



● Joondalup Health Campus



● Annual Report 2002

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## History

The privately operated Joondalup Health Campus (JHC) 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.

JHC 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 at JHC on behalf of the Government. The contractual agreement with the Health Department of Western Australia specifies a maximum operating budget and 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

JHC is now in its fourth year of full operation. It is a 365-bed facility comprising a public and a private hospital 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 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 adult intensive care and neonatal intensive care, provides additional assurance.

## Highlights of the Year

- JHC obtained the maximum four-year accreditation by the Australian Council for HealthCare Standards (ACHS)
- The Health Department of WA presented a Certificate of Appreciation to JHC's Education Coordinator for commitment to Culturally and Linguistically Diverse (CALD) clients
- The Physiotherapy Department successfully retained its Accredited status until December 2003 after a survey by the Australian Physiotherapy Association Quality Endorsement Program in May 2002
- In August 2001 JHC established the first organ and tissue retrieval program outside central Perth
- JHC's Intensive Care Unit (established in early 1998) admitted its 1000th patient on 1 November 2001. The patient, a car accident victim, made a good recovery.
- Successful Nursing Services information evenings at JHC helped with nursing staff recruitment.



# Report – Director of Hospital

*Kempton Cowan*



JHC continues to provide a quality service to meet the needs of our community. This is achieved with the support and dedication of highly skilled staff including medical practitioners, nursing staff, members of the Community Board of Advice, volunteers, committee representatives and the executive team.

From the moment patients begin their journey, from pre-admission to discharge, we endeavour to make the process as smooth as possible. To achieve and maintain this, we have worked extensively on improving our services. The introduction of a private pre-admission clinic, improvements to patient information and the appointment of a Pre-admissions Coordinator are some of the initiatives introduced. In the last six months this has had a positive effect on patients' experiences, ranging from actual prevention of theatre cancellations to improved recovery through increased patient education.

The past twelve months has seen a significant increase of admissions to JHC from 30,026 to 31,057. The average length of stay per patient was 3.16 days.

The following new services and appointments were implemented in response to community needs:

- Fertility Clinic
- Gynaecology Clinic
- Pre-admissions Clinic
- GP Liaison Officer
- Director, Medical Services
- Emergency Department Registrar
- Patient Liaison Officers.

We continued to build on our culture of leadership by striving to attract and retain the best people to provide excellence in patient care and services.

JHC is located in one of the fastest-growing areas in Australia. As a result, the constant increase in demand for services will continue, and it is our challenge to ensure we provide facilities and services to meet community needs. It is a challenge that we approach with enthusiasm and optimism, and I am confident that with the commitment of all at JHC we will be able to deliver.

I would like to take this opportunity to thank doctors, the executive team and all the staff at JHC for their continued contribution, commitment and dedication.





## Report – Director of Medical Services

*Dr Brad Power*

The new role of Director of Medical Services reflects the expansion and size of JHC and the services it provides to the community. Rapid growth has required the presence of an active clinician to provide medical input to the Hospital Executive. The presence of an on-site, part-time, Director has allowed better integration of clinical and administrative matters and more rapid resolution and progression of issues outlined by the Medical Advisory Committee.

Matters dealt with by the Director of Medical Services include, but are not confined to:

- liaison with other hospitals, health agencies and the Medical Board
- recruitment of senior staff and doctors in training
- indemnity and medico-legal matters
- complaint and problem resolution
- supervision and monitoring of clinical standards

- supervision of College Accreditation
- media matters.

The hospital administration acknowledged the importance of continued and strengthened links from medical practitioners by appointing Dr Stuart Inglis (Head, Department of Anaesthesia) and Dr David Cruse (Head, Department of Emergency Medicine) to the Hospital Executive. The Director of Hospital continues to have an open-door approach to clinicians and medical practitioners.



## Report – Director of Nursing

*Liz Prime*

During the year, changes and achievements were made possible because of the hard work and dedication of JHC staff.

In response to the ever-increasing pressure for inpatient beds, we worked extensively to improve processes and workflows. A review and refinement of the admission and discharge planning process resulted in early identification of high-risk patients and timely implementation of clinical care coordination and discharge planning.

Further development of JHC's multi-disciplinary critical pathways, pre-admission assessment, coordinated care and outcomes management, along with diligent discharge planning, enabled us to provide patients and their families with an efficient and coordinated progression from admission through to discharge.

The JHC pre-admission program expanded over the last twelve months in response to increased central waitlist volume. This contributed to a smoother transition into hospital through timely risk screening, a reduction of operating theatre delays and cancellations, improved bed utilisation, reduced staff workload on the day of admission, and improved diagnostic management, patient satisfaction and therefore quality of care.

The reintroduction of weekly case management meetings and regular collaboration with the multidisciplinary

health care team resulted in a more timely and efficient utilisation of internal and community-based resources.

The campus employs more than 600 nurses (full-time, part-time and casual) with varying roles and responsibilities. We have moved forward with strategies to minimise the use of agency nurses and to continue to recruit and support new graduates.

Initiatives like the Graduate Nurse Program have seen an increase in retention of graduates from 64% in 2000 to 84% in 2001. This program is pivotal in ensuring the nursing profession continues to grow. To provide ongoing professional development, 13 Mayne Health fully funded postgraduate scholarships were awarded to JHC clinical staff. JHC celebrated International Nurses Day in May 2002 by presenting Vanessa Lockyer-Stevens, Staff Development Nurse, with the Mayne Health 'Nurse of the Year' award. Willa Bell, Clinical Nurse working on the Restorative unit, and Stephanie Horn, Registered Nurse working on the Paediatric unit, also received special recognition for commitment above and beyond duty.

JHC continued its role in providing clinical placement for students of nursing from Edith Cowan, Curtin and Notre Dame Universities and students of the Enrolled Nursing School of TAFE.

The introduction of the Bank Roster in late 2001 was a response to the need for greater flexibility in nursing cover for ward areas.

This rostering system allows nurses who have constraints on their availability to enjoy the benefits associated with permanent employment, such as paid sick leave, study leave and accumulated annual leave.

Nurses joining the Bank Roster indicate shifts and days they are able to work regularly. Bank members are bonded to JHC as a whole, rather than to one particular ward or clinical area, and so feel more part of the hospital team than do casual employees. Since inception, the Bank has acted as an efficient conduit to ward-based employment with more than six full-time equivalent nurses choosing this option within JHC.

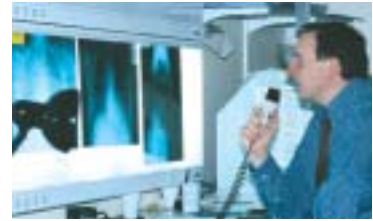
Last year saw the introduction of a Clinical Nurse Consultant Role on night duty. Increasing patient volume and complexity of care have resulted in this service being expanded to cover all after-hours periods seven days a week. JHC is pleased to have these highly skilled clinicians working alongside ward staff and providing valuable assessment, teaching and support for the clinical care of our diverse group of patients.

I would like to thank all staff for their hard work and commitment to providing quality care for our patients and their families. In particular, I thank Debra Moen, Deputy Director of Nursing – Wards, Chris Whellum, Deputy Director of Nursing – Special Units, and my Personal Assistant, Karen Bowers, for their continued support to the nursing executive.

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 Board had an active year, promoting and supporting hospital activities and providing a valuable role in passing information about JHC into various community networks. It is committed to facilitating an exchange of information to enable the community to be better served by its hospital, and reports on issues of concern the community brings to its attention, which are fully explored by JHC's executive.

The Board continued its primary role of reviewing the service outputs of the hospital. These were maintained at national and international standards, and continued to achieve an average length of stay equivalent to national and State figures for the top 20 diagnostic group conditions.

The Board congratulates the JHC executive and staff on gaining re-accreditation with the ACHS for a further four years.

This year saw an extension of the Board's community representation, with three new members joining in October 2001 – Alessandra D'Amico, Nadia Maiolo and Gary Stokes. The extensive interest from community members in joining the Board saw the formation of a new sub-group, from which the Companions of Joondalup

Hospital evolved as an incorporated, independent body of volunteers.

Members of the Community Board of Advice at 30 June 2002:

**Prof. Tony House – Chairman**

*University Dept of Surgery*

**Cr Louise McNamara & Cr Ian Goodenough (Deputy)**

*City of Wanneroo*

**Cr Andrew Patterson & Cr Don Carlos (Deputy)**

*City of Joondalup*

**Ms Penny Brown**

*Department of Health*

**Nadia Maiolo**

*Community Youth Representative*

**Mr Neville Lane**

*Community Representative*

**Alessandra D'Amico**

*Community Representative*

**Ms Lyn James**

*Community Representative*

**Gary Stokes**

*Community Representative*



**Liz Prime, Director of Nursing**  
*JHC*

**Kempton Cowan, Director of Hospital**  
*JHC*

**Dr Barry Vieira**  
*JHC Medical Representative*

**Rev. Gerry Doyle**  
*Pastoral Care, JHC.*





## Medical Advisory Committee

Dr Barry Vieira

Members of the Head of Department Medical Advisory Committee (HOD/MAC) at 30 June 2002:

**Dr Barry Vieira, Chairman**

*Restorative & Aged Care*

**Dr Brad Power, Vice Chairman**

*Medical Director*

**Mr Patrick Briggs**

*Surgical & Sub-Specialties*

**Mr Tony Geddes**

*Orthopaedics*

**Dr David Cruse**

*Emergency*

**Mr Rob Goldman**

*General Surgery*

**Dr Peter Thompson**

*Cardiology*

**Dr Stuart Inglis**

*Anaesthetics*

**Dr Rama Naidoo**

*Paediatrics*

**Dr Mike Oehlers**

*General Practice*

**Dr Martin Phillips**

*Respiratory Medicine*

**Dr Steve Ward**

*Diagnostics*

**Dr Paul Skerritt**

*Psychiatry*

**Dr Jay Natalwala**

*Obstetrics & Gynaecology*

**Dr Rob Thomas**

*Urology*

**Dr Stephen Richards**

*General Medicine*

**Dr Farid Taba**

*GP Liaison*

Executive Representatives:

**Kempton Cowan**

*Director of Hospital*

**Liz Prime**

*Director of Nursing*

HOD/MAC is the formal organisational structure through which the collective views of the accredited practitioners is formulated and communicated. HOD/MAC met five times between 1 July 2001 and 30 June 2002 and in future will meet every second month.

Objectives of the committee include:

- Providing a means for practitioners to participate in the policy-making and planning process of JHC
- Advising the Director of Hospital of appropriate policies for the clinical organisation of JHC
- Participating in the planning, development and implementation of JHC quality programs
- Monitoring delivery of patient care at JHC
- Assisting to identify the health needs of the community and advising the Director of Hospital on appropriate services
- Reviewing recommendations for appointment of practitioners
- Ensuring accredited practitioners comply with JHC bylaws.

HOD/MAC also oversaw a number of new initiatives during the year, including:

- A program to maintain and increase JHC surgical services
- Initiation of audits of clinical activity, including an antibiotic use audit
- Continuous improvement of functions between clinical units, including the addition of Radiology Department input to HOD/MAC.

## Clinical Review Committee

The Clinical Review Committee is a sub-committee of HOD/MAC. The committee met on four occasions from June 2001 to June 2002 and reviewed seven cases.

Members of the Clinical Review Committee at 30 June 2002:

**Dr Stuart Inglis**

*Anaesthetics (Chairman)*

**Dr David Cruse**

*Emergency Medicine*

**Dr Vince Chapple**

*Obstetrics & Gynaecology*

**Dr Vasantha Preetham**

*General Practice*

**Dr Jake Harper**

*Aged Care & Rehabilitation*

**Mr Ian Gollow**

*Paediatrics*

**Mr Soo Tee Lim**

*Orthopaedics*

**Mr Rob Goldman**

*General Surgery*

**Dr Grant Luxton**

*Renal*

**Dr Agatha Van der Schaaf**

*Nuclear Medicine*

**Dr Mark McAndrew**

*Mental Health*

Executive Representatives:

**Kempton Cowan**

*Director of Hospital*

**Liz Prime**

*Director of Nursing*



JHC continues to strive for excellence in patient care and services. The JHC quality program recognises that success can only be achieved through a hospital-wide team approach.

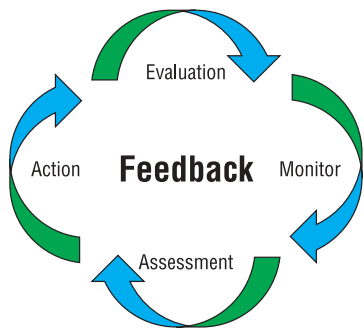
Patient feedback through the following mechanisms is an integral part of improving performance at JHC.

### Bedside patient feedback cards

These provide a timely snapshot of what is good and what needs improvement. Monthly reports to the relevant areas provide feedback to staff.

### External patient satisfaction surveys

Patient feedback is also sought by independent agencies including Press, Ganey & Associates, an international benchmarking survey company, and Health Department of WA.



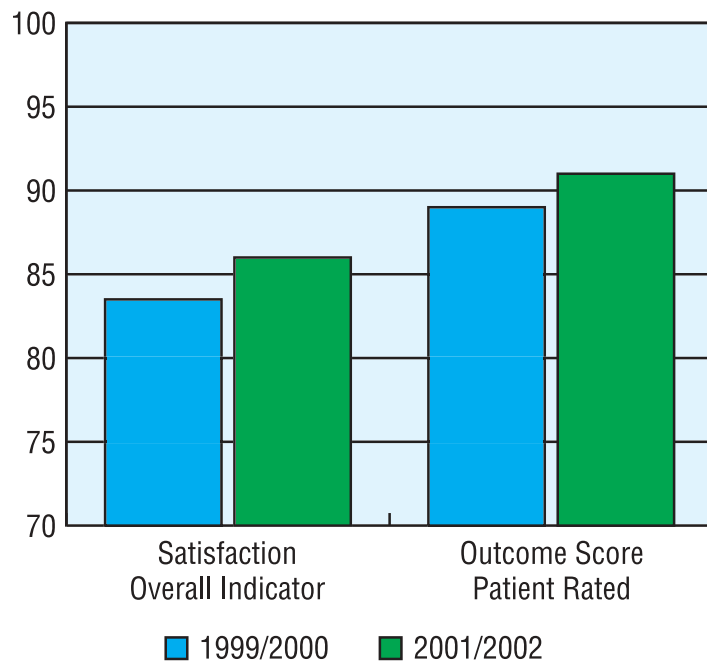
Analysis of data collected provides JHC with accurate national benchmarks that allow for comparisons between other facilities and assist in identifying areas for improvement.

The diagram below demonstrates that in 2001/2002 the overall indicator of satisfaction score is significantly higher than in 1999/2000.

### Internal surveys of specific services

Departments are able to measure the effect of their improvement initiatives and where possible make changes to improve service. Internal surveys have been particularly useful to identify whether an improvement has made a difference to JHC patient care and services.

Survey carried out by HDWA.





## Complaints process

JHC introduced the role of Patient Liaison Manager in May 2001. This role is integral in representing the interests of patients, their families and support persons through face-to-face contact, whether it be for reassurance of a problem, to voice a complaint or simply thanking the hospital for its service.

The Patient Liaison Manager works closely with a team of managers including the Director of Nursing, Director of Medicine, Freedom of Information Officer, Clinical Risk Manager, and Service Improvement Manager to resolve issues in an effective and timely manner. As a member of the Metropolitan Health Service Health Complaints Coordinators Network, the Patient Liaison Manager keeps up-to-date with current health care issues.

Staff receive information about the Patient Liaison Manager through in-service courses and orientation, ensuring patient information about the service is readily available. Complaints data is monitored and trended on a regular basis.

## A culture of continuous improvement

To promote a culture of continuous improvement, annual quality planners are implemented at the unit level. Activities are monitored through the Quality Action Group to ensure that the plan is a living document. Measurable department projects are generated from the planner and the quality cycle begins.

Information on the Evaluation, Quality Improvement Program (EQUIP) is promoted through EQUIP News, a bi-monthly newsletter introduced in July 2001. Improvement activities, patient satisfaction and educational sections are regular features.

In May 2002 the Private Customer Services Team won the first EQUIP News competition designed to measure staff knowledge and awareness of the program.

## Committees

The Quality Steering Committee, Quality Action Group and Clinical Review Committee are integral in ensuring a strong culture of improving performance is maintained throughout JHC.

The Quality Steering Committee monitors improvement activities and implements project teams to investigate and carry out the improvements.

During the year the Quality Action Group went from strength to strength with an increase from 25% to 75% attendance since 2000. The group has representation from all areas of JHC and meets bi-monthly to discuss improvement activities and showcase outcomes, with a view to implementing them throughout JHC.

## Emergency Services

The Emergency Department experienced an increase in demand during the year. The attendance rate rose by 5% while the admission rate to JHC rose by 2%. Of note is the significant portion of the increase in workload in the higher acuity categories.

Triage Category	00/01	01/02
Triage 1 (Urgent)	174	219
Triage 2	2,672	3,104
Triage 3	13,069	13,945
Triage 4	21,379	21,680
Triage 5	1,336	1,513
<b>Total</b>	<b>38,630</b>	<b>40,469</b>

Hospital admissions from the Emergency Department increased from 9905 to 10 128. There were 9925 paediatric presentations for the year, of which 18% were admitted to JHC.

The Department continued a comprehensive training program for undergraduate and postgraduate staff. Students rotate to JHC five times a year for four weeks at a time to gain Emergency Medicine experience. Resident Medical Officer staff rotate from SCGH and uniformly give positive feedback on the quality of the experience, teaching and supervision in the Emergency Department.

Dr Michelle Genevieve and Dr Ilan Josephs successfully completed the College for Emergency Medicine first part specialist exam and now move into advanced training. Other Emergency Medicine trainees include Dr Patrick Tehan, Dr Jim Reeves, Dr Richard Jackman, Dr Catherine Morgan and registrars on rotation from SCGH.

Dr Elly Marillier, a member of the consultant staff, successfully organised and ran a section of the Australasian College for Emergency Medicine fellowship examination.

Congratulations to Dr Marillier for her exceptional effort which continued to raise the profile of the Emergency Department in the Emergency Medicine community.

Dr Trevor Jackson left the department in March 2002 and Dr Simon Wood filled his position as Director of Emergency Medicine Training. Dr Paul Bailey joined the consultant staff on a part-time basis.

The Department continues to deliver high quality care to the local community with a strong emphasis on maximising quality wherever possible.

Nursing management in the Department was complemented by the addition of an Area Manager, and Glynis Porter is to be commended for the vast effort she has put into the establishment of a comprehensive roster system.

Nursing education continued to develop, supported by the unit Staff Development nurses and nursing staff who participated in the delivery of the JHC in-service programme. Nursing staff successfully completed courses in Trauma, Paediatrics, Advanced Paediatric Life Support and a variety of other Emergency-related subjects. The Department currently has six nursing staff undertaking certificate courses through Edith Cowan University and SCGH.

The inclusion of a Level 3 Psychiatric Liaison Nurse was an invaluable addition to the evening shift. Experienced Mental Health nurses Jim Delaney and Sharon Bartsch assisted greatly in developing the Department's mental health care.

### Critical Care Unit

The Critical Care Unit continued to provide a high level of support for Intensive Care and Coronary Care patients.

The numbers of Coronary Care patients admitted to the unit continued to increase.

The cardiology service evolved to have a full time cardiology consultant, Dr Peter Purnell, which allowed expansion of the service. Specialist CCU services provided include haemodynamic monitoring, thrombolysis of acute myocardial infarction, cardioversion, echocardiography and transvenous pacing. Dr Purnell aims to provide an increased echocardiography service through the purchase of a new cardiac ultrasound.

Admission Numbers	00/01	01/02
ICU	270	256
CCU	817	874
<b>Total</b>	<b>1,087</b>	<b>1,130</b>

The unit provides important training opportunities for ICU residents and cardiology registrars. Both intensivists and the cardiologists provide ward and Emergency Department consultative services.

The education needs of Critical Care nursing staff were enhanced by the consolidation of the Staff Development position. The unit provided an Introduction to Critical Care Course, conducted Advanced Perspectives in Critical Care sessions and developed a journal club. Staff Development assists with the education needs of graduate nurses, emergency nursing course students and undergraduate nurses from both Curtin and Edith Cowan universities, as well as enrolled nursing students through TAFE.

Next year the unit aims to incorporate further nursing student placements from Notre Dame University. The unit seconded two nurses from JHC to the 12-month Critical Care Nursing Course conducted with SCGH, which concludes in February 2003.

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 Cardiac Rehabilitation Nurse addresses the education needs of coronary care patients. A weekday cardiac rehabilitation service is provided for all cardiology patients throughout the hospital.

## Surgical and Theatre Services

There were 11,728 procedures during the year, 611 more than last year.

As in most hospitals, the challenge for operating rooms is to find enough experienced staff. The department has in the past depended on agency staff to cover its rosters, and while they are very professional and contributed to the team, this situation is not sustainable in the long term. To deal with this issue and to educate newly graduated nurses into the world of the operating room JHC employed a Clinical Nurse Educator, which has resulted in minimal agency use and recruitment and retention of a large number of newly graduated nurses. This is a fantastic result.

In a challenging and rewarding time for the operating room the department was fortunate to employ an excellent educator, Kamaree Berry. It also employed six second-year graduate registered nurses who are now contributing as part of the team.

This year saw an increase in the number of anaesthetic registrars working at JHC. Dr Allan Millard is congratulated on being accepted into the anaesthetic training program.

Another highlight for the operating theatre team was the excellent achievement in the accreditation process.

## Obstetrics and Gynaecology

JHC's obstetric services are varied with a busy outpatient centre, antenatal classes, home visiting team, private lactation day stay facility and a Level 2B special care nursery. It is the only peripheral public facility with a Level 2B special care nursery which allows for the delivery of newborns from 32 weeks, avoiding unnecessary separation of mother and newborn. There were 1416 public and private deliveries during the year. The later half of 2001/2002 saw the re-configuration of beds across the site creating a dedicated, compact 18-bed obstetric unit.

JHC is the first 'baby friendly' hospital in Western Australia and has achieved the Australian Breastfeeding Association's Mother-Friendly Workplace Award, giving staff paid expression breaks if they return to work while breastfeeding within six months postpartum. Statistics have shown that 76% of JHC mothers are still breastfeeding at four months. In response to this, JHC extended breastfeeding support following discharge from 10 days to six weeks postpartum.

January 2002 saw the introduction of a gynaecology clinic in the outpatient centre. Current throughput is small, with up to 40 clients per month. Volume is expected to increase as GP awareness and referrals increase.

This year JHC ran its first GP shared care seminar. These will be planned biannually. GP shared care guidelines are currently in print and 2002/2003 will see a focus on establishing relationships with GPs in the community.

## Renal Services

The Renal Unit continued to provide a high level of support for renal dialysis patients. The unit provides 20 sessions per day, six days per week and hopes to increase this number to 22 sessions per day when extensions to the unit are completed later this year.

## Oncology Services

The Oncology clinic is a day unit with the capacity to treat six patients (both public and private) concurrently, providing a chemotherapy and blood transfusion service.

The clinic recorded 1382 attendances during the year compared with 845 the previous year, an increase of approximately 63%. It was run on a part-time basis until June 2002, when it began to operate full-time on weekdays.

## Paediatric Unit

Paediatric Unit bed days for the year totalled 3770, with 19 transfers from the ward to Princess Margaret Hospital (PMH). This was an increase from last year of 489 bed days and a decrease of 11 patient transfers.

The unit has benefited from an increase in community awareness resulting from its involvement with the McDonald's 'Helping Hands Campaign' in the Joondalup and Currabine restaurants. This has provided the unit with new equipment – two thermometers, a portable oximeter (used for measuring oxygen levels), and a portable TV/video, used mainly for asthma education. Local businesses made several other donations to the unit.





The Joondalup Revue Committee also raised money for the ward which purchased a spirometer (lung function device), enabling a more comprehensive assessment of children with asthma both during and after admission.

Links with the Asthma Foundation continued through referrals, asthma education and promotional literature.

Once again the Carlton Football club visited the unit, with Anthony Koufioedies signing autographs and giving out photographs. Several local schools also visited, including staff and students from Burbidge Special School.

The unit strengthened its links with PMH, including a satellite and diabetic clinic service run by PMH medical nursing and allied health staff and held fortnightly at JHC. In addition, two of the unit's registered nurses were seconded to PMH for a year to undertake postgraduate certificates in paediatrics. Both will return in March 2003.

Helped by the Association for the Welfare of Children in Hospital (AWCH), the unit set up hospital familiarisation tours for children undergoing elective surgery at JHC.

## Mental Health Services

JHC's Mental Health Unit is an authorised hospital under the Mental Health Act 1966 (Western Australia), providing an acute psychiatric service to the Joondalup catchment area.

In the past twelve months the unit fulfilled its contractual obligations to the Health Department as well as maintaining a private psychiatric in-patient service.

Highlights of the year included:

- Two strategic planning days resulting in a more responsive therapy program
- An improved statistical data collection process to improve accuracy of feedback from consumers
- Participation in a private Strategic Planning Group for private patient services that is developing a national model of outcome assessment
- The unit's nursing presence on the Consultation Liaison Team increased to one full-time position
- Secondment of senior nursing staff to provide a psychiatric triage and assessment service in the Emergency Department at peak periods (4pm to 11pm), seeing an average of six patients per day

- Formalisation of a notification process to alert GPs to their patient's admission
- The perinatal Mental Health service continued to provide exemplary assessment and care to public antenatal clinics
- Unit staff participated in several triathlons sponsored by JHC
- Collection and analysis of outcome data continued for treatment and service planning.

## Social Work

A team of nine staff provides social work services to public and private patients, addressing psychosocial wellbeing and ensuring their appropriate discharge.

The Department developed considerably during the year due to a continued increase in volume across all four Mayne Health sites, with occasions of service totalling 10,413.

Rehabilitation and Aged Care continued to dominate the department's caseload.

The Department maintains a close working relationship with other public hospitals and most closely with Osborne Park Hospital. This assists in effective communication of information and resources to provide a high standard of service to patients and their families.

The challenge for staff in the last year was the high number of patients awaiting placement due to lack of local residential aged care facilities. The Department continually reviews the discharge planning guidelines and will further develop its information and support for patients and families to enable timely discharge. Hospital staff awareness of domestic violence and elder abuse detection has been recognised as an area for improvement.

## Health Records

The multi-functional Health Record Department continued to expand to meet the demands of JHC and its associated services.

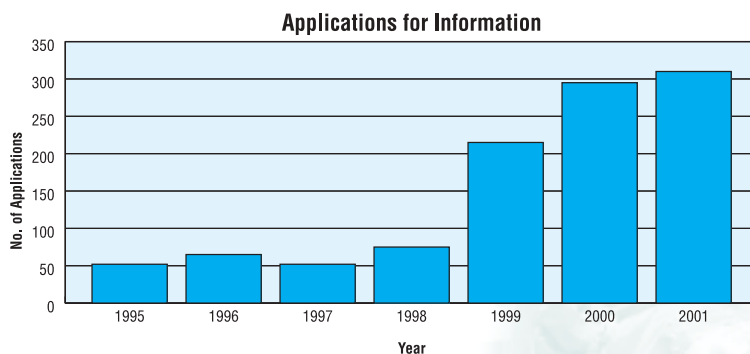
In April the Department increased its hours of service to midnight on weeknights and to a 24-hour service on weekends and public holidays to provide additional after-hours support to the Emergency Department.

Department services include:

- Clinical Coding of all inpatient cases within contractual timeframes
- Medical typing
- Provision of health records to the Emergency Department, theatre, wards, clinics and for research requests
- Ensuring all inpatient cases have a completed discharge summary
- Reviewing integrity of data in IBA (Information Builders' Association)
- Clinical and Contractual reporting
- Provision of health information to management and medical staff
- Processing requests for information under the Freedom of Information Act, privacy legislation and Mental Health Act.

The implementation of the Privacy Amendment (Private Sector Act) in December 2001 has resulted in increased awareness by patients of the right to access their health information.

The graph below shows the significant increase in applications for access to health information in the last few years:



## Allied Health Services

### • Occupational Therapy

The Occupational Therapy department continued to grow in response to increased demand for aged care and rehabilitation and hand rehabilitation services. There are now nine full-time therapists and one occupational therapy assistant providing services to four Mayne Health hospital sites.

The department fulfilled plans to address health maintenance issues in aged care and rehabilitation. We recruited a therapist with keen interest in falls prevention programs, who has stimulated implementation of falls prevention groups in the two restorative units and participated in a community-based program on behalf of Attadale Hospital.

In acute surgical management, the Occupational Therapy department has continued with preadmission screenings of patients for back surgery after trialling the process last year. Occupational therapy is thoroughly integrated in the preadmission process and clinical pathways, enabling the department to accommodate the increased volume of elective orthopaedic surgery.

The hand rehabilitation service continues to thrive and the complexity of cases is increasing.

The department continued to provide support to the Curtin School of Occupational Therapy with practical

placements for students. For the first time in the history of the department we also took occupational therapy assistant students from Carine and Mt Lawley TAFE.

### • Physiotherapy

The Physiotherapy Department continued to provide a wide range of acute and rehabilitation services to all clinical areas of JHC seven days a week. The Department provided 29,058 occasions of service for inpatients and 8,935 occasions of service to outpatients (both public and private) requiring treatment following discharge.

The Department's relationship with Curtin University continued by providing a clinical placement for both undergraduate students completing the Degree in Physiotherapy and post-graduate students of the Masters in Manual Therapy course.

This year two new senior positions were created, which brought a valuable depth of knowledge and experience to the Department and provided staff with opportunities for further education and professional development. Kerry Feighan, appointed Senior Outpatient Physiotherapist, has 20 years' experience in private physiotherapy practice, a post graduate Diploma in Manipulative Therapy and is a supervisor of the post-graduate Masters students from Curtin University. Mary-Ann Monteath, appointed Senior Inpatient Physiotherapist, has spent the last six years specialising in aged care and has more than 16 years' hospital and community-based experience as a senior physiotherapist and clinical supervisor.

The department retained its accredited status until December 2003 following a survey by the Australian Physiotherapy Association Quality Endorsement Program in May 2002.

### • Speech Pathology

The Speech Pathology Department employs three full-time staff and showed considerable growth at all four Mayne Health hospitals, with occasions of service during the year totalling 2,695.

Strong links with all hospitals gave the Department an important role in assessment and treatment of a large variety of patients including complex neurosurgery, acute medical, ear nose and throat and aged care and rehabilitation. A breakdown of the service interventions reflected an increase in the complexity of the cases seen.

The private outpatient service continued to develop with an increase in referrals for voice and dysphagia.

The Department continued to offer a videofluoroscopy service for assessment of swallow function in collaboration with the Medical Imaging Department. External facilities such as nearby nursing homes and hostels also make referrals to this specialised service.

### • Dietetics Service

During the year the Dietetics Service saw increased use of the JHC nutritional supply system by both public and private outpatients. Collaboration with Curtin University was strengthened with clinical and food service placements for student dietitians at JHC.

There was increased regular participation at a dietitians' networking group, the WA Representatives of Nutritional and Dietetics Service (RONADS), resulting in a better working relationship with the North Metropolitan Health Service's dietitians.

## Restorative and Aged Care Services

In September 2001 JHC undertook a major analysis of available bed usage. This resulted in the designation of two discrete ward areas for the delivery of Rehabilitation and Aged Care to private and public patients.

The private ward can accommodate 25 patients and the public unit can care for 22 patients. Both wards have access to a self-contained flat to ascertain the patient's need for support in the activities of daily living before discharge. This service provides a period of testing of capacities for patients and an opportunity for the growth of confidence for patients and their families.

The public unit admitted 438 patients and recorded 9,263 bed days for the year, with an average length of stay of 21.15 days. The private unit admitted 72 patients and recorded 1,530 bed days, with an average length of stay of 24.6 days (figures from April to June only).

Rehabilitation and aged care services are delivered using a multi-disciplinary team approach. The team consists of nursing, medical and allied health practitioners. This model of care allows a close working relationship across the disciplines and enables a wide variety of clinical expertise to be applied in care planning and its delivery to all patients. Clear, respectful communication with the patients, their families and carers is a feature of the way in which these units function.

Staff are selected on the basis of skill, enthusiasm for this demanding area of practice and willingness to support the aims of the service.

As with most areas of health care provision, the recruiting and retaining of staff across the nursing and allied health disciplines is a challenge.

## Acute Care Home Services

JHC continues to provide this successful program to ensure continuity of care in a comfortable home environment surrounded by family and friends. At the same time, the service provides patients with access to health and lifestyle decisions and the opportunity to make choices.

The program allows patients to return home earlier, minimising disruption to lifestyle patterns while having nurses on call 24 hours a day.

The year saw an increase in patients with 460 referred to the service. On average there were six home visits a day within a 25 to 30km radius of JHC.

## Pastoral Care

At any hour of the day or night at JHC a member of the Pastoral Care team is at the bedside of a patient, at the emergency department, in Critical Care or the restorative unit helping patients and their loved ones through times of crisis and loss.

The department is staffed by a full-time coordinator, a team of pastoral associates and volunteers and mirrors JHC's commitment to holistic care. In the last year the department recorded more than 11,000 occasions of service, many of them after hours or at the weekend.

The department works in a multi-faith, multi-cultural manner to support the spiritual belief and value systems of the whole community.

## Risk Management and Occupational Health and Safety

Workers compensation claims costs for the year remained low at 0.25 % of total labour costs, an improvement on the 0.4.% of the preceding year. This represents a workers compensation claim cost reduction of 13% and demonstrates evidence of a safe environment for all staff.

During the year significant capital expenditure was directed to patient equipment. Forty new electrical hospital beds were commissioned to replace manual beds after an extensive national selection trial.

An extra nine state-of-the-art accident and emergency trolleys were also commissioned for the Emergency Department to replace manual trolleys.

There were 225 reported staff accidents/incidents during the year, a decrease of 14% over the last financial year, with 27 Lost Time Injuries (LTIs) resulting from these accidents/incidents.

There was an increased focus on reporting following the implementation of a national Mayne health@work reporting hotline commissioned in October 2001. This supports the early intervention model of injury management and represents best practice principles in this area.

Several new initiatives were implemented in the area of infection control:

- a needle free IV system was rolled out in October 2001
- a new recyclable sharps disposal system was trialled and subsequently implemented
- the staff vaccination program was expanded to include varicella and MMR (measles, mumps and rubella) as well as the current comprehensive hepatitis B program
- 400 staff made use of the free flu vaccination program in April 2002.

The no-lift "Smart Moves" manual handling program will be rolled out in August 2002 to assist in reducing the number of manual handling injuries and subsequent LTIs.

JHC continued to address violence in the health-care setting and is represented on the corporate violence prevention working party.

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

## Training and Education

JHC is committed to facilitating personal and professional growth by providing learning and development opportunities for all staff to meet the needs of the individual and the organisation.

During the year the team of Clinical Development Coordinators and Educators provided orientation for new staff and assessment and teaching of clinical competencies. The team works in close collaboration with the national Mayne Health Learning and Development team.

### Internal Training and Education

Initiatives during the year included:

- Launch in October 2001 by Mayne Health of a competency register, with more than 200 competencies available online as well as supporting learning packages
- Compilation of a WA Regional Education calendar to enable forward planning for staff training at all sites – well utilised and evaluations actioned
- Local JHC calendar available online two months in advance to facilitate forward planning
- National Mayne Health Graduate Nurse Program commenced in February 2001 with 17 participants
- JHC commenced Mayne Drug Calculations annual competency for all clinical staff
- Monthly review of JHC incident reports and issues addressed via education calendar and ward-based staff development team
- Mayne Health introduction and training programs providing vital support for graduate and new nurses
- Documentation and FOI workshops held throughout JHC (also introduced in orientation)

- Education staff attended NHF Instructors Course and Evidence Based Practice Workshop.

### External Training and Education

- Introduction in December 2001 of Mayne Health Post Graduate Scholarships well received by JHC clinical staff. A total of 13 fully-funded scholarships were awarded to five Enrolled Nurses converting to Registered Nurses, two orthopaedic, three peri-operative, and one each for midwifery, management and accident and emergency qualifications
- 138 external study leave requests approved
- In February 2002 JHC provided clinical placement for undergraduates from Edith Cowan University, Curtin, TAFE, Northern Territory and Notre Dame universities. A survey of undergraduates showed 100% satisfaction with JHC staff meeting individual needs and providing vital support
- Continuing strong relationships with schools in the local community by providing work experience opportunities.

## Multicultural Access

JHC has a strong multicultural program through a Multicultural Access Coordinator and a liaison group of representatives from various departments.

During the year the Health Department of WA presented a Certificate of Appreciation to JHC's Education Coordinator for commitment to Culturally and Linguistically Diverse (CALD) clients.

Multicultural resource files were updated to provide resources for staff to meet CALD needs. Harmony Day was celebrated in March with a multicultural lunch in the dining room and staff wearing orange ribbons.



## Volunteer Program

JHC has a group of volunteers dedicated to helping others throughout the campus.

To celebrate the International Year of Volunteers in 2001, JHC nominated Rodney 'Barney' Barnard to the National Health and Medical Research Council for outstanding community service.

JHC recognises the tremendous benefits volunteers provide to patients and appreciates the time given. In December 2001 the JHC executive hosted the volunteers for afternoon tea in appreciation of their service.

In November 2001 a review aimed at improving the volunteer program with input from the local community recommended the formation of a volunteer group, the Companions of Joondalup Health Campus. Community member Kevan Rowe began coordinating the program together with JHC Patient Liaison Manager Margaret Pickering. A comprehensive constitution was written and the group was registered as a 'not for profit' organisation with the Department of Consumer and Employment Protection. Currently the program has accepted 26 new volunteers and is due to be fully operational in August 2002.



## Vacation Care Program

JHC has operated a vacation care program for primary school children since December 2000, the first of its kind in a WA hospital. JHC is grateful for the support by the Department of Family and Children's Services (FACS), especially the Joondalup Division. Government-funded fee subsidies are available to individuals on application.

The program operates for all four WA school holidays and includes pupil-free days. It is open to all staff members of JHC and offered to staff of the other three WA Mayne hospitals.

Licensed by FACS for 30 children, the service is advertised widely throughout the hospital via e-mail and posters on notice boards in staff areas and wards. The service is offered on a first-come first-served basis. Information about the program is included with job advertisements and application packages and it is seen as a useful recruiting tool for all staff categories.

The program is staffed by qualified childcare workers and available from 6:30 am to 6:30 pm Monday to Friday in the main campus conference room and adjoining veranda and lawn area. Much of its success is due to the excellent staff who have developed a program of activities aimed at getting children back to the basics of fun and play, lots of outings and

getting them moving. Though TV and electronic games are available they are used for limited periods only.

All policy complies with FACS standards. The program has been formally evaluated using satisfaction surveys and is randomly inspected by FACS to ensure compliance.

An evaluation in February 2002 showed that 89% of participants would use vacation care again, and 96% said that they would recommend the program (4% did not answer).

Comments included "It was excellent having the kids close at hand and knowing they were having a great time," "It was very helpful to be able to have my child on site. She also prefers vacation care to normal day care as she gets to do a greater variety of activities" and "Without vacation care, I would have had to refuse shifts at work."

Typical responses from children when asked what was good about the program were that they enjoyed making lots of friends, being at work with mum, enjoyed the end of vacation care party and outdoor sports, going to the park and roller-blading.

JHC thanks Martin Wilkie, Management Coordinator of the program, and his staff for another year of excellent work in caring for our children.

## Clinical Indicators – Public Patients Only

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	INDICATOR	NUMERATOR	DENOMINATOR	TOTAL %	THRESHOLD %
<b>ACHS HOSPITAL WIDE MEDICAL INDICATORS</b>					
1.1	The percentage of patients with a LOS >=7 days who develop post-operative pulmonary embolism.	0	837	0.00%	0.36% or lower
2.1	The percentage of patients unexpectedly readmitted for the same or a related condition within 28 days of discharge.	179	26394	0.68%	2.24% or lower
3.1	The percentage of unplanned returns to the operating room during the same admission.	40	7752	0.52%	0.58% or lower
<b>ACHS INTERNAL MEDICINE INDICATORS</b>					
1.1	The percentage of AMI patients who receive thrombolytic therapy within one hour of presentation.	11	11	100.00%	82.41% or higher
8.1	The percentage of acute asthma patients for whom there is documented objective assessment of severity on admission.	63	65	96.92%	90.00% or higher
<b>ACHS OBSTETRICS AND GYNAECOLOGY INDICATORS</b>					
1.1	The percentage of induced patients who undergo induction of labour for other than defined indicators.	31	387	8.01%	32.93% or lower
1.2	The percentage of patients delivering who undergo induction of labour for other than defined indicators.	31	1132	2.74%	8.98% or lower
4.1	The percentage of delivering patients who undergo primary caesarean section for foetal distress.	15	1128	1.33%	3.65% or lower
4.2	The percentage of patients who undergo primary caesarean section for foetal distress.	13	156	8.33%	20.86% or lower
7.1	The percentage of term babies transferred to a neonatal intensive care unit for reason other than congenital anomaly.	8	1097	0.73%	0.94% or lower
<b>ACHS DAY SURGERY/ ENDOSCOPY INDICATORS</b>					
1.1	The percentage of patients booked into the day procedure unit who fail to arrive.	21	4146	0.51%	0.87%
1.2	The percentage of patients booked into the day procedure unit whose procedure is cancelled after their arrival due to a pre-existing medical condition.	3	4121	0.07%	0.32%
1.3	The percentage of patients booked into the day procedure unit whose procedure is cancelled after their arrival due to an acute medical condition.	17	4121	0.41%	0.35%

	INDICATOR	NUMERATOR	DENOMINATOR	TOTAL %	THRESHOLD %
	<b>ACHS EMERGENCY MEDICINE INDICATORS</b>				
1.1	The percentage of triage category 1 patients who are attended to immediately.	197	219	89.95%	98.84% or higher
1.2	The percentage of triage category 2 patients who are attended to within 10 minutes.	1862	3103	60.01%	74.20% or higher
1.3	The percentage of triage category 3 patients who are attended to within 30 minutes.	7591	13948	54.42%	60.01% or higher
1.4	The percentage of triage category 4 patients who are attended to within 60 minutes.	9516	21681	43.89%	62.07% or higher
1.5	The percentage of triage category 4 patients who are attended to within 120 minutes.	1161	1514	76.68%	84.77% or higher
	<b>ACHS SURGICAL INDICATORS</b>				
2.4	The percentage of TURP patients who receive a blood transfusion within the same admission.	2	60	3.33%	4.30% or lower
6.1	The percentage of patients who have a neurosurgical infection in hospital.	0	124	0.00%	1.78% or lower
7.1	The percentage of patients having a laparoscopic cholecystectomy with a bile duct injury requiring operative intervention.	0	133	0.00%	0.54% or lower
8.1	The percentage of elective AAA repair patients who die within the same admission.	0	12	0.00%	3.20% or lower
8.2	The percentage of carotid endarterectomy patients who have a stroke within the same admission.	0	12	0.00%	1.90% or lower
9.1	The percentage of patients who have a significant reactionary haemorrhage following tonsillectomy.	0	20	0.00%	0.47% or lower
	<b>ACHS PSYCHIATRIC INDICATORS</b>				
7.1	The percentage of mental health patients unexpectedly readmitted for the same or a related condition within 28 days of discharge.	14	434	3.23%	9.27% or lower



## David Tough

*Enrolled Nurse*

Dave has been on Cassia Ward at JHC for just over three years as a permanent night shift Enrolled Nurse. He has several years' clinical experience in ICU, CCU, occupational health, theatre, ED, community nursing and caring for the elderly.

"I pride myself on being a strong team player and in promoting a pleasant working atmosphere. I also put effort into motivating my colleagues, ensuring that the 10-hour shift doesn't go by without an element of humour - important in getting us all through the night.

"Having worked as a nurse for such a long time, I'm also able to remain calm under stressful situations. This rubs off on the patients and gives them confidence in the care they are receiving.

"I also have an ability to put stressful situations into perspective and so resolve the issues in the best way possible. I believe my colleagues appreciate the role I play on the team, which makes my time at work worthwhile."



## Janice Sullivan

*Finance Clerk*

Janice started work on the JHC site in 1980 as a telephonist with Wanneroo Hospital. She handled a variety of jobs until Health Care of Australia took over in 1996, when she moved into Finance and was involved in setting up the department.

"In those early days we flew blind, as the concept of a private /public hospital was foreign to us. The process of putting it all together was a real learning experience.

"I now handle the daily banking, the public hospital receivables (which involves the public hospital contract work and also includes motor vehicle and Department of Veterans' Affairs patients), and look after the Social Club finances.

"These days we have great systems in place to make sure everything runs as smoothly as possible, and we work closely with the Health Records staff to get it right. With a team of three in receivables, we all look after each other and need to keep communication lines open.

"The public hospital work is a real challenge and we learn new things all the time - there's never a dull moment."



## Pamela Whittaker

*Unit Manager,  
Mental Health Unit*

Pamela has worked in health systems in WA and the UK for more than 25 years in a variety of settings including general and mental health hospital care and community psychiatry.

"In that time I have seen many improvements in the care of people suffering from a mental illness. There are many challenges facing mental health nurses today. Increased monitoring systems and standards as well as a more accountable Mental Health Act means we have to ensure the care we deliver is appropriate, responsive and reflective of current legislation and standards of practice.

"JHC is quite a unique practice environment as we have a mix of public and private patients. The unit also has authorised beds under the Mental Health Act, which means from time to time we detain patients for assessment and treatment.

"An area of major development in mental health is a screening and consultation service for antenatal and postnatal women - an innovative and proactive service that was recently commended by the Australian Council of Health Care Standards. We also provide a service to the Emergency Department, which has made a huge difference in improving patients' access to the appropriate resource."



## Patti Lock

*Co-ordinator Paediatric  
Surgery*

Patti travelled halfway around the world to work at JHC, starting from Trinidad in the West Indies and visiting England, Queensland and South Australia on the way. She joined the operating room team as a Co-ordinator of Paediatric Surgery in December 1998 with more than 14 years of paediatric experience.

"My specialist choice was surgery, and when I first set foot in the operating room I knew I had found my home away from home. The quick situational turnover and the thrill of never having the 'same boring day' any day, still get me excited about coming to work.

"Some cynics say that nurses move to the Operating Room so that they don't have to talk too much to their anaesthetised patients. I don't agree! As an accomplished public speaker I use my skills to make the surgical experience for any patient, but especially for children and parents, less fearful.

"I am also dedicated to ensuring that the teams working in this traumatic environment support each other in developing internal harmony - an environment where all staff feel good about where they work, how they work, who they work with, and go home at the end of a shift feeling that their contribution was worth while."



### Ros Bishop

*Team Leader,  
Environmental Services*

Ros began work at Wanneroo Hospital in 1984 as a casual cleaner on the wards. When the hospital changed to JHC she was promoted to Housekeeping Co-ordinator and two years later to Senior Co-ordinator. She has held her present position for the past 18 months, managing six key areas of the hospital – housekeeping, orderlies, security, patient equipment, laundry, functions and events.

"I manage 93 staff who are dedicated and loyal and so make my job a lot easier. I try to instil teamwork, customer focus, flexibility and honesty in my staff and this combination promotes efficient and professional service.

"I feel I am a key employee within the Mayne Health organisation and offer JHC loyal service and many years of industry knowledge."



### Sonya Elliott

*Social Worker*

"I began working at JHC in June 2002. I have had three years' experience working in hospitals in the UK and in WA, and have also done community aged care work.

"I usually work on the Private Rehabilitation Ward at JHC, but have the flexibility to work across the four Mayne Health hospitals. This is enjoyable and greatly helps my professional development.

"As a Social Worker I work with both patients and their families to identify the service they need after discharge from hospital, for example respite care, social support or residential care.

"It is very rewarding because I help to provide support and practical assistance for patients going through the often demanding transition of hospital to home, or hospital to residential care."



### Elwyn Clement

*After Hours Manager  
(Night Duty)*

"I began work at Wanneroo Hospital in 1980 as Relieving Nurse Supervisor and continue in that capacity at JHC. I am one of five After Hours Managers supported by a Clinical Nurse Consultant each afternoon and night, and at weekends.

"A crucial aim of the After Hours Manager is to ensure a safe environment for all clients and staff at all times. One of the main challenges is better organisation of bed management, sometimes difficult in a climate of high demand. Like most healthcare facilities JHC has staffing issues and the demands on the nursing staff are often extraordinary. However, nurses have coping mechanisms and the ability to function under duress.

"I appreciate the staff's exceptional dedication and loyalty, especially when staffing numbers are not at the optimum level. We aim for proactive management of human resources to ensure that we meet fluctuations in requirements.

"The position is quite challenging at times, particularly when meeting short-term staff shortages as a result of unplanned leave or staff sickness. The ability to predict the future or read minds would certainly help!

"These past 22 years have been very rewarding for me and I have enjoyed meeting every new challenge."



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

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 well-being.

At 30 June 2002 JHC employed 1,163 people in 47 departments.

**Anderson, Karina**  
*Health Information Manager*

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

**Barrett, Helen**  
*Clinical Nurse Manager Banksia Ward  
(parental leave)*

**Bishop, Ros**  
*Housekeeping Manager*

**Black, Sally**  
*Front Office Manager*

**Bowers, Karen**  
*PA to Director of Nursing*

**Briggs, Eileen**  
*After Hours Manager*

**Buchanan, Gae**  
*Acting Clinical Nurse Manager Day Surgery*

**Burns, Brendon**  
*Critical Care Manager*

**Campbell, Kirsten**  
*Manager Occupational Therapy Services*

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

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

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

**Coote, Gail**  
*Clinical Nurse Consultant*

**Cowan, Kempton**  
*Director of Hospital*

**Coxon, Sue**  
*Clinical Nurse Manager Rehabilitation and  
Aged Care – Public*

**Darmody, Karen**  
*Clinical Risk Manager*

**Dillon, Michelle**  
*Clinical Nurse Consultant (parental leave)*

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

**Dunn, Lynda**  
*Clinical Nurse Manager Paediatric Services*

**Elikewela, Ranjan**  
*Executive Chef*

**Glasson, Lyn**  
*PA to Director of Hospital*

**Goodrum, Belinda**  
*Educator*

**Goodwin, Fiona**  
*Clinical Nurse Consultant*

**Grasby, Lesley**  
*Clinical Nurse Manager Theatre*

**Greeve, Kim**  
*Medical Administration Manager*

**Harris, Sally**  
*Clinical Nurse Manager Cassia Ward*

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

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

**Kruenert, Michelle**  
*Clinical Nurse Manager Day Surgery  
(parental leave)*

**Langkester, Lydia**  
*After Hours Manager*

**Legg, Fiona**  
*Clinical Nurse Consultant*

**Lubyj, Jo**  
*Clinical Nurse Manager 2 East Surgical*

**Luong, Samantha**  
*Manager Social Work Services*

**Lynton, Jim**  
*Regional Services Manager – Facilities*

**Lyons, Jody**  
*Area Business Manager*

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

**Mateer, Jane**  
*Clinical Nurse Manager Emergency  
Department*

**McArthur, Lyn**  
*Clinical Outcomes Manager*

**Moen, Debra***Deputy Director of Nursing – Wards***Murphy, Alison***Clinical Nurse Consultant***Nation, Steve***Risk Manager***Nixon, Andrew***Clinical Nurse Consultant***Perera, George***Regional Services Manager***Pickering, Margaret***Manager Patient Liaison***Polden, Narelle***Admissions Supervisor***Powell, Kath***Clinical Nurse Manager 1 East Medical***Prime, Liz***Director of Nursing***Ryan, Micheal***Purchasing Manager***Thrum, Alison***Infection Control Manager***Ward, Lynley***Manager Physiotherapy Services***Ward, Susan***Services Improvement/Communications  
Manager***Whellum, Chris***Deputy Director of Nursing – Theatres/  
Special Units***Whittaker, Pamela***Manager Mental Health Services***Yannakou, Arthur***Regional Manager WA***Young, Michelle***Clinical Nurse Manager Rehabilitation and  
Aged*

**During the year JHC received many donations, some of which are listed here. We gratefully acknowledge and thank all those who have assisted us in this way.**

- Support and time (involving after-hours attendance) from three local Roman Catholic parishes – St Simon Peter's Church, Ocean Reef, Our Lady of the Missions, Whitfords and St Anthony's, Wanneroo.
- Zimmer frame for the Restorative Unit, by Ms Jessie Adams, of Kingsway Tourist Park.
- \$100 for Cassia Ward's Christmas Function, by Mr John Brooke (patient), of Kingsley.
- \$1000 to the Paediatric Department from Pam Gray Real Estate.
- Teddy Bear to the Paediatric Department by Harvey Norman.
- Picture for Cassia Ward by patient Ray Krakouer.
- Parcels of chocolates and sweets for patients on Christmas Day from Year 9 students at Kingsway Christian College.



**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**

.....

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

Would you like your donation to be used for a specific purpose? If so please indicate your choice: \_\_\_\_\_

\_\_\_\_\_

***Thank you for your generosity.***

*Your donation will be acknowledged in writing.*





### Harmony Day, 21 March 2002

JHC celebrated Harmony Day by staff members wearing orange ribbons, distributed by Belinda Goodrum, Multicultural Contact officer, to raise awareness. The Council for Multicultural Australia promotes Harmony Day as an opportunity to reflect on and celebrate Australia's success as a diverse and harmonious nation, and encourages individuals, families, community groups, businesses and Government agencies to take part.

### Fund Raising Activities

- Jeans for Genes Day (3 October 2001) raised \$617
- Breast Cancer Day (November 2001) raised \$265.55
- Shave-a-thon (19 October 2001) – (11 participants) – raised \$3587.95.

### McDonalds McHappy Day, 18 May 2002

The owners of McDonalds Joondalup and Currambine restaurants approached JHC's Paediatric Unit to be part of the annual 'Helping Hands' campaign, culminating in McHappy Day. This is an annual event where for \$1 people buy hand templates, which are displayed at McDonald's restaurants.

The owners wanted to support a local community group in an ongoing partnership. The Paediatric Unit was the beneficiary of the money raised by the campaign, and members of staff from the unit, the Director of Nursing and Front Office Manager were volunteers who took part in McHappy Day by serving hamburgers, drinks, selling helping hands and generally chatting to restaurant customers. The unit compiled two photo boards and these were placed in both stores, raising awareness of JHC's paediatric service and creating a great deal of public interest. The campaign raised \$3050, which was used to buy two tympanic thermometers, a hand-held pulse oximeter and a TV/video unit for asthma education for the unit.

### Nursing Expo, July 2001

JHC took part in the 2001 annual Nursing Expo, aimed at informing and attracting university students. Thirteen students were recruited to JHC as a result of the Expo.

### Christmas in July reunion at Special Care Baby Unit

On Friday 27 July 2001 JHC hosted a 'Christmas in July' morning tea for babies born in July 2000 who were patients in the special care nursery. Sugar & Spice Patisserie in Joondalup donated delicious cakes, and 17 mums and babies (all of whom were born prematurely) came to the party.

According to Gay Hamilton, a midwife and neonatal nurse who works in the dedicated Special Care Nursery, between 14 and 30 babies were admitted to the nursery each month, but July last year was exceptional.

"All the mothers were pleased to get together to compare notes and see how the children have developed," said Pauline Dickson, mother of Finn who was three weeks premature. "I always felt that Finn might be a slower developer than most babies. But seeing him now and the other babies made us all realise how well developed they actually are."

Gay Hamilton says that once over the first hurdle, most babies thrived despite being born prematurely.

### Inaugural JHC Staff Revue, 17 October 2001

More than 400 people attended the inaugural JHC staff revue on 17 October at the Wanneroo Sports and Social Club, which provided the venue free of charge.

Three JHC registrars formed an exotic ethnic dance group called Zorbachoff to be judged the winning act. The night raised more than \$5000, which was used to buy spirometry equipment for the Paediatric Ward and to support the Staff Social Club.



### **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 experienced 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.

# Mayne Hospitals

## Western Australian, National and International Locations

### Western Australia

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

### New South Wales

- Armidale Private Hospital
- Castlereag 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



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