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2 About Joondalup Health Campus

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 existing Wanneroo public hospital and transform it into a modern health campus.

The project involved the construction of a new private hospital, an emergency department, refurbishing and extending the public hospital and providing a host of 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 Western Australian Government. The contractual agreement with the WA Health Department 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. It requires regular reporting on a wide range of indicators to ensure these standards are being met, and provides for the imposition of significant penalties on the operator if standards are not met.

Public or Private – Your Choice

JHC is now in its sixth 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 medical backup. Its proximity to high level services, such as the adult intensive care unit and the neonatal intensive care unit, provides additional assurance.





Kempton Cowan
Director of Hospital



Liz Prime
Director of Nursing

*“ A strong culture of improving performance exists at JHC...
the campus is well advanced in its quality journey”*

- Australian Council on Healthcare Standards (ACHS), 2003

Developing a Culture of Quality

The above endorsement by the ACHS is recognition of the ongoing efforts and commitment from all involved with JHC to provide high quality care and services.

The ACHS identified many aspects of the hospital's performance for particular commendation, including the Quality Management Program itself.

Our progress towards building a culture of improving performance has been achieved in an environment of constantly increasing pressure on services and staff. 2002/03 was another tremendously busy year

for JHC. The number and complexity of admissions continue to rise and, as the communities to the north and east of Joondalup continue to develop, so the demand for our services increases. It is our challenge to meet existing pressures and to plan for the inevitable escalation of demand that accompanies a rapidly growing and ageing population.

The Mayne hospitals division has pioneered a national initiative to address patient safety and quality of care, through the implementation of a clinical governance framework launched in May 2003. This initiative embodies our commitment to continued focus on improvement of clinical

standards, safety and quality principles, and the provision of the best possible care to patients. *Clinical Governance - A Framework for Patient Safety and Quality of Care*, developed and published by Mayne, brings together the safety and quality principles under which JHC delivers clinical care and provides the framework to make it happen. Following on from this, a new Clinical Governance/Risk Unit was set up within JHC, joining key staff involved in Occupational Health and Safety, Infection Control and Incident and Complaints Management - all working closely with the executive team and the Service Improvement Manager.



Mayne also supported the return of responsibility and accountability to individual hospitals with the development of a comprehensive key performance indicator program.

In adopting rigorous quality initiatives, JHC has demonstrated that it constantly evaluates the services it provides and strives to ensure that patients receive the best and most appropriate care for their needs.

Developing Strong Relationships

As part of the evolution of the hospital we have continued to establish, develop or strengthen relationships with various partners and stakeholders.

• With the local community

We have continued to build links with the local community during the year. This has included a number of new appointments to the Community Board of Advice, which continues to provide valuable input to the operations of the hospital. We would like to thank all members of the Board for their efforts, in particular the Chairman, Professor Tony House.

This year saw the formal establishment of our volunteer group, the Companions of Joondalup Health Campus, which now has more than 70 members. The volunteers are a very vibrant and active group who have already made a significant contribution to the culture of the hospital.

We have been represented on the Joondalup Key Stakeholders Group and the Joondalup Regional Marketing Group.

JHC has also been involved with a number of worthwhile community initiatives and employment programs.

We acknowledge the support, encouragement and commitment of local

Members of Parliament, particularly Tony O’Gorman MLA, Ken Travers MLC and Dr Mal Washer MP.

• With the medical community

We would like to thank all members of the Heads of Department / Medical Advisory Committee for their valuable input over the course of the year, in particular the Chairman, Dr Barry Viera.

Last year saw an increased involvement of senior medical practitioners in the work of the Hospital Executive. The Executive has been extended and has benefited from the experience and expertise of Dr Brad Power, Dr Stuart Inglis, Dr David Cruse and Dr Simon Wood.

Earlier this year we signed a Letter of Agreement with the Osborne Division of General Practice (ODGP). The purpose of the letter is to facilitate the cooperation of the two organisations on matters of common interest, for the benefit of general practitioners and the local community.

To further improve communication with local GPs we have coordinated a number of focus groups, facilitated by the ODGP. These spawned a number of useful initiatives including the establishment of a GP Priority Line, ensuring rapid telephone access for GPs to the specialists or services they require. Dr Farid Taba has been very active in his capacity as GP Liaison Manager, which is a joint appointment with the ODGP.

JHC is a substantial contributor to the education of junior medical staff in WA. This was further developed during the year, taking to 21 the number of accredited training positions at JHC across disciplines including emergency medicine, general practice, paediatrics, psychiatry and orthopaedics.

• With the wider healthcare community

JHC has endeavoured to work very closely with the WA Department of Health, to ensure we fulfil our role within the WA health system. This partnership continued to develop over the course of the year.

In November 2002 JHC was invited to join the North Metropolitan Health Service Development Committee (NDC), a strategic body responsible for the maintenance and advancement of the health of the population of Perth’s northern suburbs. This has enabled increased input from JHC into regional health issues and has also contributed to improved relationships between JHC and other health providers in WA.

An example of this increased engagement is the appointment of Shane Combs, Nursing Co-Director, Emergency Department, to represent JHC on the management group of the NMHS Ambulatory Care Project. The project includes a residential care line trial for six nursing homes/hostels to determine whether access to medical advice by phone can reduce the pressure on the Emergency Department. The initial results have been positive.

JHC has also further developed a number of important strategic partnerships with aged care providers in the region.

• With the veterans’ community

Earlier this year the Minister for Veterans’ Affairs announced the accreditation of Joondalup Private Hospital as a Tier 1 hospital. As a result, veterans holding gold or white cards have unrestricted access to JHC.

We anticipate that the local veterans’ community will welcome the increased opportunity to access high quality private health care locally. To assist veterans during their stay, we have appointed a Veterans’ Liaison Officer and Discharge Nurse.

Developing our team

Patients at JHC are under the care of some of Perth's leading specialists, many of whom have consulting rooms on-site. Over the past year, in response to growing demand in the region, there have been a number of new appointments in ENT, orthopaedics and general surgery.

We have achieved a high degree of stability in both the executive and middle management teams over the past two years, which has had a very positive impact.

JHC has been actively involved in strategies for attracting and retaining nursing staff in meeting the needs of the community and addressing the national nursing shortage.

In February 2003 WA Mayne hospitals joined the Mayne national agreement for a preferred provider for Agency Nursing Staff. The intention was to reduce the use of agency staff, thus improving patient care by providing continuity of nursing care from our own staff. This has resulted in improvement to patient care, better control over quality of agency staff and increased job satisfaction for JHC staff.

Developing our infrastructure

JHC's Emergency Department at JHC has undergone an extraordinary period of growth and development over the period 1996-2003. It has transformed into a busy urban ED with a diverse case mix and steadily increasing acuity. This transition, in

particular the increased complexity of cases and the substantial paediatric activity, has continually presented challenges.

The department was initially constructed to service 25,000 patients per year, but the attendance figure for 2002/2003 was more than 40,000.

As the activity in the department has increased, many system changes have been initiated to maintain and improve the level of services. There is limited scope for further system changes that will make an appreciable difference to its capacity. In view of the anticipated escalation of the population growth in the region, we are currently progressing plans for a significant redevelopment of the department along with associated facilities.



One indicator of the region's rapid population growth is the apparently insatiable demand for car parking at the hospital. In response to this, the car parks have been extended to create an additional 260 bays, including large numbers of short-stay bays to encourage a rapid turnover.

In conclusion

The year under review saw many further milestones in the continued evolution of JHC.

In the relatively short history of this hospital, it has made a significant contribution to the development of health services in WA. It is a contribution of which the thousands of people involved to date can be very proud. It is their continued commitment

that will continue the hospital's evolution in the future.

We would like to thank all involved for their past and ongoing commitment, dedication and support.



KEMPTON COWAN
Director of Hospital



LIZ PRIME
Director of Nursing



JHC is committed to quality care and provides a comprehensive range of services. These include:

- 365 beds
- A 10-bed Intensive Care/Coronary Care Unit
- A comprehensive Emergency Department
- A dedicated Paediatric Ward
- A purpose-built Mental Health Unit, including secure accommodation
- Dedicated Day Surgery and Endoscopy Units
- A purpose built Restorative and Day Therapy Unit
- Day Oncology/Chemotherapy Services
- An Operating Suite comprising seven theatres, a dedicated central sterile supply unit and a 12 bay recovery ward

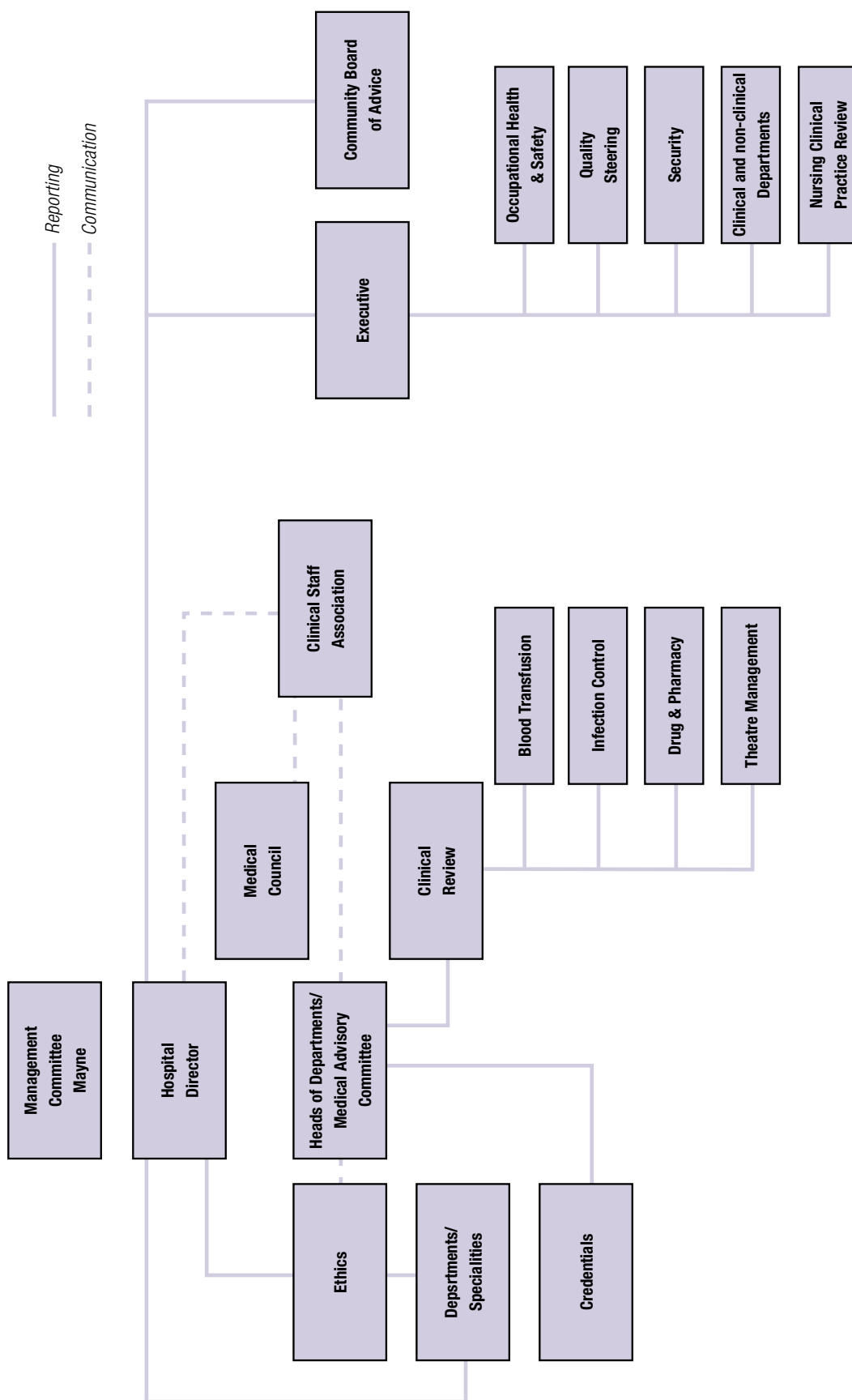
- A Renal Dialysis service
- A Neonatal Intensive Care Level II nursery
- A full range of Allied Health services including:
 - Physiotherapy
 - Occupational Therapy
 - Dietetics
 - Speech Pathology
 - Social Work
- A gymnasium and hydrotherapy pool
- A clinical library
- On-site 24 hour Medical Imaging (Radiology) services
- On-site 24 hour pathology laboratory service
- Nuclear Medicine
- A pharmacy
- 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.



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Committee Structure



The Board had another busy year providing feedback, advice and support to the hospital management team while fulfilling its primary role of reviewing service outputs on behalf of the community. The hospital again maintained its key performance indicators at national and international standards, including the management of average length of stay.

More comprehensive reporting of service improvement and patient satisfaction has improved the information provided to the Board, which now includes trending in patient and consumer feedback and complaints.

This year saw some changes to the Board membership to include an additional category of membership, a member of the State Government. The Board was pleased to welcome Tony O’Gorman, MLA for Joondalup.

Other changes were to farewell Penny Brown from the Department of Health and welcome Craig Leatt-Hayter. Both Wanneroo and Joondalup City changed their representatives with outgoing Councillors Louise McNamara and Ian Goodenough replaced by Dot Newton and Rudi Stephens, and Andrew Patterson and Don Carlos replaced by Alison Walker.

I would like to thank all members for their valuable contribution over the past year and look forward to the Board continuing its positive contribution to JHC.

Prof. Tony House, Chairman

Members of the Community Board of Advice at 30 June 2003:

Prof. Tony House, Chairman
University Dept of Surgery

Ms Nadia Maiolo
Community youth representative

Dr Barry Vieira
JHC medical representative

Mr Neville Lane
Community representative

Mr Craig Leatt-Hayter
Department of Health representative

Ms Alessandra D’Amico
Community Representative

Tony O’Gorman MLA
State Government representative

Rev. Gerry Doyle
Pastoral Care, JHC

Mr Gary Stokes
Community representative

Ms Lyn James
Community representative

Cr Andrew Patterson
City of Joondalup

Cr Dot Newton
City of Wanneroo

Cr Rudi Steffens
City of Wanneroo

Cr Allison Walker
City of Joondalup

Mr Kempton Cowan
Director of Hospital

Ms Liz Prime
Director of Nursing



Medical Advisory Committee

The Head of Department Medical Advisory Committee (HOD/MAC) is the formal organisational structure through which accredited practitioners formulate and communicate their collective views.

HOD/MAC consist of one representative of each department and met six times between 1 July 2002 and 30 June 2003. The committee's objectives include:

- Providing a means for practitioners to participate in the policy-making and planning processes of the hospital
- Advising the Director of Hospital of appropriate policies for the clinical organisation of the hospital
- Planning and managing a continuing education program for members of the Medical Council
- Participating in the planning, development and implementation of quality programs of the hospital
- Assisting in identifying the health needs of the community and advising the Director of Hospital on appropriate services
- Reviewing recommendations for appointment of practitioners
- Consulting with Heads of Departments to ensure satisfactory on-call or availability arrangements
- Ensuring accredited practitioners comply with JHC bylaws.

Members of HOD/MAC at 30 June 2003:

Dr Barry Vieira, Chairman

Chairperson/Restorative & Aged Care

Dr Brad Power

Vice Chairperson/Medical Director

Dr David Cruse

Emergency

Mr Tony Geddes

Orthopaedics

Mr Rob Goldman

General Surgery

Dr Stuart Inglis

Anaesthetics

Dr Jay Natalwala

Obstetrics & Gynaecology

Dr Martin Phillips

Respiratory Medicine

Dr Stephen Richards

General Medicine

Dr Farid Taba

GP Liaison Officer

Dr Peter Thompson

Cardiology

Dr Steve Ward

Diagnostics

Dr Patrick Summerville-Briggs

Surgical Sub-Specialites

Dr Rama Naidoo

Paediatrics

Dr Mike Oehlers

General Practice

Dr Paul Skeritt

Psychiatry

Mr Kempton Cowan

Director of Hospital

Ms Liz Prime

Director of Nursing

Clinical Review Committee

The Clinical Review Committee consists of one representative from each hospital department. It meets at least four times a year to monitor and evaluate clinical outcomes, and reports to the HOD/MAC.

Activities undertaken by the Committee in the 2002 / 2003 financial year included the review of three clinical cases, review of length of stay, morbidity and mortality, unplanned readmissions and patient transfers.

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

Members of the Clinical Review Committee at 30 June 2003:

Dr Stuart Inglis,

Head of Anaesthetics

Dr Agatha van der Schaaf

Nuclear Medicine

Mr Rob Goldman

Department of Surgery

Dr David Cruse

Emergency Medicine

Dr Jake Harper

Aged Care & Rehabilitation

Dr Grant Luxton

Renal

Dr Vasantha Preetham

General Practice

Dr Vince Chapple

Obstetrics & Gynaecology

Dr Mark McAndrew

Psychiatry

Mr Soo Tee Lim*Orthopaedics***Mr Ian Gollow***Paediatrics***Mr Kempton Cowan***Director of Hospital***Ms Liz Prime***Director of Nursing*

Capital Expenditure

JHC has a capital expenditure budget of almost \$1 million per annum, which is used to ensure that the equipment and patient support services meet the requirements of the Department of Health Private Licensing and Standards Unit and the Australian Council on Healthcare Standards.

Equipment is replaced on a regular basis to minimise risks to patients and to maintain their comfort. New equipment is purchased to support new procedures in operating theatres and other clinical services as technology develops and changes.

In 2002/03 the expenditure was used as follows:

- 53% on theatre equipment, cardiac monitors and other ward equipment
- 30% on patient support services, including
 - new tiling and shelving in the kitchen
 - hospital signage
 - electronic locking doors
 - safety matting for laundries.
- 8% on new mattresses
- 7% on office equipment
- 2% on furniture.

Quality Report

JHC has been accredited by the Australian Council on Healthcare Standards (ACHS) since May 1999. The hospital's quality culture has continued to grow with a strong consumer focus ever since.

JHC actively seeks feedback from patients in several ways. Patients may fill in satisfaction cards (available at the bedside) which provide a daily 'snapshot' - most of which are complimentary of the care and service received. Patients also comment

on areas they are not satisfied with, allowing deficits to be rectified promptly. Comments from the patient feedback cards relate to staff being 'professional, friendly, caring and happy.'

For a broader range of feedback JHC uses both in-house satisfaction surveys and external surveys by Press Ganey & Associates, a national benchmarking company, and the Department of Health to compare patient satisfaction with industry benchmarks. Where areas fall below benchmark, action plans are formulated and implemented to improve performance. Examples of improvements following patient feedback include providing parking permits for renal dialysis patients, providing more parking bays generally and improving signage throughout the hospital.

Proactive improvements during the year include a comprehensive review of nursing documentation, strategies to reduce falls and the introduction of 'Smart Moves', a manual handling process.

Outcomes from these initiatives include demonstrable reductions in patient falls and a demonstrable drop in Lost Time Injuries (LTIs).

Continuing its success in gaining a range of quality accreditations, JHC this year gained the maximum three-year 'Baby Friendly' accreditation awarded by the Australian Breastfeeding Association. In October 1999 JHC became the first hospital in WA to achieve this status.

Statistics indicate that the population in the north-west metropolitan region will reach 415,495 by 2021 and that by 2011, one in five WA babies will be born to women in the Joondalup area.



Promoting a Culture of Quality

The Quality Action Group (QAG) helps to promote a culture of quality at JHC. Members encourage colleagues to strive for excellence in patient care and services. QAG meets bimonthly and is an integral part of the quality management program at JHC, identifying and implementing strategies to improve patient satisfaction. Strategies include in-house satisfaction surveys, audits and assisting with the maintenance of policy and procedures. Individual areas work in teams and are responsible for quality activities, ongoing education and supporting the continuous improvement ethos at JHC.

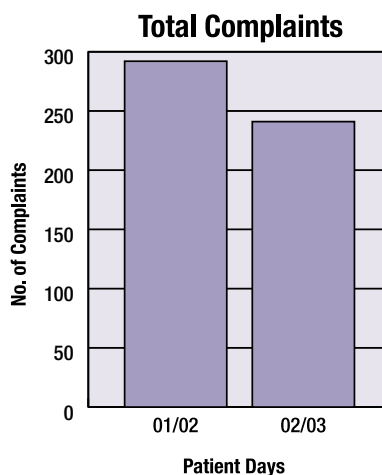
Committees representing the following areas are in place to support the quality of care: Blood Transfusion, Nursing Clinical Practice Review, Clinical Review, Credentialling, Drug and Pharmacy, Ethics, HOD/MAC, Infection Control, Occupational Health and Safety and Theatre Management.

Complaints Process

Systematic complaint management ensures families and support persons can discuss their issues with a staff member specifically designated to represent their interests. This may result in face-to-face contact to resolve an issue or to provide reassurance about a problem. Information for patients on how to make their complaints known is provided throughout the hospital.

The graph below demonstrates that the total number of patient complaints dropped significantly from 01/02 to 02/03 despite an increase in activity. Complaints related mostly to communication issues, consistent with findings by the Metropolitan Health Service Health Complaints Coordinators Network of which JHC is a member.

Office of Health Review statistics show a reduction in the number of complaints from 37 in 2001/2002 to 29 in 2002/2003. There was also a major reduction in the number of cases resolved partly or mainly in favour of the complainants, from 12 in 2001/2002 to four in 2002/2003.



Emergency Department

The Emergency Department continues to serve the northern suburbs community. Activity for the last 12 months was similar to the previous year. Of note was an increase of 646 in Triage 5 presentations.

	02/03
Triage 1 (urgent)	218
Triage 2	3,193
Triage 3	12,705
Triage 4	21,927
Triage 5	2,159
Total	40,202

This year saw some major staff changes with Shane Combs being appointed as Nursing Co-Director. Jane Mateer, previously the department's Clinical Nurse Manager for 18 months, changed her focus and is now the Clinical Nurse Consultant responsible for education. Her expertise and that of her team was recognised by an invitation to present paediatric education workshops in two remote regions of WA, Kalgoorlie and Karratha.

The department maintains a comprehensive program for undergraduate and post-graduate staff. Resident Medical Officers and nursing staff doing the ED post-graduate course rotate from Sir Charles Gairdner Hospital and continue to give positive feedback about their clinical education at JHC.

As with all emergency departments in Perth, there were challenges. Increasing demands on the department resulted in an increase in the level of ambulance bypass to ensure safety within the department. A possible contributing factor to the increase in bypass may have been the introduction of a third ambulance in the Joondalup area.

During the year 28% of ED presentations (32% of adults and 18% of children) were admitted. The transfer rate to Perth hospitals was 2.4%.

Patient Liaison Officers

The role of the Patient Liaison Officers (PLOs) in the Emergency Department is to ensure privately insured patients are fully informed about both the costs and the benefits of electing to be treated privately.

PLOs escort all private patients to their room in the Private Hospital and explain how to operate the nurse call system and other features of the room to ensure a smooth transition to the ward. They work from 10am to 11pm on weekdays and from 7.45am to 11pm on public holidays and weekends.

Last year privately insured patients comprised 22% of hospital admissions from the Emergency Department.



Antenatal Clinic

The Antenatal Clinic includes a midwife booking service, antenatal psychological screening, a diabetic clinic, an acute gynaecology and first trimester clinic, and an outpatient maternity service.

Outpatient attendance at the Antenatal Clinic rose from 13,149 to 14,066 during the year, a 7% increase over last year. While booking volumes were steady, the small increase in attendances was due to a reduction in bulk billing by GPs. Only 55% of women chose the option of 'shared care' with their GP.

The greatest increase in volume was through the acute gynaecology and first trimester clinic, which saw an increase of 200% in client numbers over last year (from 157 to 470). The gynaecology clinic was introduced last year to cater for acute gynaecology and first trimester problems, with referrals made from the emergency department or directly from GPs' rooms. The aim is to streamline the treatment process to avoid extended waiting periods in the Emergency Department.

Obstetrics and Gynaecology

There were 1467 deliveries during the year (341 private and 1126 public), an increase of 3.4% over last year. The caesarean section rate was 26% of all deliveries, remaining constant.

JHC's obstetric home visiting services visited 908 mothers (73 private and 835 public patients) discharged between 48 and 72 hours following delivery. Sixty-two percent of all babies delivered at JHC received a home visit after discharge.



Surgical and Theatre Services

JHC's surgical division provides a high standard of care to the northern suburbs community and continues to help reduce waiting lists by performing a significant component of Central Wait List Bureau activity.

There were 12,539 procedures during the year, 811 more than last year.

Changes in personnel included Mr George Kubacz retiring after many years of service at both Wanneroo and Joondalup. Other doctors to leave were Dr Catherine Harris (obstetrician), Mr Sydney Weinstein (urologist) and Mr David Gill (orthopaedic surgeon).

The division welcomed Mr Greg Dorfman, Mr Kevin Dolan and Mr Simon Weight (general surgeons) and Mr Sean Williams and Mr Homan Zandi, who joined the orthopaedic team.

Dr Tuan Pham, an Ear Nose and Throat specialist, returned to JHC after twelve months studying in the USA.

Renal Unit

The Renal Dialysis unit operates six days a week and currently treats 20 patients per day.

The unit's practices are under review to enable more patients to be treated, and there are plans to upgrade the renal dialysis machines.

Staffing

JHC employs more than 1200 staff including approximately 600 nursing staff (full time, part time and casual), 234 medical staff and a team of clerical staff, managers and executive members. On-site laundry, housekeeping and catering services are also provided.

JHC has been active in developing strategies to attract and retain nursing staff to meet community needs. In February 2003 WA Mayne hospitals joined the national

agreement for a preferred provider for agency nursing staff. The aim is to reduce the use of agency staff and improve patient care by providing continuity of care from hospital staff.

All WA agencies were required to apply to become a provider, and were only accepted when they met all specified criteria. The criteria included appropriate quality checking of staff for registration and education, proof of competency for individual nurses, appropriate indemnity and agreed fees. Origin Healthcare (Healthstra in WA) was appointed as the preferred provider, and certain other agencies were listed as secondary suppliers. The initiative was very successful and has resulted in improvement to patient care, better control over quality of agency staff and increased job satisfaction for JHC staff.



Training and Education

The JHC Education Department provides a two-day orientation to all new staff at both JHC and Glengarry Hospital. The orientation aims to give staff a smooth transition to their new working environment and is conducted monthly.

The Education Department also coordinates an ongoing nursing education program based on the needs of staff, new procedures and the introduction of new technology. The objective is to facilitate ongoing improvements in nursing practice and give staff the opportunity to advance in the speciality of their choice.

In the past year the department ran three new, innovative programs that provided certification on satisfactory completion of the course. The programs were:

- An orthopaedic program for junior and graduate nurses
- A plastic surgery study day to develop skills in the care of skin grafts, flaps and breast reconstructive surgery

- A Clinical Nurse/Senior Nurse development day, including topics such as clinical governance, conflict management, performance management, key performance indicators and complaint management. The objective of this course was to give nurses skills to coordinate clinical areas and enhance promotion opportunities.

In total last year the department provided 13 major programs attended by 323 participants (an average of 24 participants per course).

The department also processes applications to attend external courses. During the year there were 141 applications, 132 of which were granted.

Other major functions performed by the Education Department are:

- Coordinating the two Graduate Nurse programs, a generalist program and a perioperative program
- Supporting nursing students by providing placement for students from all WA universities that provide nursing courses
- Running a Critical Care course in affiliation with the Australian College of Critical Care Nurses.



Risk Management, Occupational Safety and Health

There were 235 reported staff accidents/incidents during the year, an increase of 4% over last year. Only 19 Lost Time Injuries (LTIs) resulted from these accidents or incidents, a 30% reduction from the previous year.

The no-lift 'Smart Moves' patient handling program was rolled out in September 2002 and by June 2003 was 90% completed.

JHC demonstrated a long-term commitment to this important area of staff safety by appointing a 'Smart Moves' Coordinator in June 2003. The program has assisted in reducing LTIs at JHC.



JHC strongly supports the rights of its staff to conduct their work in a non-violent environment. A local Violence Prevention Working Party was established to look at both short and long-term strategies to reduce workplace violence.

Infection Control

Infection Control is provided by a team comprising a consultant infection control nurse from HICMR Pty Ltd, a leading national infection control company, supported inhouse by an Infection Control Coordinator.

Initiatives in the area of infection control include:

- Purchase and implementation of dedicated standard IV trolleys for each clinical area in April 2003, promoting a more efficient and aseptic insertion of IV cannulas by medical and nursing staff
- Trial and subsequent implementation of a Microshield hand gel in March 2003 to assist in the reduction of hospital acquired infections
- 480 staff members made use of the free flu vaccination program in April 2003, a 17% increase over last year
- Following the successful expansion of the staff vaccination program that now includes varicella (chicken pox), MMR (measles, mumps and rubella) and hepatitis B, consideration is being given to including tetanus in the program.

Health Records Department

During the year the Health Records Department continued to provide a large range of services and meet increasing demands, both internal and external. These services include provision of records for Emergency Department attendances, clinics and requests, medical typing, clinical coding, responding to release of information requests and providing data for clinical and contractual management, resource planning and quality programs.

Department staff have been able to meet the increasing demands by contributing to an effective team approach, which ensures that hospital and contractual billing and reporting deadlines are met. Clinical coders continue to manage large volumes of clinical coding with consistently high levels of accuracy. The department is training a new graduate clinical coder to assist in meeting the coding deadlines.

The Health Information Manager, Freedom of Information Officer and a clinical coder are involved in staff orientation, which allows the department to promote its activities and responsibilities to new staff starting at JHC.

The Freedom of Information Officer provides access to health information under the relevant legislations in response to the continually increasing number of requests.

Quarterly clinical reports are provided to Heads of Department and Clinical Nurse Managers for clinical review and benchmarking purposes. These reports include length of stay outliers, clinical indicators, departmental mortality, departmental Top 20 DRGs, hospital Top 50 DRGs, unplanned readmissions and hospital transfers.

The Health Information Manager and deputy Health Information Manager are members of a committee reviewing all forms used at JHC, aimed at reducing duplication of information and improving work practices.

During the year the department provided professional placements for three Health Information Management students from Curtin University. In the past this has resulted in some excellent students joining the casual staff pool.

The department also successfully participated in the Edge Employment Solutions work placement program that facilitates the placement of workers with disabilities into mainstream work environments.

The department receives many requests from patients and/or their representatives to access medical records. Applications are dealt with under the Freedom of Information Act 1992, the Privacy Act 1988 and Section 160 of the Mental Health Act 1996.

Amendments to the Privacy Act in December 2001 led to an increasing awareness of the right of individuals or their representatives to access health information and has resulted in an increase of FOI requests over the last few years. (See table below.)

The department also deals with many requests for medico-legal reports to assist in police matters, personal injury, criminal injury and motor vehicle accident claims. The department also receives subpoenas to provide records to the courts in support of care and protection orders, Family Court proceedings and Workers' Compensation claims.

Pastoral Care

The Pastoral Care Department works in a multi-faith, multi-cultural manner to support the spiritual belief and value systems of the whole community. It is staffed by a full-time coordinator and a team of pastoral associates and volunteers, and reflects JHC's commitment to holistic care.

At any hour of the day or night a member of the Pastoral Care team is at the bedside of a patient, in the Emergency Department, in Critical Care or the Restorative Unit helping patients and their loved ones through times of crisis and loss.



Vacation Care

JHC's on-site Vacation Care has been in operation since December 2000. Family and Children's Services (FACS) originally licensed the service for 30 places, which JHC was successful in increasing to 45 in April 2003.

Vacation Care operates between 6:30am and 6:30pm on weekdays and during the school holidays.

Financial Year	FOI Act 1992	Privacy Act 1988	Section 160 Mental Health Act 1996
July 2000 – June 2001	209	22	30
July 2001 – June 2002	242	15	24
July 2002 – June 2003	268	26	17

Catering Department

The Catering Department has 51 full time and part-time staff who produce 40,000 meals per month. It offers a comprehensive catering service to patients and staff, and provides an in-house functions catering service.

Implementation of the Hazard Analysis Critical Control Point (HACCP) System, a preventative and systematic approach to managing food safety risks, has allowed the department to:

- Comply with the new Australia and New Zealand Food Association (ANZFA) standards
- Measure and define commitment to quality assurance in food safety
- Improve knowledge of food preparation, skills and processes in the healthcare industry
- Improve management by further defining responsibilities.

The system also promotes customer recognition of a commitment to food safety, and ensures competent staff trained to strive for excellence in food safety.

Hotel Services

Security

JHC's security services provide roving patrols of all car parks and buildings, monitoring security of all areas of the hospital.

Laundry

It's washday every day at JHC. Twenty staff sort and load the huge washing machines, dryers and folding machines. On average the laundry processes 70, 000 kg of items per month and provides linen to all wards on a daily basis. All theatre linen and Central Sterilising Supply Department (CSSD) packs are processed and packed in a sterile CSSD room. A linen service is also provided to the specialist Medical Centre.

Housekeeping/Orderlies

This unit is responsible for non-clinical services to the hospital such as cleaning, collection and removal of all waste, including hazardous materials. It also assists nursing staff with patient lifting and transporting patients to and from the medical centre for procedures.

All Hotel Services staff are customer focused and work well as a team to provide a round-the-clock service.



Materials Management

A staff of eight Purchasing and Supply Department personnel services the needs of all its customers – JHC, the JHC Medical Centre, Glengarry Hospital and Princess Medical Centre, Balga.

The department works with other Mayne WA Hospitals in reviewing and rationalising stock holdings, vendor management and purchasing and supply processes.

The past year saw the decentralisation of the purchasing function with the return to site of the Melbourne-based purchasing cell. This has resulted in a more timely processing of Purchase Orders, an opportunity to reduce the number of orders being processed and reducing the number of blocked invoices, ensuring continuation of supply of stocks as well as enhancing relationships with external suppliers.

An on-line faxing of Purchase Orders feature was introduced with significant impact on the purchasing process. Time taken to fax purchase orders has been eliminated, and purchase orders are assured of arriving at their intended destination.



The department continues to review warehouse stocks to ensure compliance with Mayne's existing National Purchasing Contracts, and monitoring of obsolete stocks is ongoing.

The challenge to staff continues to be the ongoing review of stock levels at both warehouse and imprest store levels to maintain optimum stock levels and manage supply cost.



2003 was a very rewarding year for the Companions of Joondalup with the considerable expansion and use of services from the volunteer program.

Volunteers are rostered on from 6.30am for patient escort, with evening rosters up to 8.30pm and the introduction of regular weekend attendees all well received.

Previously activities were confined mainly to the wards, but now there are regular rosters at the reception desk in the specialist Medical Centre, Oncology Department, Occupational Therapy and Day Surgical units. The general office and Education Department also use the help of volunteers.

To help ease anxiety for patients being admitted and in keeping with JHC's focus on patient care, there is provision for patients on admission to be escorted to their designated treatment area.

The introduction of the free book service to all wards and the Emergency Department daily has proved an excellent idea. The sweets trolley service remains a favourite and awaited activity for most patients (and often for staff).

Regular fund raising functions will be held throughout the coming year, with raffles and donated craft items to be sold from a table in the hospital foyer.

Public Relations

In July 2002 Susan Ward was appointed as Communications Manager to promote good news stories about JHC within the hospital and in the local community newspaper.

An early initiative was introducing a media board, located in the main foyer. The board houses patient feedback, complimentary letters to the hospital and letters to the Editor of the community newspaper. Consent is sought from patients and their families, giving them the opportunity to be in a photo capturing a special visitor to JHC.

Photos and media releases sent to the local paper for publication are also posted on the media board.

In the last year JHC has had visits from Captain Starlight to the Paediatric and Day Procedure Unit. Members of Carlton Football Club spent several hours meeting and talking to some of our paediatric patients. Minister for Health Bob Kucera toured JHC, congratulating staff on their hard work and successful ACHS Accreditation and taking time to meet patients and families.

Overseas visitors included a team of health care professionals from Manila, who came to gather ideas on renovating a hospital in the Philippines.



CLINICAL INDICATORS - PUBLIC PATIENTS ONLY

INDICATOR	NUMERATOR	DENOMINATOR	TOTAL %	THRESHOLD %	
ACHS HOSPITAL WIDE MEDICAL INDICATORS					
1.1	The percentage of patients with a LOS \geq 7 days who develop post-operative pulmonary embolism.	2	799	0.25%	0.38% or lower
2.1	The percentage of patients unexpectedly readmitted for the same or a related condition within 28 days of discharge.	214	26429	0.81%	1.81% or lower
3.1	The percentage of unplanned returns to the operating room during the same admission.	26	7963	0.33%	0.47% or lower
ACHS INTERNAL MEDICINE INDICATORS					
1.1	The percentage of AMI patients who receive thrombolytic therapy within one hour of presentation.	36	36	100.00%	79.05% or higher
8.1	The percentage of acute asthma patients for whom there is documented objective assessment of severity on admission.	50	54	92.59%	92.03% higher
ACHS OBSTETRICS AND GYNAECOLOGY INDICATORS					
1.1	The percentage of induced patients who undergo induction of labour for other than defined indicators.	45	401	11.22%	33.34% or lower
1.2	The percentage of patients delivering who undergo induction of labour for other than defined indicators.	45	1167	3.86%	8.56% or lower
4.1	The percentage of delivering patients who undergo primary caesarean section for foetal distress.	36	1167	3.08%	3.55% or lower
7.1	The percentage of term babies transferred to a neonatal intensive care unit for reason other than congenital anomaly.	13	1090	1.19%	1.17% or lower
8.1	The percentage of patients receiving a blood transfusion for gynaecological surgery.	2	94	2.13%	4.22% or lower
ACHS DAY SURGERY/ ENDOSCOPY INDICATORS					
1.1	The percentage of patients booked into the day procedure unit who fail to arrive.	28	4635	0.60%	0.78% or lower
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	4607	0.07%	0.28% or lower
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.	11	4607	0.24%	0.29% or lower

CLINICAL INDICATORS - PUBLIC PATIENTS ONLY

ACHS EMERGENCY MEDICINE INDICATORS

1.1	The percentage of triage category 1 patients who are attended to immediately.	204	218	93.58%	98.83% or higher
1.2	The percentage of triage category 2 patients who are attended to within 10 minutes.	1898	3193	59.44%	74.38% or higher
1.3	The percentage of triage category 3 patients who are attended to within 30 minutes.	5643	12705	44.42%	60.95% or higher
1.4	The percentage of triage category 4 patients who are attended to within 60 minutes.	8808	21927	40.17%	61.79% or higher
1.5	The percentage of triage category 4 patients who are attended to within 120 minutes.	1532	2159	70.96%	83.63% or higher

ACHS SURGICAL INDICATORS

3.1	The percentage of patients who develop a post-operative infection following total hip joint replacement.	0	70	0.00%	1.37% or lower
6.1	The percentage of patients who have a neurosurgical infection in hospital.	0	154	0.00%	1.9% or lower
7.1	The percentage of patients having a laparoscopic cholecystectomy with a bile duct injury requiring operative intervention.	0	165	0.00%	0.46% or lower
8.1	The percentage of elective AAA repair patients who die within the same admission.	0	7	0.00%	3.13% or lower
9.1	The percentage of patients who have a significant reactionary haemorrhage following tonsillectomy.	0	34	0.00%	0.75% or lower

ASHS PAEDIATRIC INDICATORS

2.1	The ALOS for all episodes of children admitted with a primary diagnosis of asthma.			1.69	
2.2	The ALOS for all episodes of children admitted with a primary diagnosis of asthma, excluding same day admissions.			1.74	
2.3	The percentage of children with a primary diagnosis of asthma, who have a readmission to hospital for asthma within 28 days of discharge.	8	215	3.72%	4.37% or lower

ASHS PSYCHIATRIC INDICATORS

7.1	The percentage of mental health patients unexpectedly readmitted for the same or a related condition within 28 days of discharge.	16	476	3.36%	9.25% or lower
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Anderson, Karina
Health Information Manager

Barnes, Heather
After Hours Manager

Barnes, Sylvana
After Hours Manager

Barrett, Helen
Clinical Project Officer

Bishop, Ros
Housekeeping Manager

Black, Sally
Front Office Manager

Bowers, Karen
PA to Director of Nursing

Briggs, Eileen
After Hours Manager

Brown, Shona
Coordinator Oncology Unit

Buchanan, Gae
Clinical Nurse Manager, Day Surgery

Burns, Brendon
Clinical Nurse Manager, Critical Care Unit

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

Dobbin, Di
*Supervisor - Switchboard/Mail room/
After Hours GP Clinic*

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
Clinical Nurse Manager, 2 East Surgical & 1 East Orthopaedics

Goodwin, Fiona
Clinical Nurse Consultant

Grasby, Lesley
Clinical Nurse Manager Theatre

Greeve, Kim
Medical Administration Coordinator

Harris, Sally
Clinical Nurse Manager Cassia Ward

Holt, Karen
Manager Speech Pathology Services

How, Chris
Clinical Nurse Consultant

Kavanagh, Jo
Education Coordinator

Kruenert, Michelle
Clinical Nurse Manager Day Surgery

Lankester, Lydia
After Hours Manager

Ledsome, Jane
Supervisor Private Reception/Medical Suites

Legg, Fiona
Clinical Nurse Consultant

Luong, Samantha
Manager Social Work Services

Lynton, Jim
Regional Services Manager – Facilities

Lopez, Jody
Area Business Manager

Marzo, Ces
Manager Dietetic Services

Mateer, Jane
*Clinical Nurse Consultant -
Emergency Dept*



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***Thorne, Bev***Supervisor - Public Reception/Ward Clerk Relief***Ward, Lynley***Manager Physiotherapy Services***Ward, Susan***Services Improvement/Communications Manager***Whellum, Chris***Deputy Director of Nursing – Theatres/ Special Units***Whittaker, Pamela***Clinical Nurse Manager Mental Health Services***Young, Michelle***Clinical Nurse Manager Rehabilitation and Aged Care Unit – Private*