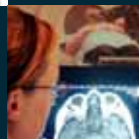




joondalup health campus annual report 2005



JOONDALUP  
HEALTH CAMPUS



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# 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 Health Care of Australia, 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.

## Contractual Obligations

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

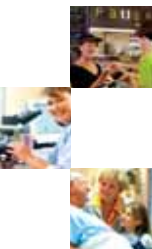
The agreement also sets objective standards for the provision of high quality health care. It requires regular reporting on a wide range of indicators to ensure these standards are being met, and provides for the imposition of significant penalties on the operator if standards are not met.

The contract also allows the operator to provide private health care services from the campus.

## Public or Private – Your Choice

JHC is a 379-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 or shared room, no waiting time and 24-hour on-site medical backup. The hospital's proximity to high-level services, such as the adult intensive care unit and the neonatal special care unit, provides additional assurance.





CEO's report

*commitment*

## Chief Executive Officer's Report Kempton Cowan

Welcome to the tenth Annual Report of the Joondalup Health Campus. The past year has seen a continued focus on the proposed redevelopment of the hospital while maintaining our ongoing commitment to provide high quality clinical care. We have made substantial progress on both fronts, and negotiations continue with the State Government, Department of Health and North Metropolitan Area Health Service about the final form of the redevelopment, though we are yet to actually commence construction.

It is my fervent hope that by the time I write this report next year we will be in full construction mode, as the redevelopment is now urgently needed to enable us to continue to provide high standards of service to the community.

2004/05 was a very busy year for JHC with a substantial increase in activity over the previous year. Some key statistics and trends are shown on the next page.

Work began in May 2005 on a masterplan for the JHC site to guide development until the year 2020. A structure plan for the site has also been prepared. It is relevant to note that in September 2005 (outside the reporting period but before this report went to print), the Western Australian Minister for Health announced an additional \$100 million capital commitment to the redevelopment of the campus.

The proposed redevelopment now includes:

- a remodelled Emergency Department
- further development of the Operating Theatres
- increased public bed numbers, from 235 to 495 by 2011
- a 10-bed palliative care unit
- increased general and rehabilitation inpatient facilities
- expanded renal dialysis facilities
- additional mental health beds and services
- increased intensive care and coronary care facilities
- education and research facilities.

We will continue to work with the State Government to progress the redevelopment plans. It is anticipated that construction will commence during the 2006 calendar year, with a target completion date of December 2008.

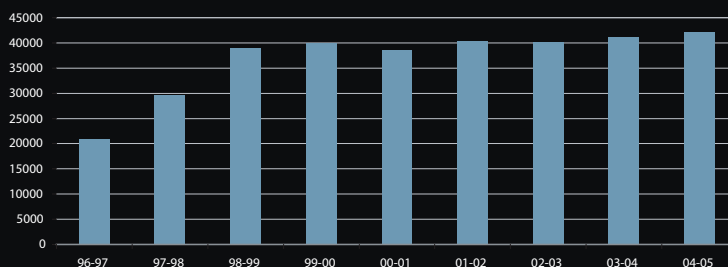
Other significant developments over the past year include the announcement in April 2005 of the sale of 53 hospitals owned by the Affinity Health group (including JHC) to Ramsay Health Care. It is relevant to this report that a decision by the Australian Competition and Consumer Commission in August 2005 effectively closed the sale from JHC's perspective.

Also outside the reporting period but before going to print was the successful inaugural fundraising ball held at Joondalup Resort in September 2005. The ball was a real community event and raised almost \$30,000 to purchase equipment for JHC's paediatric ward. We hope this is the start of a series of similarly successful community events.

Each year JHC allocates a specific budget for capital work items, equipment or other purchases. For the reporting period 2004/2005 there was a total capital expenditure of \$919,784. Theatre equipment purchases included image intensifiers, videolaparoscope, glidescope, video laryngoscope, three 12 degree scopes, harmonic scalpel, Geuder AG Megatron S3 and a level 1 fast flow fluid warmer.

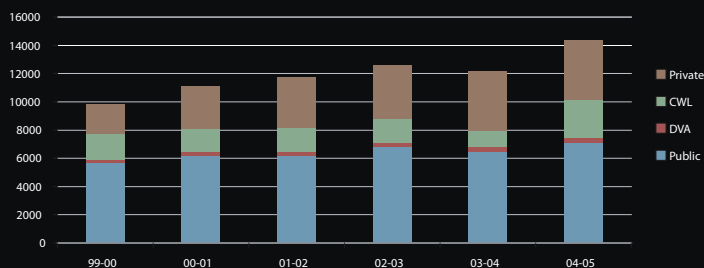
The past year again saw ongoing stability in the executive and middle management teams and I extend my sincere thanks to them as well as all the medical and other staff at JHC for their continued hard work, support and commitment to this hospital.

### Emergency Presentations



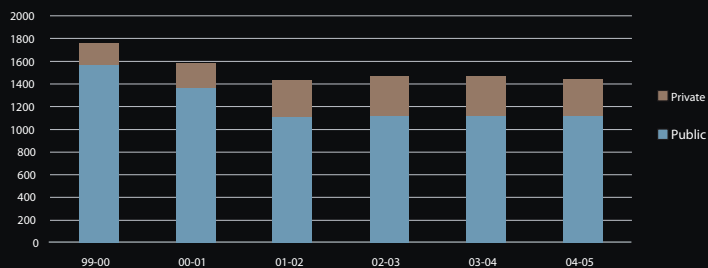
|  | 96-97 | 98-99  | 99-00  | 00-01  | 01-02  | 02-03  | 03-04  | 04-05 |
|--|-------|--------|--------|--------|--------|--------|--------|-------|
|  | 20949 | 38,945 | 39,931 | 38,630 | 40,469 | 40,202 | 41,049 | 42150 |

### Procedures



|         | 99-00 | 00-01  | 01-02  | 02-03  | 03-04  | 04-05 |
|---------|-------|--------|--------|--------|--------|-------|
| Public  | 5670  | 6182   | 6179   | 6843   | 6490   | 7121  |
| DVA     | 222   | 286    | 306    | 245    | 347    | 308   |
| CWL     | 1818  | 1670   | 1655   | 1705   | 1119   | 2722  |
| Private | 2070  | 2985   | 3588   | 3746   | 4185   | 4206  |
| Total   | 9780  | 11,123 | 11,728 | 12,539 | 12,141 | 14357 |

### Obstetric Deliveries

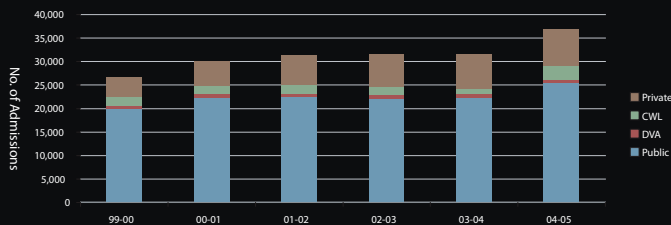


|         | 99-00 | 00-01 | 01-02 | 02-03 | 03-04 | 04-05 |
|---------|-------|-------|-------|-------|-------|-------|
| Public  | 1567  | 1367  | 1107  | 1126  | 1121  | 1120  |
| Private | 187   | 212   | 320   | 341   | 348   | 322   |
| Total   | 1754  | 1579  | 1427  | 1467  | 1469  | 1442  |



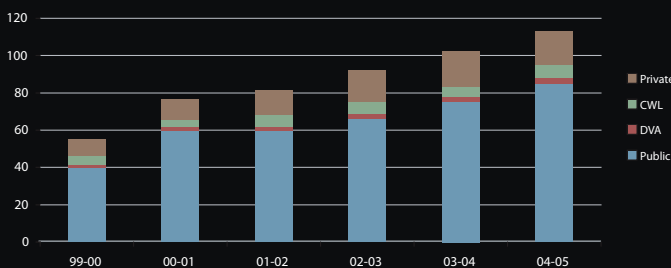


### JHC Admissions



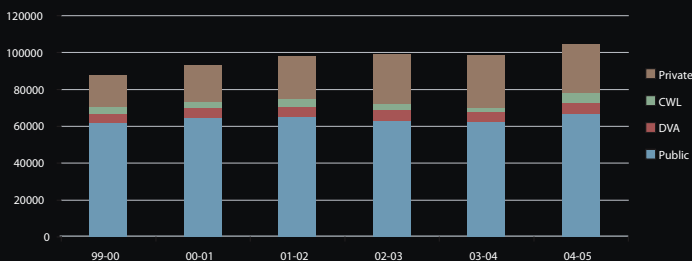
|         | 99-00  | 00-01  | 01-02  | 02-03  | 03-04  | 04-05  |
|---------|--------|--------|--------|--------|--------|--------|
| Public  | 20,016 | 22,403 | 22,505 | 22,147 | 22,335 | 25,390 |
| DVA     | 581    | 768    | 726    | 693    | 784    | 760    |
| CWL     | 1,846  | 1,700  | 1,706  | 1,817  | 1,162  | 2,825  |
| Private | 4,164  | 5,259  | 6,309  | 6,857  | 7,309  | 7,814  |
| Total   | 26,607 | 30,130 | 31,246 | 31,514 | 31,590 | 36,789 |

### Revenue (\$ millions)



|         | 99-00 | 00-01 | 01-02 | 02-03 | 03-04 | 04-05 |
|---------|-------|-------|-------|-------|-------|-------|
| Public  | 39.8  | 59.7  | 59.7  | 66.2  | 75.1  | 84.9  |
| DVA     | 1.5   | 2.1   | 2.4   | 2.3   | 2.9   | 2.9   |
| CWL     | 5     | 4.2   | 5.9   | 6.8   | 5.5   | 7.5   |
| Private | 8.8   | 10.6  | 13.4  | 16.8  | 18.8  | 17.8  |
| Total   | 55.1  | 76.6  | 81.4  | 92.1  | 102.3 | 113.1 |

### Patient Days



|         | 99-00  | 00-01  | 01-02  | 02-03  | 03-04  | 04-05   |
|---------|--------|--------|--------|--------|--------|---------|
| Public  | 62,255 | 64,348 | 65,051 | 63,354 | 62,241 | 66,983  |
| DVA     | 4,335  | 5,787  | 5,673  | 5,445  | 5,776  | 5,680   |
| CWL     | 3,790  | 3,449  | 4,320  | 3,694  | 2,371  | 5,235   |
| Private | 17,281 | 19,567 | 23,253 | 26,598 | 28,271 | 26,709  |
| Total   | 87,661 | 93,151 | 98,297 | 99,091 | 98,659 | 104,607 |



nursing services report

Liz Prime  
Adjunct Associate Professor  
Director of Nursing

It has been another busy year for the nursing division. Growth in patient activity and complexity of cases has been the catalyst for a number of significant nurse-led initiatives and innovations in clinical care and monitoring.

There has been an increase in Clinical Nurse Consultant (CNC) hours, resulting in two CNCs working from 9 pm until 1am the next morning. The additional CNC has provided greater support and clinical expertise to medical, surgical and orthopaedic specialty wards and an increased out-of-hours service for the whole hospital. This has resulted in a significant improvement in the care of our patients, providing for timely and appropriate consultation for specific patient care and the ability to ensure delivery of care is supported by expert senior nurses. Mental Health has been prioritised as an area of need in emergency services and with funding support from the State Government, our psychiatric liaison service of specialty mental health care has been extended from a previously limited after-hours service to a 24-hour service.

An evaluation of the work undertaken in our Nurse Specials Unit, including a review of policy and practice, was finalised during the year. Targeted employment of staff with experience in critical care settings means that this unit provides a high level of care to patients who require Intensive Care Unit step down, extended post operative recovery, close observation or higher level nursing care.

May 2005 saw a new system of telephone screening implemented for our patients booked to undergo elective surgery. A nurse now rings the patient to go through a health questionnaire, allowing the patient and nurse together to identify any health concerns and to provide any necessary education about the procedure to be performed. Evaluation so far has shown a positive response from patients and indicated reduced anxiety about their surgery.

Clinical initiatives implemented during the year included:

- The use of sucrose for pain relief during minor painful procedures in infants less than three months old, introduced in our Special Care Nursery and progressively implemented in our wider maternity and paediatric areas.
- An increased emphasis on education and learning opportunities in our Rehabilitation and Aged Care units, with staff allocated specialty portfolios to benchmark and seek out best practice care.

*Medical*

- Targeted attention in maintaining a safe environment for our patients was a priority, including the continuation of our successful falls prevention program.
- Working with the Australian Council for Safety and Quality in Healthcare, JHC took part in a successful trial of a National Inpatient Medication Chart. It is anticipated that a new standardised medication chart will become available for use in all Australian hospitals next year. This improved medication prescribing system is expected to significantly reduce the potential for medication error.

### Partnerships

Our successful research partnership with Curtin University School of Nursing and Midwifery has continued. This year Allan Tulloch, Nurse Research Consultant, who is guiding our general medical and surgical wards in research projects, joined Rose Chapman, a Nurse Research Consultant who has worked predominantly with our emergency nurses.

Joint research initiatives have continued, building on our initial successful first year. Nursing-led research has remained a focus in the Emergency Department with eight projects completed, including the investigation of violence and aggression in the workplace, nurse-led pain management, rehydration for paediatric patients and innovations in practice of nurse handover. These have resulted in improved patient care and safety for both staff and patients. The 'staff know best' study aimed to identify staff perceptions and feedback on quality improvement initiatives.

The implementation of a fast track advanced skill program has seen a significant reduction in waiting times for patients in triage categories four and five, and a reduction from 10 per cent to six per cent in the number of patients who do not wait for treatment.

Edith Cowan University School of Nursing joined us in a student nurse placement pilot program. Research shows that the clinical learning environment as the focal point of nurse education should offer reliability and consistency, maximum learning opportunities, varied and appropriately demanding learning structures and effective theory-practice amalgamation. Evidence supports a model where nursing students complete all their practice in a hospital setting.

JHC developed a new partnership arrangement with ECU for the Nursing Student Collaborative Model. This will provide opportunity for seven students to commence a pilot program where they will undertake their clinical learning at JHC for their three-year course.

JHC provided clinical practice for more than 300 undergraduate nursing students from Curtin, Edith Cowan and Notre Dame Universities and West Coast College, TAFE. Post-graduate clinical placements for

student midwives were again successful, and we look forward to further strengthening our University and TAFE partnerships.

### Leadership

This year saw a continuation of programs aimed at creating good managers and excellence in leadership. Some twenty senior staff are undertaking WA Leadership Development Program. Support was provided to assist staff attend international and national conferences and to enhance opportunities for learning at all levels of the organisation.

The Nursing Executive has played an active role in representing the hospital on a number of professional working parties, external reviews and committees. In my role as Director of Nursing I joined the North Metropolitan Executive Directors of Nursing Group to represent JHC.

In December 2004 the Department of Education and Training awarded JHC registration as a Priority Access Employer, "in recognition of its commitment and contribution to skilling WA's workforce and thus ensuring that businesses in this state remain highly competitive".

My thanks to all our staff for their continued hard work and commitment.

## academic appointments

Liz Prime, Director of Nursing, has been appointed Adjunct Associate Professor of the School of Nursing and Midwifery at Curtin University of Technology. Liz was recognised for her leadership in the nursing profession and the collaborative partnership she established and supported between JHC and the School of Nursing and Midwifery. She took up her three-year position in January 2005.

Liz's duties include providing academic and clinical leadership in the areas of undergraduate and postgraduate clinical practice and education, advising on the school's academic program and facilitating communication with key industry partners.

JHC's Deputy Director of Nursing, Shane Combs, has also been honoured with an academic appointment. In December 2004 he was awarded an Adjunct Research Fellow position in the School of Nursing and Midwifery at Curtin University. This position has a three-year tenure.

Shane was recognised for his contribution to the development of research projects to improve nursing care and the patient experience in various clinical areas at JHC. He has been instrumental in educating and empowering staff to undertake these research projects



# activities and services

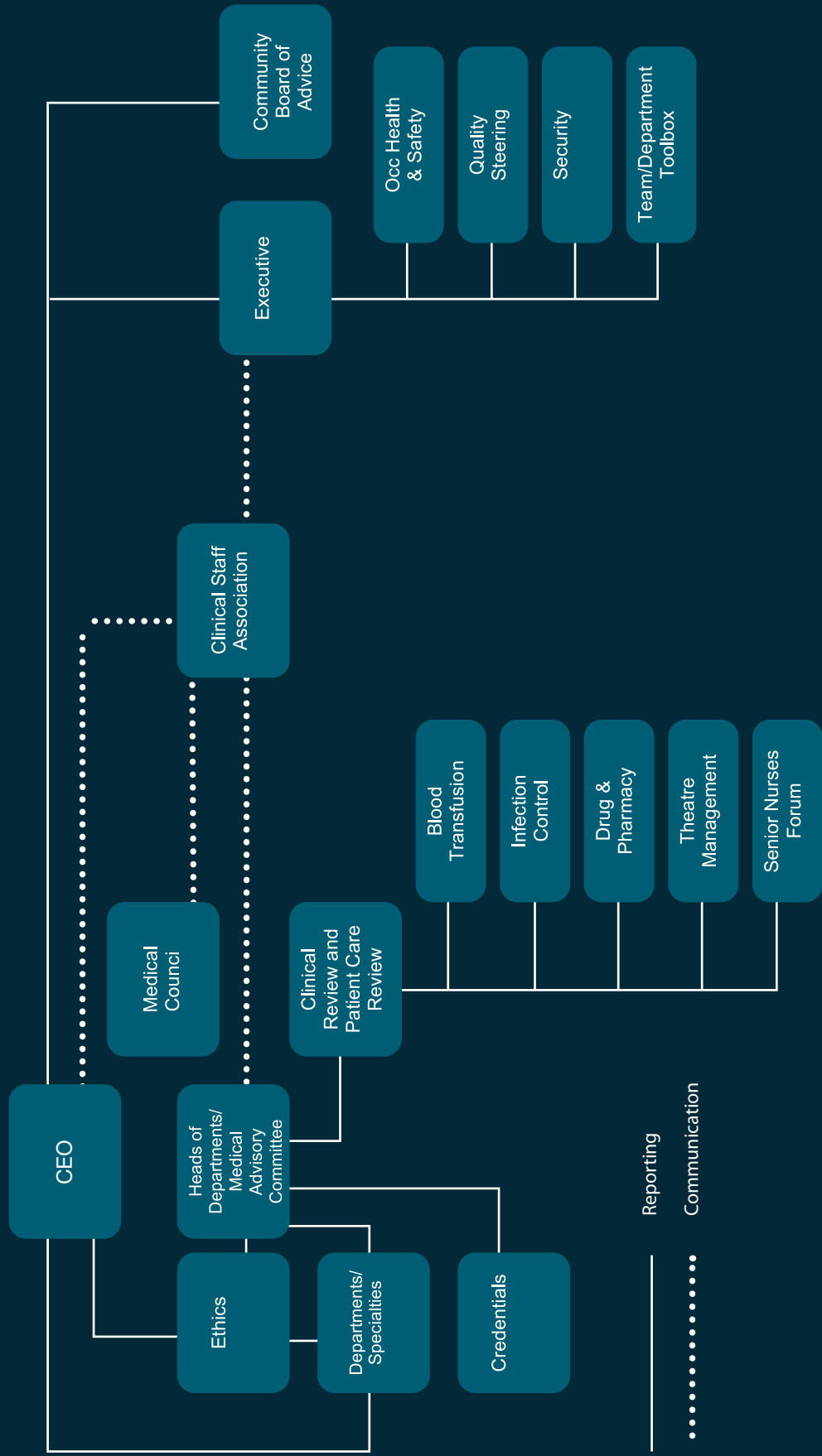
JHC is committed to quality care and provides a comprehensive range of services. These include:

- 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
- Pastoral care

## Medical and Surgical Specialties

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

# joondalup health campus committee structure as at october 2005



## community board of advice

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.

Members of the Community Board of Advice at 30 June 2005:

|                              |  |
|------------------------------|--|
| <b>Prof. Tony House</b>      | <i>Chairman / University Dept of Surgery</i> |
| <b>Mr Kempton Cowan</b>      | <i>Chief Executive Officer</i>               |
| <b>Mr John Croser</b>        | <i>Orthopaedic Surgeon</i>                   |
| <b>Ms Alessandra D'Amico</b> | <i>Community Representative</i>              |
| <b>Rev. Gerry Doyle</b>      | <i>Pastoral Care, JHC</i>                    |
| <b>Mr Tony Geddes</b>        | <i>Orthopaedic Surgeon</i>                   |
| <b>Mr Garry Hunt</b>         | <i>City of Joondalup</i>                     |
| <b>Ms Lyn James</b>          | <i>Community representative</i>              |
| <b>Ms Diane Jones</b>        | <i>Deputy CEO</i>                            |
| <b>Mr Neville Lane</b>       | <i>Community representative</i>              |
| <b>Mr Craig Leatt-Hayter</b> | <i>Department of Health representative</i>   |
| <b>Ms Nadia Maiolo</b>       | <i>Community youth representative</i>        |
| <b>Tony O'Gorman MLA</b>     | <i>State Government representative</i>       |
| <b>Ms Liz Prime</b>          | <i>Director of Nursing</i>                   |
| <b>Cr Tracey Roberts</b>     | <i>City of Wanneroo</i>                      |
| <b>Cr Rudi Steffens</b>      | <i>City of Wanneroo</i>                      |
| <b>Mr Gary Stokes</b>        | <i>Community representative</i>              |

## 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 consists of one representative of each department and met six times during the year. The committee's objectives include:

- Providing a means for practitioners to participate in the policy-making and planning processes of the hospital
- Advising the CEO 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 CEO 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 2005:

|                          |  |
|--------------------------|--|
| <b>Mr Tony Geddes</b>    | <i>Chairperson/Orthopaedics</i>                      |
| <b>Mr James Aitken</b>   | <i>General Surgery</i>                               |
| <b>Mr Kempton Cowan</b>  | <i>Chief Executive Officer</i>                       |
| <b>Dr George Garas</b>   | <i>General Medicine</i>                              |
| <b>Dr Stuart Inglis</b>  | <i>Anaesthetics</i>                                  |
| <b>Ms Diane Jones</b>    | <i>Deputy Chief Executive Officer</i>                |
| <b>Mr Jes Judge</b>      | <i>Urology</i>                                       |
| <b>Dr Margo Norman</b>   | <i>Obstetrics and Gynaecology</i>                    |
| <b>Dr Mike Oehlers</b>   | <i>General Practice</i>                              |
| <b>Dr Paul Porter</b>    | <i>Paediatrics</i>                                   |
| <b>Dr Brad Power</b>     | <i>Director of Medical Services / Intensive Care</i> |
| <b>Ms Liz Prime</b>      | <i>Director of Nursing</i>                           |
| <b>Dr Paul Skerritt</b>  | <i>Psychiatry</i>                                    |
| <b>Dr Farid Taba</b>     | <i>GP Liaison Officer</i>                            |
| <b>Dr Peter Thompson</b> | <i>Cardiology</i>                                    |
| <b>Dr Barry Vieira</b>   | <i>Rehabilitation &amp; Aged Care</i>                |
| <b>Dr Steve Ward</b>     | <i>Diagnostics</i>                                   |
| <b>Dr Simon Wood</b>     | <i>Emergency Medicine</i>                            |



JHC executive team

## ethics committee

JHC's Ethics Committee is constituted under the guidelines of the National Health and Medical Research Council. The committee met six times during the year and considered 15 research proposals, of which 11 were approved. Some studies continue from previous years, with a total of 27 currently running.

Members of the Ethics Committee at 30 June 2005:

### External members

|                            |                                   |
|----------------------------|-----------------------------------|
| <b>Dr Michael Anderson</b> | <i>Chairman</i>                   |
| <b>Dr George Garas</b>     | <i>Medical practitioner</i>       |
| <b>Dr Brian Mooney</b>     | <i>Lay member (ethics expert)</i> |
| <b>Ms Leanne Wood</b>      | <i>Lay member</i>                 |
| <b>Ms Mary Woodford</b>    | <i>Lawyer</i>                     |

### Internal members

|                             |  |
|-----------------------------|--|
| <b>Mr Brendon Burns</b>     | <i>Critical Care Nurse Manager</i>   |
| <b>Mr Shane Combs</b>       | <i>Deputy Director of Nursing/<br/>Nurse Co-Director,<br/>Emergency Department</i> |
| <b>Reverend Gerry Doyle</b> | <i>Co-ordinator, Pastoral Care</i>   |
| <b>Dr Brad Power</b>        | <i>Medical Director/Director,<br/>Intensive Care</i>                               |

### Administrative

|                         |   |
|-------------------------|---|
| <b>Ms Anne Hammer</b>   | <i>Executive Officer to the committee</i> |
| <b>Mrs Brigitte Hay</b> | <i>Minute secretary</i>                   |



JHC team leaders

JHC is accredited by the Australian Council on Healthcare Standards (ACHS) whose Evaluation and Quality Improvement Program (EQulP) is designed to assist health care organisations to strive for excellence in patient care and services. The ACHS EQulP standards pay particular attention to clinical risk, patient and staff safety and wellbeing, and the hospital's culture of continuous improvement.

In May 2005 the hospital underwent a self-assessment, whereby Robyn Quinn, a consultant with the ACHS, reviewed documentation on the safety and quality program at JHC. Robyn reported that "It has been a pleasure to review the Joondalup Health Campus Self Assessment and to note ongoing process... You are to be congratulated on the number of Quality Activities that are conducted within the organisation."

JHC continually strives to provide best possible service. All staff are encouraged to contribute to continuous improvement by addressing issues that arise, evaluating the service they provide and, where possible, implement change. Outcomes of these quality activities are communicated throughout the campus and displayed in the quality newsletter, on display boards and through a variety of presentations.

**Patient Satisfaction**

JHC actively seeks feedback from patients through a variety of mechanisms including patient satisfaction surveys, daily patient feedback cards, concierge services and the complaints process. Overall the patient feedback has been complimentary, reflecting a caring, friendly and quality service.

The mechanisms allow patients to comment on areas that they are not satisfied with, allowing deficits to be rectified promptly. In 2004 we received many comments relating to improving the performance of the meal delivery system. Comments were mixed, with the trend predominantly dissatisfaction.

Through the patient feedback card process, the complaint process and verbal feedback, the Catering Department identified key issues and implemented strategies to improve the process. The most significant improvements were put into place at the end of January 2005 and include:

- Menu aides now distribute and collect patient menus (previously placed on delivery trolley and given with meal)
- Menus are provided one day in advance (previously two days in advance)
- Food Service Assistants are allocated to each floor, enabling a more continuous relationship with staff and patients.

Subsequent evaluation showed an increase in patient satisfaction with the quality and delivery of meals.

**Complaints Management**

The Patient Advocate is independent of the health care team and employed by the hospital to provide a confidential contact for patients, relatives and their significant others to assist in resolving issues or concerns that may arise during the course of their health care.

The Patient Advocate works closely with the hospital's Executive and senior management team to resolve issues in an effective and timely manner. Posters and pamphlets in the hospital alert consumers to her service.

Since 2001 there has been an overall reduction in the number of complaints. The figures for the last three years are shown below.

|                                      | 2003 | 2004 | 2005 |
|--------------------------------------|------|------|------|
| Complaints per 1000 patient bed days | 2.43 | 1.79 | 2.09 |

JHC welcomes feedback. The increase in complaints this year provides the opportunity to ensure that patients have the best possible health care outcomes.









# emergency department (ED)

Total attendances for 2004/5 increased by 2.7 per cent over the previous year to 42,150. Paediatric patients accounted for 20.5% of the total presentations. Admission rates also increased during the year with 30% of adults and 18% of paediatric patients admitted, an overall increase of 28%.

The increase in admission rate and the generalised increase in hospital clinical activity created additional demand on vacant inpatient beds. Consequently the ED continued to suffer relatively high levels of ambulance diversion, primarily due to overcrowding with admitted patients awaiting a vacant inpatient bed. The opening of a four-bed ED Observation ward assisted in managing ED clinical activity and reduced the number of hours on bypass.

Fast Track, the process where a doctor and a nurse work together to treat minor injuries and illnesses in patients who would normally have to wait lengthy periods, commenced in May 2004 on weekends to reduce the number of patients who did not wait for treatment. Following its initial success, Fast Track was extended to five days per week in November 2004 and seven days a week in February 2005. By 30 June 2005 the rate of patients who left before being treated had fallen to 6.3% from 10% in 2002/3. In addition, nurses had been upskilled to undertake suturing and plastering. Fast Track, along with nurses using enhanced clinical skills, has greatly improved the ED patient experience and resulted in a 5% increase in completed ED attendances.

Casemix by urgency category continued to remain similar to previous years, as shown in the table below.

|                         | 2003/04       | 2004/05       |
|-------------------------|---------------|---------------|
| Triage 1 (urgent)       | 284 (0.7%)    | 269 (0.6%)    |
| Triage 2                | 3255 (7.9%)   | 4040 (9.5%)   |
| Triage 3                | 11359 (27.7%) | 11602 (27.5%) |
| Triage 4                | 23764 (57.9%) | 22022 (52.2%) |
| Triage 5 (least urgent) | 2398 (5.8%)   | 4217 (10%)    |
| Total                   | 41060         | 42150         |

Staff matters during the year included the appointment of Dr Colin Parker as a new full-time emergency physician. Dr Parker successfully completed his Emergency Medicine specialist training and was awarded Fellowship to the Australasian College for Emergency Medicine in November 2004 while working as a senior registrar at JHC ED, making him the third home-grown emergency physician on staff.

Three Nurse Practitioner Interns working with the ED Consultants gained experience in the department while completing the clinical component of their certification.

The ED continues to provide undergraduate training in Emergency Medicine for sixth-year medical students from the University of WA. The postgraduate teaching program for interns and RMOs was further refined and a separate teaching stream for senior medical officers and registrars was commenced. Teaching and training is also provided for Australian College of Emergency Medicine (ACEM) advanced trainees.

In October 2004 the ED underwent a re-accreditation inspection by the Australasian College for Emergency Medicine with favourable results. The department was re-accredited by ACEM for 12-month Advanced ED training and full Paediatric ED training.



*Dr Simon Wood,  
Medical Co-Director,  
Emergency  
Department.*



*Shane Combs,  
Deputy Director of  
Nursing/Nurse  
Co-Director  
Emergency  
Department*



## risk management, occupational safety and health

There were 284 reported staff accidents/incidents during the year, an increase of 17% over last year, indicating a robust reporting culture. 16 Lost Time Injuries (LTIs) resulted from these accidents/incidents - a 32% increase from the previous year - which is reflected in the increase in activity in all areas of the hospital.

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 related to patient handling.

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



## renal unit

The Renal Unit is a Satellite Dialysis Unit of Sir Charles Gairdner Hospital. It has eight dialysis chairs and dialyses seven days per week.

Currently 50 patients are dialysed three times per week for a total of 148 dialysis sessions per week.

## mental health unit

2005 saw the continued development of a number of projects at JHC's Mental Health Service.

The neuro-cognitive program for inpatients diagnosed with a first episode psychosis continued and the therapy team developed a plan to acquire additional computers and software to enhance the program.

There was improved statistical recording of patient participation in the therapy program. The aim is 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. This is tied 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.

There was more active management of inpatients' lengths of stay and involvement of carers in their relatives' or loved ones' care.

A Mental Health Consultation Liaison Team was established, and multidisciplinary ward rounds were reintroduced.

The unit increased the Consultant Psychiatrist complement by 0.5 FTE and appointed a new Clinical Nurse Consultant. Four beds were added and there are now 26 open and five locked beds. An additional nurse per shift accommodated increased patient numbers.

The latter half of the year saw a substantial increase in activity, partly due to the extra beds, but also because of decreased length of stay.

The Council of Official Visitors continued to play a vital role in the unit. Visitors meet and talk to inpatients and, when required, take on an advocacy role for them.



## city to surf 2004

JHC was again pleased to provide staff, supplies and equipment to assist Sports Medicine Australia in the operations of the medical centre for the annual City to Surf fun run in August. Of the 23,810 participants, a number required the help of our team of emergency nurses and doctors. JHC supplied 19 of the medical centre's 51 personnel.

Ann Johnston, the Executive Director of Sports Medicine Australia, said that the 2004 fun run saw provision of the most comprehensive medical cover to date for this event.

"Without the assistance and support of JHC's Director of Nursing, Liz Prime, and staff of Joondalup's Emergency Department, Sports Medicine Australia would not be able to provide this service," Ms Johnston said.

"Sports Medicine Australia relays our thanks for your continued support."



• Occupational Therapy

During the year, JHC was pleased to see a steady increase of patients coming in to the Occupational Therapy Department for treatment.

JHC Occupational Therapists continue to provide a service to all four hospital sites. A highlight of the year was the involvement of staff in promoting the new Occupational Therapy School at Edith Cowan University, set to commence in February 2006. Several staff took part in workshops during the planning of the curriculum for the course.

The relationship with Curtin University continued by providing extra clinical placement offers to undergraduate students.

A major achievement was the completion of our evidence based practice project, to provide evidence of "the effectiveness of the use of the Resting Splint compared to no splint in preventing hand/wrist contractures, pain and poor hygiene in stroke patients aged 65+." Research of this topic was completed using a systematic and literature review, with outcomes providing best practice guidelines and implications for practice and further research.

• Physiotherapy

JHC's Physiotherapy Department is accredited with the Australian Physiotherapy Association through its Quality Endorsement Program and is held in high regard as a clinical teaching placement for student from both Curtin and Notre Dame Universities

The department's team of qualified and experienced physiotherapists continued to provide a high standard of service to the inpatients and outpatients of the hospital. Outpatient services include a range of hydrotherapy programs, day therapy rehabilitation and antenatal workshops for natural childbirth.

During the year 22,947 occasions of service were provided to public patients and 15,840 occasions of service to private patients.

The department had a strong focus on education and training for in-house staff and for undergraduate and post-graduate physiotherapy students.



### • Speech Pathology

The five 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 2,932 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 and Attadale Hospital and a consultancy service to Mount Hospital.

The department provides input to the catering departments at JHC, Attadale Hospital, Glengarry Hospital and Mount Hospital to ensure appropriate menu options for patients with modified diet and fluid requirements.

### • Dietetics

The Dietetics Department's six staff provide a service to all private and public inpatients, and public outpatient services to antenatal, bariatric surgery and aged care patients. The department has also expanded services to increase the number of private outpatients by improved liaison with specialists and GPs in the community.

All the dietitians are Accredited Practising Dietitians (registered with the Dietitians Association of Australia), which guarantees an exceptional level of knowledge and training and adherence to evidence based practice.

There were 2,419 occasions of service last year.

The department has a strong focus on staff education including regular workshops for graduate and current nurses in enteral feeding, diabetes and other surgical or medical areas. The dietitians educate all catering staff on special diet training and also ensure 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. Social work services include psychosocial assessment for appropriate 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 support and services.

The demand for social work services continues to be in the area of aged care assessment and discharge planning, with increased volume and more complex discharge planning needs. The average length of stay for patients awaiting care placements reduced to 16 days in 2005, partly due to better access to placement units. The department continuously focuses on improving its model of practice in working with the elderly to cope with the region's ageing population.

A Reciprocal Child Protection Procedure agreement between JHC and the Department for Community Development (DCD) was completed this year. The agreement provides a co-ordinated guideline for JHC and DCD to act in the best interest of the child and community.

The department commenced in-service education on family domestic violence based on needs analysis. Regular ongoing education sessions will focus on assisting staff in identifying, early intervention and awareness of internal and external policies and procedures.



## after hours GP service

JHC's After Hours GP Service was established in 1998 to reduce after-hours pressure on the ED and local GPs. The clinic is staffed by established GPs from Perth's northern suburbs and is supported by a range of hospital back-up services such as pathology and radiology, which are not normally readily available to GP patients after hours.

In September 2004, with funding support from the Health Department of WA, the clinic introduced bulk billing to children under 16 and pension/concession cardholders. This has been a very successful initiative and appreciated by families in the northern suburbs. The clinic was able to bulk-bill 68% of all patients presenting in 2004/05.

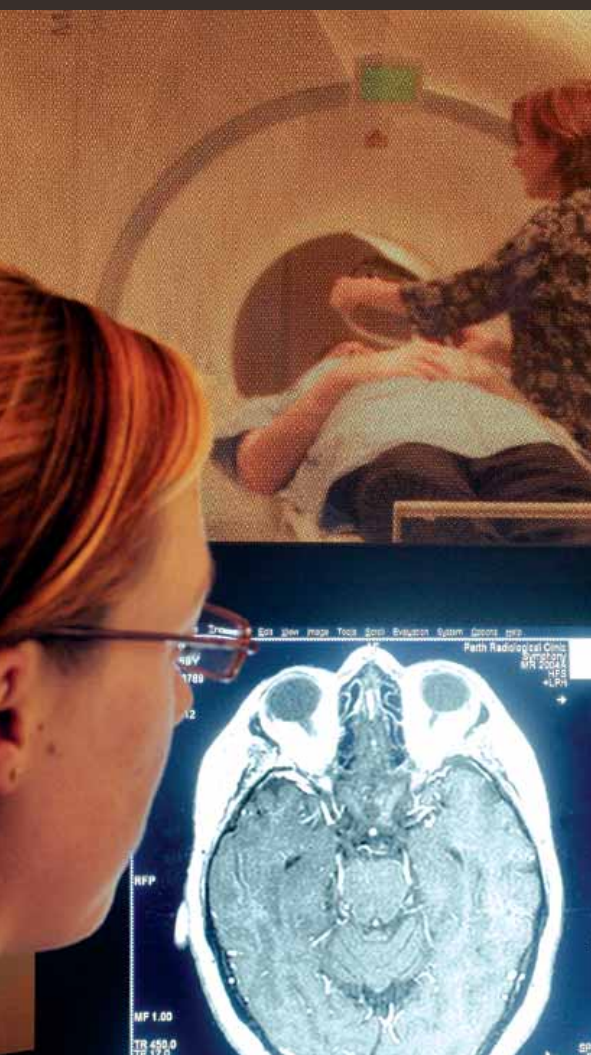
In addition, the clinic extended its hours of operation by four hours on Sundays and now operates between 7pm and 11pm on weekdays, between 3pm and 11pm on Saturdays and between 11am and 11pm on Sundays and public holidays.

The introduction of bulk billing, increased hours on Sundays as well as appointment shortages in local daytime GP practices resulted in a 33% increase in clinic patients this year to 9,651 patients.

devotion







## 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.

The Education and Professional Development Unit is made up of a team of senior nurses with qualifications in differing nursing specialty backgrounds and education.

In brief:

- 216 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, additional competencies in medication calculations, basic and intermediate life support and documentation were completed. Specialty staff complete competencies such as advanced life support, paediatric life support and airway ventilation.
- 222 requests were received and 192 granted for study leave to attend courses and conferences. JHC spent \$62,547 on registration fees and 2,000 hours of paid study time was granted.
- In February six registered nurses completed the JHC first-year graduate program, and all continued to work at JHC after completing the course. Another 11 new graduates commenced their program at the beginning of 2005.
- Scholarships were provided for three undergraduate nurses to complete their registered nurse training, and two who completed their scholarship program at the beginning of 2005 joined the graduate nurse program.

Programs offered this year included a diabetes study day, urology study day, PEG feeding workshops, communication workshops for clinical and non-clinical staff, documentation workshops and senior nurse development days.

JHC joined with the Mount, Glengarry and Attadale Private Hospitals to run a stand at the very successful annual Nursing Expo, helping to raise JHC's profile.

The education team also attended industry conferences to expand knowledge and raise awareness of JHC.

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 and structured workplace learning students.

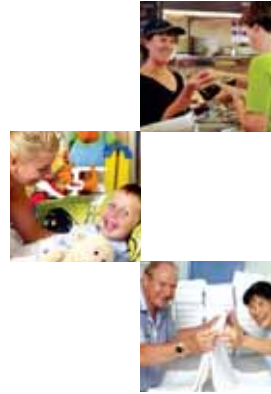


*excellence*

# volunteers

A coordinated group of volunteers called The Companions of Joondalup Hospital work together to provide additional support to JHC. There are approximately 45 volunteers who visit the hospital once or twice a week. The group has been approved by the Department of Fair Trading, WA and is registered as a not-for-profit organisation.

Volunteer services include newspaper/snack trolley sales, library loan services, helping to make tea and coffee for patients, reading to patients, photocopying and cleaning toys and the paediatric playroom.



# pastoral care

JHC is committed to the holistic care of patients. The Pastoral Care Department has four part-time staff members and a team of volunteers who make more than 8,500 visits throughout the year, including weekend and after-hours calls, home visits and last rites.

The team is a multi-faith group, committed to helping patients discover personal, psychological and spiritual resources to cope with illness, trauma and the inevitable challenges of the life cycle. They liaise closely with Islamic, Jewish, Hindu, Buddhist and many other clergy to ensure that JHC can meet a wide variety of needs in today's multi-religious, pluralistic society.

Pastoral care staff members are deeply dedicated to their task, offering 24-hour coverage every day of the year. In particular, they provide the highest level of support to those in palliative care, those in grief and those whose life has been substantially impacted by ageing or accidents.

The team actively assist JHC staff experiencing personal difficulties, illness and loss. They also work with the employee assistance program that provides free, confidential, offsite counselling for those experiencing difficulties that impact on their work.

# clinical indicators

|                            |   | Jul 04 - Jun 05   |      |       | National Aggregate |                  |
|----------------------------|---|---|------|-------|--------------------|------------------|
|                            |   | N   | D    | Total | Jan - Jun 05       |                  |
| Emergency Medicine         | <b>Emergency Medicine</b>               |   |      |       |                    |                  |
|                            | 1.1                                     | Waiting time relative to Triage Category: Cat 1: immediately  | 250  | 261   | 95.79%             | 99.34% or higher |
|                            | 1.2                                     | Waiting time relative to Triage Category: Cat 2: within 10 minutes  | 2156 | 3877  | 55.61%             | 73.71% or higher |
|                            | 1.3                                     | Waiting time relative to Triage Category: Cat 3: within 30 minutes  | 5592 | 11199 | 49.93%             | 61.34% or higher |
|                            | 1.4                                     | Waiting time relative to Triage Category: Cat 4: within 60 minutes  | 9030 | 20951 | 43.10%             | 63.96% or higher |
|                            | 1.5                                     | Waiting time relative to Triage Category: Cat 5: within 120 minutes   | 2999 | 3794  | 79.05%             | 85.10% or higher |
|                            | 2.1                                     | Thrombolysis initiated within 1 hr of presentation, for AMI   | 31   | 32    | 96.88%             | 78.31% or higher |
| Hospital Wide              | <b>Hospital Wide Medical Indicators</b> |   |      |       |                    |                  |
|                            | 2.1                                     | Unplanned and unexpected hospital re-admissions   | 202  | 43164 | 0.47%              | 1.72% or lower   |
|                            | 3.1                                     | Unplanned return to the operating room during the same admission  | 95   | 14054 | 0.68%              | 0.42% or lower   |
| Obstetrics and Gynaecology | <b>Obstetrics and Gynaecology</b>       |   |      |       |                    |                  |
|                            | 1.1                                     | Induction of labour other than defined indications: Induction of labour for any reason                              | 80   | 501   | 15.97%             | 33.94% or lower  |
|                            | 1.2                                     | Induction of labour other than defined indications: Rate as per total number of patients delivering                 | 80   | 1547  | 5.17%              | 8.39% or lower   |
|                            | 2.1                                     | Rate of vaginal delivery following primary caesarean section  | 29   | 153   | 18.95%             | 13.63% or higher |
|                            | 3.1                                     | Primary non-elective caesarean section for failure to progress: Cervical dilatation of 3 cm or less                 | 11   | 165   | 6.67%              | 12.06% or lower  |
|                            | 3.2                                     | Primary non-elective caesarean section for failure to progress: Cervical dilatation of more than 3 cm               | 54   | 165   | 32.73%             | 30.13% or lower  |
|                            | 4.1                                     | Primary caesarean section for foetal distress: Rate as per total patients delivering, including vaginal             | 61   | 1547  | 3.94%              | 3.82% or lower   |
|                            | 4.2                                     | Primary caesarean section for foetal distress: Rate as per total patients delivering by caesarean section           | 61   | 248   | 24.60%             | 18.53% or lower  |
|                            | 5.1                                     | Number of primiparous patients with an intact lower genital tract   | 101  | 434   | 23.27%             | 31.88% or higher |
|                            | 5.3                                     | Number of primiparous patients requiring surgical repair of lower genital tract for second degree tear              | 52   | 218   | 23.85%             | 27.28% or lower  |
|                            | 5.4                                     | Number of primiparous patients requiring surgical repair of lower genital tract for third degree tear               | 6    | 218   | 2.75%              | 2.79% or lower   |
|                            | 5.5                                     | Number of primiparous patients requiring surgical repair of lower genital tract for fourth degree tear              | 0    | 218   | 0.00%              | 0.50% or lower   |
|                            | 6.1                                     | Apgar score of term babies: Apgar score of 4 or below at 5 mins post delivery                                       | 2    | 1449  | 0.14%              | 0.50% or lower   |
|                            | 6.2                                     | Apgar score of term babies: Apgar score of 6 or below at 10 mins post delivery                                      | 0    | 61    | 0.00%              | 1.35% or lower   |
|                            | 7.1                                     | Term babies transferred or admitted to a neonatal intensive care unit for reasons other than congenital abnormality | 20   | 1448  | 1.38%              | 1.22% or lower   |
| Surgical Indicators        | <b>Surgical Indicators</b>              |   |      |       |                    |                  |
|                            | 1.2                                     | Children who have appendicectomy with normal histology  | 5    | 53    | 9.43%              | 19.68% or lower  |
|                            | 1.3                                     | Children who have appendicectomy with normal histology, but significant other intra abdominal pathology             | 1    | 53    | 1.89%              | 3.09% or lower   |
|                            | 2.1                                     | TUR for benign prostatomegaly: Average operating minutes  | 5022 | 85    | 59.08              | 53.83 or lower   |
|                            | 2.2                                     | TUR for benign prostatomegaly: ALOS in days   | 263  | 83    | 3.17               | 3.02 or lower    |
|                            | 2.3                                     | TUR for benign prostatomegaly: Average mass of tissue removed in grams  | 1544 | 85    | 18.16              | 22.21 or lower   |
|                            | 2.4                                     | TUR for benign prostatomegaly: Blood transfusion during same admission  | 4    | 86    | 4.65%              | 3.75% or lower   |
|                            | 2.5                                     | TUR for benign prostatomegaly: Unplanned readmission within 28 days   | 3    | 86    | 3.49%              | 3.87% or lower   |
|                            | 3.1                                     | Post-op infection following total hip joint replacement   | 0    | 93    | 0.00%              | 1.01% or lower   |
|                            | 6.1                                     | Neurosurgical infection   | 0    | 115   | 0.00%              | 0.99% or lower   |
|                            | 7.1                                     | Laparoscopic cholecystectomy practice   | 0    | 306   | 0.00%              | 0.48% or lower   |
|                            | 8.1                                     | Mortality following elective AAA repair   | 0    | 3     | 0.00%              | 3.11% or lower   |
| 8.2                        | Carotid endarterectomy morbidity        | 0   | 12   | 0.00% | 1.83% or lower     |                  |
| 9.1                        | Early outcome of tonsillectomy          | 0   | 62   | 0.00% | 0.51% or lower     |                  |
| Infection Control          | <b>Infection Control</b>                |   |      |       |                    |                  |
|                            | 1.1                                     | Surgical Site Infection: Hip Prosthesis procedures  | 2    | 128   | 1.56%              | 1.31% or lower   |
|                            | 1.2                                     | Surgical Site Infection: Deep / organ space hip prosthesis procedures   | 0    | 126   | 0.00%              | 0.66% or lower   |
|                            | 1.3                                     | Surgical Site Infection: Superficial SSI in knee prosthesis procedures  | 0    | 156   | 0.00%              | 0.85% or lower   |
|                            | 1.4                                     | Surgical Site Infection: Deep / organ SSI knee prosthesis   | 0    | 156   | 0.00%              | 0.30% or lower   |
|                            | 1.15                                    | Surgical Site Infection: Superficial SSI lower segment caesarean sections   | 4    | 429   | 0.93%              | 0.82% or lower   |
|                            | 1.16                                    | Surgical Site Infection: Deep / organ space SSI lower segment caesarean sections                                    | 0    | 422   | 0.00%              | 0.12% or lower   |



# key personnel

|                    |  |
|--------------------|--|
| Anderson, Graeme   | <i>Catering Production Team Leader</i>                                       |
| Anderson, Karina   | <i>Health Information Manager</i>  |
| Bailey, Linda      | <i>FOI/Privacy Officer</i>   |
| Baillie, Nicola    | <i>Acting Service Improvement/Communications Manager</i>                     |
| Barnes, Heather    | <i>After Hours Manager</i>   |
| Barnes, Sylvana    | <i>After Hours Manager</i>   |
| Barrett, Helen     | <i>Clinical Nurse Manager Risk</i>   |
| Bishop, Ros        | <i>Environmental Services Manager</i>  |
| Boggs, Samantha    | <i>Manager Dietetic Services</i>   |
| Bowers, Karen      | <i>Personal Assistant to Director of Nursing</i>                             |
| Bowran, Michael    | <i>Clinical Nurse Manager Emergency</i>                                      |
| Buchanan, Gae      | <i>Clinical Nurse Manager Day Surgery</i>                                    |
| Burns, Brendon     | <i>Clinical Nurse Manager Critical Care</i>                                  |
| Candy, Wendy       | <i>Clinical Nurse Manager Maternal &amp; Neonatal Services</i>               |
| Cann, Heather      | <i>After Hours Manager</i>   |
| Combs, Shane       | <i>Deputy Director of Nursing / Nursing Co-Director Emergency Department</i> |
| Cowan, Kempton     | <i>Chief Executive Officer</i>   |
| Coxon, Sue         | <i>Clinical Nurse Manager Rehabilitation &amp; Aged Care</i>                 |
| Curtis, Anne       | <i>Clinical Nurse Manager 1 East Medical</i>                                 |
| Darmody, Karen     | <i>Clinical Nurse Manager Risk</i>   |
| Dillon, Michelle   | <i>Clinical Nurse Consultant</i>   |
| Della, Maria       | <i>Patient Advocate</i>  |
| Dobbin, Di         | <i>Supervisor - Switchboard/Mail Room/After Hours GP Clinic</i>              |
| Doyle, Gerry       | <i>Coordinator of Pastoral Care</i>  |
| Ferrier, Mary      | <i>Clinical Nurse Consultant - Emergency Dept</i>                            |
| Gatzonis, Lisa     | <i>CNM Education</i>   |
| Goodrum, Belinda   | <i>Clinical Nurse Manager, 2 East Surgical &amp; 1 East Orthopaedics</i>     |
| Grasby, Lesley     | <i>Clinical Nurse Manager Operating Theatres</i>                             |
| Greeve, Kim        | <i>Medical Administration Manager</i>  |
| Harris, Sally      | <i>Administration Manager</i>  |
| How, Chris         | <i>Clinical Nurse Manager 1 West - Cassia</i>                                |
| Hudson, Allan      | <i>Contract Manager</i>  |
| Inglis, Stuart     | <i>Head of Department Anaesthetics</i>                                       |
| Jones, Diane       | <i>Deputy Chief Executive Officer</i>  |
| Kruenert, Michelle | <i>Clinical Nurse Manager Day Surgery</i>                                    |
| Ledsome, Jane      | <i>Supervisor - Private Reception/Medical Centre</i>                         |
| Legg, Fiona        | <i>Clinical Nurse Consultant</i>   |
| Lopez, Jody        | <i>Area Business Manager</i>   |
| Luong, Samantha    | <i>Manager Social Work Services</i>  |
| Lynton, Jim        | <i>Services Manager, Facilities</i>  |
| Mews, Karen        | <i>Manager Speech Pathology Services</i>                                     |
| Monk, Angela       | <i>Clinical Nurse Consultant</i>   |
| Morrison, Robert   | <i>Director of Finance</i>   |
| Murphy, Alison     | <i>Clinical Nurse Consultant</i>   |
| Nation, Steve      | <i>Risk Manager</i>  |
| Polden, Narelle    | <i>Admissions Supervisor</i>   |
| Power, Brad        | <i>Director Medical Services</i>   |
| Prime, Liz         | <i>Director of Nursing</i>   |
| Ryan, Micheal      | <i>Purchasing Manager</i>  |
| Ryan, Jane         | <i>Infection Control</i>   |
| Thorne, Bev        | <i>Supervisor - Public Reception/Ward Clerk Relief</i>                       |
| Tough, Linda       | <i>Personal Assistant to Chief Executive Officer</i>                         |
| Ward, Lynley       | <i>Manager Physiotherapy Services</i>  |
| Whellum, Chris     | <i>Deputy Director of Nursing</i>  |
| McGivern, Kate     | <i>Clinical Nurse Manager Mental Health Services</i>                         |
| Wigham, Angela     | <i>Manager Occupational Therapy</i>  |
| Wood, Simon        | <i>Medical Co-Director Emergency Department</i>                              |
| Young, Michelle    | <i>Clinical Nurse Manager Rehabilitation &amp; Aged Care Unit – Private</i>  |







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