

2022 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, present and emerging.





CEO UPDATE

DR AMANDA LING



Welcome to the 2022 Annual Report. At Joondalup Health Campus (JHC), I'm constantly amazed at the capacity of staff in their ability to provide compassionate care during these challenging times. Each day, hospital staff put aside their own worries and struggles and come to work to care for other people. To provide support not only to patients but also to their families and loved ones.

The past year has once again been dominated by COVID-19 – and we spent a great deal of time preparing for the peak.

The state shortage of all staff groups - particularly nurses and doctors - has affected all hospitals, including JHC, and added pressure to an already challenged system.

To improve the situation, we have almost doubled our intake of graduate enrolled and registered nurses and midwives over the past few years.

Ramsay Health Care WA recruited 92 nurse graduates in February 2022 and almost half of them came to JHC. At the end of the financial year another 64 were preparing to start at Ramsay WA hospitals, including 34 at JHC.

On the medical front we have taken on an additional 22 interns, who are expected to complete their training requirements this year. Importantly, these were the first WA Health funded interns JHC has ever directly employed.

Previously we have only taken interns seconded from Sir Charles Gairdner Hospital – so this represents a big step in building capability in our workforce, paving the way for home-grown doctors. We have also taken on some Curtin University medical students to support their teaching and training for the first time in 2021.

Beyond the impact of COVID-19, we've progressed in other areas in 2021-22. We opened the Rapid Access Clinic for the Elderly (RACE) on 7 February 2022 which has been accepting patients from the Emergency Department (ED) and is now taking direct referrals from St John Ambulance. You can read all about this on page 32.

This year, the focus of our Annual Report is emergency medicine. With an ED that treats more than 100,000 people every year, it's a major component of the service we provide to the community.

On behalf of Joondalup Health Campus, I am pleased to present our 2022 JHC Annual Report and encourage you to read about our achievements and milestones.

I want to especially acknowledge our incredible staff, from those who work directly with patients to those who work in support or back-of-house roles... thank you.

DR AMANDA LING
Chief Executive Officer



JOONDALUP
HEALTH CAMPUS

TELETHON CHILDREN'S WARD



ABOUT JOONDALUP HEALTH CAMPUS



Joondalup Health Campus is a general hospital in Perth's northern suburbs that offers a comprehensive range of medical and surgical services including emergency, intensive care, maternity, neonatal and paediatric services, aged care and rehabilitation and mental health.

The hospital is also a statewide referral service for bariatric and peritonectomy surgeries.

The 732-bed campus is comprised of a standalone 150-bed private hospital and a co-located hospital that provides services to public patients living in its catchment area.

JHC is managed by Australia's largest private hospital operator, Ramsay Health Care, and has a long-standing public-private partnership agreement with the State Government. The hospital is committed to continuing to grow with its community to provide excellent health care as the major hospital for Perth's northern

corridor, which is one of the fastest growing regions of Australia.

The facility is currently undergoing a major expansion – the JHC Development Stage 2 project. Due for completion in 2025, the project will significantly enhance JHC's health services and improve the capability of the hospital to care for more complex patients closer to home.



RAMSAY HEALTH CARE THE GLOBAL PICTURE





Ramsay Health Care is a global group operating in more than 530 locations across 10 countries including Australia, the United Kingdom, France, Italy, Sweden, Norway, Denmark, Indonesia and Malaysia.

Established in Australia in 1964 by Paul Ramsay AO (1936 - 2014), Ramsay has 73 private hospitals, clinics and day surgery units in Australia and is the nation's largest private hospital operator.

Ramsay operations include mental health facilities as well as the operation of three public facilities. The business also has a rapidly expanding network of community psychology practices, hospital in the home services, telehealth and allied health clinics.

In addition, Ramsay has established the Ramsay Pharmacy retail franchise network which supports 60 community pharmacies.

Ramsay Australia admits more than one million patients annually and employs 31,000 people. The company also:

- Continued to support the Commonwealth and State Governments with the ongoing COVID-19 pandemic response by providing staff and resources, while managing the challenges of lockdowns and elective surgery suspensions.
- Announced a five-year strategic digital and data road map to create an integrated ecosystem for patient centric care, clinical excellence and digitally enabled operating environment.
- Significantly expanded the Ramsay Nursing and Midwifery Academy to support the professional development of thousands of nurses and midwives in Australia.

- Committed to achieving Net Zero greenhouse gas emissions across the Ramsay value chain by 2040 by switching to renewable energy sources, reducing anaesthetic gas emissions, cutting waste and boosting recycling, embedding sustainable design in new facilities and engaging with suppliers to reduce supply chain emissions.

Ramsay Australia admits more than one million patients annually and employs 31,000 people.





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 six 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 (ED) waiting times, surgical waitlists, safety and quality, and complaints.

PROVIDING VALUE FOR MONEY

While treating one in 10 public patients in WA, JHC also treats many private patients. In fact, more than a quarter of patients who need to be admitted, either via the ED or electively, choose to be treated in our 150-bed standalone private hospital. This saves the Government tens of millions of dollars every year.

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EXECUTIVE TEAM

AS AT 30 JUNE 2022



DR AMANDA LING
Chief Executive Officer



BENJAMIN IRISH
Deputy Chief Executive Officer



DR KEVIN HARTLEY
Director of Medical Services



BEVAN VAN LAMOEN
Director Corporate Services



MARY FERRIER
Director of Clinical Services



MATTHEW WRIGHT
Contract Manager

EMERGENCY DEPARTMENT MANAGEMENT TEAM AS AT 30 JUNE 2022



DR MICHAEL VELTMAN

Deputy Director of
Medical Services (Acute)



PAUL TAYLOR-BYRNE

Deputy Director of
Clinical Services (Acute)



DR KEVIN DOMINGO

Head of Department



VICKI REID

Clinical Nurse Manager



DR IGNATIUS MUNDJODZI

Deputy Head of Department



JESSICA HATHAWAY

Clinical Nurse Specialist



EMMA CONGERTON

Clinical Nurse Specialist



SOPHIE WALDON

Clinical Nurse Specialist

Absent on day of photos: Dr Sjinene Van Schalkwyk (Deputy Head of Department) and Liz Oldroyd (Clinical Nurse Specialist)



EXECUTIVE PROFILE



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“My vision for JHC is to be the preferred place of employment because of the high quality clinical care and supportive work environment we provide to our patients and staff.”

This is the vision Mary Ferrier, recently appointed Director of Clinical Services, has for JHC as it continues on its journey back to business-as-usual living with COVID-19.

After training in Glasgow, Scottish born Mary moved to Perth with her young family. Mary commenced work at JHC in 1995 when it was the 85-bed Wanneroo Hospital in a much less populated northern corridor.

Beginning as a registered nurse, she has since gained extensive experience with responsibilities spanning several specialties and work areas, both in the public and private sectors.

“The JHC Emergency Department was one of the busiest in Australia when I was the Clinical Nurse Manager between 2005 and 2009 so I am extremely familiar with the pressures that face staff on the front line and how to ensure that, despite all the challenges, we deliver

safe care and positive outcomes for patients,” she said.

“As the hospital grew, my career progressed and I am extremely grateful for the opportunities that have presented.”

Mary moved to the public sector in 2018 as a Director of Nursing and Midwifery Services, before returning to JHC to take up her current role.

“I have always been really proud working for a hospital that cares for those who live around me, my friends and my family,” Mary said.

“I work with the senior clinical team to ensure the care we deliver is of a high standard and evidence-based and in alignment with a person-centred framework.”

Working collaboratively with the Executive, Mary makes sure her team is clear on the

goals and expected outcomes for the organisation.

“The growth of this hospital through the JHC Development 2 Project, the increasing acuity of our patients, the ageing population and COVID-19 make this a really interesting and admittedly challenging time to be in health care,” she said.

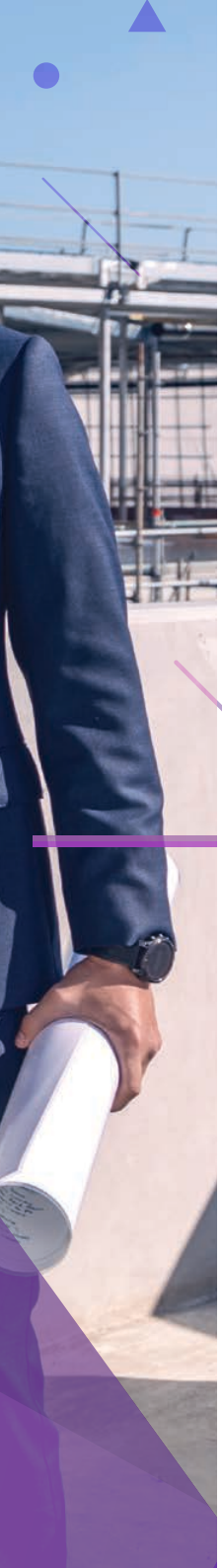
“As we know those who choose to work in health care want to make a difference and I believe we have an excellent culture at JHC which supports us all in that quest.”





EXPANSION UPDATE

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+ The commencement of work on the new 102-bed Mental Health Unit (MHU) was the major milestone as the \$256.7 million JHC Development Stage 2 Project entered its second year.

The State and Commonwealth Governments are jointly funding the project (with the Commonwealth committing \$158 million under the Western Australian Hospital Infrastructure Package). The project started in July 2020 and has already delivered enhanced facilities in the Emergency Department (ED), including an extra 10 bays and two high grade negative pressure isolation rooms, a three bay Behavioural Assessment Unit, a refurbished Emergency Admission Unit, a new ED administration area, and additional parking bays for staff.

JHC Head of Mental Health Services, Dr Martin Chapman, said the new MHU will replace the existing 47-bed unit which caters for 18 to 64 year-old patients with a 102-bed facility to care for a broader range of needs.

“There will be 16 Psychiatric Intensive Care Unit beds for involuntary patients, and there is provision for youth, aged 16-25 years, and older adults, over 65 years,” said Dr Chapman.

The MHU was co-designed by architects, designers, lived and learned experience

consumers, consumer consultants, clinicians, multidisciplinary staff groups and subject experts.

“With much of the concrete laid and walls starting to take shape, we are now getting a true sense of the scale of the courtyards, how they will facilitate excellent access to the outdoors, and how much light they will allow into the interior treatment spaces,” said Dr Chapman.

“It will be really exciting to transition to the unit in mid-late 2023 and continue to deliver outstanding patient care from a more contemporary facility.”

In 2021-22, an additional 205 staff car parking bays were constructed and by the end of 2022 public car parking will also be boosted by over 540 bays.

Expansion of the Central Sterilisation Services Department (CSSD) and Waste Management areas will commence in November 2022. This part of the expansion has required detailed planning to ensure that the hospital theatres

can continue to operate at full capacity during works.

Redevelopment Manager, Vijay Hooda, said the detailed design plans were being refined ahead of the next major phase of works, which will begin in October 2023.

That’s when works starts on a new 112-bed public ward block (comprised of a 30-bed medical/surgical inpatient ward, a 16-bed Cardiac Care Unit, including six additional beds and 10 relocated) and 66 shelled beds to meet future demand), one new operating theatre, one cardiac catheterisation laboratory, enhanced staff facilities, and upgrades to associated services, including the Discharge Lounge and Day Therapy.

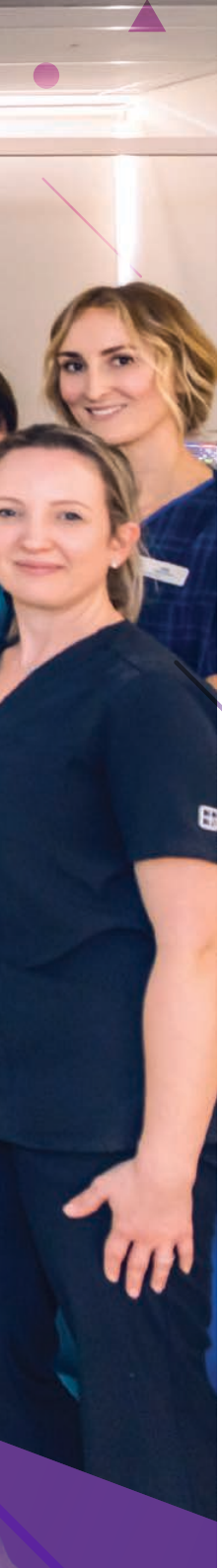
“The final phase requires significant integration with the existing building structures so we are doing extensive planning to minimise the impact to the site while that is underway,” Vijay said.





THE YEAR IN REVIEW

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JULY 2021

- /// **1 July** – Dr Lana Bell was appointed the new Head of Paediatrics after Professor Desiree Silva resigned from the position to focus on clinical research. Desiree was in the role for 14 years.
- /// **13 July** – Participants of Ramsay's *Emerging Leaders Program (ELP)* completed the course. They undertook a structured leadership development program, which included individual 360-degree leadership feedback, one-on-one professional leadership coaching sessions and group action learning initiatives.
- /// **22 July** – JHC moved into the construction phase of the \$256.7 million expansion and Government accepted the Early Contractor Involvement (ECI) proposal presented by Ramsay Health Care and Multiplex.

AUGUST 2021

- /// **18 August** – The first major concrete pour took place on the top of the staff multi-story car park (P7) with hundreds of cubic metres of concrete pumped onsite during the day.
- /// **6 August** – The Neonatal Unit celebrated a significant milestone – 10 years providing care closer to home for more than 5,000 newborns. The unit's first patient, Evie returned to the hospital with her mother and sister to celebrate with staff.

- /// **13 August** – A remote foetal monitoring pilot commenced with the aim of recruiting 100 expectant mothers who would trial a tiny hand-held device that accurately picks up the foetal heartbeat and allows results to be viewed by clinicians in hospital in real time. Read more on page 34.
- /// **25 August** – Then Minister for Health the Honourable Roger Cook MLA and the Member for Joondalup Emily Hamilton MLA toured JHC to check out progress on the hospital's expansion. While onsite the Minister also took the opportunity to speak with the staff at the JHC COVID-19 testing clinic. He passed on his thanks to the fantastic team of nurses, collection swabbers, patient care assistants, clinic clerks and security personnel, who at that date had performed more than 56,653 swab tests.

SEPTEMBER 2021

- /// **13 September** – A new 10-bed Palliative Care Unit opened at JHC. The unit provides care through holistic support and improves quality of life through prevention of suffering from the point of diagnosis of a life-limiting illness until the end of life, in partnership with both the person and their support network.

- /// **14 September** – Aboriginal Liaison Coordinator, Katy Raftery, started in a newly created position to oversee the work of the Aboriginal Liaison team, which also extended its hours to provide a seven-day a week service. The team of four ALOs visit Aboriginal and Torres Strait Islander patients to provide cultural support, liaise between the patient and hospital staff, refer patients to other support services, and explain hospital services and procedures. They also provide information and education to staff and promote cultural awareness.
- /// **28 September** – JHC was given the thumbs up by senior doctors in the Australian Medical Association (WA)'s 2021 Morale + Engagement Survey (M+E Survey). The biennial survey attracted responses from more than 600 senior doctors working in the health system who answered questions about culture, morale and engagement. AMA (WA) President Dr Mark Duncan-Smith commended the hospital saying: "As a privately-operated public hospital, JHC has performed comparatively better than the other public hospitals in the greater part of the survey – receiving the highest number of positive responses for the crucial questions on 'morale' and 'culture'."





BAYS
10-12

OCTOBER 2021

- /// **1 October** – The expanded P7 staff multi-storey car park re-opened increasing the number of staff car bays by 200.
- /// **18-22 October** – JHC celebrated Research Week hosting a number of speakers from JHC, Edith Cowan University, Curtin University, University of WA, Telethon Kids Institute and more.
- /// **21 October** – More than 320 staff were recognised at the annual Loyalty Awards for reaching significant milestones of 10, 15, 20, 25, 30, 35 and 40 years of service.

NOVEMBER 2021

- /// **17 November** – JHC played host to a number of special guests who toured the expanded Emergency Department among other areas. Included were then Minister for Health the Honourable Roger Cook MLA, then Shadow Federal Minister for Health and Ageing Mark Butler, then Mayor of Wanneroo and Community Board of Advice Chair Tracey Roberts and our very own CEO for Ramsay Health Care Australia, Carmel Monaghan.
- /// **22-26 November** – PRIDE Week was celebrated at JHC with rainbow cupcakes in the staff dining room for morning tea and bracelets on sale for \$3, with all proceeds going to support Living Proud.

DECEMBER 2021

- /// **December** – Ramsay's "One Employee, One Voice" global survey saw 2,000 JHC staff provide comments. The survey led to a number of strategic priorities, including strengthening our workforce; supporting teams through excellent leadership; education for your people and leveraging technology.
- /// **2 December** – Member for Joondalup Emily Hamilton MLA, Member for Wanneroo Sabine Winton MLA and Member for Lansdale Margaret Quirk MLA toured the JHC Palliative Care Unit.

JANUARY 2022

- /// **17 January** – A Clinical Trials Unit was established with the appointment of Senior Clinical Trials Coordinator, Danita Kapp. This service will allow eligible JHC patients to access innovative treatments as part of their care.

FEBRUARY 2022

- /// **7 February** – A multi-disciplinary Rapid Access Clinic for the Elderly (RACE) opened on the ground floor of the Specialist Medical Centre West to help divert suitable patients over the age of 65 from the Emergency Department to improve the patient journey, free up capacity and improve patient flow. Read more on page 32.

- /// **7 February** – Dr Kevin Hartley started as the JHC Director of Medical Services. Kevin had been a member of the JHC team for more than a decade and was most recently the hospital's Senior Consultant for Patient Safety.

- /// **8 February** – JHC onboarded about 41 new nursing and midwifery graduates, as part of an almost 100 strong intake of Ramsay WA graduates. Read more on page 40.

- /// **16 February** – JHC was awarded Accreditation for 18 months after undergoing a virtual assessment against the National Safety and Quality Standards and Mental Health Standards. All actions were met with no recommendations.

- /// **25 February** – the hospital's expansion program reached an important milestone in the construction of the new Mental Health Unit with concrete being poured across the site to mark the start of the actual build. Up until then demolition and excavation works were the focus.

MARCH 2022

- /// **8 March** – JHC celebrated International Women's Day by giving out free cookies to all staff and highlighting Ramsay's achievements in the area of gender equality. At the time, 73 per cent of Ramsay managers were female, along with 55 per cent of facility CEOs and 60 per cent of the Australian Executive.





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APRIL 2022

- /// **14 April** – Four large barometers were installed in the staff alfresco dining area, theatres and corridor to raise awareness of waste management and help reach our goal of diverting 50 per cent of waste from landfill. At the time, JHC had 30 different waste streams and over 35 per cent of waste was diverted from landfill.
- /// **18 April** – Director of Clinical Services, Mary Ferrier, started back at JHC. See page 12 to read Mary's profile.
- /// **22 April** – JHC demonstrated its support for environmental protection by celebrating Earth Day along with one billion people in more than 193 countries. Up to 500 native plants were gifted to staff to plant in their own gardens.
- /// **28 April** – Newly appointed Minister for Health the Honourable Amber-Jade Sanderson MLA is given a tour of the campus with a special focus on COVID-19 preparedness and the JHC Development 2 project.

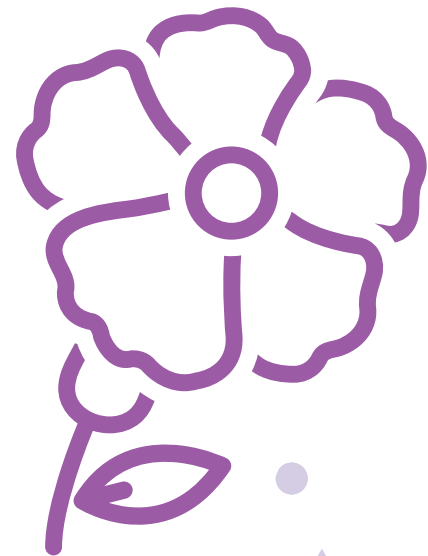


MAY 2022

- /// **5 May** – International Day of the Midwife provided an opportunity to thank our wonderful midwives for their compassion, care and commitment to women, their babies and families. Midwives enjoyed complimentary cupcakes as part of the festivities.
- /// **12 May** – Director of Clinical Services, Mary Ferrier, and the Deputy Directors of Clinical Services visited wards in both the public and private hospital to thank nurses and wish them a happy International Nurses Day. Cakes with “thank you” messages were delivered to nurses across the campus. Two new nursing programs were launched – the Nurse Unit Manager Pathway Program and the Undergraduate Leadership Program – and Ramsay Australia's Chief Nurse, Dr Bernadette Eather, hosted a special International Nurses Day webinar.
- /// **19 May** – Staff took time out to attend a fundraising morning tea for the Cancer Council. Organised by Cancer Care Navigator, Elaine Spellman, as part of Australia's Biggest Morning Tea, staff donated delicious homemade cakes and other baked goods. In exchange, staff made donations and bought raffle tickets raising more than \$1,500.
- /// **26 May** – Flowers were distributed as a symbol of “Sorry Day” and communication was sent out to all staff encouraging them to reflect on how we can all play a part in the healing process for Aboriginal and Torres Strait Islander people and our country.

JUNE 2022

- /// **1-14 June** – Members of the Executive and the Senior Leadership Team hosted daily morning tea sessions to thank staff directly for their hard work. The complimentary morning tea sessions, which were well received, are one of many initiatives to ensure staff feel valued.
- /// **15 June** – JHC donated more than 600 kilograms of curtains to the Salvos (Merriwa) and the Liberian community.
- /// **23 June** – Applications opened for the 2022 Nurse Leaders of Tomorrow Program – one of six programs being run by the Ramsay Nursing and Midwifery Academy to give our nurses access to world class education, skills training and leadership courses.





EMERGENCY DEPARTMENT COVID-19 RESPONSE

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The experience of treating COVID-19 patients at JHC in 2020 provided critical insight into what was required ahead of the virus' return to Western Australia last year.

Emergency Head of Department (HoD), Dr Kevin Domingo, said he was incredibly proud of how the Emergency Department (ED) team had dealt with the long-anticipated return of COVID-19 and the transition to accepting it as part of business-as-usual.

"The return of the virus was highly anticipated; there was a sense of angst and the best way to overcome that was for us to fully prepare, which is just what we did," Kevin said.

Critically, staff moved to a new ED administration area in September 2020 allowing them plenty of time to adjust to the new, larger and more functional working environment, and this paved the way for the construction of an extra 10 bays and two additional high grade negative pressure isolation rooms specially designed to safely treat patients with COVID-19 and other infectious diseases.

Both projects are part of the \$256.7 million redevelopment.

"The new 12-bed space, referred to as D-Pod includes two negative pressure rooms for isolation of highly infectious patients," Kevin said.

"When we started to see patients with COVID-19 or suspected COVID-19, we were

so well prepared and staff just got on with the job, all the while navigating issues of staff furlough and fatigue with professionalism," he said.

Kevin stepped into the HoD role in October 2021 having been involved in the training and supervision of junior doctors and emergency medicine trainees within the department for more than five years, and says the team is now regrouping and keen to return a sense of stability.

For the nursing team in the ED, the past year has provided ample opportunity to be innovative in their delivery of care. The impact of specialist nursing staff shortages, significant staff absences due to COVID-19, and additional role requirements for specialist COVID-19 streaming processes were the predominant challenges faced.

ED Clinical Nurse Manager, Vicki Reid, said while vigorous nursing recruitment continued, competition to recruit skilled specialist staff was high, and through necessity they complemented the existing emergency nursing workforce with specialist skilled nursing assistants in December 2021.

"Our existing specialist nursing assistants further expanded their skills to work in teams

with our nursing staff providing supervised care and assistance in our COVID-19 assessment area, Emergency Admissions Unit and our isolation area," Vicki said.

"Our recruitment of undergraduate nursing students was extremely successful and our COVID-19 Support Team was established to perform these support roles as well as act as Concierge and Rapid Antigen Test screening staff. The adaptability of our nursing assistant team and the collegial attitude of our ED nurses was key to this initiative's success," she said.

"I have always been so proud to lead the emergency nursing team and have great respect for the contribution each team member makes to provide safe, quality emergency care for our community.

"These past few years they have demonstrated such resilience and determination, I consider it to be a great privilege to be their manager."





EMERGENCY DEPARTMENT A BRIEF HISTORY

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+

In 2021-22, the JHC Emergency Department (ED) treated more than 101,000 patients, which equates to about 279 patients a day, making it one of the busiest EDs in the country. The 77-bay ED provides 24-hour emergency care for newborns through to older adults presenting with a wide range of health complaints. Dr Conway Tang, the ED's longest serving emergency doctor, provides this insight into the evolution of the JHC ED.

"I commenced work in the Emergency Department at the 85-bed Wanneroo Hospital in 1996. Back then the ED was a tiny four bed unit staffed by just five rotating junior doctors. The surrounding area was semi-rural, and a family of kangaroos called the parking lot home.

With the planned local urbanisation, we moved into a new 17-bed ED in 1997. Projected to treat 24,000 patient presentations per year, that figure was met three months after moving in. The case-mix was dominated by young families and their children, building homes in new suburbs.

The ongoing growth in the northern corridor in the following 10 years saw Joondalup-Wanneroo become the second fastest growing Local Government Area in Australia. As the community grew and their medical needs became more complex, we grew in parallel.

By 2011 we were moving into another new-build ED to service 65,000 yearly presentations. Incremental expansion since then has resulted in the current 77-bed ED,

with more than 100,000 yearly presentations now placing Joondalup among the busiest ED's Australia-wide.

Current case-mix encompasses the entirety of emergency medicine presentations, including trauma, paediatrics, obstetrics and gynaecology. The ED is supported by in-house Cath Lab, Stroke Unit, High Dependency and Intensive Care Units.

With full accreditation from the Australasian College for Emergency Medicine, the ED trains our emergency workforce of the future locally. Several prior students now number among the Emergency Medicine Consultant body. Large numbers of General Practice trainees also hone their skills in our ED, and subsequently have gone on to establish their practices in the surrounding area. A number of other non-ED specialty Consultants are also walking the same path.

Despite the rapid growth in size and scope of the ED, that sense of community and family established in our early days as a small unit

continues to feature strongly. We hear often of how the ED has treated multiple generations from the same family. And equally, multiple generations of the same family work alongside each other as team-mates within the ED environment.

Having both medical and nursing staff working in the ED this year who were born on-site in the original Wanneroo Hospital represents a noteworthy new milestone. In a sense, that reflects the Joondalup ED story coming full circle.

As I walk the corridors after a long shift, I'm proud of the people that I work with, what we have achieved, and the service that we have provided to the community. Strategic planning tells me that this story will continue to evolve into the future, and I look forward to where we are headed with optimism. And I still see the occasional kangaroo in the parking lot..."

DR CONWAY TANG





EMERGENCY DEPARTMENT PAEDIATRICS

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Paediatric emergency care has benefitted from the dedicated rostering of paediatricians to the Emergency Department (ED) during periods of high demand.

Historically, ED specialists would treat young emergency patients and consult with paediatricians as required, however, with the ED facing significant demand for care and the added burden of COVID-19, the decision was made to roster two paediatric consultants and a registrar to the ED.

“The patients needing specialist review are typically seen more quickly while ED staff are able to easily access a second opinion which is becoming more common given the increasing acuity we have been seeing in our paediatric patients,” ED Head of Department, Dr Kevin Domingo, said.

“The patients needing specialist review are typically seen more quickly while ED staff are able to easily access a second opinion which is becoming more common given the increasing acuity we have been seeing in our paediatric patients.”

Head of Paediatrics, Dr Lana Bell (pictured right), agreed that there were many benefits.

“Working side by side with colleagues from other specialties presents great informal education opportunities and helps us better understand the challenges that exist in respective specialties,” she said.

“This initiative has shown that by working together we have been able to support the ED staff through its staffing challenges, build better inter-departmental relationships, all of which ultimately benefits our youngest patients and their families and caregivers.”



A photograph of four women standing in front of a grey building. The building has large white letters 'MHOA' on its wall. Three of the women are wearing red polo shirts under dark blue jackets, and one is wearing a black long-sleeved shirt. They are all smiling. A purple graphic overlay with geometric shapes is at the bottom of the image.

MHOA

MENTAL HEALTH OBSERVATION AREA

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The ability to appropriately respond to the demand for psychiatric care, on the rise the world over, is well supported by the JHC Mental Health Observation Area (MHOA).

Opened in February 2018, the 10-bed MHOA provides a safe, low-stimulus environment for those requiring emergency care as an extension of the ED, and as of 30 June 2022 the unit had received 8,827 referrals and delivered 10,284 occasions of service since then.

Demand for all mental health services continues to grow and the MHOA experienced a peak in referrals this financial year with 2,551.

“The MHOA is an appropriate setting for mental health patients because it is a quieter, safer environment, not dealing with the general accident and emergency patients who present 24 hours seven days a week,” Head of Mental Health Services, Dr Martin Chapman, said.

“The main ED can be a very confronting place for someone experiencing mental illness.”

The MHOA has improved mental health services for residents in Perth’s northern suburbs, which will be further bolstered by the new Mental Health Unit due for completion mid-2023.

Caring for public patients, the MHOA in line with the State Government’s commitment to ensuring more people receive the mental health care they need in the most appropriate setting.

And it builds on Ramsay Health Care’s long standing history in mental health, which operates some 25 mental health units across Australia.





PATIENT PROFILE

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Yanchep mother, Emmily Fuller, and her newborn son, Wilder, are lucky to be alive.



On 24 May 2022 when Emmily was 36 weeks pregnant, she started experiencing gastro like symptoms at home, which soon developed into acute pain in her lower abdomen.

Emmily asked her husband Tim to call an ambulance, inevitably the best decision of her life.

Unbeknown to Emmily, she had a ruptured uterus and her abdomen was filling with blood.

St John WA paramedics, who were quick on the scene and fast to identify the seriousness of the problem, rushed Emmily to JHC where a multi-disciplinary emergency obstetrics team of 15 were waiting.

Having just tested positive for COVID-19 on a Rapid Antigen Test, Emmily was rushed into an isolation room where her vital signs were taken and an ultrasound of the baby was performed.

Within a few minutes, the baby's heart rate dropped and Emmily's body started going into shock due to severe blood loss.

Emmily was rushed to theatre where the baby was delivered under general anaesthetic, her uterus sutured and her abdomen drained of

2.5 litres of blood, which is about half an adult's overall blood composition.

JHC consultant obstetrician, Dr Arvind Menon, who was leading the emergency obstetrics team on the day said it was the quick action of health workers that saved Emmily and baby Wilder.

"In another 30 minutes without intervention, Wilder's life would have either been lost or severely compromised because of the extreme blood loss, which was restricting his oxygen intake," Dr Menon said.

"Fortunately, we were able to get Wilder out in time and he is healthy and well."

Emmily's own life was also in jeopardy from the sheer blood loss. After surgery Emmily was taken to the hospital's Intensive Care Unit where she was given three units of blood and an iron transfusion.

Baby Wilder was cared for in the Special Care Nursery before being reunited with his mum 48 hours later.

Dr Menon said it was terrific team work and JHC should be proud.

"Everyone involved - from the St John WA paramedics at the start to the emergency consultant and nurses, the midwives and obstetrics team, the anaesthetics and theatre staff, the paediatricians, the intensivists, the neonatologists and infection control all played a critical role," he said. "Someone was watching over Emmily that day."

Emmily could not thank JHC enough for saving her and her son's life.

"I feel so lucky that we made the call in the first place, but also for the incredible care and management I got as soon as I arrived," she said.

"I knew something wasn't right and I felt heard by the clinical staff, who were really listening and responding to everything I was saying."

"I am also so grateful for my husband and family's incredible support," Emmily said.





IMPROVING THE PATIENT EXPERIENCE

RAPID ACCESS CLINIC FOR
THE ELDERLY (RACE)



After much planning, the RACE (Rapid Access Clinic for the Elderly) is underway to deliver more tailored care for older adults and is successfully reducing avoidable Emergency Department (ED) presentations and readmissions.

In its first three months, 133 patients were seen by the consultant led, multidisciplinary geriatric clinic.

The new service accepts referrals for JHC catchment patients who are over 65 years of age and suitable for review in the ambulatory setting for geriatric syndromes, such as acute and chronic pain in frail patients, falls and mobility issues, and cognitive impairment. Referrals can be made by the ED, St John WA paramedics or Medical Admissions Unit.

Clinical Nurse Specialist for RACE, Sheila Johnston, has extensive emergency experience and said she is finding the comprehensive service delivery for our elderly very refreshing.

"We treat their medical needs and take the time to listen and understand what supports they require to stay well at home, which is in their best interests and also reduces pressure on the hospital ED and inpatient wards," Sheila said.

In its first three months, just six per cent of RACE patients represented to ED, as compared to 12.8 percent of non-RACE patients aged over 65 years with an average triage score of 3-5 within 28 days.

Twenty six patients came from St John WA and 18 of those were suitable for discharge.

Arthropathy and cardiac conditions were the two most prevalent conditions/ diagnosis and almost half had a clinical frailty score of 4 whereby they have symptoms limiting their activities and are beginning to be 'slowed up' during the day.

"The service respectfully supports the growing population of older Australians in our catchment who are living longer, healthier and in their own homes," Sheila said.

"The patient and their families also have the option of liaising with our 'Navigator' in regards to any queries or concerns they have."

St John WA Executive Director of Ambulance, Deon Brink, said that collaborating with the team at Ramsay Health Care to deliver an innovative model of care has resulted in real change for patients.

"For the St John workforce, it has provided confidence there are alternatives to attending a busy ED for a cohort of patients who can access healthcare in a more bespoke setting," he said.

RACE is on track to see 500 patients well before the end of the calendar year.

PATIENT FEEDBACK

- "Holistically thorough, very safe service."
- "It's nice to know RACE is here for us."
- "All staff were courteous, they REALLY listened, RACE exceeded my expectations."
- "Very impressed with this exceptional service."





IMPROVING THE PATIENT EXPERIENCE

HERAMED



An innovative approach to remote maternity care successfully trialled at JHC is benefitting patients well beyond Perth's northern suburbs, with the technology now being used in war-torn Ukraine.

HeraBEAT monitors, developed by Israeli based medical technology company HeraMED, are hand-held devices that measure the unborn baby's heartbeat with hospital grade precision, sharing the results with JHC maternity staff in real-time via HeraCARE, a remote maternity monitoring platform.

HeraCARE also records the mother's physical and mental health capturing vitals, including blood pressure, urine, mood, COVID-19 symptoms, vaccination status and more.

The technology features education modules as well as telehealth communication tools and automatic alerts, which immediately notify the patient and medical staff if a measurement falls outside the normal range, providing advice on what to do next.

The technology also has advanced analytic tools assessing patient information and predicting adverse health outcomes, such as preterm delivery, pre-eclampsia, the likelihood of emergency caesarean section and pre or postnatal depression risks.

JHC Director of Obstetrics, Dr Cliff Neppe, said the technology was shaking up maternity care describing it as "the new frontier for maternity services".

"Having proved the efficacy of this cutting-edge technology in a pilot study last year, in March 2022 JHC became the first hospital in the world to implement a new hybrid model of care where we are combining face-to-face antenatal consults with telehealth antenatal consults using the new platform," Dr Neppe said.

"It means that women and their unborn babies can be monitored from the safety and comfort of their homes with the same accuracy and precision as being in hospital, but with half the hospital visits.

"It is incredibly exciting and supports maternity services and health systems around the world, which are faced with challenges including a shortage of maternity professionals, COVID-19, even war, as is the case in Ukraine."


Dr Neppe said in the past he has been wary of remote monitoring devices, however, his hands on use of HeraBEAT and HeraCARE have confirmed that this technology is both accurate and reliable and more than 90 percent of trial participants said they enjoyed taking the measurements remotely.

"Of course, it is optional and some women may prefer to attend in person, but many are choosing to reduce hospital visits and use this new model," he said.

Dr Neppe said in his experience women were also more engaged using the new hybrid model of care and that it was ideal for today's digitally savvy maternity patients.

"In 2021-22, JHC delivered about 3,400 babies, and we estimate about 90 per cent of our maternity patients will use this platform moving forward."



A woman with long, wavy red hair is shown from the chest up, wearing a dark green button-down shirt. She is speaking and gesturing with her hands, one hand resting on her chest. She has red nail polish, a ring on her left ring finger, and a watch on her left wrist. A black mobile phone is clipped to her belt. The background is a blurred outdoor setting with green foliage. A red geometric overlay with lines and dots is on the left side of the image.

BEYOND DOCTORS & NURSES SOCIAL WORK

36



When a family member of **Tracey Negus** was almost killed in an accident in 1996, she found support and comfort in the social workers at the hospitals where her loved one was being treated.

The impact of the social workers, who she described as “kind, supportive and able to help with all the unexpected things” was so significant that it dramatically changed the course of her life.

The then mother of two young children abandoned her lifelong ambition to work in national security, instead deciding to study a postgraduate Bachelor of Social Work and taking up a career helping people.

Now more than 25 years on and Tracey Negus has been in a management role at JHC for more than 12 years currently overseeing both the Social Work and Aboriginal Liaison Officer teams.

With over 60 staff, Tracey’s team provide services to all areas of the hospital, from clinical units like the Emergency Department, antenatal clinic, maternity, paediatrics, general medicine, and aged care right through to non-clinical areas, like the body holding bay.

“Our services are vast and diverse, and the issues we deal with are often very complex,” Tracey said. “We have an amazing team of staff working across every area of the hospital carrying out a wide range of jobs.”

“Our social workers are experts in connecting people to services, supports and safe discharge planning with a focus on human rights, advocacy and quality of life.”

A big part of the role of the social worker is linking patients to services – whether they are for people at risk of homelessness, patients in financial hardship or those who have been subjected to family violence, elder abuse or are experiencing mental health, drug and alcohol issues, grief, adjustment to a new diagnosis or disability.

The social work team also support patients, their families and carers with Centrelink communication, transport services and links to financial counsellors.

“We are often involved in child protection cases, and at the other end of the age spectrum, we sometimes need to lodge protective orders to assist older adults who can no longer take care of their financial affairs, such as people with dementia or other decision-making vulnerabilities,” Tracey said.

The JHC Social Work team also incorporates our Aged Care Assessment Team, assisting older patients to access Commonwealth funded aged care services.

“Our hospital Aboriginal Liaison Officers play a critical role in improving cultural safety for our Aboriginal patients, and our discharge against medical advice numbers by Aboriginal patients have dropped significantly since we introduced these positions in 2019,” Tracey said.

Tracey said she loves being a social worker and finds it incredibly rewarding working with a team who uphold such a high standard of values and ethics.

“The great thing about this job is that you get the chance to make a difference every day,” she said. “It is also unpredictable, very busy and challenging, which I love.”





LOOKING AFTER OUR PEOPLE

STRENGTHENING CULTURE

38



Fourteen culture champions are leading the way to a stronger workforce, following two recent workplace surveys – the JHC ‘Growing the Blue, Tell us Your View’ Organisational Culture Survey, and Ramsay’s ‘One Employee, One Voice’ global staff engagement survey.

The Ramsay Way recognises that our people are the key to our success and JHC is committed to supporting staff who, like other health care workers, are feeling the impacts of more than two years dealing with COVID-19 and high demand for services.

In February 2022 following feedback from the ‘One Employee, One Voice’ survey, which over 2,000 JHC staff responded to, Ramsay Australia’s CEO, Carmel Monaghan, announced the organisation’s strategic priorities.

These include strengthening our workforce, supporting teams through excellent leadership, education for our people and leveraging technology.

A total of 54 action planning sessions were held over 2021-22 to address issues identified in both surveys, and implement improvements, in line with our strategic priorities.

Responding to the EOI for culture champions, Bonny Simmons, Social Work Coordinator said she was pleased to be in a position to give back to the workplace that has offered so much, and continue to support a positive work culture.

The first task for the culture champions was to lead action planning sessions following from a Culture Champions workshop and Team Leaders culture workshops held late last year.

Outcomes were prioritised into cultural development goals and objectives, and a further four, 90 minute online workshops were held where staff assisted with designing the culture development strategy.

Senior Project Officer, Organisational Development, Elisabeth Johns, said regular departmental visits by the CEO and other members of Executive were underway and had been well received by staff.

“Creating that opportunity for all staff to engage directly with our leaders was identified as a top priority and we look forward to beginning those meetings and rolling out other initiatives,” Elisabeth said.

“Opportunities for staff interaction was limited during COVID-19 and while individual teams were quite united, unsurprisingly there had been a bit of a shift towards a more siloed working environment more broadly.”

“Now that we are starting to return to a more normal workplace with fewer restrictions, we are really excited to work on boosting staff morale and the sense of one united team,” she said.





LOOKING AFTER OUR PEOPLE

EDUCATION,
TRAINING &
DEVELOPMENT

40



JHC is even better positioned as an employer of choice having launched the Ramsay Health Care Graduate and Intern Fellowship Program in February 2022.

Designed to bring out the best in new graduates as they transition from study to work, the Fellowship Program offers on the job support over two years, rather than the industry standard of one year. The Fellowship Program is available to newly qualified Graduate Registered Nurses, Registered Midwives, Enrolled Nurses, Allied Health graduates and Pharmacy Interns, making Ramsay and JHC all the more attractive in the highly competitive employment market.

Acting Training and Development Manager Julie Jackson said the program supported graduates by providing a Foundation year followed by a Development year. What truly sets RHC and JHC's Graduate and Intern Fellowship program apart is that a permanent contract is given from commencement.

"We have had 71 graduates commence in the 2021-22 financial year and 43 of them are on the new fellowship program," said Julie.

"That's almost double the intake on the previous year which is excellent for building our workforce."

JHC offers placements in surgical, medical, rehab, paediatrics, perioperative, maternity and mental health in the Foundation year supported by a large and diverse support team.

Vicki Oliver, who started the program in February, was an anaesthetic technician who retrained as a nurse for the personal fulfilment she gets through closely interacting with patients.

"I live locally, have trained as an undergraduate at JHC, and was attracted to the fellowship as it offers me access to training in a range of specialties, a permanent contract, and family friendly rostering where possible," Vicki said.

"Transitioning from a student to a graduate was quite daunting but I really felt welcomed and supported by the team, especially through COVID-19.

"I am enjoying delivering personal care to my patients, and particularly in the case of palliative care patients, I know that it makes a real difference and is appreciated by the patient and their family," she said.

During 2021-22, Ramsay launched two new nursing programs – the Nurse Unit Manager Pathway Program and the Undergraduate Leadership Program – bringing the total number of programs offered under Ramsay's Nursing and Midwifery Academy to six.

"We have had 71 graduates commence in the 2021-22 financial year and 43 of them are on the new fellowship program."





RECYCLING
DIVERTING WASTE
FROM LANDFILL

GOAL 50%

45%

35%

25%

40%

30%

20%

10%

We will provide
monthly updates on
how we are doing

Be part of the
"GREEN TEAM"

HOW CAN YOU HELP?
Get in contact. We want
to hear your ideas and look
at how we can recycle
and reduce landfill in
your area.

We will provide monthly updates on how we are doing

Be part of the
"GREEN TEAM"



- We want everyone to become involved in helping reduce our waste that goes to Landfill
- We will celebrate our successes
- We will also let you know where we need to improve

- We will track our success on our barometer
- We will keep looking for ways to improve waste diversion
- Help to REDUCE what we use so we can recycle or divert it from Landfill



CARING FOR OUR ENVIRONMENT

+ JHC's "green team" is always looking for ways to reduce the hospital's carbon footprint and drive the Ramsay Cares strategy, which aims to foster healthier people, stronger communities and a thriving planet.

JHC Chief Executive Officer, Dr Amanda Ling, said Ramsay Health Care's group-wide Net Zero commitment announced in 2022 was a key part of the organisation's sustainability strategy.

"Ramsay's goal is to achieve Net Zero greenhouse gas emissions globally across our valued chain by the year 2040," Dr Ling said. "We are committed to science-based emission reduction targets, which are consistent with the Paris Agreement on limiting global warming to 1.5 degrees above pre-industrial levels."

Earlier this year JHC, and other Ramsay WA sites, eradicated the use of the anaesthetic gas "desflurane" in favour of a more environmentally friendly alternative.

Alternatives are reported to be 50 to 60 times less harmful to the environment than desflurane with no compromise to patient safety.

JHC Support Service workers, Reece Langford, and Jodie Mallia, are passionate members of the "green team". They are

continuously exploring new environmental initiatives.

"We've also installed four super-sized barometers showcasing our waste diversion rates," Jodie said. "By placing the barometers in high traffic areas we hope to motivate staff to help achieve our goal, which is a 50 per cent waste diversion from landfill rate."

"Currently we are diverting close to 40 per cent of our waste from landfill through 30 different waste streams.

"We recycle everything from coffee capsules and batteries from across the hospital, through to old vinyl and old ward curtains, which are sterilised and donated to charities in need."

"We have just started donating the batteries that still have charge to a nearby school to use in technology class," Jodie said.

"We have recently sourced cardboard coffee cup lids to replace the plastic lids," Jodie said. "In addition, we continue to encourage staff to

use their own keep cups or the china cups we provide in the staff canteen to reduce single use items."

Ramsay is already supporting a wide range of environmental initiatives, including PVC and aluminium recycling programs and is on track to reach its target to remove 50 million single use plastic items shortly.

Since the target was set in 2020, JHC has saved just under 3.530 million single use plastic items from manufacture, instead finding more environmental alternatives to products, such as kidney dishes, denture and medicine cups and more. This represents eight per cent of the total Ramsay success.

The hospital has also upgraded more than 1,150 lights as part of Ramsay's LED conversion program.





ACTIVITY & PERFORMANCE IN 2021-22

44

OPERATIONS

Our surgeons performed more than 27,000 operations and procedures in 2021-22

8% compared to the previous year

HOSPITAL ADMISSIONS

TOTAL ADMISSIONS

There were more than 68,350 hospital admissions in 2021-22

These numbers were heavily impacted by the pandemic and an increase in acuity of presentations to the ED requiring admission

7% in admissions compared to the previous year

ELECTIVE SURGERY

The reduction in elective surgery over several months of COVID-19 restrictions across WA put significant pressure on public hospital waitlists and impacted our ability to reach prescribed targets.

The average percentage of elective surgery patients on the JHC public waitlist who remained inside the recommended timeframe for treatment in the 2021-22 year were:

JHC ELECTIVE SURGERY PERFORMANCE ON REPORTABLE PROCEDURES*	RESULT	TARGET
URGENT: CATEGORY 1 (<30 DAYS)	80%	100%
SEMI-URGENT: CATEGORY 2 (<90 DAYS)	85%	100%
NON-URGENT: CATEGORY 3 (<365 DAYS)	90%	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)





EMERGENCY DEPARTMENT

ED PRESENTATIONS DROPPING

More than **102,000 people** presented to our ED in 2021-22*.

* Data source: Emergency Department Information System

5%
compared to
the previous
year

279 patients
presented to
ED on average
each day



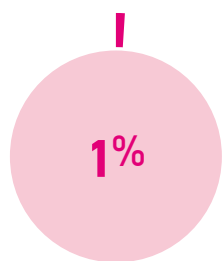
Our **busiest day** for the year was **15 August 2021** with **366 people presenting to the ED**

AUGUST
15

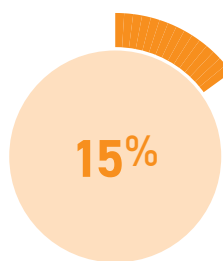
ACUITY

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

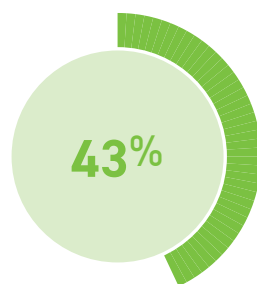
The breakdown of **2021-22** presentations by category is outlined here.



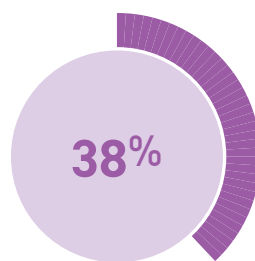
RESUSCITATION
(ATS CATEGORY 1)



EMERGENCY
(ATS CATEGORY 2)



URGENT
(ATS CATEGORY 3)



SEMI-URGENT
(ATS CATEGORY 4)



NON-URGENT
(ATS CATEGORY 5)

59%
of ED
presentations
in 2021-22 were
resuscitation (category 1),
emergency (category 2)
or urgent cases (category 3)

11%
increase in
category 1
compared to
the previous
year



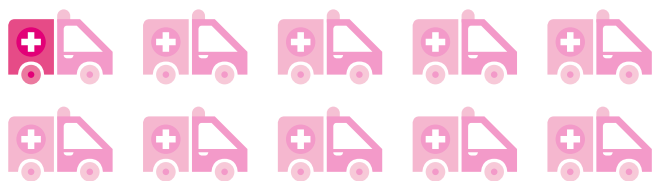


EMERGENCY DEPARTMENT (continued)

MORE AMBULANCES ARRIVING

53 ambulances

on average arrived each day during 2021-22



2%

increase
compared
to the
previous
year

MORE CHILDREN TO ED



More than 26,000 children presented
to ED in 2021-22

10%

increase
compared to
the previous
year

WEAT

The West Australian Emergency Access Target (WEAT)

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

WEAT continued to be a key focus in 2021-22.

A high number of patients presenting to ED, an increase in acuity and significant delays discharging patients – caused from workforce shortages and a lack of National Disability Insurance Scheme and transitional care placements – were key challenges to improving performance.

Hospital staff concentrated on **identifying opportunities in work flow** to help lift WEAT performance and improve flow of the patient journey through the hospital and home. New strategies included:

- the creation of a patient flow coordinator role
- the on boarding of an off stretcher nurse and other resources to assist patients brought in by ambulance
- the establishment of the the Rapid Access Clinic for the Elderly (RACE), which helps divert suitable older adults as an alternative to hospital admission (see page 32)
- targeted discharge planning projects and other solutions were rolled out to help patient flow.

The WEAT for JHC

in 2021-22 was **53.6%** compared to **60.5%** in 2020-21

7%

decrease
compared to
the previous
year





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.

RESUSCITATION (ATS CATEGORY 1)



TARGET:
100% seen
immediately

ACTUAL:
100% seen
immediately at JHC

EMERGENCY (ATS CATEGORY 2)



TARGET:
80% to be seen
within 10 minutes

ACTUAL:
70.3% seen within
ten minutes at JHC

URGENT (ATS CATEGORY 3)



TARGET:
75% to be seen
within 30 minutes

ACTUAL:
19.3% seen within
30 minutes at JHC

SEMI-URGENT (ATS CATEGORY 4)



TARGET:
70% to be seen
within 60 minutes

ACTUAL:
32.7% seen within
60 minutes at JHC

NON-URGENT (ATS CATEGORY 5)



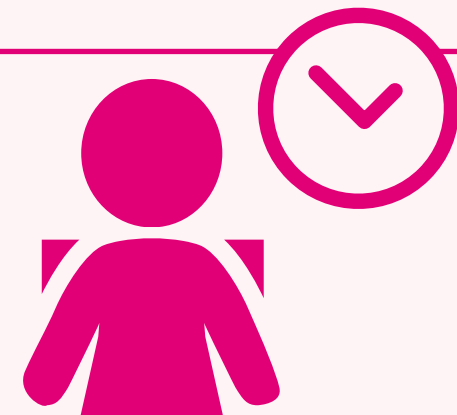
TARGET:
70% to be seen
within 120 minutes

ACTUAL:
68.8% 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:

- Continued focus on reducing length of stay (LOS) which is the amount of time patients need to spend in hospital
- Increased Allied Health and Discharge Planning staff on the wards at the weekends to focus on discharging patients and creating more bed availability
- Waiting Room Nurses are also in place 24/7 to monitor patient safety and wellbeing in the waiting room while waiting for medical assessment.





OBSTETRICS

BIRTH NUMBERS



**JHC delivered more than
3,400 babies in 2021-22**

The COVID-19 pandemic did continue to impact service provision though there has still been an increase in activity on prior years.

17%

increase
compared to
the previous
year

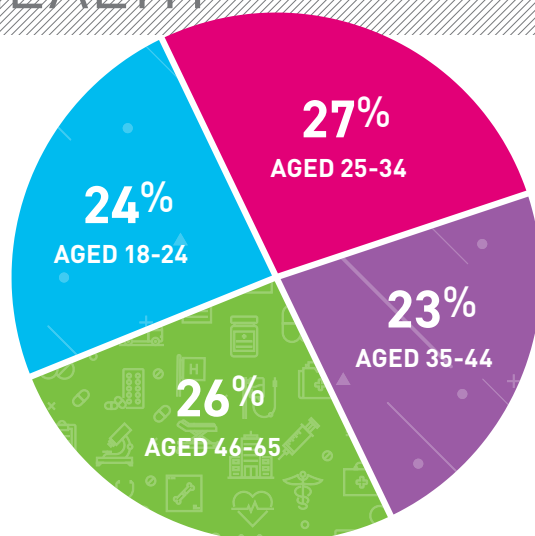
COVID-19 CLINIC

**In 2021-22:
53,436 people were
tested at the COVID-19
clinic at JHC**



MENTAL HEALTH

**During 2021-22,
JHC provided
treatment to
928 people in
the Mental
Health Unit.**



IN THE 2021-22 FINANCIAL YEAR:

**The Mental Health
Observation Area (MHOA)
treated 2,928 people in the
past financial year**





KEY PERFORMANCE CLINICAL INDICATORS

54



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	1.162%	1.113%
Unplanned return to the operating room during the same admission	0.300%	0.386%
Inpatients who develop one or more pressure ulcers during their admission (grade 2 or greater)	0.018%	0.018%
Inpatient falls resulting in fracture or closed head injury	0.012%	0.014%
Medication safety errors	0.001%	0.005%

* July – December 2021

DEFINITIONS

- /// **Unplanned readmissions** refers to where a patient has been discharged and then within 28 days of this has needed an unplanned 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** is the aggregate rate for all organisations is the average rate of all organisations submitting data for a particular indicator.





RESEARCH

RESEARCH FIELDS

- | | | | | |
|------------------------|---------------------------|---------------|------------------|------------------------|
| ■ Dietetics | ■ General Medicine | ■ Nursing | ■ Paediatrics | ■ Respiratory Medicine |
| ■ Occupational Therapy | ■ Training | ■ Midwifery | ■ Neonatology | ■ Stroke Service |
| ■ Physiotherapy | ■ Immunology | ■ Obstetrics | ■ Orthopaedics | ■ Surgery |
| ■ Speech Pathology | ■ Infectious Diseases | ■ Gynaecology | ■ Rehabilitation | |
| ■ Cardiology | ■ Intensive Care Medicine | ■ Oncology | ■ Geriatrics | |
| ■ Emergency Medicine | ■ Mental Health | ■ Haematology | ■ Renal Medicine | |



JHC maintained its strong commitment to research in 2021-22 with the portfolio continuing to grow. As at 30 June 2022, there were more than 130 research projects underway recruiting more than 2,500 participants from diverse specialties.

A highpoint of the past 12 months has been the establishment of a formal clinical trials service at JHC. This service will allow patients in the northern corridor of Perth to access innovative care in a research context. The unit is currently running two trials in oncology, joining the additional 21 clinical trials underway across the hospital.

Research represents a process of continual innovation within the hospital and it is pleasing to note that a number of research projects have already been translated into direct changes to clinical care at JHC. Furthermore, the publication of our research findings allows clinicians at other health services to benefit from JHC research. Some of the research from the hospital which was published recently includes:

LISTENING TO OUR YOUNGEST PATIENTS

Dr Mandie Foster and Professor Lisa Whitehead, Edith Cowan University with researchers from Lund University, Sweden

This study, conducted in the Telethon Children's Ward, explored the experiences of hospitalisation among school-aged children to determine how to best meet their care needs.

Allowing children to have input into their own care and providing a welcoming and child-friendly environment were raised by the children as being important to them during their hospital stay.

The findings from this research will help clinicians caring for children accommodate the needs of our youngest patients.

UNDERSTANDING VOICES AND BELIEFS DURING PSYCHOSIS AND TRAUMA

Dr Peter Melvill-Smith and others

This multi-site study compared voice characteristics and beliefs in participants diagnosed with post-traumatic stress disorder with dissociation, schizophrenia and both diagnoses and found similarities in voice frequency, duration, location, content and disruption across these conditions.

This study may have implications for how patients with these conditions are managed – treatments successfully in use for one condition may be beneficial in a wider group of patients.



THE ORIGINS PROJECT



**FROM ITS BEGINNINGS
IN JULY 2017 TO JULY
2022, THE ORIGINS
PROJECT RECRUITED...**

6,494 Birthing mothers

2,191 Non-birthing partners

7,206 Babies born

ORIGINS' ONE-YEAR-OLD SNAPSHOT OF THOSE THAT ATTENDED THEIR ONE-YEAR-ASSESSMENT:

54%

had mental health issues
in their family environment

41%

had eczema/dermatitis

48%

of parents had at least one
health concern for their child

15%

were referred to a specialist
for further review

36%

had low iron levels

58



The decade long ORIGINS Project, aiming to reduce the rising epidemic of non-communicable diseases through 'a healthy start to life', is producing outstanding insights at the half-way point.

The research collaboration between JHC and the Telethon Kids Institute has recruited more than half of the 10,000 participant families it's hoped will ultimately join the study, enabling the release of their landmark '5,000 Families' report.

The ORIGINS Project recruits pregnant women and their partners early in pregnancy to collect detailed environmental and psychosocial data using questionnaire data, medical records, diagnostic tools and biological samples. It follows children from the womb until five years of age, and beyond, with multiple touchpoints throughout their journey.

Professor Desiree Silva, Co-Director of The ORIGINS Project and former Head of Paediatrics at JHC said it is a privilege to lead the project and see the difference it is making in real time to participants, identifying health issues among participant babies and toddlers early, in addition to its promise of better health outcomes for all children long into the future.

"We are identifying delayed speech and physical development, and severe allergies in

the children, as well as anxiety and depression in mums, leading to referral to specialists for early intervention," Professor Silva said.

"It is wonderful that the ORIGINS team can have that positive impact on participants' outcomes whilst contributing, by way of collecting detailed information, to our understanding of the developmental origins of disease," she said.

Among the 30 sub-projects are 'TALK'- aiming to better understand how testosterone exposure in the womb may be related to brain growth before birth and language development after birth; 'SCREEN ORIGINS'- assessing what influences family screen use and measuring the potential impact of screen time on a child's health and development; and 'BENEFIT'- looking at whether the amount of eggs and peanuts a mother eats during breastfeeding has an influence on her baby's food allergy development.

The ORIGINS Project is not limited to disease but is also investigating how language development can affect outcomes such as

academic achievement, social ability and relationships.

"We are really wanting to discover how every child and family can reach their full potential, also looking at those positive influences on development, not just the negative that are causing these chronic conditions," Professor Silva said.





LISTENING TO OUR COMMUNITY

COMMUNITY BOARD OF ADVICE

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The role of the Community Board of Advice (CBOA) 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 2021-22 and analysed the following:

- Results of the Department of Health's Patient Evaluation of Health Services, JHC's Quality and Safety Dashboard and JHC's Net Promoter Score
- The mandated recommendations coming out of the Perth Children's Hospital Inquiry, including CARE call phones introduced into all hospitals, the introduction of a waiting room nurse and the changeover to PARROT charts
- Data around patients attending the Emergency Department who Did Not Wait.

The Board also provided feedback and recommendations on:

- Police related attendances to ED
- Staffing challenges
- COVID-19
- Vaccination/RAT Testing Clinics
- Redevelopment.

CBOA MEMBERS AS AT 30 JUNE 2022

Chairperson

Mayor of Wanneroo Tracey Roberts

Federal Member for Moore

Ian Goodenough MP

State Representative

Emily Hamilton MLA (Member for Joondalup)

City of Joondalup Representative / Deputy Chair

Cr Christine Hamilton-Prime

City of Wanneroo Representative

Cr James Rowe

Department of Health Representative

David Griffin

Community Representative (Youth)

Nadia Van Der Woude

Community Representative (Indigenous)

Dennis Simmons

Community Representative

Tim Benson

Community Representative (Mental Health)

Alan Alford

Chairman - Joondalup Clarkson Community Mental Health

Deputy Chairman - North Metropolitan Health Service

Community Representative (Multicultural)

Esther Onok

Community Representative (WA Police)

Tony Flack (Superintendent)

Community Representative

Jan Norberger (Australian Medical Association)

Deputy Chief Executive Officer

Benjamin Irish (Joondalup Health Campus)

Director of Clinical Services

Mary Ferrier (Joondalup Health Campus)

Communications Manager - WA

Genevieve Farrell (Joondalup Health Campus)





HEADS OF DEPARTMENT

MEDICAL ADVISORY COMMITTEE



Heads of Departments Medical Advisory Committee (HoDMAC) is the formal structure through which accredited medical practitioners formulate and communicate their collective views.

HoDMAC has an important role in providing advice to the Executive about the clinical organisation of the hospital and the services that are required to meet community health needs.

Managing the operational environment of the hospital to ensure safety, quality and efficiency are optimised and issues resolved, clinical planning, training, education and research are a key focus along with the redevelopment.

HoDMAC met five times during 2021-22. Some key achievements and highlights included:

- /// Policy making and planning, in particular in relation to the management of WA's COVID-19 peak
- /// Assisting in the development and implementation of workforce strategies, both during WA's COVID-19 peak and for future service delivery

- /// Strengthening culture and supporting junior medical staff
- /// Advising on clinical planning and the development of new services, such as vascular and spinal surgery
- /// Engaging with the Executive about clinical aspects of the redevelopment
- /// Ensuring medical staff continued to participate in education programs, including Speaking Up for Patient Safety, and leadership sessions for members of the Medical Council and senior clinicians
- /// Supporting the appointment of a new Director of Research for Joondalup Health Campus.

HEADS OF DEPARTMENTS MEDICAL ADVISORY COMMITTEE AS AT 30 JUNE 2022

Dr Barry Vieira (Chair) Head of Department (HoD) Rehabilitation & Aged Care
Dr Cliff Neppe (Deputy Chair) HoD Obstetrics & Gynaecology
Dr Lana Bell HoD, Paediatrics
Dr David Bridgman Director of Anaesthetics
Dr Martin Chapman HoD, Psychiatry
Dr Jenny Deague Director of Cardiology
Dr Kevin Domingo HoD, Emergency Department
Dr Mutaz Ferman HoD, General Medicine
Dr George Garas HoD, Gastroenterology
Dr Paul Grolman HoD, Intensive Care
Mr Jes Judge HoD, Surgical Sub-specialties
Dr Ellen Knight HoD, Palliative Care
Mr David Koong HoD, General Surgical
Dr Gar-Hing Lee HoD, Infectious Diseases
Dr Kevin O'Connor HoD, Stroke / Neurology
Dr Ravisha Srinivasjois HoD, Neonatology
Mr Homan Zandi HoD, Orthopaedics
Dr Sue Davel* Director of Post Graduate Medical Education
Dr Yusuf Mamoojee* Deputy Director of Medical Services (DDMS) - Medical
Dr Yuresh Naidoo* DDMS - Surgical Services
Dr Michael Veltman* DDMS - Acute Care Services
Mr Benjamin Irish* Deputy Chief Executive Officer
Dr Amanda Ling* Chief Executive Officer
Dr Kevin Hartley* Director of Medical Services
Ms Mary Ferrier* Director of Clinical Services
Mr Matthew Wright* Contract Manager

* Ex officio members





OUR SERVICES

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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

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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

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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.

joondaluphealthcampus.com.au