 2018-19.

3%
improvement compared to the previous year


TUESDAY

EMERGENCY DEPARTMENT (continued)

WAITING TIMES

The Australasian Triage System (ATS)

is the standard system used to establish how quickly a patient is likely to need treatment. Experienced nursing and medical staff use the ATS to quickly assign – or 'triage' – patients into one of five categories. This helps ensure people who need time-critical treatment receive it ahead of those whose treatment may be less time-sensitive.

JHC patients who were acutely sick or injured were seen close to the recommended timeframe for each category within the ATS during 2019-20.

RESUSCITATION (ATS CATEGORY 1)	EMERGENCY (ATS CATEGORY 2)	URGENT (ATS CATEGORY 3)	SEMI-URGENT (ATS CATEGORY 4)	NON-URGENT (ATS CATEGORY 5)
				
TARGET: **100%** seen immediately	**TARGET:** **80%** to be seen within 10 minutes	**TARGET:** **75%** to be seen within 30 minutes	**TARGET:** **70%** to be seen within 60 minutes	**TARGET:** **70%** to be seen within 120 minutes
ACTUAL: **100%** seen immediately at JHC	**ACTUAL:** **83%** seen within ten minutes at JHC	**ACTUAL:** **45%** seen within 30 minutes at JHC	**ACTUAL:** **62%** seen within 60 minutes at JHC	**ACTUAL:** **88%** seen within 120 minutes at JHC

IMPROVING WAITING TIMES

JHC has a focus on continuous improvement in relation to reducing waiting times. Some of the many initiatives we have been working on include:

- Increased focus on reducing length of stay (LOS) or the amount of time patients need to spend in hospital. Reduced LOS will create more inpatient bed capacity, which has a flow-on effect to the hospital's capacity to treat patients who are waiting to be seen in ED.
- Upcoming expansion of the ED to increase the number of patients the treating team is able to attend to at any one time.
- Introduction of an electronic bed management system to facilitate smoother and more timely admission of patients from the Emergency Departments (ED) to the wards. Planning is well underway with Ramsay Health Care to implement an effective system that will generate substantial efficiencies to patient flow.

OBSTETRICS

BIRTH NUMBERS

JHC delivered more than 3,200 babies in **2019-20**

10%
drop compared to the previous year

AFTER-HOURS GP (AHGP)

As part of the COVID-19 pandemic response, the AHGP clinic was temporarily closed.

This was to allow for the Emergency Department Treatment Unit stream to be relocated into the AHGP clinic facility.

This allowed for better streaming of patients within the Emergency Department.

COVID Clinic

In accordance with State guidelines, JHC commenced operating a COVID-19 clinic from 25 March 2020.

As at 30 June:

- 8,852 people had been tested for COVID-19
- 34 patients returning positive results
  - Last positive result 12 May 2020
- The clinics operating hours are currently 10am-6pm (Monday to Friday) and 10am-4pm (weekends). Longer hours had been provided prior to the 28 April 2020. Early indications suggest that this clinic will continue to operate for the rest of 2020.

KEY PERFORMANCE CLINICAL INDICATORS

42

Some 77 key performance clinical indicators are collected and reported to the Australian Council on Healthcare Standards every six months.

CLINICAL INDICATORS*	JOONDALUP HEALTH CAMPUS	AUSTRALASIA PEER HOSPITAL AGGREGATE
Unplanned and unexpected readmissions within 28 days	1.760%	2.807%
Unplanned return to the operating room during the same admission	0.253%	0.278%
Inpatients who develop pressure injuries	0.015%	0.035%
Inpatient falls resulting in fracture or closed head injury	0.011%	0.044%
Medication safety errors resulting in an adverse event	0.001%	0.018%

* *July – December 2019*

DEFINITIONS

- **Unplanned readmissions** refers to where a patient has been discharged and then within 28 days of this has needed an unexpected re-admission to have further treatment for the same primary / related condition – or a complication of the primary condition
- **Unplanned returns to operating room during the same admission** refers to where a patient has needed a further operation / procedure to treat complications related to the previous operation / procedure.
- Inpatients developing **pressure injuries** refers to pressure injuries that have developed in hospital classified as grade two or greater
- **Medication safety errors** refer to the number of medication errors resulting in an adverse event requiring intervention beyond routine observation and monitoring
- **Australian Peer Hospital Aggregate:** The **aggregate** rate for all organisations is the average rate of all organisations submitting data for a particular indicator.

IMPROVING THE **PATIENT EXPERIENCE**

CONSUMER ENGAGEMENT

4.4

In 2019-20 JHC created a web page and online application form that allows consumers to partner in various hospital projects.

This includes giving feedback on the design of the upcoming hosptial expansion, offering their views and experiences on hospital workforce training and education, and helping shape new models of care and service delivery. In fact, the hospital has been actively recruiting consumers and has them sitting on a number of hospital committees and subcommittes, as well as on the user groups for the expansion.

Quality and Risk Manager Wendy Candy said that people who apply would be interviewed and, if appointed, assigned a mentor and be given full support and training to enable them to fully participate as partners with the hospital: “We have set out to increase consumer representation on our committees, sub-committes and user-groups, so that as we expand we are able to inform design and service delivery that is consumer-centric,” she said.

“The online form also captures important information about what an applicants ‘lived experiences’ include, which allows us to ensure we draw from a range of consumers who reflect the diversity of the local community that our hospital serves.”

Head of Cardiology Dr Jenny Deague says that consumer Tim Benson sat on the CCU user group and has been fantastic in providing feedback and offering up what is important from the point of view of patients and relatives: “Tim has asked enquiring and challenging questions about the project, and always has the whole patient experience at the front of his mind,” she said.

“Having Tim come to our meetings was fantastic – he was so constructive in his feedback it really was very helpful – it was especially appreciated that we were able to hear the patient experience so eloquently advocated for.”

“With the planning for the expansion of our Coronary Care Unit, he identified that having a bigger waiting room for relatives was really important – we had been looking at reducing the size to make room for more administrative offices but Tim helped us to appreciate how important the waiting room space is for friends and relatives and this led to the group changing its thinking and decision-making.”

“He was also very supportive of having an area outside, where patients can get fresh air. So, in the concept designs we have included an outside area which can be used for occupational therapy, where patients who are in for more than a week can go and get fresh air and enjoy the benefits of being in nature.

Consumers are the heart of our patient centric model and it’s so important that when we plan new services or make changes, we involve the people who will be our end-users,” she said.

Tim is now also sitting on the user group for the ED expansion, which will include 12 new ED bays.

Redevelopment coordinator Andrew McMurdo said that input from consumers, like Tim, was essential in the planning stages so the end service best reflects the needs of our end-users: “Increased consumer engagement at JHC has allowed us to better integrate consumer views to inform our design and planning of services.”

LOOKING AFTER OUR PEOPLE

There were several silver linings to the COVID cloud this year, including how staff pulled together to shine a light on mental wellbeing.

Mental health was a hot topic of conversation amidst the COVID and staff took action to provide their colleagues with extra support, complementing the array of online resources provided by Ramsay Health Care.

In early June the hospital hosted an R U Okay? COVID mental health special weekend where staff were invited to drop into the staff dining room for a chat with experts and to pick up resources designed to support their mental wellbeing.

Deputy CEO Benjamin Irish said the pandemic had the potential to take its toll on health professionals and that Ramsay's philosophy of *'People caring for people'* had taken on even greater importance in the workplace.

"Ramsay Health Care has also recognised this and implemented some terrific tools including webinars for all staff to share the learnings from overseas and teaching strategies such mindfulness practice."

"At a local level, we thought it was important to support staff with initiatives like the R U Okay? mental health special weekend, in addition to things like our staff wellness program which provides a safe place for staff to talk about their difficult experiences without fear of judgement."

"It's been a challenging year not only managing the logistical requirements of a pandemic, but importantly being able to keep staff anxiety in check, which was naturally heightened - especially in the early days."

"Regular open communication has been key and remains essential - we know how important it is in any healthy work-place."

"The pandemic had the potential to take its toll on health professionals and that Ramsay's philosophy of 'People caring for people' had taken on even greater importance in the workplace."

– Benjamin Irish, Deputy CEO

RESEARCH

At no other point in recent history has the relevance and importance of medical research become more apparent.

The past 12 months has seen continued growth in the research portfolio at JHC with around 120 research studies currently underway across the hospital.

These studies encompass diverse disciplines including emergency care, dietetics, paediatrics, obstetrics, orthopaedics and occupational therapy. The results of more than 30 studies involving patients and staff at JHC have been published in medical journals, ensuring that health professionals around the world are able to learn from the research we undertake here.

More recently, the focus has shifted towards identifying the best ways to provide care for patients infected with the newly identified COVID-19 disease. The expertise at the hospital, combined with the team's willingness to embrace new challenges, meant that the research focus was able to pivot rapidly to an area of immense relevance for the local community and indeed the world.

Additionally, with the large caseload of COVID-19 positive patients treated at the hospital, JHC staff have been well-placed to monitor the physical and psychological impact of the disease on hospital patients and staff, allowing us to contribute to knowledge of pandemic management in the future.

JHC has been involved in the following research projects related to COVID-19:

- **ASCOT Trial:** As COVID-19 is a relatively new disease, doctors and researchers must test new treatments in a systematic manner – a process known as a clinical trial - to determine which treatments work best. The ASCOT Trial is a clinical trial designed to test several potential treatments (or combinations of treatments) for patients with COVID-19.
- **NASODINE Trial:** This is another clinical trial to determine if a particular type of nasal spray is able to reduce the amount of virus in infected patients.
- **Serology Survey of Healthcare Workers:** Part of learning how to manage a pandemic is learning how to protect our frontline healthcare workers. This study is looking at how the infection control procedures within our hospital are protecting the staff caring for our patients.

There are several other studies underway or planned, which are examining other novel treatments and determining how the COVID-19 disease affects people in different ways. The ability of our workforce to rapidly direct their focus to new research possibilities is a true testament to their desire to provide the most innovative and effective treatments to their patients.

ORIGINS UPDATE

50

JHC has been actively progressing its work on the ORIGINS Project, which is now in its third year.

This long-term study is aiming to reduce the rising epidemic of non-communicable diseases by providing a healthy start to life. It is following 10,000 families over a decade, making it the largest study of its kind in Australia. ORIGINS is a partnership between Telethon Kids Institute and the JHC, recruiting families whose babies are born at the hospital.

The $26 million project is collecting detailed information from families, creating comprehensive data and biobanks, to look at how a child's early environment and parents' health and genetics influence the risk of diseases. The study will also lead to better understanding the optimal time for interventions for early detection and prevention of chronic conditions.

Participants benefit from early intervention as soon as anomalies are detected with referrals to appropriate community and health services. Not only does the project provide a framework for new discoveries, it is also a facilitator of collaboration across disciplines, sectors and communities.

The project is now in its third year and has welcomed 6,000 participants, including more than 3,500 mothers, 1,000 fathers and over 2,500 babies.

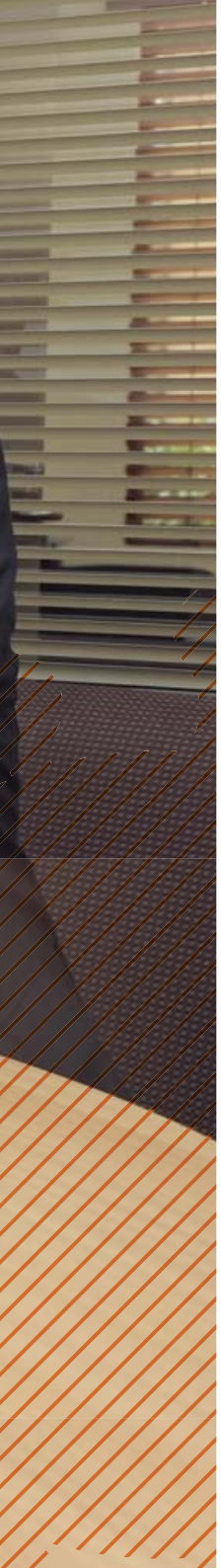
This year, the project has focused on increasing engagement, diversity and participation, as well as assessing and reviewing project processes and building partnerships. ORIGINS is broadening the project's reach within the community and with a broad range of stakeholders, in addition to developing strategies to engage with vulnerable and hard-to-reach families.

ORIGINS SNAPSHOT 2019-2020

- **19 sub-projects** are currently nested within the core ORIGINS project, looking at multiple aspects of child and family health and development. These include;
  - investigating the effect of eggs, peanuts and cashews consumed during pregnancy and breastfeeding on allergy development in the child;
  - the potential implications of screen time on child health;
  - effects of testosterone exposure in the womb on brain and language development;
  - whether taking a high-fibre prebiotic supplement during pregnancy and breastfeeding can reduce child allergy development; and
  - investigating whether a baby's early movements can predict learning difficulties later in childhood.
- **15 active ORIGINS Research Interest Groups (RIGs)**, have been launched to facilitate collaboration, provide expertise, develop sub-projects, and support students. RIG members include researchers, clinicians, community members, service providers and educators.
- ORIGINS has **strong links** with 34 research groups / academic institutions, 19 service provider organisations and 10 community groups.
- More than **3,000,000** data points collected from participant samples and questionnaires
- The Biobank currently contains approximately **170,000 samples**, estimated to grow to 700,000 individual samples by 2027. This includes:
  - Blood samples in the antenatal period exceeding 1,000 aliquots
  - Tissue stored from over 800 placentas
  - 18,000 jars of stool and over 50 litres of urine
- The ORIGINS Project's **response to COVID-19 was swift**, with two COVID-related projects commencing within ORIGINS and a new Research Interest Group being established.

LISTENING TO **OUR COMMUNITY**

COMMUNITY BOARD OF ADVICE



The role of the Community Board of Advice is to make recommendations to the hospital concerning the delivery of services to public patients.

This is in accordance with the Department of Health Services Agreements (DHSA). The Board met four times during 2019-20 and *analysed* the following:

- Results of the Department of Health's Patient Evaluation of Health Services
- JHC's quality and safety dashboard
- Net Promoter Score, which has averaged 65.1 over the past financial year – a result that is classed as 'excellent' - and a world-class score of 71 in June.
- The LEAN initiative, which is around identifying process improvements aimed at efficiencies which support enhanced patient-outcomes
- The progress of the ORIGINS Project as it enters its third year
- Draft plans for the major expansion of JHC – with plans to invite feedback and recommendations in the new financial year.

The Board also provided *feedback and recommendations* on:

- The development of a new online recruitment tool that would allow the hospital to attract a diverse group of individuals who could work as consumer representatives, sitting on the hospital's major committees, as well as providing insight and the consumer voice to the expansion of services or infrastructure and to help co-design current and future service delivery.
- The hospital's Consumer Engagement Framework, which was launched in the 2019-20 Financial Year and which outlines how the hospital defines consumer engagement, the main levels of engagement and the general process we follow at each level
- Feedback on patient information materials, with a focus on making them more culturally sensitive and reflective of the diversity within our community.

MEMBERSHIP
Chairperson and City of Wanneroo Representative Mayor Tracey Roberts (City of Wanneroo) – *full 12 months*
Federal Representative Cr Ian Goodenough – *full 12 months*
State Representative Ms Emily Hamilton MLA (Member for Joondalup) – *full 12 months*
City of Joondalup Representative Cr Christine Hamilton-Prime – *full 12 months*
City of Wanneroo Representative Cr Hugh Nguyen *– resigned in February 2020 replaced by Jacqui Huntley see below*
City of Wanneroo Representative Cr Jacqui Huntley – *joined CBoA in February 2020*
Department of Health Representative Mr Craig Leatt-Hayter – *full 12 months*
Community Representative (Youth) Ms Nadia Van Der Woude – *full 12 months*
Community Representative (Disability) Mr Peter Coghlan – *resigned from CBoA June 2019*
Community Representative (Mental Health) Mr Alan Alford Chairman - Joondalup Clarkson Community Mental Health CAG Deputy Chairman - North Metropolitan Health Service CAC *– full 12 months*
Community Representative (Multicultural) Ms Bella Ndayikeze – *full 12 months*
Community Representative (WA Police) Mr Scott Warner (Superintendent, WA Police) – *full 12 months*
Community Representative Jan Norberger (Australian Medical Association) – *full 12 months*
Deputy Chief Executive Officer Dr Amanda Ling (Joondalup Health Campus)
Director of Clinical Services Mr Benjamin Irish (Joondalup Health Campus)
Ramsay Health Care Communications Manager - WA Ms Aisha Timol (Joondalup Health Campus)
Coordinator of Pastoral Care Mrs Elizabeth O'Neill (Joondalup Health Campus) *– retired from CBoA February 2020*

PICTURED: Chair of the Community Board of Advice and Mayor of the City of Wanneroo Tracey Roberts meets with Executive representative and Deputy CEO Benjamin Irish

HEADS OF DEPARTMENT

MEDICAL ADVISORY COMMITTEE

The Heads of Departments Medical Advisory Committee (HoDMAC) is the formal structure through which the hospital's accredited doctors formulate and communicate their collective views.

The committee plays a vital role in providing advice to the CEO about the clinical organisation of the hospital and the services that are required to meet community health needs.

In the past financial year, Head of Aged Care & Rehabilitation Medicine Dr Barry Vieira was elected as HoDMAC Chair, returning to a role he previously held from 1999 to 2004.

From 1 July 2019 he stepped up from deputy chair, replacing HoDMAC veteran Dr Tony Geddes who retired from the committee's top job and from his position as Head of Orthopaedics.

For the first time, the committee decided to appoint two deputy chairs, with Dr Cliff Neppe and Professor Desiree Silva appointed to fill the role which had been vacated by Dr Vieira.

The three are now working closely leading the committee and say that since COVID, HoDMAC has changed its structure and become a much more collegiate group meeting.

"HoDMAC merged with the COVID response committee, so we had more meetings than ever before," Dr Vieira said. "The start of 2020 has been a combination of watching and waiting but also trying to push forward with what we do normally, including the ongoing standards of the hospital."

HoDMAC met five times in 2019-20 and progressed a range of topics including:

- Implementation of a **new General Medical model of care** and delivery of care, to provide more timely senior review of patients admitted under the care of general physicians.
- **Changes to the Executive Structure** was discussed with the Directorate of Medical Services being enhanced by the appointment of several Deputy Directors of Medical Services.
- **The creation of a COVID Executive** to best respond to the COVID epidemic, with topic discussed including ward allocations, staffing models, treatment modalities and the overall hospital response.
- Enrolment into the **Choosing Wisely** was tabled and will form a focus of work for the coming twelve months.

HEADS OF DEPARTMENTS MEDICAL ADVISORY COMMITTEE
Dr Barry Vieira (Chair) Head of Department (HoD) Rehabilitation & Aged Care
Prof Desiree Silva (Deputy Chair) HoD Paediatrics
Dr Cliff Neppe (Deputy Chair) HoD Obstetrics & Gynaecology
Dr David Bridgman Head of Department Anaesthetics
Mr Brendon Burns A/Director of Clinical Services
Dr Sue Davel Director of Post Graduate Medical Education
Dr Jenny Deague Director of Cardiology
Dr George Garas HoD Gastroenterology
Dr David Hawkins HoD Intensive Care
Mr Benjamin Irish* Interim Deputy CEO
Dr Jesvinder Judge HoD Surgical Sub-specialties
Dr Amanda Ling* Interim CEO and Director of Medical Services
Dr Yusuf Mamoojee Director of Emergency Medicine
Dr Martin Marshall HoD Radiology
Dr Dejan Radeski HoD Pathology
Dr Stephen Richards HoD General Medicine
Mr Paul Salama HoD General Surgery
Dr Farid Taba GP Liaison
Dr Michael Veltman Director of Anaesthetics
Dr Andrew Wesseldine* Director of Innovation and Improvement
Mr Matthew Wright* Contract Manager
Mr Homan Zandi HoD of Orthopaedics

* Ex officio members

OUR SERVICES

Joondalup Health Campus' services include:

- After hours GP
- Aged care and rehabilitation
- Anaesthesia
- Bariatric surgery
- Breast surgery
- Cardiology
- Coronary care
- Day oncology
- Diabetes education
- Dietetics
- Ear, nose and throat surgery
- Emergency medicine
- Endocrine surgery
- Fertility/IVF (private only)
- Gastroenterology
- General medicine
- General surgery
- Gynaecology
- Haematology
- Hepatobiliary and oncologic surgery
- Infectious diseases
- Intensive care medicine
- Neonatology
- Neurology
- Obstetrics
- Occupational therapy
- Ophthalmology
- Orthopaedic surgery
- Paediatric medicine
- Paediatric surgery
- Pain management
- Palliative care
- Physiotherapy
- Plastic and reconstructive surgery
- Psychiatry
- Respiratory medicine
- Social work
- Speech therapy
- Spinal surgery
- Stomal therapy
- Stroke service
- Thoracic surgery
- Urology
- Vascular surgery

OUR SPECIALISTS

Joondalup Health Campus has hundreds of experienced specialists providing care for patients.

Our facilities include two specialist medical centres on site, which provide dedicated suites for patient appointments.

A full list of our specialists can be found on our website:
joondaluphealthcampus.com.au/specialists


JOONDALUP
HEALTH CAMPUS
TELETHON CHILDREN'S WARD

JOONDALUP HEALTH CAMPUS

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This document can be made available in alternative formats on request for a person with a disability or who requires this in a language other than English.