



● Joondalup Health Campus



● Annual Report 2004

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.

Coordinated 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.

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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 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 special care unit, provides additional assurance.

Highlights of the Year

- The Physiotherapy Department successfully obtaining four-year reaccreditation through the Quality Endorsement Program of the Australian Physiotherapy Association, recognition that it continues to provide a high quality physiotherapy service.
- The reconfiguration of the private hospital in the past year, resulting in the formation of separate medical, surgical and orthopaedic wards. This provides patients with nurses who have specific knowledge and skills in these specialties.
- 28 JHC staff members worked in the medical centre at the City to Surf fun run, ensuring that the 19,000 participants had access to medical care.
- The installation of EDIS (Emergency Department Information System, used by all major public EDs in Perth) in JHC's Emergency Department.
- The construction and opening of a four-bed Observation Ward next to the JHC Emergency Department, increasing the cubicle capacity from 17 to 21 treatment spaces.





Kempton Cowan
Director of Hospital

The past year has again been both challenging and rewarding, as is always the case. However, I believe we have made substantial progress in the past very busy year. Some key statistics and trends are shown on the following pages.

The focus is currently twofold:

- A service role in the current provision of safe, high quality clinical services to the local community (as addressed in the Nursing Services Report); and
- Increasingly, an advocacy role in endeavouring to ensure current health services planning adequately addresses the future needs of the rapidly growing and ageing population of Perth's northern suburbs, and that appropriate commitments are made now to ensure this is achieved.

It is now commonly accepted that the demand on JHC has outgrown its physical capacity, and the pressing need for redevelopment of the facility has been acknowledged. The State Budget handed down on 6 May 2004 included a \$24 million capital commitment for a remodelling of the Emergency Department, further development of the Operating Theatres, and an additional 75 public beds over the next five years.

While the hospital welcomed this commitment, the timing of the redevelopment remains of concern. Accordingly we have independently commenced the planning and design stage and see an urgent need to accelerate the process to ensure our future ability to meet the rapidly increasing needs of our community.

Other significant developments over the past year include:

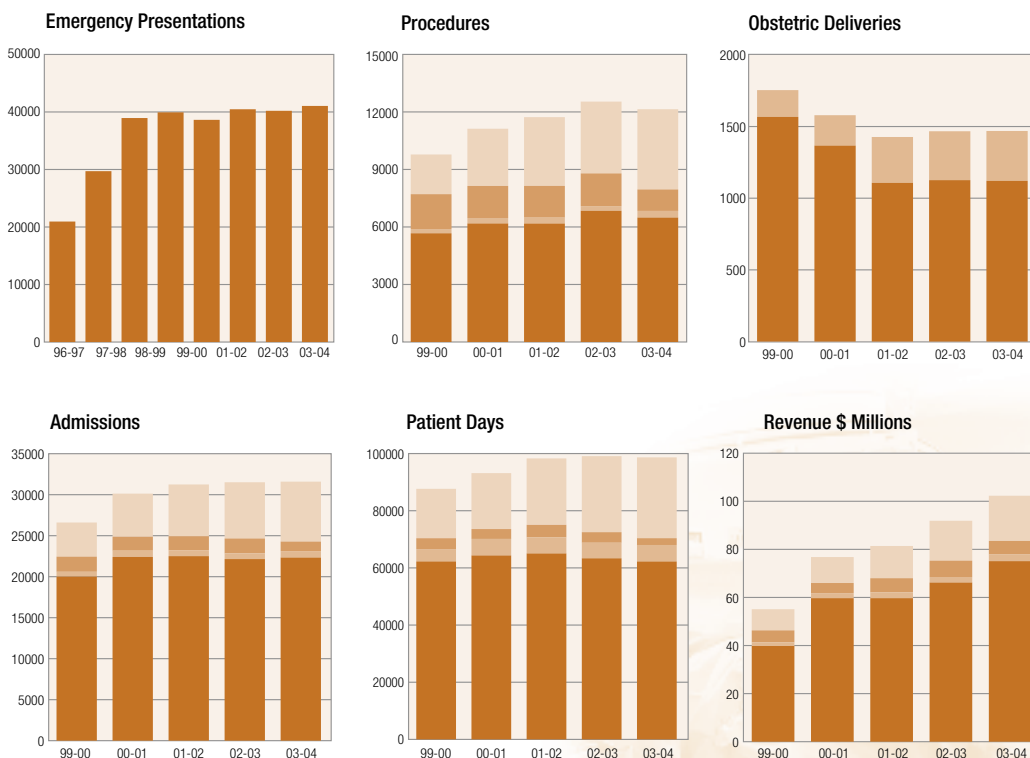
- In December 2003 the 53 hospitals owned by Mayne Health, including JHC, were sold to the newly created Affinity

Health group, the ownership of which includes Ironbridge Capital, CVC Asia Pacific, and GIC Special Investments. The transfer of ownership of JHC is conditional on the consent of the WA State Government, a process which is currently being pursued; and

- Following two years of welcome stability in the executive team, February 2004 saw Phil Payne promoted to a position in a Sydney hospital and Diane Jones appointed to the position of Deputy Director of Hospital, moving from an Affinity Hospital in Victoria.

My sincere thanks to all the Medical Staff, the Executive and Middle Management Teams and all staff at JHC for their continued hard work, support and commitment to this hospital.

KEMPTON COWAN
Director of Hospital





Liz Prime
Director of Nursing

During the year many changes and achievements were possible because of the hard work and commitment of JHC staff, who have worked together across and within professional groups to facilitate change.

Patient Safety and Clinical Care

Because of our commitment to service improvement, a number of significant changes to enhance and improve on patient safety and clinical care have been possible. Following are three, out of many areas of improvement, that have been achieved.

- **Documentation**

A review was undertaken of all health record forms used at JHC to ensure their content supports the effective delivery of patient care, reflects current clinical practice and meets the information management needs of the organisation's internal and external customers. This led to significant changes to how we record patient care, providing improved specific direction for clinical documentation.

- **Medication Prescribing, Supplying and Administration**

Medication charting and dispensing of medications was seen as a key area for continuous improvement. JHC guidelines were reviewed and amended to strengthen the message of safety and regulation, with improved education being a key component at orientation of medical and nursing staff. JHC has been successful in becoming one of the trial sites for the Australian Council for Safety and Quality in Healthcare's National Inpatient Medication Chart Trial (NIMC).

- **Emergency Response**

During 2002/03 the hospital-wide Resuscitation Committee reviewed the role of the cardiac arrest response system and the equipment required for this process. Due to issues identified during a clinical case review, the same committee was asked to look into the need for a Medical Emergency Team (MET) to be run in addition to the established cardiac arrest response. MET is a mechanism for expediting emergency medical care using a set of MET initiation criteria guidelines for airway, breathing, circulation, neurological status and urine output.

staff to enhance their knowledge of using nursing research to implement evidence-based practice in emergency nursing. By June 2004, five staff had had six abstracts accepted to two national conferences.

My thanks to our nursing staff for their continued hard work throughout the year.

Liz Prime
Director of Nursing

Leadership

This past year has been one of stability in the senior nursing division, with the Nursing Executive and Clinical Nurse Managers working together to provide mentoring and support for our nursing staff. JHC has continued to support staff in showcasing their work and in attendance at significant national and international forums for health care.

JHC continued its commitment to recruitment and retention of nurses, building on earlier work in this field. The goal of reducing agency nurse usage at JHC continues. Overall, the retention rate of nurses is excellent and we are always pleased to welcome back those who leave from time to time.

Partnerships

February 2004 saw the commencement of a joint appointment with Curtin University School of Nursing and Midwifery. Ms Rose Chapman, Nursing Practice and Clinical Coordinator, took up the position as Nurse Research Consultant. The aim of the position is to work with the ED nursing

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

- 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 ; and
- Pastoral care.

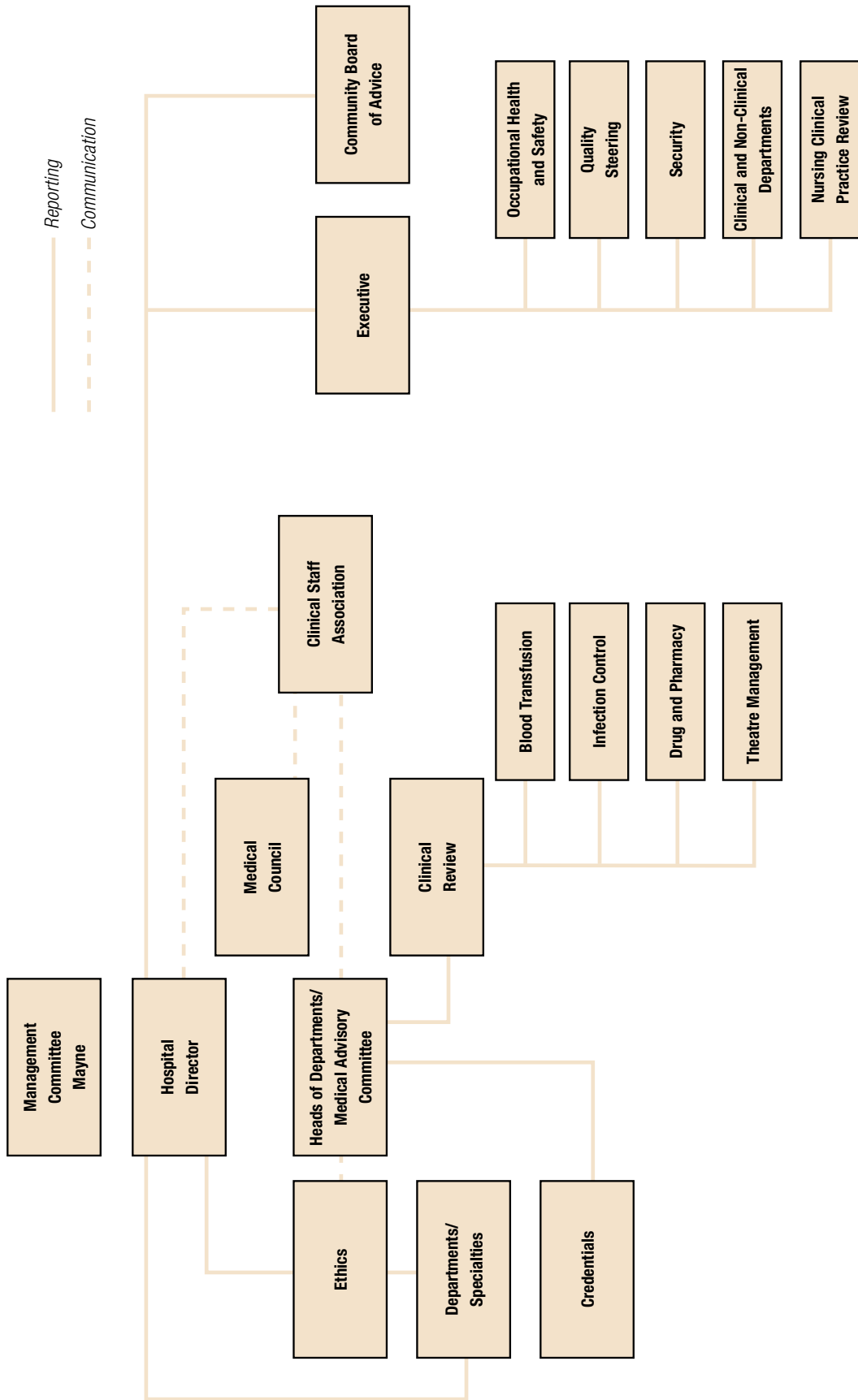
Medical and Surgical Specialties

- 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 and Throat.
- Facio-Maxillary.
- General Surgery.
- Gynaecology.
- Neurosurgery.
- Ophthalmology.
- Orthopaedics.
- Paediatric Surgery.
- Plastic and Reconstructive Surgery.
- Urology.
- Vascular.
- IVF.



Mayne - Joondalup Health Campus Committee Structure

As at 30 June 2004



The Community Board of Advice met four times during the year and continues to be valuable in assisting the hospital by providing feedback, advice and support.

Members make a valuable contribution by reviewing service outputs on behalf of the community.

Clayton Higham, Acting CEO of the City of Joondalup, joined the Board during the year, in place of Crs Andrew Patterson and Alison Walker.

Members of the Community Board of Advice at 30 June 2004:

Prof. Tony House
Chairman/University Dept of Surgery

Ms Nadia Maiolo
Community Youth representative

Mr Neville Lane
Community representative

Mr Craig Leat-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 Dot Newton
City of Wanneroo

Mr Clayton Higham
City of Joondalup

Cr Rudi Steffens
City of Wanneroo

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 2003 and 30 June 2004. 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; and
- Ensuring accredited practitioners comply with JHC bylaws.



Members of HOD/MAC at 30 June 2004:

Dr Barry Vieira

*Chairperson/Dept of Rehabilitation
and Aged Care*

Mr James Aitken

General Surgery

Dr Vince Chapple

Obstetrics and Gynaecology

Dr George Garas

General Medicine

Mr Tony Geddes

Orthopaedics

Dr Stuart Inglis

Anaesthetics

Mr Jes Judge

Urology

Dr Mike Oehlers

General Practice

Dr Paul Porter

Paediatrics

Dr Brad Power

Medical Director

Dr Paul Skerritt

Psychiatry

Dr Farid Taba

GP Liaison Officer

Dr Peter Thompson

Cardiology

Dr Steve Ward

Diagnostics

Dr Simon Wood

Emergency Medicine

Mr Kempton Cowan

Director of Hospital

Ms Liz Prime

Director of Nursing

Ms Diane Jones

Deputy Director of Hospital

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 HOD/MAC.

Activities by the Committee during the year included reviewing three clinical cases, length of stay, morbidity and mortality, unplanned readmissions and patient transfers. The Committee also reviewed the Blood Transfusion, Theatre Management and Infection Control Committee minutes.

Members of the Clinical Review Committee at 30 June 2004:

Dr Stuart Inglis

Chairman/Head of Anaesthetics

Dr Agatha van der Schaaf

Nuclear Medicine

Dr David Cruse

Emergency Medicine

Dr Jake Harper

Aged Care and Rehabilitation

Dr Vasantha Preetham

General Practice

Dr Vince Chapple

Obstetrics and Gynaecology

Dr Mark McAndrew

Psychiatry

Mr Soo Tee Lim

Orthopaedics

Dr Desiree Silva

Paediatrics

Mr Kempton Cowan

Director of Hospital

Ms Liz Prime

Director of Nursing



Ethics Committee

JHC's Ethics Committee is constituted under the guidelines of the National Health and Medical Research Council. The committee met five times during the year and considered and approved 12 research proposals. Some studies continue from previous years, with a total of 24 currently running.

Members of the Ethics Committee at 30 June 2004 were:

External members

Dr Michael Anderson
Chairman

Ms Leanne Wood
Lay member

Dr Brian Mooney
Lay member who is an expert in ethics

Dr George Garas
Medical practitioner

Ms Mary Woodford
Lawyer

Internal members

Dr Brad Power
Director, Intensive Care/Medical Director

Reverend Gerry Doyle
Coordinator, Pastoral Care

Ms Liz Prime
Director of Nursing

Mr Brendon Burns
Critical Care Nurse Manager

Administrative

Ms Anne Hammer
Executive Officer to the Committee

Ms Jodie Lieshman
Minutes Secretary

Capital Expenditure

Each year JHC allocates a specific amount of money for capital works items and equipment or other purchases.

Major alterations to the Emergency Department saw the commissioning of four new observation beds, alterations to the

offices and the purchase of an additional defibrillator and monitor with oxygen saturation monitoring and pacing wires.

Ten new electric beds were purchased, along with a variety of hoists and transfer chairs to assist the nursing and allied health staff in the care of patients.

As always, Theatre required new equipment to keep up with demand. Some of the purchases included flexible ureteroscopes, new drills and drill motors and miscellaneous instruments.

A neonatal cardio monitor was purchased for the Special Care Nursery.

An audit of the paintwork and carpets throughout JHC resulted in awarding a painting contract which includes a five-year maintenance program. A major investment this year was to replace the carpets in the ground floor Restorative Unit, 1 West and 2 West and part of the Medical Centre, and these are the first areas to be painted.

There was a total expenditure of \$640,000 with \$150,000 rolled into next year's equipment budget.





JHC is accredited by the Australian Council on Healthcare Standards (ACHS), whose Evaluation and Quality Improvement Program (EQuIP) is designed to assist health care organisations to strive for excellence in patient care and services. In May 2004 the hospital underwent a periodic review when surveyors from the ACHS spent two days assessing the safety and quality program at JHC.

The survey is an intense process and pays particular attention to clinical risk, occupational safety and health and the hospital's culture of continuous improvement.

The survey team reported that 'JHC has a coordinated and sensible approach to providing safe patient care within a culture of improving performance'.

Commendations were awarded to recognise achievements in areas of:

- Risk Management;
- Manual Handling; and
- Mental Health.

The team's report concluded that they were confident 'strong leadership was being demonstrated throughout the organisation

and that it was well positioned to provide care in a customer-focussed environment. Many staff were engaged in activities that could lead to improved performance and there was evidence for striving towards best practice'.

JHC could not achieve continuous accreditation status without a dedicated team approach. Each year the quality program goes from strength to strength, and the results are evident in the continuing accreditation status.

All staff at JHC are encouraged to contribute to continuous improvement, and have the opportunity to showcase service improvement activities through in-house presentations to management and peers or by presentations at conferences. Staff also take part in team projects at department level, through input into committees or via focus groups. Outcomes of activities are recognised throughout JHC and displayed within the quality newsletter, display boards and through a variety of presentations.

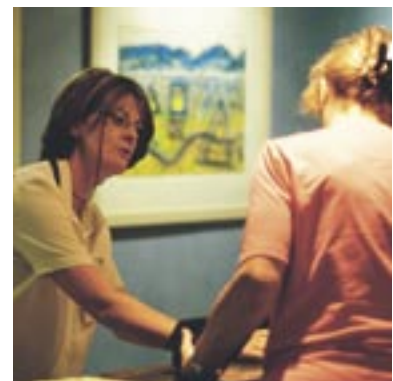
In May 2004 the Occupational Therapy/Patient Equipment Department was nominated for excellence in patient service delivery in the 2004 ACHS Quality

Initiatives Awards. The team demonstrated leadership and striving for excellence in managing the patient equipment service. While results have not been announced at time of writing, meeting the criteria for nomination is an achievement in itself.

Patient Satisfaction

Patient feedback is gained through a variety of mechanisms including patient satisfaction surveys, daily patient feedback cards, concierge services and the complaints process.

Press, Ganey & Associates (PGA), a leading health care survey research firm, is contracted to undertake random surveys

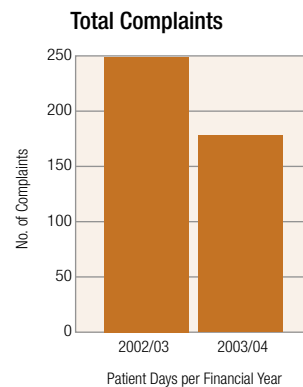


of patients on an annual basis. The data collected is nationally benchmarked and assists JHC in identifying specific areas of improving performance comparable to other healthcare facilities. Results from the July – Sept 2003 survey of the Day Procedures Unit (DPU) demonstrated that ‘the industry benchmark for Day Surgery satisfaction is 87.6. Joondalup’s corresponding percentile position within the benchmark is 86, up from 22, (86 as a percentile rank indicates that Joondalup scored higher than 86% of the hospitals in the data base).

Complaints Management

A key component of the Patient Liaison Manager (PLM) role is advocacy for patients, carers and families. Ideally when a patient, carer or member of the family expresses a concern, it is dealt with quickly on the spot by the unit manager, PLM or member of the hospital executive. However, at times patients initiate complaints after leaving the hospital. Complaints are always taken very seriously and issues addressed whether the complaint is verbal or in writing, minor or major.

The total number of formal complaints for 2003/04 was 178, down from 249 in the previous year.





In October 2003, Joondalup Health Campus (JHC) was invited to be part of the North Metropolitan Health Service's General Practitioner Hospital Integration Project, a joint Commonwealth and State Department of Health initiative to improve patient care and the relationship between hospitals and GPs. After consultation with key stakeholders including GPs and consumers, JHC staff chose to improve the patient journey in ED.

Since May 2004, Fastrack has been implemented on weekends. Fastracking is a process where a doctor and nurse work together to treat minor injuries or illnesses in patients who would normally have to wait lengthy periods to be treated. This initiative has resulted in a reduction in waiting times to be treated in Category 4 and 5 patients, and a reduction in the number of patients who did not wait for more treatment.

In September 2003 the Nurse Co-Director, Shane Combs, presented a paper on leadership at the 5th International Collaborative Conversations Conference in Bournemouth, UK. While there Shane attended a National Health Service (NHS) Emergency Improvement Workshop where 50 UK hospital ED departments presented their efforts to improve patient flow. One of their efforts is similar to the Fastracking implemented this year at JHC's ED.

The year saw preparation for the first Nurse Practitioner Internship. Jane Mateer, our Clinical Nurse Consultant, has completed the theory component of the course and is working with the Medical and Nurse Co-Directors on guidelines for the internship.

There continues to be a downward trend in the number of incidents as a percentage of clinical activity in ED.

Five JHC ED staff members were accepted into the Sir Charles Gairdner Hospital ED Post Basic Course.

The Patient Liaison Officers (PLOs) continue to ensure that privately insured patients are fully informed about both the costs and benefits of electing to be treated privately. In 2003-04 privately insured patients comprised 22% of hospital admissions from the ED.

JHC's ED continues to serve northern suburbs of Perth. In 2003/2004 the ED





	02/03	03/04
Triage 1 (urgent)	218 (0.5%)	284 (0.7%)
Triage 2	3193 (7.9%)	3255 (7.9%)
Triage 3	12705 (31.6%)	11359 (27.7%)
Triage 4	21927 (54.5%)	23764 (57.9%)
Triage 5	2159 (5.4%)	2398 (5.8%)
Total	40202	41060

received 41060 emergency presentations, an increase of 2% from the previous year. August 2003 was the busiest winter month, for the department. Paediatric patients accounted for 23% of the total presentations. Admission rates were 28% for adults, 16% for children, and 25% overall. The transfer rate from the ED to other Perth hospitals remained low at 2.3%.

Improved staffing levels and innovations in practice saw completed attendances rise from 36,169 in 2002-03 to 37,979 in 2003-04. Casemix by urgency category remained much the same as the previous year.

Major changes in medical staffing included the appointment of Dr Simon Wood as Medical Co-Director, and the addition of three new full-time Emergency Physicians – Dr Yuresh Naidoo, Dr John Van der

Post and Dr Chung Wee. Dr Chung Wee successfully completed his Emergency Medicine specialist training and was awarded Fellowship to the Australasian College for Emergency Medicine in November 2003 while working as a senior registrar at JHC ED.

The ED continues to provide undergraduate training in Emergency Medicine for sixth-year medical students from UWA. A postgraduate teaching program is provided for interns and RMOs on rotation from SCGH and employed by JHC. Teaching and training is also provided for Australian College of Emergency Medicine (ACEM) advanced trainees. The department maintains its accreditation with ACEM.

This year has also seen two major changes in the ED under the HDWA Winter Demand Strategy - the installation of EDIS (Emergency Department Information System) and the

construction and opening of a four-bed Observation Ward next to the department.

EDIS, a computerised tracking system, is utilised by all major public EDs in Perth and nationally. It is a clinical software tool that allows recording and monitoring of the patient's clinical journey through the ED from registration to disposition. It facilitates the organisation of the clinical workload of the ED and allows information on the ED's level of activity to be shared with other metropolitan EDs and St John Ambulance's Operations Centre. This facilitates the management of the ambulance emergency workload across the metropolitan area.

The four-bed observation ward has effectively increased the ED cubicle capacity from 17 to 21 treatment spaces, improving the department's ability to operate in the face of increased demand above the level of activity for which it was designed. It has also improved the quality of care given to patients in the ED with conditions that require extended periods of observation but not a full inpatient stay.

JHC Medical Team in City to Surf Race

JHC fielded a 28-member team in this year's City to Surf fun run - but their undoubted athletic ability was not tested.

Instead, team members donated their services to Sports Medicine Australia to ensure the 19,000 participants in the run had access to medical care.

The five doctors (including the Medical Director), 12 nurses (including the Medical Coordinator), sports physiotherapist and ten sports trainers manage the medical cases at JHC's medical and physiotherapy facilities.

JHC's Emergency Department provided 16 of the team members, and most of the team's equipment came from the campus. Director of Nursing Liz Prime and ED staff, including Medical Coordinator Denise Lickfold, combined efforts to collect and transport the equipment to and from the event.

The team treated 52 injuries, which ranged from musculoskeletal injuries to exhaustion, hypothermia and collapse.



Allied Health

• Occupational Therapy

The Occupational Therapy department provided 13,904 occasions of service in the last financial year. The department expanded with the transition of a new manager and amalgamation of Patient Equipment Services into the Occupational Therapy Department.

JHC Occupational Therapists continued to gain specialist skills in the management

of stroke rehabilitation. All Occupational Therapists were educated in-house by a highly respected external presenter from SCGH. Neurological skills gained have been successful in rehabilitating patients admitted to hospital with a stroke.

The relationship with Curtin University continued by providing extra clinical placement offers to undergraduate students and representation on the School of Occupational Therapy and Heads of Department reference group, clinical services and strategic planning meetings.



• Physiotherapy

The Physiotherapy Department's vibrant team of qualified and experienced physiotherapists provide services to JHC's inpatients and outpatients. Outpatient services include a range of hydrotherapy programs, day therapy rehabilitation and antenatal workshops for natural childbirth.

During the year there were 1222 referrals for public physiotherapy outpatient services and 89 referrals for private patients.

This year focussed on customer service, with a patient satisfaction survey conducted with outpatients. The results showed an increase in patient satisfaction compared to 2001, with 98% of patients stating they would recommend the physiotherapy services.



The highlight of the year was working with the combined Allied Health Departments to create the award-winning Christmas decorations on the Nemo theme. Decorations were then transferred to the walls of the hydrotherapy pool, making a wonderful underwater experience for hydrotherapy patients and children from the vacation care program.

• Dietetics

The Dietetics Department's six staff provide a service to all private and public inpatients, and public outpatient services to antenatal and aged care patients. It is also increasing private outpatients by improved liaison with specialists and GPs in the community.

There were 1904 occasions of service last year.

The department has a key national role by driving the dietetic involvement in the national menu used by the Mayne and Affinity Health hospital groups, and has a consultative role on other clinical issues at a corporate level. It also ensures that the hospital food service continues to meet the requirements of all patients, including those with special dietary needs.

• Social Work

The Social Work Department provides services to all areas of JHC, with increasing volume and patient acuity. Social Work services include psychosocial assessment, discharge planning, residential aged care assessment and placement, family domestic violence intervention, child protection, advocacy, counselling of loss, grief and change, and providing information on community supports and services.

The department's occasions of service increased from 11,852 last year to 13,788 this year (a rise of 16.3%).

The challenge for the department, working in a developing region with a rapidly increasing population, is that demand for residential aged care facilities exceed supply. Social Work's involvement in residential aged care placement saw 126 discharges from JHC with an average LOS of 19 days. Improved work practice resulted in reducing LOS by 6.4 days compared with last year.

• Speech Pathology

The four JHC Speech Pathologists provide services to all private and public inpatients and to day therapy outpatients, and continue to develop private outpatient services for adults and children.

There were 3193 occasions of service during the year.



Specialty services offered include videofluoroscopy assessments of swallow function in conjunction with the Radiology Department, and services to patients after ENT surgery.

The department also provides services to Glengarry Hospital, Mount Hospital and Attadale Hospital.

The department provides input at a national level through involvement with the National Menu for the Mayne and Affinity Health Hospital groups to ensure menu options for patients with modified diet and fluid requirements.

Renal Unit

The Renal Unit has eight dialysis chairs and now dialyses seven days per week (an increase from six), allowing an extra eight patients to be dialysed per week.

Currently 45 patients are dialysed between three to five times per week, ie a total of 148 dialysis sessions per week.

All dialysis machines and chairs were recently upgraded to state-of-the-art Fresenius machines, and a new water treatment plant was installed.

Mental Health Unit

2004 saw the introduction of a number of new projects at JHC's Mental Health Service.

- The therapy team introduced a neuro-cognitive program for inpatients diagnosed with a first episode psychosis. This is gradually being introduced to a number of appropriate patients and is proving helpful.
- Another initiative nearly through its development phase is the review and development of statistical recording of patient participation in the therapy program. By the end of this year it is intended to attach to the patients' discharge summary a report detailing what sessions they have participated in and for how long, as well as the type of session. Ultimately it is hoped to tie this in to length of stay and the overall success of an admission in terms of ability to participate and develop new skills while in hospital.
- JHC is more actively managing inpatients' lengths of stay. A small multidisciplinary team works directly with patients identified as requiring intensive discharge planning. Patients state what they hope to achieve from the

admission and set realistic discharge goals. This is proving successful and it is hoped to extend it to more patients.

- Involving carers in their relatives' or loved ones' care is a major area of development. With patient permission JHC will advise and educate where possible, and a carers' group once a fortnight gives people an opportunity to talk, obtain information and express any concerns.

The Council of Official Visitors plays a vital role in the unit. Visitors regularly attend the unit to meet and talk to inpatients and, when required, take on an advocacy role for them. Their presence is positive, and JHC welcomes their input.



Infection Control

External consultants HICMR Pty Ltd manage Mayne Health's Infection Control Program, supported by an in-house Infection Control Coordinator. Medical microbiologists at Western Diagnostic Pathology support and collaborate with Infection Control in the management of patient care, and provide input into policy and procedure through the multidisciplinary Infection Control Committee.

Infection control initiatives during the year included the formation of a multidisciplinary waste management committee, initially to improve management of clinical waste and then expanded to include strategies for recycling and re-use.



Education and Staff Development

Education and development of JHC staff is an integral part of the continuum of care and an essential component of service improvement.

Coordinated by Joanne Kavanagh, the education team is made up of senior nurses with postgraduate qualifications and differing specialty backgrounds.

In brief:

- 185 new staff attended the hospital-wide orientation program.
- Staff completed annual core competencies such as infection control, customer service, quality, manual handling, fire and emergency procedures. For clinical staff there are additional competencies for medication calculations and basic and intermediate life support, and for staff specialists competencies such as advanced life support, paediatric life support and airway ventilation.
- 198 requests were received and 185 granted for study leave to attend courses and conferences. JHC spent \$31,294 on registration fees and 1703 hours of paid study time was used.
- In February 16 registered nurses completed the JHC first-year graduate program, and 55% continued to work at JHC after completing the course. A mid-year intake of four nurses in August was followed by another seven at the beginning of 2004.
- Scholarships were provided for four undergraduate nurses to complete their registered nurse training, and three joined the graduate nurse program. Programs offered this year included a diabetes study day, acute skills education program, aged care study day (open to external participants from local nursing homes and hostels), a communication workshops for clinical and non-clinical staff, documentation workshops and senior nurse development days.

JHC joined with Mount, Glengarry and Attadale Hospitals to run a stand at the very successful annual Nursing





Expo, successfully raising JHC's profile. The education team attended industry conferences to expand knowledge and raise the profile of JHC education programs.

Partnerships with TAFE Colleges and Curtin, Edith Cowan and Notre Dame Universities have seen JHC continue to support undergraduate students of nursing, midwifery and other post graduate courses. JHC continues to support the local community with work experience programs for local high school students.

Risk Management, Occupational Safety and Health

There were 237 reported staff accidents/incidents during the year, an increase of 1% over last year. This supports a robust reporting culture in this area. Only 11 Lost Time Injuries (LTIs) resulted from these accidents/incidents, a 42% reduction from the previous year.

The 'Smart Moves' patient handling program introduced in 2002 continues to demonstrate a long-term commitment to this important area of staff safety since the appointment of the Smart Moves coordinator in 2003. The program continues to help reduce LTIs.

Key focus areas continue to be patient handling, violence prevention and emergency and security procedures.

After Hours GP Service

JHC's After Hours GP Service, next to the Emergency Department, was established in 1998 to reduce after-hours pressure on the ED and local GPs.

The clinic is staffed by established GPs from the northern suburbs and supported by a range of hospital back-up services such as pathology and radiology that are not normally readily available to GP patients after hours.

A primary goal of the clinic is to maintain continuity of care for patients and GPs by providing patients' regular GPs with copies of consultation records, and addressing any abnormal test results with GPs or patients to ensure adequate follow-up.

This year the After Hours GP Clinic operated between 7pm and 11pm on weekdays and between 3pm and 11pm on weekends and public holidays. It treated 7313 patients, of whom 40% were children.





Pastoral Care

Again a busy year for our Pastoral Care team under the leadership of Gerry Doyle.

JHC gives high priority to providing patients with spiritual and emotional support. In our multicultural, pluralistic society, needs are many and varied. Yet almost all have deeply held spiritual beliefs, values and hopes that they live by. Whether our patients face issues around grief, coping with a life-threatening condition or simply adjusting to the challenges of illness and hospitalisation, our Pastoral Care team is available to provide around-the-clock care and support.

A highly valued group of committed volunteers and ministers from local churches further strengthen and complement the work of the team.

Veterans' Affairs

JHC has just completed the first year of the Tier 1 contract with the Department of Veterans' Affairs. Over the year the veterans' community has supported the contract and increasing numbers of veterans are coming to JHC for treatment.

During the year JHC developed its services for veterans and now has a well-established veterans' visitor service implemented with the support of Friends of JHC and the chaplaincy service. Every week, two Companions of JHC, who are veterans, visit all veteran inpatients, and their support assists the veterans during their hospital stay.

Volunteers

The Companions of JHC volunteer program continues to grow and attract members with excellent commitment and willingness. There is always a warm welcome for anyone wanting to join – to date there are 45 members.

The first fundraising event, a craft stall in the main foyer, was very well received and financially rewarding. Donations and these funds allowed the production of a burgundy popover garment, embroidered with the Companions of JHC logo, for volunteers to be easily recognised.

Placing a volunteer at the reception desk of the Specialist Centre has proved to be an excellent initiative, with positive feedback from both staff and clients. Sweets and book trolley services are an ongoing daily commitment and there is a need for more members to fill vacancies on the wards.

Public Relations

A variety of promotional activities took place during the year. Good news stories continue to be promoted by publishing letters to the hospital and local newspaper on the Media board in the main foyer, providing an important communication link to the public and demonstrating a variety of positive feedback.

JHC was actively involved in health promotions including Mental Health Week, Occupational Therapy Week, Infection Control Week and World Diabetes Day. A six-week display by the Social Work team highlighting domestic violence helped to raise awareness and provide people with comprehensive information.

In May 2004 members of the public were invited to take part in Heart Week, a regular event at JHC. The hospital's cardiac educator, Ms Joy Vibert, provided free blood pressure tests and the opportunity to discuss the benefits of healthy living.

The promotion ran in conjunction with the Heart Foundation, which provided fact sheets showing how making small changes in lifestyle can benefit health. About 200 people took advantage of the free health check.

In June 2004 JHC welcomed back students from Kingsway Christian College who donated a large teddy bear to the Paediatric Unit last year following fundraising as part of their school community project. JHC held a

colouring and naming the bear competition over a period of several months, resulting in more than 100 outstanding entries from young patients.

JHC supports a variety of fundraising events, and during the year staff raised more than \$3,500 through sponsorships and promotions.



CLINICAL INDICATORS - PUBLIC PATIENTS ONLY

INDICATOR	NUMERATOR	DENOMINATOR	TOTAL %	THRESHOLD %	
ACHS HOSPITAL WIDE MEDICAL INDICATORS					
1.1	The percentage of patients with a LOS >= 7 days who develop post-operative pulmonary embolism.	5	586	0.85%	0.58% or lower
2.1	The percentage of patients unexpectedly readmitted for the same or a related condition within 28 days of discharge.	129	22656	0.57%	1.89% or lower
3.1	The percentage of unplanned returns to the operating room during the same admission.		2862	0.00%	0.38% or lower
ACHS INTERNAL MEDICINE INDICATORS					
1.1	The percentage of AMI patients who receive thrombolytic therapy within one hour of presentation.	42	42	100.00%	91.53% or higher
4.1	Assessment of cognitive function.	228	274	83.21%	86.34% or higher
4.2	Assessment of physical function.	269	285	94.39%	92.75% or higher
ACHS OBSTETRICS AND GYNAECOLOGY INDICATORS					
1.1	The percentage of induced patients who undergo induction of labour for other than defined indicators.	41	353	11.61%	35.18% or lower
1.2	The percentage of patients delivering who undergo induction of labour for other than defined indicators.	41	1103	3.72%	8.90% or lower
4.1	The percentage of delivering patients who undergo primary caesarean section for foetal distress.	35	1103	3.17%	3.96% or lower
7.1	The percentage of term babies transferred to a neonatal intensive care unit for reason other than congenital anomaly.	8	536	1.49%	1.08% or lower
ACHS DAY SURGERY/ENDOSCOPY INDICATORS					
1.1	The percentage of patients booked into the day procedure unit who fail to arrive.	32	4017	0.80%	0.77% 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.	5	3985	0.13%	0.23% 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.	16	3985	0.40%	0.35% or lower

CLINICAL INDICATORS - PUBLIC PATIENTS ONLY

INDICATOR	NUMERATOR	DENOMINATOR	TOTAL %	TOTAL %	
ACHS EMERGENCY MEDICINE INDICATORS					
1.1	The percentage of triage category 1 patients who are attend to immediately.	261	276	94.57%	98.50% or higher
1.2	The percentage of triage category 2 patients who are attended to within 10 minutes.	1912	3247	58.89%	71.18% or higher
1.3	The percentage of triage category 3 patients who are attended to within 30 minutes.	5759	11356	50.71%	58.20% or higher
1.4	The percentage of triage category 4 patients who are attended to within 60 minutes.	10763	21066	51.09%	61.82% or higher
1.5	The percentage of triage category 5 patients who are attended to within 120 minutes.	1552	2398	64.72%	84.28% or higher
ACHS SURGICAL INDICATORS					
3.1	The percentage of patients who develop a post-operative infection following total hip joint replacement.	0	54	0.00%	1.53% or lower
6.1	The percentage of patients that have a neurosurgical infection in hospital.	0	93	0.00%	1.09% or lower
7.1	The percentage of patients having a laparoscopic cholecystectomy with a bile duct injury requiring operative intervention.	1	160	0.63%	0.33% or lower
8.1	The percentage of elective AAA repair patients who die within the same admission.	0	16	0.00%	5.35% or lower
9.1	The percentage of patients who have a significant reactionary haemorrhage following tonsillectomy.	0	46	0.00%	0.51% or lower
ACHS PAEDIATRIC INDICATORS					
2.1	The ALOS for all episodes of children admitted with a primary diagnosis of asthma.			1.91%	New Indicator
2.2	The average ALOS for all episodes of children admitted with a primary diagnosis of asthma, excluding same day admissions.			1.92%	New Indicator
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.	5	160	3.13%	3.48% or lower
ACHS PSYCHIATRIC INDICATORS					
7.1	Inpatient Mortality	0	445	0.00%	8.49% or lower

Anderson, Karina

Health Information Manager

Bailey, Linda

FOI Officer

Barnes, Heather

After Hours Manager

Barnes, Sylvana

After Hours Manager

Barrett, Helen

Clinical Project Officer

Bishop, Ros

Housekeeping Manager

Bowers, Karen

PA to Director of Nursing

Buchanan, Gae

Clinical Nurse Manager Day Surgery

Burns, Brendon

Clinical Nurse Manager Critical Care

**Candy, Wendy**

Clinical Nurse Manager Maternal and Neonatal Services

Cann, Heather

After Hours Manager

Combs, Shane

Nursing Co-Director Emergency Department

Coote, Gail

After Hours Manager

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

Elikewela, Ranjan

Executive Chef

Glasson, Lyn

PA to Director of Hospital

Goodrum, Belinda

Clinical Nurse Manager, 2 East Surgical and 1 East Orthopaedics

Grasby, Lesley

Clinical Nurse Manager Operating Theatres

Greeve, Kim

Medical Administration Manager

Harris, Sally

Front Office Manager

Holt, Karen

Manager Speech Pathology Services

How, Chris

Clinical Nurse Manager 1 West – Cassia

Inglis, Stuart

Head of Department Anaesthetics

Jones, Diane

Deputy Director of Hospital

Kavanagh, Jo

Education Coordinator

Kruenert, Michelle

Clinical Nurse Manager Day Surgery

Ledsome, Jane

Supervisor – Private Reception/Medical Suites

Legg, Fiona

Clinical Nurse Consultant

Luong, Samantha

Manager Social Work Services

Lopez, Jody

Area Business Manager

Marlow, Evania

Acting Manager Dietetic Services

Mateer, Jane

Clinical Nurse Consultant – Emergency Dept

Monk, Angela

Clinical Nurse Consultant

Murphy, Alison

Clinical Nurse Consultant

Nation, Steve

Risk Manager

Pickering, Margaret

Manager Patient Liaison

Polden, Narelle

Admissions Supervisor

Powell, Kath

Clinical Nurse Manager 1 East Medical

Power, Brad

Director Medical Services

Prime, Liz

Director of Nursing

Ryan, Micheal

Purchasing Manager

Ryan, Jane

Infection Control

Thorne, Bev

*Supervisor – Public Reception/Ward
Clerk Relief*

Ward, Lynley

Manager Physiotherapy Services

Ward, Susan

*Service Improvement/Communications
Manager*

Whellum, Chris

Deputy Director of Nursing

Whittaker, Pamela

*Clinical Nurse Manager Mental
Health Services*

Wigham, Angela

Manager Occupational Therapy

Wilkie, Michele

Contract Manager

Wood, Simon

*Medical Co-Director
Emergency Department*

Young, Michelle

*Clinical Nurse Manager Rehabilitation
and Aged Care Unit – Private*



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