



● Joondalup Health Campus



● Annual Report 2001

**The things we believe. The way we work.**

Our fundamental purpose is to keep people well or, if they are sick, to care for them, and improve the quality of their lives and their health as much as possible.

Our focus is on supporting the relationships between patients and medical professionals, with specialised services which enhance the quality of care and patient health outcomes.

We recognise that advanced medical and information technologies provide the opportunity to transform the present shape of the world's health care systems.

To that end, we aim to become leaders in Australia, and internationally, in the use of innovative applications to improve the quality of outcomes for patients and the medical profession.

**Freedom of choice.**

Patients will continue to choose their own doctors and specialists, just as doctors and specialists will decide when to use Mayne Health services. An important part of our role will be to provide relevant information which assists in making these choices.

**Co-ordinated care.**

We are developing improved documentation standards and communication links which will enable consolidation of patients' records, making rehabilitation and future consultations more informed, and allowing analysis of treatment protocols.

**Research and harnessing knowledge.**

Research into the nature, cause and treatment of illnesses is being conducted at an unprecedented rate. A worldwide challenge is to bring the findings swiftly and simply to medical professionals. Mayne Health is dedicated to this task, thereby enhancing the daily process of diagnosis, treatment and care.

**Specialisation.**

We will continue to work with the medical profession to develop diagnostic and treatment facilities which qualify as Centres of Excellence in their specialist fields.

Diagnostic Imaging and Pathology are at the heart of the essential services we provide to doctors and their patients. The profession's confidence in the speed, accuracy and reliability of the tests we conduct is our primary goal.

**Remote health care.**

We place a high priority on the further development of systems that will make long distance diagnosis and treatment more readily available and reliable.

**Promoting "wellness".**

Mayne Health is committed to promoting wellness. As the leading provider of wellness programs in the workplace, we believe it is important to provide information and practical guidance which will help people become healthy and stay healthy.

**Ethics and confidentiality.**

We will not compromise the confidentiality of patient information or the doctor/patient relationship. We commit ourselves to the ethical practices which bind the medical profession.

**Accountability.**

Mayne Health has established a National Medical Advisory Committee whose members are drawn from experience and respected medical practitioners, researchers and health administrators across Australia. The committee will regularly review this Charter and report to management.

We expect that this Charter will develop over time and will present a continuing opportunity for public and professional input and comment.

# Contents

About Joondalup Health Campus	2	Quality	8
Regional Director's Report	3	Operational Report	10
Director of Nursing's Report	4	Clinical Indicators	15
Activities and Services	5	Staff Viewpoints	19
Community Board of Advice	6	Medical staff	21
Medical Advisory Committee	7	Donations	23



## 2 About Joondalup Health Campus

### History

The privately operated Joondalup Health Campus provides a full range of hospital and health services for both public and private patients. It was established in June 1996 when the Western Australian Government appointed Australia's biggest private health care provider, Health Care of Australia (now Mayne Health), to operate the old Wanneroo public hospital and transform it into a modern health campus.

The project involved the construction of a new private hospital and accident and emergency department, refurbishing and extending the public hospital and providing many new services.

Joondalup Health Campus was completed ahead of time and on budget, and officially opened in March 1998.

### Contractual Obligations

Mayne Health holds a 20-year contract to provide a range of public services on JHC on behalf of the Government. The contractual agreement with the Health Department of Western Australia specifies a maximum operating budget and the required levels of activity for services to public patients.

The agreement also sets objective standards for the provision of high quality health care and provides significant penalties for the operator if standards are not met.



### Public or Private – Your Choice

Joondalup Health Campus is now in its fourth year of full operation. It is a 365-bed facility providing high quality health care to the rapidly growing population of Perth's northern suburbs.

Patients can receive their choice of specialist private health care close to home at Joondalup Private Hospital, a major acute care facility. This assures patients of the doctor of their choice, accommodation in a single, double or deluxe room, no waiting time and 24-hour on-site doctor cover. Its proximity to high level services, such as intensive care and neonatal intensive care, provides additional assurance.



# Regional Manager's Report



Arthur Smith

Joondalup Health Campus (JHC) strives for excellence in patient care and services, and in meeting the needs of the community.

JHC offers a wide range of acute specialist medical and surgical speciality services as well as complementary sub-acute care to both public and private patients in the communities we serve.

A total of 30,026 patients were admitted to JHC during the year, an increase of 5.72% on the previous year. The average length of stay per patient was 3.1 days. Demand for emergency, intensive care and critical care services continued to increase, highlighting the important role JHC plays in the provision of services to Perth's northern suburbs.

There were significant achievements at JHC during the year, and key developments included:

- The appointment of experienced orthopaedic specialists
- The commencement of IVF services
- The appointment of a new oncologist
- Reduction of Central Wait List
- Further strengthening of links with Sir Charles Gairdner Hospital
- Purchase of state-of-the-art theatre equipment.

Our commitment to a process of continual improvement has seen the recruitment of a number of highly skilled staff and internal promotions to strengthen the capability of JHC in many areas. Key appointments were:

- Freedom of Information Officer
- Regional Environmental Services Manager
- Four Clinical Nurse Managers
- Medical Liaison Officers
- Patient Liaison Manager.

These appointments, together with the untiring efforts of all our staff, contribute to ensuring JHC continues to deliver quality health care services.

Overall, JHC has continued to consolidate and improve services in response to the growing population in the area it serves.

JHC has a clear strategic direction and is working with the Health Department and our specialist medical staff to achieve mutual goals.

Mayne Health is dedicated to staff training and development to ensure JHC has the skills to meet all the challenges of a busy acute hospital. Training assistance, scholarships and graduate nurse placements are promoted by the Company and JHC has benefited from all these initiatives.

I extend my sincerest thanks to the staff, volunteers, Community Board of Advice, Committee Representatives, Heads of Departments, all medical staff and the Executive Team for their continued support during my time at JHC. Their exceptional loyalty and dedication to their work continues to set new standards in health care and ensures the long-term success of JHC.

Arthur Smith  
Regional Manager & Director of Hospital





## Director of Nursing's Report

*Robyn Sutherland*

My report highlights achievements in the nursing services and areas in which nurses have had a significant impact on service delivery during the year.

Following the success of the public pre-admission clinic in streamlining the admission process, clinical risk assessment and provision of patient education, the nursing staff in the private surgical department has established a pre-admission service for their patients. Under the direction of Sally Harris, Clinical Nurse Manager, Cassia Ward, and implementation of the clinic by Sonja Jennings, it is providing high satisfaction to patients, doctors and nursing staff. Patient outcomes are improved and patient expectations met as they come into hospital fully informed about their planned treatment and stay. Over the coming year, this service will be further expanded.

In line with these initiatives, the development of clinical pathways has increased with 25 pathways documented and another 13 in the process of being developed. These have been implemented with educational support for documentation and use of the pathways. The clinical pathways developed cover many of the specialty areas and are used in conjunction with care outcome plans for unplanned admissions. Lyn McArthur and Lee Jones have been integral in the development and implementation of these tools within JHC.

The graduate nurse program continues at JHC with 19 graduates working within the facility. It has been extended to provide a second year specialty program for those wanting placements in theatres, critical care and emergency.

The Emergency Department postgraduate program, in collaboration with Sir Charles Gairdner Hospital, is now in its second year. Students undertaking the course enjoy working at both sites and are valued for their enthusiasm and team effort.

All nursing staff at JHC have access to both internal and external clinical learning opportunities. This year the clinical competency program was strengthened with a national approach to competency development. 95 per cent of external study leave applications have been approved, and internal education programs have been well attended.

To complement our clinical education programs, a clinical nurse professional development study day was undertaken for the first time in May. This was well received by staff and more programs are planned.

Recruitment and retention has been a keen focus for all nurses at JHC. A working party was established with interested nurses from all wards and departments and a number of initiatives were driven from this group, including a highly successful information evening for nurses. From this, a skills update program was established for registered nurses keen to return to acute hospital nursing. Both an EN and RN program were run, with placements provided after completion of the course. Nurses who undertook the course complimented the ward staff on their friendly and supportive roles during this time.

The Vacation Care Program was another new hospital initiative and many nursing staff are now using it. The on-site program provides security for staff wanting to work during school holidays, with places extending as the program continues.

The introduction of a Clinical Nurse Consultant role on night duty has been highly successful. These highly experienced nurses with their high-level problem solving ability and clinical resource and education provide a valuable asset to the team.

It has been a rewarding year with so many new initiatives being undertaken and developed.

The national office is undertaking many more projects, particularly in the areas of education, learning and development and projects to enhance life at work. It is going to be a very exciting time ahead.

Finally, I would like to thank the nursing team for a strong year. While it has been challenging, the commitment to high standards of care has been recognised by patients and their families, by verbal or written feedback. I believe we have a very strong base to continue further growth and to promote nursing at JHC as a professional, caring and innovative team.

JHC is committed to quality care and provides a comprehensive range of services approaching the level of a teaching hospital. These include:

- 365 beds
- 10-bed Intensive Care/Coronary Care Unit
- Emergency Department (approx 40,000 attendances per annum)
- dedicated Paediatric Ward
- purpose-built Mental Health Unit, including secure accommodation
- dedicated Day Surgery and Endoscopy Unit
- purpose built Restorative and Day Therapy Unit
- Day Oncology/Chemotherapy Service
- Operating Suite comprising seven theatres, dedicated central sterile supply unit and 12 bay recovery ward
- Satellite Renal Dialysis service
- Neonatal Intensive Care Level II nursery
- full range of Allied Health services including:
  - Physiotherapy
  - Occupational Therapy
  - Dietetics
  - Speech Pathology
  - Social work
- Gymnasium
- Hydrotherapy pool
- Clinical library
- On-site 24 hour Medical Imaging (Radiology) service
- Nuclear Medicine
- Pharmacy
- On-site 24 hour pathology laboratory service
- Pastoral care.



## Medical and Surgical Specialties

- Anaesthetics
- Cardiology
- Emergency Medicine
- Gastroenterology
- General Medicine
- General Practice
- Geriatrics/Rehabilitation
- Infectious Diseases
- Intensive Care
- Neurology
- Obstetrics
- Oncology
- Paediatric Medicine
- Palliative Care
- Psychiatry
- Renal
- Respiratory
- Rheumatology
- Dental
- Ear, Nose & Throat
- Facio-maxillary
- General Surgery
- Gynaecology
- Neurosurgery
- Ophthalmology
- Orthopaedics
- Paediatric Surgery
- Plastic & Reconstructive Surgery
- Urology
- Vascular
- IVF



## Community Board of Advice



*Professor Tony House*

The Community Board of Advice is an independent advisory group that ensures the community's needs and expectations are considered in JHC's day to day activities. The Board represents community groups and the health profession and meets regularly to provide advice to the JHC.

Members of the Community Board of Advice at 30 June 2001:

**Professor Tony House**

*Chairman*

**Neville Lane**

*Health Consumers Council*

**Gerry Doyle**

*Coordinator, Pastoral Care*

**Ray Foster**

*NorthWest Metro Business Association*

**Penny Brown**

*Health Department of WA*

**Lyn James**

*Wanneroo Lions Club*

**Louise McNamara**

*Councillor, City of Wanneroo*

**Ian Goodenough**

*Councillor, City of Wanneroo (May 2001)*



**Andrew Patterson**

*Councillor, City of Joondalup (May 2001)*

**Don Carlos**

*Councillor, City of Joondalup (May 2001)*

**Dr Barry Vieira**

*Medical Advisory Committee Chairman*

**Arthur Smith**

*Regional Manager*

**Kempton Cowan**

*Deputy Hospital Director*

**Robyn Sutherland**

*Director of Nursing*

**Liz Prime**

*Deputy Director of Nursing*







## Medical Advisory Committee

*Dr Barry Vieira*

Members of the Medical Advisory Committee at 30 June 2001:

**Dr Barry Vieira, Chairman**

*Restorative & Aged Care*

**Dr Brad Power, Deputy Chairman**

*Intensive Care*

**Mr Patrick Briggs**

*Surgical Sub Specialties*

**Mr Tony Geddes**

*Orthopaedics*

**Dr David Cruse**

*Emergency*

**Mr James Aitken**

*General Surgery*

**Professor Joseph Hung**

*Cardiology*

**Dr Stuart Inglis**

*Anaesthetics*

**Dr Rama Naidoo**

*Paediatrics*

**Dr Mike Oehlers**

*General Practice*

**Dr Martin Phillips**

*Respiratory Medicine*

**Dr Gordon Rich**

*Diagnostics*

**Dr Paul Skerritt**

*Psychiatry*

**Dr Kah Lim Tay**

*Obstetrics & Gynaecology*

**Mr Rob Thomas**

*Urology*

**Dr James Williamson**

*General Medicine*

## Clinical Review Committee

The Clinical Review Committee operates under the Health Services Quality Improvement Act and monitors and evaluates organisational-wide clinical outcomes. Members of the committee represent the various speciality departments of JHC.

Activities undertaken by the committee for the year June 2000 – 2001 include review of seven clinical cases, review of length of stay, morbidity and mortality, unplanned readmissions and patient transfers for the reporting period.

In addition, the Committee reviews activity undertaken by the Blood Transfusion Committee, Trauma Committee, Theatre Management Committee and Infection Control Committee.

Outcomes of the Clinical Review process included:

- review of the role and admission requirements for HDU
- review of clinical review processes and reports to HOD/MAC
- review of medical imaging processes after hours
- review of coronial findings (2 cases).

Members of the Clinical Review Committee at 30 June 2001:

**Dr Stuart Inglis, Chairman**

*Anaesthetics*

**Dr Vince Chapple**

*Obstetrics & Gynaecology*

**Dr Philip Cooke**

*Cardiology*

**Dr David Cruse**

*Emergency*

**Dr Ian Gollow**

*Paediatrics*

**Dr Jake Harper**

*Geriatrics*

**Mr Soo Tee Lim**

*Orthopaedic Surgery*

**Dr Grant Luxton**

*Medicine*

**Dr Mark McAndrew**

*Psychiatry*

**Dr Agatha Van der Schaaf**

*Diagnostics*

**Dr Farid Tabatabai**

*General Practice*

**Mr James Aitken**

*General Surgery*



JHC is accredited by the Australian Council for Healthcare Standards (ACHS) whose Evaluation and Quality Improvement Program (EQulP) is designed to assist health care organisations to strive for excellence in patient care and services. In November 2000 a team from the ACHS spent two days assessing the quality activities of JHC.

The team reported that a commitment to improving performance from all categories was evident throughout JHC, and the quality coordinator provided ongoing education and support.

The survey team said it was satisfied that the JHC, while constrained by the current internal and external health service environment, had progressed its performance improvement activities since its last survey. JHC was continuing its efforts to demonstrate that the EQulP principles were integrated in its practices in support of safe, quality care for patients.

A culture of continuous quality improvement is monitored through the Quality Steering Committee and Quality Action Group. Each department contributes to an annual Quality Planner, which ensures regular monitoring and continuous improvement is achieved. Project teams have been established to regularly evaluate and monitor quality activities.

All staff are encouraged to contribute to continuous improvement, either by email or by submitting a written suggestion. Recognition is fed back to the staff monthly and selections of improvement ideas are posted onto the staff dining room notice board. Newsletters have been introduced to provide feedback, recognition and up-to-date information for all staff.

In May 2002 the ACHS will carry out an organisation-wide survey. JHC strives for a culture of continuous improvement, and the strategies used to achieve this are:

- a Quality Steering Committee, comprising speciality area managers
- a Quality Action Group, comprising representatives across the units
- regular orientation and education sessions
- external and internal surveys
- consumer involvement.

In June 2001 JHC was proud to nominate the following areas for the ACHS Quality Improvement Awards.

- Mental Health Unit – Perinatal Psychological Screening Service
- Obstetrics & Gynaecology – Baby Friendly Hospital Initiative
- Theatre /CSSD – Sterilised Items Tracking System.

In another key quality initiative a dedicated Patient Liaison Manager, Margaret Pickering, was appointed. This role supports all hospital staff in proactively dealing with issues as they arise, ensuring continuous improvement outcomes. The resolution of patients' complaints while they are still in hospital is well recognised as an efficient method of complaints management.

Additionally, a Clinical Risk Manager, Karen Darmody, was appointed to review all clinical and patient incidents and ensure corrective action where appropriate.

The Managers work together providing staff support and training. All incidents and complaints are trended and formal reporting mechanisms are in place to ensure the Executive and relevant Clinical Committees are aware of all aspects of the cases.



*On 6 June, 2001 Susan Ward, Service Improvement Manager for Joondalup Health Campus, became one of the first WA graduates to achieve Associate Fellow Status to the Australian Association on Quality Health Care (AAQHC).*

*The Acting Commissioner of Health, Professor Bryant Stokes, is pictured presenting Susan with the award at a ceremony earlier this year.*

## Accreditations and Associations

**JHC is accredited for medical training by:**

- Australasian College of Emergency Medicine
- Royal Australian College of General Practitioners
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Australasian College of Physicians
- Australasian College of Physicians (Paediatrics)
- Royal Australian and New Zealand College of Psychiatrists
- Australian and New Zealand College of Anaesthetists.

### Doctor training and education linkages

- Sir Charles Gairdner Hospital
- Royal Perth Hospital
- Princess Margaret Hospital for Children
- King Edward Memorial Hospital.

### Nursing training and linkages

- Edith Cowan University
- Curtin University
- Glasgow Caledonian University.

### Allied Health associations

- Speech Pathology – Speech Pathology Australia
- Social Work – Australian Association of social workers (AASW)
- Dietetics – Dietetics Association Australia
- Physiotherapy – Australian Physiotherapy Association.

### Quality associations

- Australian Association on Quality Health Care
- Australian Council on Health Care Standards.

## Quality Improvement

### Snapshots

#### Continuum of Care

Appointed – Patient Liaison Manager, Clinical Risk Manager and Night Duty Clinical Nurse Consultants

Implemented – patient feed back cards.

### Leadership & Management

Introduced – new Mayne Health Vision and Mayne Health 'Connect' magazine

Implemented – Team Effectiveness Program, Clinical Nurse professional development study day.

### Human Resource Management

Implemented: Retention and Recruitment Working Party, on-site Vacation Child Care

Appointed: Ward based clinical education nurses.

### Information Management

Appointed: Freedom of Information Officer, Interpreter Services (information in all areas), on-site Multicultural Access Contact Officer.

### Safe Practice & Environment

Implemented: Single needle-free system

Introduced: Monthly Infection Control "A Bug's Life" newsletter, reusable sharps containers.

### Improving Performance

Bi-monthly meeting of Service Improvement Associates, monthly EQUiP education sessions, introduction of OFI/Business Folders

Implemented/Introduced: ACHS Standards project team, EQUiP newsletter.

### Patient Satisfaction

Patient feedback is gained through a number of mechanisms including patient satisfaction surveys, patient feedback cards and individual unit departmental surveys.

Press, Ganey Associates, one of the leading health care survey research firms, continue to formally survey Campus patients and provide nationally benchmarked research. After each report results are interpreted, reviewed and quality improvement action plans implemented to address any outstanding issues.

More patient feedback is encouraged during JHC stay with patients encouraged to complete patient feedback cards. Last year these indicated a high satisfaction rate in patient care and services. Where improvement suggestions are made, these are followed up within 24 hours to ensure feedback to staff and patient, if required, in a timely manner. Feedback reports are made available to the staff, and compilation of all feedback is supplemented by specific surveys to address patient issues as required.



## Emergency Services

The year presented some significant challenges for the Emergency Department. While the number of attendances fell slightly compared to the previous year, the admission rate increased by 11%. This reflects a higher level of acuity and complexity of presentations.

Triage Category	99/00	00/01
Triage 1 (Urgent)	172	174
Triage 2	2622	2672
Triage 3	12,801	13,069
Triage 4	22,475	21,379
Triage 5	1,756	1,336
<b>Total</b>	<b>39,931</b>	<b>38,630</b>

Hospital admissions from the Emergency Department increased from 8,876 to 9905. There were 9572 paediatric presentations for the year, of which 1672 were admitted to JHC.

Emergency Department staff remained involved in the activities of St John Ambulance, the local Emergency Management Action Committee, the State Disaster Planning Committee and the State Trauma Advisory Committee. There is an active continuing education program in place covering both adult and paediatric aspects of Emergency Medicine. Dr Trevor Jackson, a member of the consultant staff, is responsible for this program as Director of Emergency Medicine Training.

The Emergency Department is supported by an onsite GP After Hours Clinic.

Highlights of the year include Dr Elly Marillier successfully completing her specialist examination in Emergency Medicine, receiving the silver plate for the highest mark in Australasia. She joins Dr Simon Wood, a member of the consultant staff, in having achieved this honour.

Dr Ian Everitt, who holds dual specialist qualifications in Emergency Medicine and Paediatrics, joined the consultant staff. Dr Everitt is one of five specialists in Australasia with qualifications in both specialities and is an asset to the department with its high paediatric workload. He plays an integral role in teaching paediatrics to both medical and nursing staff.

The year has seen a strengthening of the training relationship with Sir Charles Gairdner Hospital (SCGH). It is anticipated that in 2002 half the registrar positions will be on secondment from SCGH.

Nursing practice has been enhanced by a comprehensive orientation and development program in Emergency Nursing, made possible by the addition to the staff of a Nurse Educator, experienced in both Emergency and Paediatric Nursing, and two Staff Development nurses. In addition, three permanent positions have been established with the Emergency Nursing Course at Sir Charles Gairdner Hospital. A number of staff this year successfully completed the Trauma Nursing Core Course, Emergency Nursing Paediatric Course or Advanced Paediatric Life Support courses.

Staff have the opportunity to rotate to Intensive Care at Joondalup and to exchange with staff at Princess Margaret Hospital for Children. Significant benefits are evident as a result of their dedication to maintaining and updating nursing skills.

## Critical Care Unit

The Critical Care Unit continues to provide a high level of support for Intensive Care and Coronary Care patients. Specialist ICU services provided encompass sophisticated haemodynamic monitoring (including cardiac output measurement), long term mechanical ventilation, nitric oxide administration and haemodiafiltration.

Coronary Care patient numbers increased by more than 12 per cent during the year. Specialist CCU services provided include haemodynamic monitoring, thrombolysis of acute myocardial infarction, cardioversion and transvenous pacing.

Admission Numbers		
	99/00	00/01
ICU	273	270
CCU	726	817
<b>Total</b>	<b>999</b>	<b>1,087</b>

The unit provides important training opportunities for ICU residents and anaesthetic registrars. Both the intensive care specialists and the cardiologists provide ward and Emergency Department consultative services.

The education needs of the Critical Care nursing staff were enhanced by the creation of a part-time Staff Development position. As a result an Introduction to Critical Care Course was held, Advanced Perspectives in Critical Care sessions conducted and a journal club developed. The Staff Development position has been better able to facilitate a greater influx of Graduate Nurses, Emergency Nursing Course students and undergraduate nurses from both Curtin and Edith Cowan Universities. It is also planned to second two nurses from JHC to complete their Critical Care Certificate at Sir Charles Gairdner Hospital, commencing February 2002.

Nursing staff have the opportunity to obtain additional critical care skills and experience by rotating through JHC's Emergency Department and the Mount Hospital's Intensive Care Unit. Many nurses have completed their Advanced Cardiac Life Support course conducted in conjunction with the Emergency Department at JHC.

The education needs of coronary care patients were addressed by increasing the number and scope of hours of the Cardiac Rehabilitation Nurse. A weekday cardiac rehabilitation service is provided for all cardiology patients throughout JHC.

## Surgical and Theatre Services

There were 9,656 operations for the year, 506 more than last year. Linked to the busy Emergency Department, the theatres were busy after hours with numerous operations completed at night and on weekends.

Two additional Orthopaedic Surgeons were credentialled which has contributed to the increase in orthopaedic volumes. Further development of the clinical pathway has enabled the provision of a coordinated approach to patient care planning across the episode of care. Outcome data is now available for analysis and continuous improvement.

## Obstetrics and Gynaecology

There were 1570 births during the year, a reduction of 151 from last year. The special care nursery had a corresponding drop in occupancy of 23% to 51%, a total of 1497 bed days.

## Renal Services

The renal unit recorded 5 613 attendances during the year compared with 4 981 the previous year, an increase of almost 13%.

## Oncology Services

The recruitment of a new Oncologist in February 2001 has resulted in a gradual increase in attendances to the Day Chemotherapy Unit from 353 for the first six months (from July 2000 to December 2000) to 479 in the following six months.

The Day Chemotherapy service operates five days a week and is complemented by two Consultation Clinics each week.

## Paediatrics

Paediatric unit bed days for the year totalled 3281, with 30 transfers made to Princess Margaret Hospital.

There was an increase in the public paediatric contract waiting list work performed at JHC, which helped to reduce

the State paediatric surgery waiting time.

A clinical pathway for paediatric ENT surgery was developed and is being implemented. A new handout has been designed for parents of infants with gastro-oesophageal reflux. Pamphlets for parents are an important way to ensure increased knowledge and promote ongoing care at home, and are always popular.

The paediatric ward participated in the State Education Department's Book Week through its links with Radio Lollipop at Princess Margaret Hospital. Children's authors came to the ward and read stories, which was well received by the children.

Other visitors to the Unit during the year were the then Carlton Football Club assistant coach and now West Coast Eagles Coach, John Worsfold, and Carlton forward Trent Hotton, in Perth for round 1 of the AFL premiership season. Carlton fans were delighted at the opportunity to meet the members of their team and receive some of the club's merchandise.

The Unit hosts children from the local schools at certain times of the year to increase their knowledge about JHC in case they need to come here.

A parent information board has been introduced featuring current topics and issues relating to paediatrics, and will be updated on a monthly basis.

## Mental Health Services

The Mental Health Unit of JHC is an authorised hospital under the Mental Health Act (1996). The unit provides acute and sub-acute psychiatry services to public and private inpatients and psychiatry support and a 24 hour mental health triage service to the whole campus.

The unit has capacity to use 20 beds per day for public patients and has been able to meet its contractual obligations to the HDWA while increasing the usage of available private beds.

Highlights of the 2000/2001-year include:

- continuation of 24 hour mental health triage service into the Emergency Department which has streamlined assessment, admission or transfer processes
- enhancement of the Consultation Liaison Psychiatry Team by the appointment of a 0.6FTE Clinical Nurse
- more effective methods of communication with the community mental health services have improved the quality of joint discharge planning
- changes to communications with local general practitioners in an effort to increase their involvement in the care of their mentally ill patients.

As part of unit based core competency education and in recognition of Occupational Safety and Health issues, the Control and Aggression Restraint Education (CARE) program has been refined and continues to include participants from other departments in training activities.



The Australian Institute of Criminology has given the CARE program national recognition by awarding it the WA "Violence reduction in the Workplace" program for 2000. As a result, JHC has had enquiries about its program from other States.

The perinatal mental health service continues to grow in scope of service delivery, with a significant increase in the number of occasions of service to public antenatal patients. The number of referrals from private obstetric consultants for nursing and medical support also increased.

The perinatal mental health Clinical Nurse Consultant provided considerable educational input into the staff development of midwives, which helped to avoid admissions to the Mental Health Unit for post-partum patients.

## Allied Health Services

### Occupational Therapy

The Occupational Therapy department continues to be busy in all areas of practice across the four Mayne hospital sites. The challenge is to accommodate the therapy needs of all sites and the professional support needs of occupational therapy staff. This has led to a revised approach to recruitment and staff rotations. The department now functions as a flexible group of nine people covering all hospitals.

Aged care and rehabilitation continues to be the major component of the work across all sites. The department looks forward to the development of more health/safety maintenance programs (eg: falls prevention) in this field in the next 12 months.

The demand for hand rehabilitation services (public and private) has escalated markedly with ~1.3 FTE now dedicated to the area. A clinical specialist role in hand rehabilitation has been established, undertaken by Caroline Giumelli. Both therapists involved

in the hand rehabilitation service have been invited to join the Australian Hand Therapy Association in recognition of their clinical interest and skills. The department would like to acknowledge the support of Barbara Hall (Occupational Therapist, Sir Charles Gairdner Hospital) for her continued support and mentorship.

The ward-based medical and surgical services responded to the increased number of admissions and the challenge was to facilitate safe discharges for a large volume of patients, including difficult multi-trauma cases. OT is trialing an expansion of pre-admission screening services to incorporate spinal surgery in addition to elective hip and knee surgeries.

**Physiotherapy** – the Physiotherapy Department staff of 16 qualified physiotherapists and two physiotherapy assistants continued to provide therapy services over a seven-day week to all clinical areas of JHC.

The weekend service provided essential treatment for high acuity patients and continuity of treatment for orthopaedic cases on a clinical pathway requiring physiotherapy intervention on a daily basis

Outpatient physiotherapy services were provided to both private and public patients of JHC over a five-day week.

A total of 10,753 outpatient attendances and 29,603 inpatient occasions of service were provided throughout the year.

A growing interest in the therapeutic use of hydrotherapy saw an increase in the utilisation of the hydrotherapy pool for the rehabilitation of inpatients, and additional classes offered to antenatal and postnatal clients, arthritis sufferers and Day Therapy patients.

The unit gained accreditation through the Australian Physiotherapy Association's Practice Accreditation Program in January

2000, and the staff have continued to work enthusiastically to maintain all professional standards and deliver the highest quality physiotherapy care.

### Speech Pathology

The Speech Pathology Department developed considerably during the year, with occasions of service increasing to 3627 compared to 3390 in the previous year.

The service expanded to include all four Mayne hospital sites with a majority of the caseload in the areas of aged care and rehabilitation and acute medical cases. There was also an increase in complex ENT surgery such as laryngectomy which requires specialty speech pathology skills.

Private outpatient services were introduced to JHC and Mount Hospital, predominantly ENT, paediatric and rehabilitation.

A videofluoroscopy service was established at Mount Hospital and JHC to assist in diagnosing and managing swallowing difficulties. This is a consultative service available to other community clinicians.

### Dietetics Service

The Dietetics Service reflected JHC admission trend throughout the year, with no significant increase compared with the previous year. However, a breakdown of service interventions showed an increase in the complexity of the cases seen.

Among the key achievements during the year was establishing an outpatient nutritionals supply program in collaboration with Nightingale's Chemist, integral to the patients' discharge planning.

The year saw increased collaboration with the Renal Satellite Unit in terms of direct dietetic services and food service consultation.

Another initiative was a formal evaluation of the nutritional needs of patients, performed by a Curtin University postgraduate student under the auspices of the Dietetics Service.

## Restorative and Aged Care Services

### Day Therapy Unit

Attendances during the year, including therapy services - physiotherapy, speech therapy and occupational therapy- totalled 4379, a slight decrease (just over 1.4 per cent) compared with the previous year.

Group attendances were held during the year for Parkinson's sufferers, stroke victims, physiotherapy balance groups and hydrotherapy.

A Memory Evaluation Clinic began on a weekly basis with Geoff Roberts acting as Clinical Psychologist.

A television and music system was purchased for the Day Therapy waiting room for patients and carers.

### Restorative Unit

The Restorative Unit presents as a very pleasant environment with 25 beds plus an independent flat. The process of admission is by a referral system from within JHC, Emergency Department and the community for both private and public patients.

During the year there were 401 separations. Bed days totalled 8,951 and the average length of stay was 22.32 days.

The success of the Restorative Unit is due to experience and dedication of the medical, nursing and Allied Health staff and ancillary services working together to provide the best opportunities for rehabilitation and integration of patients back into the community.

In-service education, increase in staff development hours and a commitment to aged care has played a big role in staff recruitment and retention. Most staff are involved in committees and are pro-active in planning for the next financial year.

## Acute Home Services

During the year JHC provided a continuum of care to 440 public and private patients who would normally have received care in an acute hospital setting at JHC or Glengarry Hospital. Patients referred to the service received pre- and post-surgical management, stomal therapy and continence management, DVT (deep vein thrombosis) management, wound care and IV antibiotics.

The benefits of home care include:

- continuity of care in a comfortable home environment surrounded by family and friends
- providing patients with access to health and lifestyle decisions and an opportunity to make choices
- lowered risk of infection
- enabling patients to return home earlier while having nurses on call 24 hours a day
- minimising disruption to lifestyle patterns
- a less traumatic transition to home.

## Pastoral Care

Mayne Health's commitment to the overall wellbeing of patients is reflected in the provision of a 24-hour Pastoral Care Service. Highly trained and dedicated staff provide support and counselling in situations of accident, trauma, loss, grief and lifestyle adjustment.



## Risk Management and Occupational Health and Safety

Workers compensation claims costs for the year continued to be low at 0.4 per cent of total labour costs, the same as the cost for 1999/2000 and evidence of a safe environment.

During the year there were 259 reported staff accidents/ incidents, an increase of 12% over last financial year. However, there were only 23 Lost Time Injuries (LTIs) and a 31% reduction in LTI claims. The increase in reported incidents/ accidents is a result of an increased focus on reporting incidents/ accidents, particularly biohazard exposures. This has provided supporting evidence for the implementation of a needle-free IV system, due to be rolled out in the 2001/2002 period.

There was continued focus on the safe handling of patients and safe manual handling, which account for 80% of workers compensation claims costs.

Manual handling is a core competency requirement at JHC and a comprehensive training program is in place. Key trainers have been trained for each area in JHC and provide ongoing support to staff and assistance during the core competency evaluations.

The manual handling program continues to develop and a "no lift" program is due to be implemented in the next financial year. This should assist in reducing the number of manual handling injuries and subsequent LTIs.

Other areas being addressed include a refocus on injury management program, strategies to further address violence in the workplace and a review of equipment requirements.

The Occupational Safety and Health Committee meets monthly to address new issues and develop long-term projects to ensure a safe environment for both staff and patients.



## Training and Education

The Education Department of JHC provides training and development to maximise learning opportunities and assist clinical and non-clinical staff with professional development for. This year's initiatives include:

### Internal Training and Education

- Successful restructure of the Education Department to bring education back to the bedside
- Employment-specific education staff for Accident and Emergency Department to address specific needs
- Core Competency Training for clinical and non-clinical staff scheduled twice a month
- Advanced life support training program began for Critical Care areas, and a similar intermediate program began for wards staff
- Clinical Development Nurses appointed to assist in a national Mayne Health Clinical Services and Quality Unit aimed at standardising the approach to education throughout the company
- Bi-monthly multicultural liaison meetings to provide information on specific care in a health care setting
- Improvements to the Joondalup and Glengarry Graduate Nurse Program with second year specialty option. Mid-year Graduate Nurse intake began in July 2000
- Participation in scholarship program to provide employment and support for two third-year nursing students
- Participation in Orientation Program review
- JHC instrumental in the creation of the Mayne National Library service
- Appointment of Clinical Nurse Consultants to cover all night duty shifts to act as resource and provide education
- Clinical Nurse Professional Development program conducted to assist in ongoing development
- Clinical Skills update course conducted

for registered nurses and enrolled nurses in the community, to assist recruitment to JHC.

### External Training and Education

- JHC strengthened links with Edith Cowan, Curtin, South Australian and Northern Territory universities by providing short-term clinical placements for undergraduate nurses
- Continued strong relationships with schools in the community by providing work experience opportunities throughout JHC
- Staff encouraged to attend relevant external education to improve skills and knowledge in specific areas
- 95 per cent of all External Study Leave requests approved.

## Multicultural Access

A strong multicultural program is in place at JHC through Belinda Goodrum, the Multicultural Access Coordinator. To support this role a liaison group made up of 15 representatives from various departments meets twice monthly.

All members receive regular information and articles, which are then made available in the various wards/departments in multicultural resource files.

JHC has approximately 34 bilingual staff and provides them with clear guidelines on their roles and responsibilities. Orientation sessions inform all new staff of JHC's commitment to cultural awareness and delivery of culturally and linguistically appropriate care. This involves discussion of language services, policy and details of the translating and interpreter services. Resident Medical Officers specifically are provided during orientation with education on the legal aspects of using interpreters.



**Joondalup Health Campus continues to grow significantly and service the community in all areas of health care.**

The table below highlights the breakdown in admissions and patient days for the 2000/2001 financial year, and compares it directly with the previous financial year.

### ADMISSIONS AND PATIENT DAYS

	Admissions			Patient Days		
	1999/2000	2000/2001	Increase %	1999/2000	2000/2001	Increase %
Medical	7063	7183	1.67%	30597	30004	-1.94%
Surgical	4321	4301	-0.46%	17447	17787	1.91%
Paediatrics	1157	1929	40.02%	2220	3935	43.58%
Baby Qualified	422	311	-26.30%	2379	1602	-32.66%
Obstetric	2184	1577	-27.79%	7158	5688	-20.54%
Palliative	73	37	-49.32%	602	445	-26.08%
Psychiatric	547	601	8.99%	8302	8578	3.22%
Restorative	428	444	3.60%	8671	11459	24.33%
Day Only	5445	8030	32.19%	5448	8036	32.21%
Renal	4991	5613	11.08%	4991	5613	11.08%
<b>TOTAL</b>	<b>26631</b>	<b>30026</b>	<b>11.31%</b>	<b>87815</b>	<b>93147</b>	<b>5.72%</b>

The following table compares 2000/2001 patient days by ward with those of 1999/2000 and illustrates the significant increase of service in each area.

### PATIENT DAYS BY WARD

	1999/2000	2000/2001	Increase %
Day Procedures / DOSA	4,043	5,293	23.62%
ICU / CCU	690	826	16.46%
Level 2 Nursery	1,533	1,044	-31.90%
Obstetrics and Gynaecology	12,313	7,478	-39.27%
Oncology	373	866	56.93%
Paediatrics	6,981	3,923	-43.80%
Private Nursery	914	737	-19.37%
Private Surgical / Medical	13,055	18,551	29.63%
Psychiatry	8,345	8,747	4.60%
Public Medical	13,674	15,082	9.34%
Public Nursery	4,215	3,968	-5.86%
Public Surgical	15,808	16,573	4.62%
Renal	4,991	5,599	10.86%
Restorative	9,256	8,158	11.87%
<b>TOTAL</b>	<b>96,191</b>	<b>96,845</b>	<b>0.68%</b>



The following table represents the top 20 public patient services, the frequency of the cases presenting, the average length of stay (ALOS) at JHC and the average length of stay at hospitals across the State.

Average length of stay (ALOS) at JHC tend to be shorter than the State average, partially due to the successful implementation of the Continuing Care Program which provides patients with a number of benefits associated with home care. JHC closely monitors its unplanned admission rate to ensure that patients are not being discharged home earlier than clinically acceptable

#### TOP 20 PATIENT SERVICES 2000-2001

RANK	CASES	DRG	DESCRIPTION	JHC	STATE
				ALOS	ALOS
1	845	674	Vaginal delivery without complicating diagnosis	2.74	2.68
2	800	332	Other gastroscopy for non-major digestive disease without complication	1.24	1.47
3	737	335	Other colonoscopy without complication	1.25	1.43
4	605	99	Lens procedures without vitrectomy and without complication	1.00	1.00
5	424	261	Chest pain	1.68	2.15
6	388	349	Oesophagitis, gastroenteritis and miscellaneous digestive disorders, age 10 to 74, without complication	1.91	2.59
7	370	843	Major affective disorders	11.48	7.52
8	355	421	Knee procedures	1.33	1.39
9	325	889	Poisoning / toxic effects of drugs, age < 60, without complication	1.19	1.31
10	323	187	Bronchitis and asthma, age < 50, without complication	1.93	2.16
11	319	347	Abdominal pain or mesenteric adenitis without complication	1.66	1.81
12	309	177	Chronic obstructive airways disease	8.02	7.75
13	305	579	Urinary stones without electro-shock wave lithotripsy	1.53	2.13
14	252	367	Cholecystectomy without common duct excision	2.85	3.38
15	252	686	Other antenatal admission with moderate or no complicating diagnosis	1.65	1.65
16	251	424	Local excision and removal of internal fixation devices, excluding hip and femur	1.81	2.03
17	246	941	Rehabilitation	23.03	19.19
18	231	484	Other skin, subcutaneous tissue and breast procedures	1.34	1.18
19	220	473	Fracture, sprain, strain and dislocation of forearm, hand, foot, age < 75, without complication	1.10	1.10
20	206	249	Circulatory disorders with acute myocardial infarction, without invasive cardiac investigative procedures, without major complication	4.81	5.53

DRGs (Diagnosis Related Groups) are a classification system that places episodes of treatment into groups that have similar levels of resource use and clinical features.

**CLINICAL INDICATORS - PUBLIC PATIENTS ONLY**

Indicator	Indicator	Numerator	Denominator	Total %	Threshold %
<b>ACHS Hospital Wide Medical Indicators</b>					
2.1	The percentage of patients with a LOS >= 7 days who develop post-operative pulmonary embolism	1	450	0.22%	0.2 - 0.8
3.1	The percentage of patients unexpectedly readmitted for the same or a related condition within 28 days of discharge	501	26,991	1.86%	2.4 – 4.8
5.1	The percentage of patients having evidence of a wound infection on or after the fifth post-operative day following clean surgery	22	408	5.39%	1.7 – 4.1
5.2	The percentage of patients having evidence of a wound infection on or after the fifth post-operative day following contaminated surgery	10	208	4.81%	3.5 - 7.9
5.3	The percentage of patients developing hospital acquired bacteraemia	5	7,767	0.06%	0.0 – 0.9
4.1	The percentage of unplanned returns to the operating room during the same admission	29	7,845	0.37%	0.8 – 1.2
<b>ACHS Anaesthetic Indicators</b>					
4.1	The percentage of unplanned admissions to ICU within 24 hours of a procedure	28	7,846	0.36%	NYE
<b>ACHS Internal Medicine Indicators</b>					
8.1	The percentage of acute asthma patients for whom there is documented objective assessment of severity on admission	85	89	95.51%	NYE
8.2	The percentage of acute asthma patients for whom there is documented further assessment of severity during the admission	84	89	94.38%	NYE
<b>ACHS Obstetrics &amp; Gynaecology Indicators</b>					
1.1	The percentage of induced patients who undergo induction of labour for other than defined indicators	58	541	10.72%	31.6 – 42.1
1.2	The percentage of patients delivering who undergo induction of labour for other than defined indicators	21	1,366	1.54%	10.0 – 13.7
2.1	The percentage of patients delivering vaginally following a previous primary caesarean section	14	98	14.29%	NYE
3.1	The percentage of patients undergoing primary caesarean section for failure to progress after a period of labour with cervical dilatation of 3cm or less	2	92	2.17%	NYE
3.2	The percentage of patients undergoing primary caesarean section for failure to progress after a period of labour with cervical dilatation of more than 3cm	39	92	42.39%	NYE
4.1	The percentage of delivering patients who undergo primary caesarean section for foetal distress	20	1,366	1.46%	2.4 – 3.0
4.2	The percentage of patients who undergo primary caesarean section for foetal distress	20	144	13.89%	16.5 – 22.3

**CLINICAL INDICATORS - PUBLIC PATIENTS ONLY (continued)**

Indicator	Indicator	Numerator	Denominator	Total %	Threshold %
6.1	The percentage of babies born with an APGAR score of 4 or below at 5 minutes post delivery	10	1,366	0.73%	1.0 – 1.7
6.2	The percentage of babies born with an APGAR score of 6 or below at 10 minutes post delivery	3	1,366	0.22%	NYE
7.1	The percentage of term babies transferred to a neonatal intensive care unit for reasons other than congenital anomaly	13	1,315	0.99%	1.6 – 3.3
9.1	The percentage of patients who had a blood transfusion post abdominal or vaginal hysterectomy	8	139	5.76%	NYE
<b>ACHS Day Procedure Indicators</b>					
1.1	The percentage of patients booked into the day procedure unit who fail to arrive	21	4,316	0.49%	NYE
3.1	The percentage of patients having an unplanned transfer directly from the day procedure unit following an operation/procedure to an overnight ward	52	4,351	1.20%	NYE
4.1	The percentage of patients who have an unplanned discharge delay from the day procedure unit	46	4,185	1.10%	NYE
<b>ACHS Emergency Medicine Indicators</b>					
1.1	The percentage of triage category 1 patients who are attended to immediately	173	174	99.43%	NYE
1.2	The percentage of triage category 2 patients who are attended to within 10 minutes	1,822	2,700	67.48%	NYE
1.3	The percentage of triage category 3 patients who are attended to within 30 minutes	7,639	13,091	58.35%	NYE
1.4	The percentage of triage category 4 patients who are attended to within 60 minutes	10,048	21,183	47.43%	NYE
1.5	The percentage of triage category 5 patients who are attended to within 120 minutes	1,105	1,296	85.26%	NYE
<b>ACHS Psychiatric Indicators</b>					
1.2	The percentage of mental health patients with a recorded diagnosis at separation	180	538	33.46%	NYE
7.1	The percentage of mental health patients unexpectedly readmitted for the same or a related condition within 28 days of discharge	31	538	5.76%	10



**Rex Diamond**  
*Hotel Services Attendant*

Collecting and disposing of all waste, including hazardous waste, is one of the most critical jobs at any hospital. Rex has done it since joining the old Wanneroo Hospital in 1987, seeing at first hand the huge changes involved in its transformation to the present-day JHC.

As one of a team of three, Rex says he derives satisfaction from the challenge of ensuring the continuous smooth operation of JHC, and especially the operating theatres.

"You have to know what you're doing so that nothing ends up in the wrong place," he said. "You never stop learning - you have to keep up to date with the latest developments. I love the job. I meet so many people, and I'm lucky that I get on with most of them."



**Shelley Gray**  
*Laundry Supervisor*

It's wash day every day at JHC. As Laundry Supervisor Shelley is in charge of the 27-strong team that sorts and loads the huge machines with about 3000kg of linen and makes up packs for use in theatres, clinics and wards. She is also responsible for linen maintenance and ordering, and relishes the job.

"I came to JHC from merchandising baby products, so this job is different to anything I have done before," Shelley said.

"The staff are caring people and we have lots of laughs. My main challenge is to have a happy staff and achieve the daily goal of running everything smoothly and delivering the linen correctly and on time."



**Karen McNamara**  
*Stomal Therapist/  
Wound Manager*

Karen is coordinator of Acute Care Home Services and responsible for the specialist area of wound management for public and private inpatients and those who prefer to recuperate at home. Her daily schedule includes six to eight home visits, seeing inpatients and providing wound management education and support for JHC medical staff.

"The main challenge is having the organisational skills to fit everything into the day," Karen said. "It's a matter of allocating the right priorities to the workload and giving the best possible service to patients."

"I liaise with doctors, consultants and staff on the wards, and am involved very closely with the patients."

"I love the job. It's satisfying and rewarding – I see very good results. I'm also learning all the time and receive good feedback from the patients."



**Lyn McArthur**  
*Special Projects*

Lyn's 20-year career in the private health sector has included various administrative and operational management roles. She is currently on secondment from her main role as Manager of the public medical/surgical ward to work on a major reconfiguring and restructuring project.

"The aim is better bed management by freeing up under-utilised beds and relocating and restructuring units so that all are specialty-specific," Lyn said. "We are also looking at all JHC's systems and processes to ensure timely and efficient throughput."

"This is done in consultation with the medical staff and the multi-disciplinary hospital team. It is cultural change, so we need to have a customer-focussed approach and be able to demonstrate improvement."



**Karen Glenn**  
*Lactation Consultant*

Karen is the first Lactation Consultant to be employed in a WA hospital. She was integral to JHC gaining accreditation two years ago as the State's only 'baby-friendly' hospital.

As well as providing support for public patients, Karen has run a private clinic at JHC for the past few years. Mothers experiencing breast-feeding problems are encouraged to come and spend a day at the clinic with their babies.

"Only five per cent of women are physically unable to breast-feed," Karen said. "It is important to provide them with the knowledge and resources to deal with problems."

"They can be referred or come on their own initiative, and the fee is fully rebatable. Of course, I am still available to public patients who come and see me or ring for advice. My goal is to maintain the national average of mothers who successfully breast-feed, currently 80 per cent."

Karen is the WA treasurer of the baby-friendly hospital initiative and represents WA on a national lactation committee.



**Des Smith**  
*Clinical Nurse*

Des (31) has worked at JHC for almost four years. He is currently a shift coordinator on the 46-bed private medical/surgical ward, a job that requires comprehensive knowledge of a wide range of medical conditions.

"You are the resource for the rest of the nursing staff so you have to try to be an expert in all fields," he said.

Des copes with the day-to-day demands and challenges with a personal philosophy of putting himself into the patient's position and treating everybody with respect.

He recently completed JHC's middle-level management program, a 12-month course covering all areas of management from recruiting staff to budgeting and customer service open to all Mayne Health staff.

"My goal is to be a manager and the course was an eye-opener – there was a lot to learn," Des said. "I'm now able to offer my manager more effective support."



### Chantelle Collins

*Graduate Nurse*

Chantelle (22) was accepted into the Mayne Health graduate program after gaining her nurse's degree from Edith Cowan University. The 12-month program entails rotating between JHC and Glengarry Hospital, after which nurses choose between the fields of mental health, theatre and paediatrics.

Chantelle wants to specialise in theatre nursing, and hopes to complete a second-year peri-operative graduate program to improve her experience and skills.

"I'm looking forward to working full-time in one position after the challenges of learning different roles and moving from one hospital to another," she said. "I am committed to a career with JHC, but also hope to spend some time travelling."



### Sue Coxon

*Clinical Nurse Manager*

Sue, an experienced aged care nurse, manages JHC's 26-bed Restorative Unit. She came to Joondalup after 19 years working at Shenton Park Rehabilitation Hospital, and says that one of the greatest challenges of her job is recruiting and maintaining suitable staff.

"Most young people don't see restorative care as a career option," said Sue. "The average age of the unit team at the moment is 46 years. The bonus is that they have the maturity and life skills to relate to the patients and cope with the demands of the job."

Sue is proud of her committed and supportive staff and encourages them to undertake regular professional development. She is concerned about the future of aged care in WA and is a member of a national Mayne Health committee looking at the prevention and managements of falls – a major reason for admission to hospital for patients of all ages, particularly the elderly.



### Dr David Cruse

*Director, Emergency Department*

The Emergency Department is a hospital's nerve centre, and staff are often under considerable pressure. A personal philosophy of empowerment has led Dr Cruse (37) to discover his passion for medicine and ability to empower and unite the ED team.

"The Department treated about 40,000 patients this year and demand is growing steadily at about five per cent a year," Dr Cruse said. "A team of 24 medical staff and about 40 nurses share the load."

"The main challenge is to really unite the team. We focus on patient outcomes, and are striving to be the premium ED in the State and one of the best in the country."

"We are pressured at times, and that's when you can see how well the place works. If you are comfortable with what you are doing, you believe in yourself and you trust your team mates' stress can be resolved."

Dr Cruse provides valuable input to the Executive Committee and is a member of JHC's Medical Advisory Committee.



### Di Dobbin

*Switchboard Supervisor*

"Get it right from the start" is the motto of JHC's switchboard operators under the leadership of supervisor Di Dobbin. Di also supervises the mail room and coordinates the after-hours GP service.

Di has been with JHC for three years, and said the rate of calls has increased considerably in that time.

"JHC is growing and providing more services, and the community's needs are growing as well," she said. "The challenge at the switchboard is to know where our staff are at all times. My main focus is to ensure the information they have is accurate."

"You never know what you'll get when you answer the 'phone. You often deal with people in the middle of a trauma. The switchboard is the first point of contact, so you need maturity to stay calm - and crisis management skills to get through the day."



### Kirsten Campbell (nee Hurney)

*Occupational Therapy Manager*

Kirsten coordinates occupational therapy services at all four Mayne Health sites in Perth. Most services are required at JHC, where there are seven occupational therapy staff.

"Our job is to promote independence after injury, illness or surgery. We help patients to be safely discharged home by making sure that they can look after their basic self care and that their home environment is safe, recommending equipment or home modification if necessary," Kirsten said.

The department also offers a private hand and upper limb rehabilitation service, receiving workers' compensation patients and private community referrals. Staff member Jaslyn Gibson is studying for a Masters' degree of clinical science in hand and upper limb rehabilitation. Mayne Health has recently offered financial assistance for Jaslyn's studies in recognition of the service and her work.

Kirsten attributes the smooth running of the busy unit to highly professional and motivated staff who are receptive to change and enjoy working for a young and dynamic business. She says her great "second-in-charge" Karen Thornber is also invaluable.

# Key Personnel

Our people are fundamental to JHC's continuum of care and future plans. JHC is committed to equal opportunity, recognition for performance, ensuring highest possible level of job satisfaction and a mutually beneficial partnership between employer and employee.

At 30 June 2001 there were 1,131 people in 47 departments.

The Mayne Health system of quality health care is achieved by the strong ongoing commitment to develop our people through:

- leadership

- management
- skills enhancement
- measuring the performance of our systems and processes, and
- creating an environment of safety and wellbeing.

**Barnes, Heather**  
*After Hours Manager*

**Barrett, Helen**  
*Clinical Nurse Manager (Banksia)*

**Bishop, Ros**  
*Housekeeping Manager*

**Black, Sally**  
*Front Office Manager/Health Information Manager*

**Briggs, Eileen**  
*Clinical Nurse Manager Medical, Oncology & Renal*

**Brendon, Burns**  
*A/Clinical Nurse Manager Critical Care*

**Brookes, Dale**  
*Deputy Health Information Manager*

**Candy, Wendy**  
*Maternal & Neonatal Services Manager*

**Cann, Heather**  
*After Hours Manager*

**Clement, Elwyn**  
*After Hours Manager*

**Coote, Gail**  
*Clinical Manager Paediatric Services*

**Cowan, Kempton**  
*Deputy Hospital Director*

**Coxon, Sue**  
*Restorative Services Manager*

**Dillon, Michelle**  
*Clinical Nurse Consultant*

**Doyle, Gerry**  
*Coordinator of Pastoral Care*

**Glasson, Lyn**  
*Medical Administration Manager*

**Goodrum, Belinda**  
*Education Coordinator*

**Harris, Sally**  
*Clinical Nurse Manager (Cassia)*

**Heredia, Lester**  
*Catering Team Leader*

**Holt, Karen**  
*Manager Speech Pathology Services*

**How, Chris**  
*Clinical Nurse Consultant*

**Hurney, Kirsten**  
*Manager Occupational Therapy*

**Kruenert, Michelle**  
*Manager Day Surgery Services*

**Lankester, Lydia**  
*After Hours Manager*

**Luong, Samantha**  
*Senior Social Worker*

**Lynton, Jim**  
*Engineering Services Manager*

**Lyons, Jody**  
*Accountant*

**Mateer, Jane**  
*Emergency Services Manager*

**Marzo, Ces**  
*Manager Dietetic Services*

**McArthur, Lyn**  
*Clinical Nurse Manager 1 East*

**Moen, Debra**  
*Mental Health Manager*

**Nation, Stephen**  
*Risk Manager*

**Nixon, Andrew**  
*Clinical Nurse Consultant*

**Polden, Narelle**  
*Admissions Supervisor*

**Prime, Liz**  
*Deputy Director of Nursing*

**Perera, George**  
*Regional Services Manager*

**Ryan, Michael**  
*Purchasing Manager*

**Smith, Arthur**  
*Regional Manager WA*

**Steels, Louise**  
*A/Manager Social Work Services*

**Sutherland, Robyn**  
*Director of Nursing*

**Thrum, Alison**  
*Infection Control Manager*

**Tough, Linda**  
*PA to Hospital Director/Communications Manager*

**Trueland, Dorothy**  
*After Hours Manager*

**Ward, Lynley**  
*Manager Physiotherapy Services*

**Ward, Susan**  
*Service Improvement Manager*

**Whellum, Chris**  
*Theatre Manager*





Joondalup Health Campus gratefully acknowledges donations to JHC during the year.



Would you like to donate to Joondalup Health Campus?

**Please complete the form below and return it with your cheque to:  
Donations Fund, Joondalup Health Campus, PO Box 242, Joondalup WA 6919**

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\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (business): \_\_\_\_\_ (home): \_\_\_\_\_

Date admitted to Joondalup Health Campus (if applicable): \_\_\_\_\_

Amount of donation: \_\_\_\_\_

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**Thank you for your generosity.**  
*Your donation will be acknowledged in writing by the Regional Director, and you will receive a Certificate of Appreciation.*



## Western Australia

- Attadale Private Hospital
- Glengarry Private Hospital
- Joondalup Health Campus
- Joondalup Private Hospital
- Mount Hospital

## New South Wales

- Armidale Private Hospital
- Castlecrag Private Hospital
- Christo Road Private Hospital
- Kareena Private Hospital
- Lady Davidson Hospital
- Lingard Private Hospital
- Macarthur Private Hospital
- Mosman Private Hospital
- Nepean Private Hospital
- North Gosford Private Hospital
- Nowra Private Hospital
- Orange Private Hospital
- Port Macquarie Base Hospital
- Port Macquarie Private Hospital
- Prince of Wales Private Hospital
- St George Private Hospital
- Strathfield Private Hospital
- The Hills Private Hospital
- Warners Bay Private Hospital

## Victoria

- Bayside Private Hospital
- Cotham Private Hospital
- Frances Perry House
- Geelong Private Hospital
- John Fawkner Moreland Private Hospital
- Knox Private Hospital
- Masada Private Hospital
- Melbourne Private Hospital
- Mentone Private Hospital
- Mount Waverley Private Hospital
- Ringwood Private Hospital
- Shepparton Private Hospital
- Sunbury Private Hospital
- The Avenue Private Hospital
- Victorian Rehabilitation Centre – Eastern Melbourne
- Victorian Rehabilitation Centre – Northern Melbourne
- Wangaratta Private Hospital
- Warringal Private Hospital

## Queensland

- Belmont Private Hospital
- Caboolture Private Hospital
- Caloundra Private Hospital
- Hillcrest Rockhampton Private Hospital
- John Flynn Gold Coast Private Hospital
- Logan Private Hospital
- Nambour Selangor Private Hospital
- Noosa Hospital
- North West Brisbane Private Hospital
- Pindara Private Hospital
- St Andrew's Ipswich Private Hospital
- Sunnybank Private Hospital

## Tasmania

- Hobart Private Hospital
- Mersey Community Hospital
- St Helens Private Hospital

## Australian Capital Territory

- National Capital Private Hospital



mayne health



## Joondalup Health Campus

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