



Growing with you

joondalup health campus
annual report 2007-2008

JOONDALUP
HEALTH CAMPUS


RAMSAY
HEALTH CARE



Growing
with you

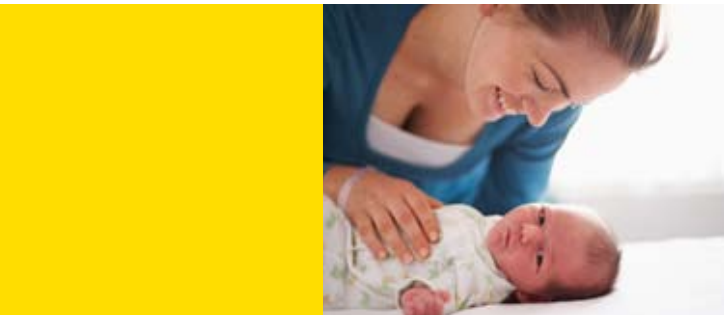


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jhc provides high quality health care to the rapidly growing population of perth's northern suburbs.



about joondalup health campus

The privately operated Joondalup Health Campus (JHC) provides a 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, a new emergency department, refurbishing and extending the public hospital and providing a range of new services.

contractual obligations

The current operator of JHC (Ramsay Health Care) 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 Department of Health specifies an annual maximum operating budget and required levels of activity for services to public patients.

The agreement sets objective standards for the provision of high quality health care.

It requires regular reporting on a wide range of indicators to ensure that these standards are 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 who choose to be admitted to Joondalup Private Hospital will receive admission under the specialist of their choice, as well as a single or shared room equipped with private amenities. The co-location of Joondalup Private Hospital at JHC provides private patients with the assurance of timely access to comprehensive hospital services including emergency, coronary, intensive and neonatal special care units as well as 24-hour, on-site medical backup.



activities and services

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

- 10-bed Intensive Care/Coronary Care Unit
- 4-bed Nurse Specials Unit
- Comprehensive Emergency Department
- Dedicated Paediatric Ward
- Purpose built Mental Health Unit, including secure accommodation
- Dedicated Day Surgery and Endoscopy Units
- Purpose built Restorative and Day Therapy Unit
- Day Oncology/Chemotherapy Services
- An Operating Suite comprising six theatres, one procedure room, a Central Sterile Supply Department and a 12-bay Recovery Ward
- Renal Dialysis service
- Level II Nursery
- Full range of Allied Health services including:
 - Dietetics
 - Occupational Therapy
 - Physiotherapy
 - Social Work
 - Speech Pathology
- Gymnasium and hydrotherapy pool
- Clinical library
- On-site 24-hour Medical Imaging (Radiology) Services
- On-site 24-hour Pathology
- Nuclear Medicine
- On-site Pharmacy
- Pastoral Care



**JHC is
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medical and surgical specialties

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



**chief
executive
officer's
report**
**kempton
cowan**

Welcome to the 13th Annual Report of Joondalup Health Campus

I am delighted to introduce Joondalup Health Campus' thirteenth annual report, which will highlight the achievements made and challenges faced by the hospital in the 2007-2008 financial year.

It has been an exceptionally busy last 12 months as we have provided services to more than 140,000 patients, a substantial increase in activity from previous years.

Our dedicated staff continued to meet the challenge of balancing clinical service delivery with ever-increasing patient demand in the confines of a hospital in urgent need of redevelopment. Amid these challenges, our staff have not compromised on the high level quality of service provision nor wavered on their commitment to patient care.

In December 2007 the first component of the JHC redevelopment kicked off with the launch of site works by then WA Health Minister Jim McGinty on the \$12 million expansion of JHC's mental health facility. When completed in April 2009, it is anticipated that these additions will help meet the enormous demand for mental health beds in the community as well as ease some of the pressure on our emergency department.

The major focus for the 2007-2008 financial year, as in previous years, was on securing final agreement and funding for the larger redevelopment of JHC. We continued to work closely with the State Government, the North Metropolitan Area Health Service and the Department of Health in progressing the long and complex negotiations required to reach agreement on the final form of the redevelopment. Although it is outside of the period under review,

I am very pleased to advise that on 7 January 2009, Deputy Premier and Health Minister Kim Hames announced funding of \$229.8 million for the public component of our redevelopment. This is in addition to the \$90 million committed by Ramsay Health Care for the private component - in all, funding in excess of \$300 million.

Subsequently on 28 January 2009 the contracts for the redevelopment were signed by Minister for Health Kim Hames and Chris Rex (CEO), for Ramsay Health Care.

The redevelopment massing model is on the page overleaf. I would like to sincerely thank all those involved for supporting JHC over the years while the negotiations were in progress, and I look forward to working with you during future developments.

A number of other smaller development projects have forged ahead this year with the completion of the clinical governance and education units, new social work offices, expansion of doctors' rooms, modifications to the library and the opening of five more beds in the Emergency Department.

Aside from bricks and mortar, we fortified our intellectual capital through a number of key appointments. During the year Shane Combs was promoted to the position of Director of Nursing. I would like to formally welcome Shane to the role and thank him for his contribution to the Executive team to date.

The year also saw the exciting step forward of the appointment of a number of University of Western Australia academics to JHC, including

Professor Hans Stampfer in psychiatry, Professor Paul Jenkins in general medicine, senior lecturer Dr Paul Bailey in emergency medicine, consultant surgeon senior lecturer Paul Moroz in general surgery, and Dr Bridget Jeffery as a part-time senior lecturer in obstetrics and gynaecology. These are key appointments in assisting JHC to grow its undergraduate medical teaching programs.

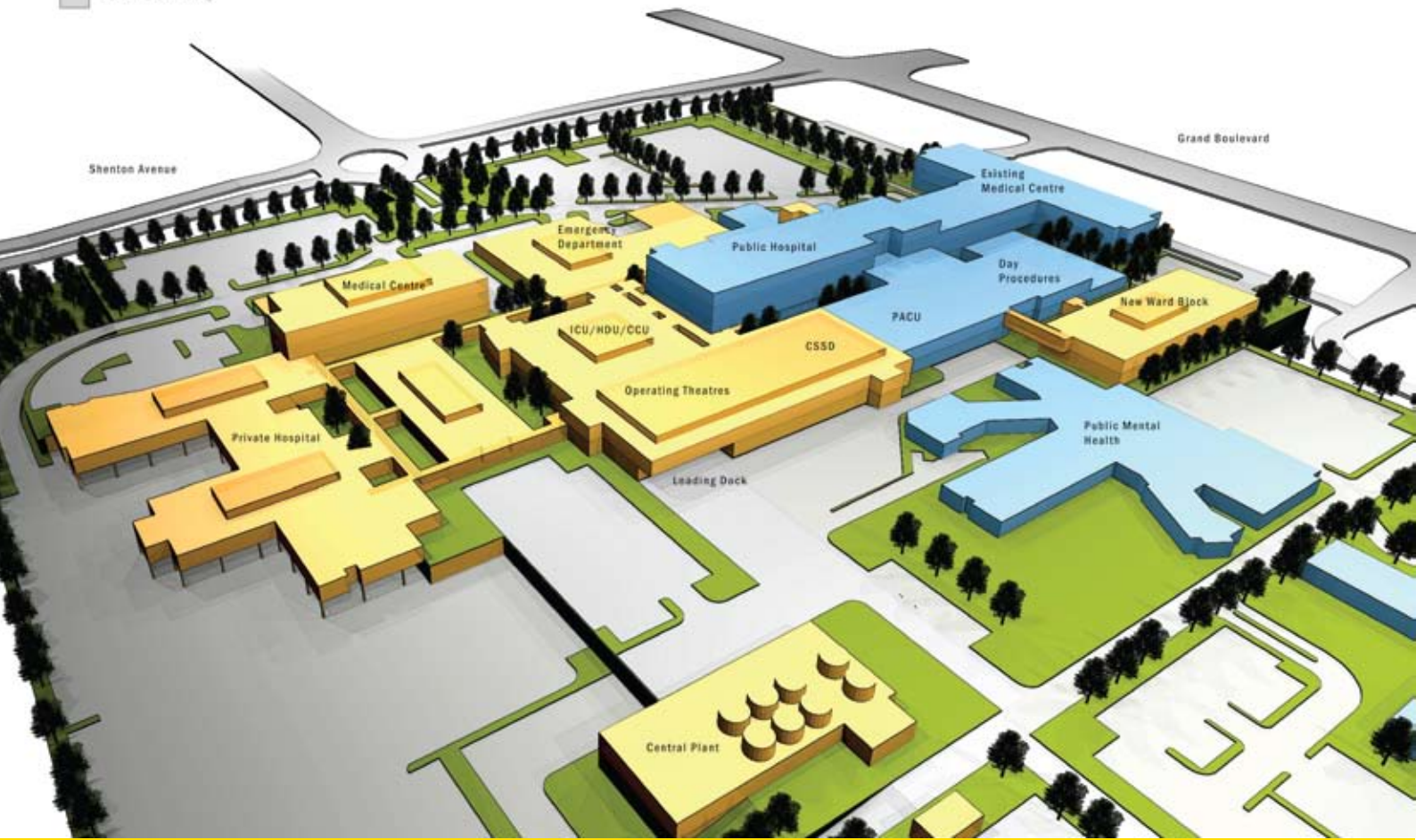
This year we have planned for the expansion and recruitment of additional advanced trainee registrars in a variety of disciplines. We have also successfully retained a number of accreditations for training by a variety of colleges, including the Australian and New Zealand College of Anaesthetists, and I would like to particularly commend Dr Michael Veltman for his contribution to this process.

We have also increased educational programs to support the training of specialists, medical undergraduates and postgraduates in WA. Enhancement of facilities at a ward level as well as improvements to support areas for doctors in training - namely the new accommodation for our registrars - has also been a priority this year.

These improvements are just a few of the strategies recently implemented to assist JHC in its aim of engaging universities as well as attracting a range of consultants.

JHC's move towards becoming a teaching facility is not only important to our development and the provision of high quality clinical care to the people of Perth's northern suburbs, it is an important component in sustaining WA's health system.

- Existing Building
- Stage One - Current DA
- Roads & Parking



Work on JHC's mental health facility begins, kicking off the redevelopment.

From left to right

JHC Head of Psychiatry Dr Paul Skerritt, CEO Kempton Cowan and Health Minister Jim McGinty.



Opening new beds in the Emergency Department.

From left to right

RHC chairman Paul Ramsay, ED director Dr Simon Wood and CEO Kempton Cowan with the ED team.

Opposite Joondalup Health
Campus Redevelopment Stage 1
looking southwest.

The previous Federal Government approved an increase in university places in medicine resulting in an unprecedented influx of newly qualified medical practitioners requiring hospital training. Although JHC does not have access to the formal infrastructure of a tertiary hospital we have made a substantial contribution to training in WA's health system, with many of our consultants volunteering their time to guide this next generation of practitioners.

Forging strong relationships with universities did not only extend to medical schools this year - it was also our priority to enhance the education and training of healthcare professionals across all disciplines. Significant gains were made, particularly in relation to nursing, as the hospital and Edith Cowan University continued to work closely with one another in developing potential training programs.

We also increased our capacity to cope with an increased number of public maternity patients by initiatives such as the employment of additional junior medical staff and consultants, and more recently the appointment of a neonatologist. The result of this has been a steady increase in the number of babies born at JHC, from approximately 1,500 a year in 2004-2005 to approximately 2100 today. This has the dual benefit of allowing mothers to give birth locally as well reducing pressure on other public hospitals in the state.

Major advancements were made this year in JHC's Anaesthetic Department with the expansion of the unit's facilities and the appointment of a new Director of Anaesthesia, Dr Michael Veltman.

Through the service of Dr Veltman, who also runs the WA arm of CareFlight, an association between the two organisations was formed that saw this program set up and run out of JHC. CareFlight is a not-for-profit organisation that provides a high-end critical care international retrieval service as well as state disaster relief. The program is completely staffed by JHC's critical care and anaesthetic specialists, nurses and other medical practitioners training in anaesthesia and emergency medicine. This is an important relationship for the hospital as it not only assists in attracting and retaining specialised medical staff, but further cements our position as an integral part of the state's disaster response.

Disaster planning was a major focus this year as JHC was identified as one of three primary referral facilities for pandemics in WA. As such the hospital underwent significant disaster response training and took part in a series of national disaster exercises.

Another significant activity JHC undertook this year was an external clinical review by the North Metropolitan Area Health Service. This intensive evaluation examined and assessed processes and was then followed on by a strategic planning workshop.

Our Emergency Department continued to manage exceptionally well in the face of continued increases in total attendances. Even though our 'did not wait' rates increased slightly, we still compared favourably with national benchmarks. The After Hours GP Clinic had a 29% increase in patient attendances compared with the previous 12 months and continued to be one of the busiest clinics in the state.

chief executive officer's report continued

This year Dr Paul Bailey, a JHC ED consultant and UWA Senior Lecturer, established JHC's Department of Clinical Redesign. The purpose of this unit is to transform the systems of care, endeavouring to ensure every patient's journey is smooth, safe and of the highest quality. Dr Bailey has had a lot of success in streamlining processes and removing duplication, which will ultimately benefit patients, carers, health professionals and the wider community.

Under Professor Paul Jenkins, General Medicine has also commenced planning an Acute Assessment Unit. This short-stay facility will provide a gateway between a patient's GP, the ED and the hospital wards, with the aim of creating efficiencies and improving standards of care.

We have continued to improve our communications with GPs in the northern suburbs via Dr Farid Taba, GP Liaison. Dr Taba is also part of the Community Liaison Project, a joint venture between JHC and the NMAHS established to improve communication between the hospital and the aged care sector.

Of fundamental importance to JHC is our role in, and links with, the local community. In this financial year we contributed more than \$80,000 to a number of community engagement initiatives. We sponsored local activities

like the City of Joondalup's annual Valentine's Day Concert as well as supported programs run through our various healthcare fraternities, like the Australian Medical Association's 'Dr Yes' initiative. We endeavour to ensure that our charity and sponsorship contributions are targeted towards supporting the local community.

The hospital's Community Board of Advice once again played an important role in ensuring an effective nexus to local community views, while the Medical Advisory Committee continued to be instrumental in giving timely advice and support to the Executive team. I would like to once again thank these committees - I am most appreciative of the time and energy members put into these roles.

We are also extremely proud of our volunteers' network which has continued to expand and now has more than 100 members.

Our relationships with Bizlink, a disabilities employment provider, continues to grow. JHC currently employs nine staff through this program. Bizlink once again nominated us for one of the 'Count Us In' awards, which recognise organisations that create equitable and welcoming work environments for people with disabilities.

It is clear that the rapidly growing population in Perth's northern suburbs shows no sign of abating. If we are to continue to provide a high standard of healthcare, as well as expand and improve our services, we need to future-proof our facilities to cope with increased demand. Our commitment to forward planning will assist us in this process. We are already looking beyond our redevelopment and exploring future opportunities for growth.

As a result of his retirement from full-time practice at JHC we have said goodbye to Professor Paul Skeritt, Head of Psychiatry, as well as Dr Ramen Mitra, a general physician. I would like to thank both of these gentlemen for their enormous contribution to the hospital.

I would also like to extend my sincere thanks to the medical staff, the executive and middle management teams and to all the staff at JHC for their continued hard work, support and commitment to this hospital.

Kempton Cowan



medical services report dr richard saker director of medical services

As the inaugural full-time Director of Medical Services at JHC, I commenced work with Ramsay Health Care in May 2007. I take the opportunity to thank my predecessor Dr Brad Power, who was the Director of Medical Services part-time, for assisting in my transition to the role and for his ongoing wise counsel.

achievements in the past year include:

- Clinical governance at JHC - working closely with the Director of Nursing, Shane Combs, to review the Clinical Governance Unit (CGU), implementing a restructure and appointing a manager to ensure even greater focus on ongoing safety and quality initiatives.
- The development of the JHC Medical Administration team and regular medical administration activity review and planning.
- The appointment of the positions of 0.5 FTE Director of Postgraduate Medical Education, two part-time Directors of Clinical Training and a Medical Education Officer to enhance program development, training and support for the proposed increased number of interns in 2009, and to ensure the level of mentoring required for them to attain their full potential from the training they receive at JHC.
- The appointment of a Director of Anaesthesia and considerable expansion of the Department of Anaesthesia, with several additional ANZCA training positions for training of future consultant anaesthetists. This initiative was supported by considerable investment by JHC in the

Department of Anaesthesia's facilities and in training resources, to meet the ANZCA accreditation requirements and ensure ongoing accreditation.

- Developing a link with CareFlight.
- Appointments of University of Western Australia academics to JHC to develop and deliver training to medical undergraduates in
 - Psychiatry
 - General Medicine
 - Obstetrics and Gynaecology
 - General Surgery
 - Emergency Medicine.
- Provision of facilities for UWA to accommodate staff expansion.
- Success in retention of accreditation:
 - Specialist Colleges
 - Postgraduate Medical Education Council
 - ACHS accreditation - positive commentary regarding the governance of medical services at JHC.
- Consultation with clinicians on redevelopment of the JHC site and ensuring that proposals from clinicians are strongly represented at JHC executive level.
- The planned expansion and recruitment of additional advanced trainee registrars in a variety of disciplines to enable JHC to provide a range of clinical services to meet increased community demand.

medical services report continued

- Access to Commonwealth specialist training schemes to permit growth in specialist trainee numbers as part of a commitment to assist with specialist training in WA.
- Identification and acquisition of funding sources to support the development of training for medical undergraduates and postgraduates at JHC.
- Improved facilities at ward level for doctors in training.
- Improved facilities for doctors in training who are required to provide services to JHC after business hours and overnight.

significant challenges for 2008/09 include:

- Competition for recruitment and retention of current medical workforce and overall workforce planning.
- Funding of training positions and provision of specialists and senior specialist trainees and registrars to train both medical undergraduates and junior medical postgraduates.
- Provision of training opportunities for the increased numbers of medical students, interns, RMOs and registrars.
- Further development of the UWA academic/clinical service provision as part of the

overall strategy to achieve full teaching hospital status.

- Strategic and operational planning to address the absorption of increased patient numbers attending the site, and the planned expansion of capacity.
- Medical staffing issues related to the opening of the additional Mental Health Unit beds in 2009.
- To advance clinical redesign of the patient journey to improve efficiency and effectiveness of services, and at the same time continuing to improve patient care, safety and quality.

I would like to pay tribute to the Chief Executive Officer, the Deputy Chief Executive Officer, the Director of Nursing and the Executive team, clinicians and administrative staff who have supported me in addressing the challenges of the Director of Medical Services position. I acknowledge the ongoing teamwork that enables the success of the clinical operations at JHC.

I also wish to recognise the can-do attitude of all staff at JHC, a climate of high operational tempo and the efforts to adhere to the delivery of services in accordance with 'The Ramsay Way'.

Dr Richard Saker



nursing services report shane combs director of nursing

Firstly, I would like to thank all nurses and midwives at JHC for continuing to deliver quality care to the increasing number of JHC patients. We have a great community relationship and reputation due to the work of our staff.

highlights

I was appointed Director of Nursing in March 2008, a great honour. Following my appointment we proceeded to advertise and appoint two of our Deputy Directors of Nursing - Wendy Candy, DDON Obstetrics, Medical & Surgical, and Cheree Schneider, DDON Critical Care and Emergency Services. Wendy had been acting deputy DON for two years and was previously the Maternity Manager for eight years. Cheree has extensive experience in managing Critical Care and Emergency Departments as well as project management. The appointment of these key positions enables the Nursing Executive to provide stable leadership to the Clinical Services team.

In September-October 2007 a review of our Clinical Governance structure, reporting lines and resourcing was undertaken by Del McGuinness and involved consultation with key stakeholders including Clinical Nurse Managers and Medical Heads of Departments. This review provided JHC with a strategic framework for the next three years. As a consequence of one of the report's recommendations, the position of Manager of Clinical Governance was created and advertised, and Vicki Rowe was appointed.



nursing services report continued

Vicki has a long history in service improvement in the health industry.

May 2008 saw JHC undergo a periodic review by the Australian Council on Health Care Standards Evaluation and Quality Improvement Program. JHC was successful in obtaining continued accredited status.

JHC, like all healthcare facilities, has to adapt to shortages of nursing staff. To help meet the community demands on health services, we have expanded our utilisation of Enrolled Nurses as part of our nursing team.

It was another busy year for all clinical areas. I would like to mention developments in a number of key departments during the year.

peri-operative services

Within the Peri-operative Services Department there are six operating theatres and a procedure room, catering for both public and private patients. Over the last 12 months the hospital has operated on 16,046 patients, an increase of 6.9% on the previous 12 months.

The operating theatres now have two after-hours operating lists, four days a week, which caters for increasing numbers of emergency surgery cases.

During the year \$580,000 was spent on capital equipment in theatres including laparoscopic instruments, anaesthetic monitors, arthroscopic instruments and endoscopy processing equipment.

During the year the department's management group was restructured, and as a result a Deputy Director of Nursing for Peri-operative Services was created and advertised. Chris McCavana was appointed to the position in December 2007 and proceeded to appoint middle-management positions for the operating theatres, Central Sterile

Supply Department, anaesthetics and recovery areas.

Recognising the need to encourage more nurses to specialise in theatre work, the department has introduced a six-month Enrolled Nurse graduate program and a 12-month clinical development program for nurses with limited or no previous operating theatre experience. These programs are in addition to JHC's successful Peri-operative Graduate Program.

2 east surgical and 1 east orthopaedics

Our busy surgical unit provides a high standard of care to public patients undergoing a wide range of elective and emergency surgical procedures. The unit supports both graduate RNs and ENs as well as undergraduate nursing students.

2 East Surgical has experienced an increased workload over the last 12 months and staff have been able to adapt to this increase while still providing a high standard of quality care. They have been supported by the ward-based Staff



Development Nurse (SDN) who is able to drive education and improve surgical skills and knowledge.

The 1 East Orthopaedic Unit provides a high standard of care to public orthopaedic and neurosurgical patients, including elective, emergency and trauma admissions.

1 East Orthopaedics has experienced an increase in acuity and the number of joint replacements in the last 12 months. Staff have adapted to the increase with support from the SDN and Clinical Nurse Manager. Very positive feedback has continued about the high standard of care delivered to public orthopaedic patients.

Major achievements for both wards include:

- Development of a Central Venous Access Device (CVAD) care plan and work practice.
- Development of a Falls Risk Assessment education learning package.
- 100% retention of graduate RNs and ENs after completing their rotation.

critical care unit/nurse specials unit

To enhance the clinical management of Nurse Specials Unit (NSU) patients, the unit is now under the responsibility of Critical Care.

The number of second-year RN graduates taken on this year increased to four. These graduates do a six-month rotation in both the CCU and NSU, which includes two full-day study days. The study days deal with specific ICU, CCU and NSU patients and problems, such as renal failure and dialysis, sepsis management and treatment, ventilation modes, troubleshooting, weaning and arterial blood gases. The RNs gain a great deal from these study days, which stands them in good stead for further study in Critical Care areas.

Staff Development Nurse Bev Ewens was awarded the inaugural \$10,000 Ramsay Health Care Ella Lowe scholarship, awarded in memory of Ella Lowe for nurse-led research projects. Selection of the award recipient was a competitive

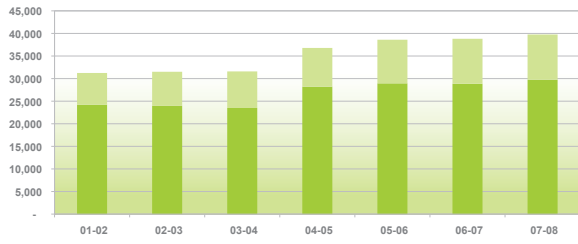
process of proposal submission within Ramsay Australia. Bev went to Melbourne in May 2008 to accept the award from Ella's husband, Steven Lowe, at the Ramsay Health Care Victorian Nurse's Conference. The scholarship funds will enable staff to analyse data and write up the result of the ICU Patient Diary study when it is completed. It is also intended to publish the study in appropriate journals.

Other achievements include increased collaboration with Edith Cowan University and developing quality initiatives and best practice for information for visitors and feedback from visitors and family by setting up an information board and feedback book in the visitor's waiting room.

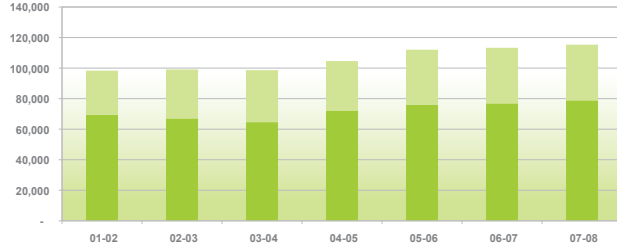
Shane Combs

hospital statistics

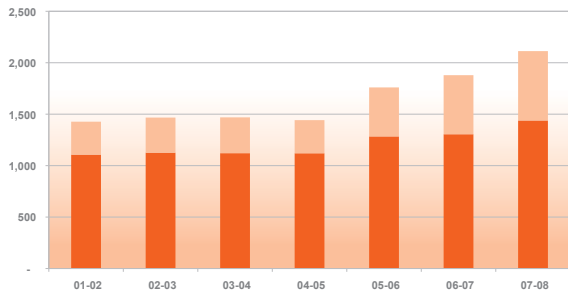
Hospital Admissions



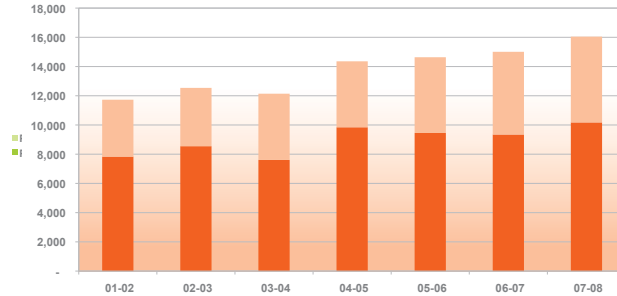
Patient Days



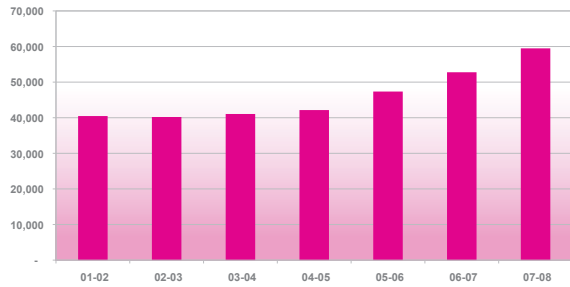
Births



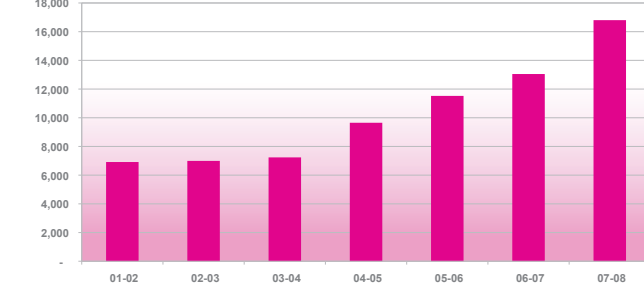
Operations



Emergency Department Presentations



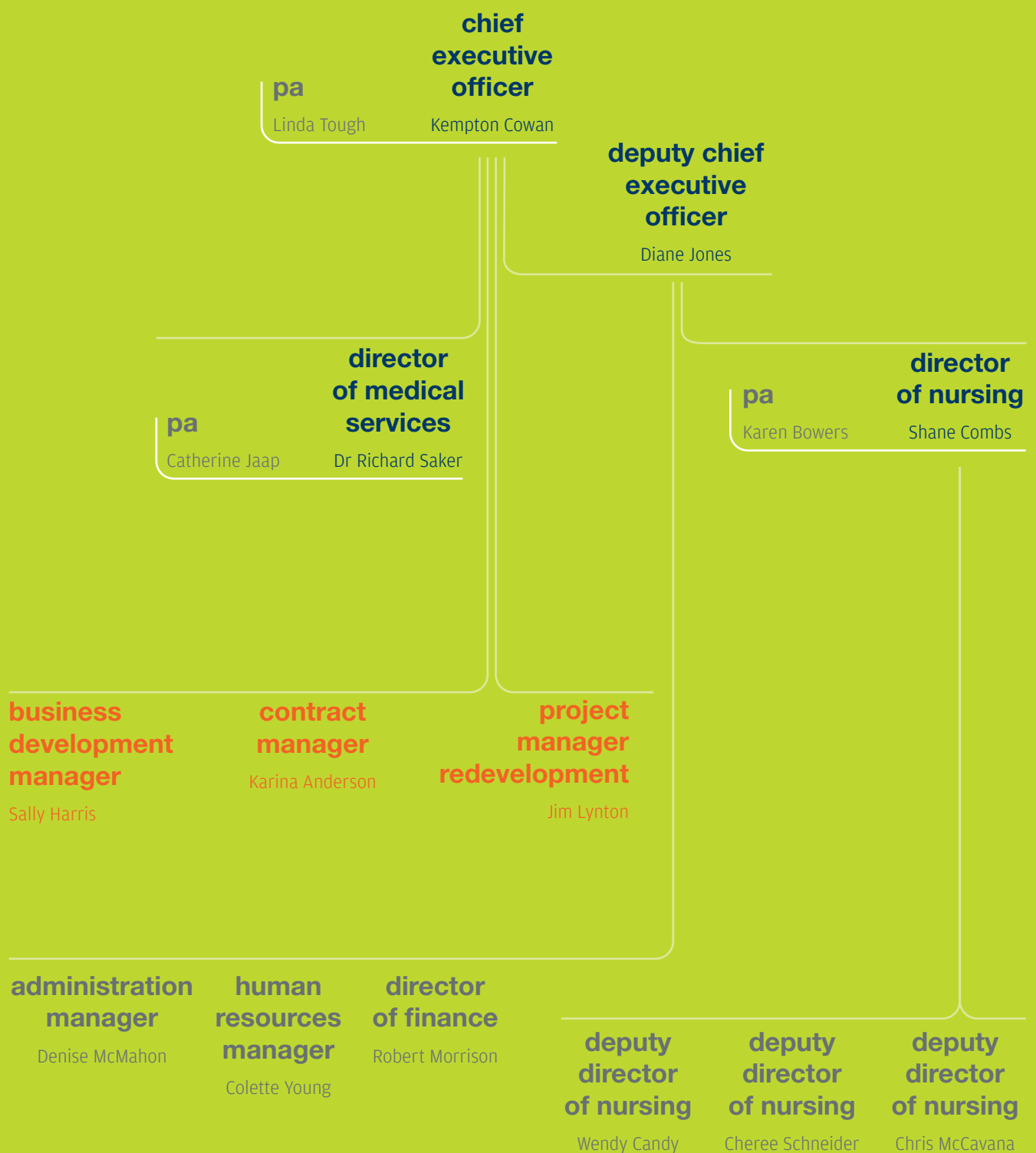
After Hours GP Clinic Presentations



Public Private



executive structure as at june 2008



community board of advice

The Community Board of Advice met three times during the year. The Board has the valuable role of assisting the hospital by providing feedback, advice and support.

Members contribute in various ways, including by reviewing service outputs on behalf of the community.

Members of the Community Board of Advice at 30 June 2008 were:

Mr John Croser

Chairman
Clinical Representative

Cr Albert Jacob

City of Joondalup
Deputy Chairman

Mr Tony O’Gorman

Member for Joondalup
State Government Representative

Mr Neville Lane

Health Consumers Council Representative

Mr Carl Cartwright

Department of Health Representative

Cr Tracey Roberts

Community Representative

Ms Alessandra D’Amico

Community Representative

Ms Nadia Maiolo

Community Youth Representative

Mr Tony Geddes

Orthopaedic Surgeon
Clinical Representative

Rev. Elizabeth O’Neil

Pastoral Care, JHC

Ms Diane Jones

Deputy CEO, JHC

Mr Shane Combs

Director of Nursing, JHC

minutes secretary

Ms Jodie Leishman

Executive Assistant

medical advisory committee

The Heads 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 five 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
- 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 by-laws.

Members of HOD/MAC at 30 June 2008 were:

Mr Tony Geddes	Chairperson/Orthopaedics
Mr James Aitken	General Surgery
Mr Shane Combs	Director of Nursing
Mr Kempton Cowan	Chief Executive Officer
Dr George Garas	Gastroenterology
Dr Susan Isdale	Obstetrics and Gynaecology
Dr Glenys Ismail	Anaesthetics
Ms Diane Jones	Deputy Chief Executive Officer
Mr Jes Judge	Urology
Dr Martin Marshall	Radiology
Dr Mark McAndrew	Psychiatry
Dr Mike Oehlers	General Practice
Dr Brad Power	Intensive Care
Dr Peter Purnell	Cardiology
Dr Stephen Richards	General Medicine
Dr Richard Saker	Director of Medical Services
Dr Desiree Silva	Paediatrics
Dr Farid Taba	GP Liaison Officer
Dr Barry Vieira	Rehabilitation and Aged Care
Dr Steve Ward	Diagnostics
Dr Simon Wood	Emergency Medicine

ethics committee

The JHC Human Research Ethics Committee (HREC) is constituted in accordance with the requirements set by the National Health and Medical Research Council (NHMRC) and operates within its guidelines. The committee consists of ten members from the hospital and community who hold a range of skills relevant to making decisions about ethical matters. Participation in ongoing training is encouraged.

The committee has five regularly scheduled meetings per year. During 2007/2008 HREC considered 17 research proposals and four quality improvement or audit projects. In addition to projects approved in the last 12 months, approximately 30 research projects approved previously are still being implemented.

Members of the Ethics Committee at 30 June 2008 were:

external members

Dr Michael Anderson
Chairman

Ms Melanie Naylor
Lawyer

Mr Richard McKenna
Lay member

Ms Leanne Wood
Lay member

internal members

Dr Paul Bailey
Emergency Physician

Mr Shane Combs
Director of Nursing

Ms Ann Hammer
Executive Officer to the committee

Rev. Elizabeth O'Neil
Pastoral Care

Dr Brad Power
Director of Intensive Care

Ms Cheree Schneider
Deputy Director of Nursing

minutes secretary

Ms Jodie Leishman
Executive Assistant





service improvement/ quality report

The Australian Council on Healthcare Standards (ACHS) awarded JHC full four-year accreditation status in August 2006. A periodic review for the ACHS Evaluation and Quality Improvement Program in May 2008 resulted in continuing accredited status.

The report noted that JHC hospital staff are focused on ensuring the patient's journey through the hospital is efficient and meeting the needs of the patient. The assessment systems and processes are in place and are continuously improved to guide care planning. The staff and executive of the hospital are attuned to quality and continuous improvement activities, with an obvious culture of improvement at all staff levels.

In the first half of 2008 the following quality improvement activities were introduced:

- Managing Aggressive Behaviour e-learning programs implemented.
- Graduate Certificate in transition nursing - Edith Cowan University/ Ramsay Registered Nurse graduate program.

- Adult Advanced Life Support (ALS) program obtained accreditation from the Australian Resuscitation Council (ARC).
- Implementation of the Enrolled Nurse pathway program for undergraduate Bachelor of Nursing students.
- Introduction of e-learning packages on CTG competencies.
- Amended Medical Emergency Team call system to include Obstetric and Neonatal Emergency Team.
- Recommendations and plans for action for enteral tube feeding practice, including gastrostomy workshop for staff.
- Further developed dietetics outpatient service.
- Implementation of social work position based in the Emergency Department to assist with screening and discharging of patients over 65.

The reporting period for patient feedback cards was changed from monthly to quarterly to identify trends so that specific areas can be targeted for improvement.

Questions on the patient feedback card have been amended to reflect the changes in stage 4 of the ACHS Evaluation and Quality Improvement Program (EQUIP). A new category was introduced to gauge the level of importance to patients of each category. Not all patients complete this section, but the satisfaction ratings are consistent with the last report. Patients have the option to select Yes, No or Not Applicable (N/A) to the questions on each patient feedback card.

Overall the patient feedback comments continue to demonstrate the patient perception of staff at JHC as professional, friendly, caring and helpful.

emergency department

JHC's Emergency Department comprises up to 211 personnel, including 30 medical staff, 149 nursing and patient care assistant staff and 24 clerical employees.

Junior medical staff are seconded to JHC from Sir Charles Gairdner Hospital. Senior medical officers and some Registrars and RMOs are employed directly by JHC.

Last year ED total attendances increased by 12.5% to 59,539 of which 14,009 (23.5%) were paediatric attendances. Despite this significant increase, the number of patients leaving before treatment (Did Not Waits) increased only marginally from 4.3% in 2006-07 to 4.6%, which compares favourably with national benchmarks.

Major achievements during the year included:

- An increased intake of enrolled nurses from two to five. One EN successfully completed a university emergency course.
- Two nurses enrolled in Masters of Education courses at ECU, and one nurse completed Curtin University's Graduate Diploma Nurse Practitioner course.
- Five nurses enrolled in Curtin's Nurse Practitioner Program and all were awarded Department of Health scholarships.
- Two nurses enrolled in ECU's post-graduate Certificate in Emergency Nursing.
- Senior emergency medicine registrar Dr Cameron Burrows successfully completed his Fellowship with the Australasian College for Emergency Medicine, becoming the fifth qualified emergency physician to complete training at JHC.
- Emergency Physician Dr Elly Marillier completed and rolled out JHC's External Disaster Response plan.
- Emergency Physician Dr Paul Bailey established JHC's Department of Clinical Redesign.

The Fast-Track process, where a doctor and nurse work together to treat minor injuries and illnesses in patients who

would normally have lengthy waiting times, continued 12 hours a day, seven days a week.

The ED continued the education of nursing staff to undertake advanced competencies of plastering and suturing. Action groups are ongoing to ensure evidence-based best practice is implemented in ED documentation and resuscitation.

In October 2007 a separate Triage Liaison Nurse commenced afternoon shifts seven days a week. Discharge/Paediatrics streaming was introduced, with an additional four beds created in December 2007 to decrease waiting times and DNWs.

The Research Nurse Consultant position continued in collaboration with Curtin University to promote evidence-based practice and quality improvement.

During the year two nursing staff were supported to attend the Emergotrain course in disaster management training.

	2006/07	2007/08
Total ED attendances	52904	59539
Completed ED attendances	50611	56802
Did-Not-Wait rate	4.3%	4.6%
Total ED attendances % difference from prior year	11.2%	12.5%
Completed ED attendances % difference from prior year	10.9%	12.2%
Admission, Death, Transfer Rate (ADT)	28.6%	26.9%
ADT % difference from prior year	3.9%	5.4%
Adult attendances % difference from prior year	12.3%	9.5%
Paediatric attendances % difference from prior year	7.0%	23.6%
Adult attendances % of total	78.6%	76.5%
Paediatric attendances % of total	21.4%	23.5%
Ambulance presentations % difference from prior year	1.3%	7.2%
ATS1-3 % of total	41.0%	39.3%
ATS 4,5 % of total	59.0%	60.7%



paediatric unit

**staff are friendly
and very helpful.**

During the year in review the Paediatric Unit treated 2,439 admissions which included a significant increase in day case numbers. The unit staff functioned as a cohesive team, promoting respect and communication with each other and with patients and their families. Favourable patient feedback included the following:

“Staff are friendly and very helpful”

“There is a great team spirit on the ward”

“We were very happy with the high level of service we were given on the care of our son. Your nurses and doctors are a valuable asset to your hospital”.

The many achievements throughout the year included the introduction of a ‘TNT (Top Notch Team) Player Award’. Staff and families are encouraged to nominate anyone from the unit staff who has made a difference to their day. The response was fantastic and the inaugural recipient was one of the unit’s valued Patient Services Assistants.

Additional ENT lists for PMH transfers helped to facilitate improved flow and also reduced waiting lists.

The unit was highly successful in recruiting dedicated paediatric staff, which may be attributed in part to the pleasant culture and to the opportunities available on the ward.

With the increase in paediatric surgical activity there was a major focus on improving communication with theatre. The unit also focused on enhancing patient, family and staff liaison.

In particular, the unit continued to benefit from JHC Clinical Nurse Manager (CNM) representation and involvement with the Child and Youth Network at Princess Margaret Hospital. The objective of this network is to improve communication among secondary paediatric sites and maintain information sharing.

The Starlight Foundation’s adolescent service, Club Ado, was implemented throughout JHC. This program caters specifically for adolescents and aims to reduce the stress, isolation and loneliness of hospitalisation by providing teenage patients with a range of relevant activities and facilities. Another useful service, Hospital in the Home, was utilised within the unit. This aims to promote the early discharge of children, where appropriate, to create space for new admissions.

Successful strategic planning was held in early 2008 for Clinical Nurses to enhance their knowledge of ward management and enable them to relieve in the absence of the CNM.

Staff improved their knowledge of how to facilitate airway management of unconscious patients by learning from the paediatric anaesthetist. Guest speakers at staff meetings helped to improve staff education.

There was a very good response to the dress-up day for staff on the last Friday of every month to entertain the children.

A close-up photograph of a woman with light brown hair tied back, smiling warmly as she holds a newborn baby. The baby is wearing a white onesie with a green and yellow pattern. The woman is wearing a blue cardigan over a white top. The background is bright and out of focus.

maternal and neonatal services

The number of births recorded at JHC in 2007-08 increased by 12.4% to 2,113. In response to the increasing demand for obstetric services, JHC reviewed and promoted its Obstetric Home Visiting Service. This resulted in a 65% increase in the number of women accessing the service, from 1,944 the previous year to 3,208 in the year under review.

The Obstetric and Gynaecology (O&G) Unit embraced a multitude of changes during the year that highlighted the effectiveness of the team as change agents.

The unit welcomed new staff members including Registered Nurses, two Enrolled Nurses and two nursing assistants, as well as five newly qualified midwives who trained in the department and five students currently training. Karen Glenn, who has an extensive background as a midwife and lactation consultant at JHC and in the Northern Territory and Queensland, was appointed Manager of the unit.

The commencement of a Triage Position in the birth suite proved a huge success and the hours of this position have been extended in recognition of the increasing workload.

The unit assisted WA's main tertiary hospital (King Edward Memorial Hospital) by accepting up to 12 antenatal transfers each month. It also provides ongoing support for JHC's Special Care Nursery, which receives and cares for babies from 32 weeks gestation.

The Midwives Clinic was also very successful. The midwives involved have commenced conducting antenatal education classes for prospective mothers, promoting continuity of the service.

The unit's clinical nurses have added an education sphere to their portfolios by educating colleagues on Obstetric Emergencies, providing both unity and empowerment within the unit.

JHC is applying for reaccreditation as a Baby Friendly Hospital next year. This is an initiative that promotes and supports breastfeeding. The O&G Manager, Karen Glenn, is currently the WA Chairperson for this initiative. Her focus is to work with other committee members to compile, implement and review policies and educational standards that can be adapted to all hospitals in WA to encourage support and camaraderie through the State.

day therapy unit/aged care and rehabilitation

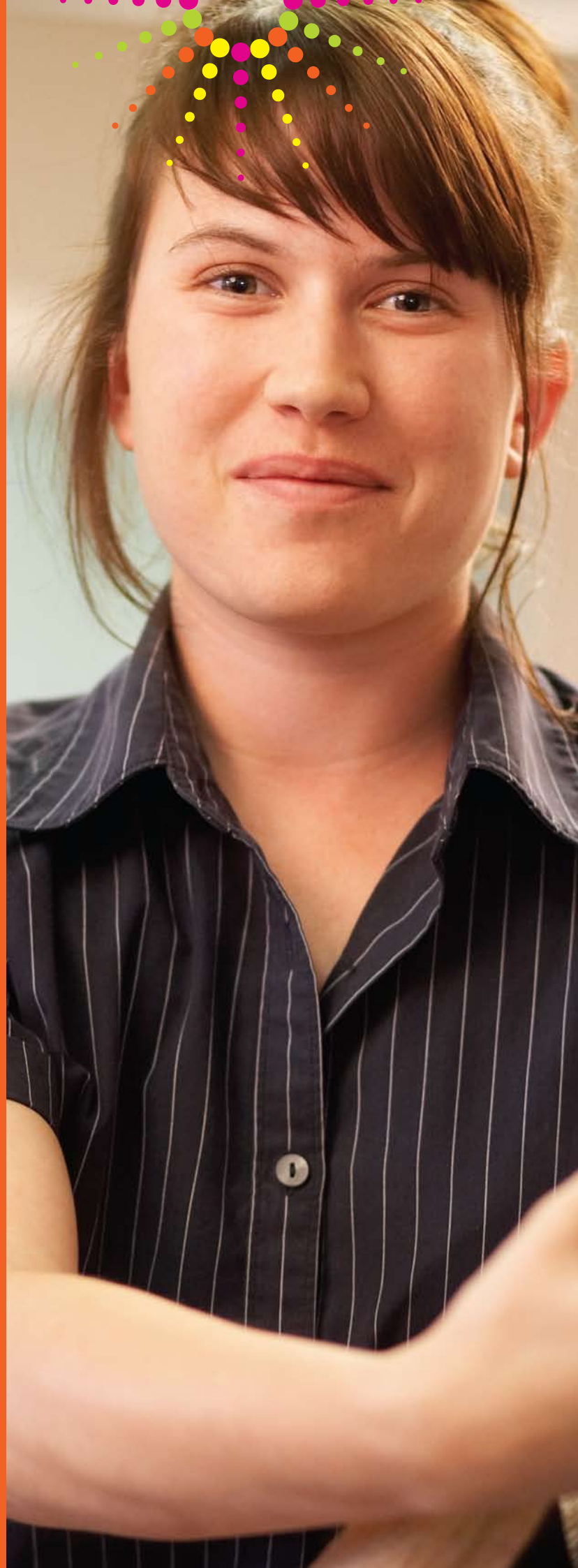
The Day Therapy Unit provides a wide range of outpatient services to people living at home or in hostel care.

One of our services is the First Fracture Clinic which was established in conjunction with the Department of Orthopaedics to ensure patients with a fracture were appropriately screened or managed for osteoporosis.

It is run on a monthly basis by two doctors and two nurses. JHC is able to provide on-site blood tests and bone mineral density scans.

Over the past year data was collected and analysed - 81 patients attended the clinic, of whom 37% were diagnosed with osteopaenia and 22% were diagnosed with osteoporosis. All were offered an individualised treatment program with the assessment outcomes forwarded to their GP. A satisfaction survey was conducted, which provided positive feedback from patients and staff of the clinic.

The Clinic's Consultant and Clinical Nurse presented a paper on the operation of the First Fracture Clinic at the New Zealand and Orthopaedic Nurses Association Conference in Rotarua. The presentation generated interest in setting up a similar facility at other hospitals in Australia and New Zealand, a very positive outcome.





occupational safety and health

The Occupational Safety and Health (OSH) department consisting of the Risk Manager, the Injury Management Coordinator and the Occupational Safety and Health representatives provide a valuable contribution to the safety and health of staff at JHC.

In a challenging environment of increasing hospital activity and patient acuity, the OSH team continue to provide strong leadership and innovation in this area.

There were 314 staff incidents in the year under review compared with 273 in the previous reporting year, which is a 16% increase. These accidents/incidents resulted in 27 lost time injuries (LTIs).

The OSH department at JHC continuously strives to promote safety and health to hospital staff with a variety of progressive projects and through close collaboration with the Ramsay Health Care (RHC) national OSH team.

An inaugural Occupational Safety and Health Representative Conference is planned for August 2008, which will involve all four Ramsay Health Care WA hospitals. Representatives from the healthcare industry and Work Safe will be in attendance and it will be the first of its kind held for Ramsay Health Care regionally and also in the WA healthcare system.

JHC has been involved with Safe Work Australia Week since its inception in October 2007. The OSH team put together a week of activities, which were designed to raise awareness of safety and health in the workplace and culminated in a free BBQ for staff.

As a supporter of Safe Work Australia Week nationwide, Ramsay Health Care held its own OSH competition. The OSH team took a proactive approach and entered their aggression risk assessment care card initiative.

Funding has also been allocated in the 2008/2009 budget to replace all manual patient beds at JHC with electric beds, with the first delivery expected in November 2008.

Preparations are underway for the Ramsay National Audit Tool - Safety (RNAT-S) that will be undertaken in October 2008. This is a national RHC initiative created to ensure a minimum level of OSH performance is achieved. The RNAT-S audit is based on the soon to be released RHC Workplace Safety Standards and Guidelines Manual.

JHC continues to focus on the key areas of patient handling, violence and aggression, emergency, security and injury management.

allied health



occupational therapy

In 2007-08 the Occupational Therapy (OT) department continued to provide a quality service to both public and private patients at JHC and Glengarry Private Hospital and occasions of service increased to 19,781.

OT education focused strongly on increasing neurological skills. Three staff attended evidence-based practice stroke rehabilitation workshops on neurological assessments and treatment interventions. A staff member attended the Allied Health stroke conference at Fremantle, and several staff attended neurological, neurosurgical and Australian hand therapy special interest groups. Staff with experience in the area of neurological case management presented at several in-service education sessions. A number of new initiatives have increased clinical skills in the specialist area of neurological caseloads and facilitated provision of best practice activities.

A goal-oriented program for the development of clinical skills in newly graduated Occupational Therapists was formulated and implemented. This provides a framework for new staff to consolidate and further develop professional skills appropriate to the unit's service requirements.

The department continued links with the OT profession at both state and national levels. Some staff were invited to participate in the accreditation of the new Occupational Therapy course at Edith Cowan University and Masters courses at Curtin University.

Seniors and the department's manager were invited to participate in the review of the national standards of Occupational Therapy. Two staff participated as guest lecturers at ECU in the areas of Occupational Health & Safety and Neurology. The department continues to offer student placements to ECU and Curtin.

physiotherapy

The Physiotherapy Department continued to focus on excellence in teamwork and continuing education in order to deliver high-quality physiotherapy services.

JHC's dedicated team of physiotherapists and assistants face the challenge of maintaining a broad range of services during a nationwide shortage of physiotherapists available for employment. Activity levels in the department continue to climb, with the team delivering 38,954 occasions of service during the year compared with 37,863 in 2006-07. This is an increase of 2.8%.

The department provides services seven days a week to public and private inpatients, with outpatient services available on weekdays. It is also responsible for physiotherapy staffing in the rehabilitation and palliative care wards at Glengarry Private Hospital.

JHC staff can access private physiotherapy treatment by the post-graduate trained manipulative physiotherapists in the outpatient department at a discounted rate.

The department continues to enable clinical placements for undergraduate students from the schools of physiotherapy at Notre Dame and Curtin universities and looks forward to some of the newly graduated physiotherapists joining the JHC team in the year ahead.

speech pathology

The team of speech pathologists at JHC provide services to all private and public inpatients and day therapy outpatients, and continues to expand the private outpatient services for adult and paediatric patients. It also provides services to Glengarry Private Hospital.

In 2007-2008 a total of 4,634 occasions of service were provided to hospital patients.

Within its role in the hospital, the department continues to provide assessment and therapy services to patients with communication and swallowing impairments and conducts a videofluoroscopy clinic in conjunction with the on-site Radiology Department. It supports students from Curtin University by offering student clinical placements, provides continual training and education to nurses, catering staff and patient service assistants (PSA) as well as provides input to hospital policy and procedures related to communication and swallowing impairments.

The department also collaborates with the chefs and dietetics staff to ensure that the hospital menu is modified to include options for patients with modified diet and fluid requirements secondary to dysphagia.

With support from the speech pathologists at Princess Margaret Hospital, major achievements this year include expanding services to include assessment and treatment of paediatric patients with feeding difficulties, and developing and implementing a speech pathology training module for the PSA staff at JHC.





dietetics

The Dietetics Department has seven staff, all accredited practising dietitians (APDs) registered with the Dietitians Association of Australia (DAA). This ensures ongoing commitment to excellence in knowledge and skills, and adherence to evidence-based practice.

Dietetics services are provided to public and private patients with a wide range of conditions, as well as to public and private outpatients. Public outpatient services include antenatal, bariatric surgery, oncology and aged care. Private outpatient services extend to adult care, paediatric care and bariatric surgery. The rise in patient occasions of service to 5,051 for the 2007/08 financial year from 3,727 the previous year demonstrates the significant increase in patient numbers seen and growth in the department.

The department continues to maintain a strong focus on policy and procedure development and review as well as staff education, including regular workshops for graduate and current nurses on enteral feeding, diabetes and other areas. As part of the new Patient Service Assistant (PSA) model, the dietitians developed a special diets training module for all PSA staff to provide them with the knowledge and skills required in their new role in food service delivery. The dietitians continue to provide special diet training to all catering staff and review menus and processes to ensure the hospital food service meets the special dietary requirements of all patients.

Other major activities carried out by the department in the last year include the review of enteral feeding management based on new evidence-based guidelines, supervision of clinical and food service Curtin University students, and the development of a hospital-wide Nutrition Policy to benchmark against other WA hospitals in line with WA Department of Health goals and objectives. There was also membership and input into the Edith Cowan University Course Consultative Committee for the Masters of Dietetics course that commences in 2009.

There is also involvement in and representation for various special clinical interest groups (oncology, bariatric surgery, gastroenterology, food allergy and intolerances, and dietetic management), and in committees such as the Baby Friendly Hospital Committee, Waste Management and Environment Committee, Quality Steering Committee, Executive Advisory Committee and Nutrition Working Group for the Digestive Clinical Network, and Child and Youth Nutrition Working Group.



social work

Recruitment was a challenge for the Social Work Department in 2007-08. Despite a staffing shortage throughout the year the department maintained a continuous annual increase in activity from previous years, with the completion of 16,740 occasions of service. This represents a growth of 1.5% from 2006/07.

As part of the department's continuous improvement in the Continuum of Care standard, a carer survey was conducted in line with a report released by the Carer's Advisory Council as part of the Government's Carer Recognition Act 2004. The survey confirmed the benefit and positive outcome of involving carers in Social Work intervention. Following the survey results, a Carer Status Assessment form is being introduced for all patients with carers to ensure a comprehensive assessment and appropriate discharge planning.

In December 2007 the department achieved a 12-month funded Government initiative to appoint a social worker as the coordinator of the Older Patients Initiative (OPI) program. The OPI position assists in the assessment and intervention of patients over 65 and Aboriginal and Torres Strait Islanders over 45 years of age, on presentation to the Emergency Department (ED). The focus of the social worker's intervention is to assist in timely and appropriate discharge and discharge planning for the target group from the ED. The OPI role has been very well received in the ED, with positive impact to appropriate early discharge of patients and early referral to allied health for admitted patients.

The department's policy and protocols are all up to date ensuring guided practices.

Education of JHC staff and social work undergraduate students focused on the areas of child protection, family domestic violence and palliative care.

mental health unit

JHC's Mental Health Unit (MHU) comprises 92 full-time and part-time medical, nursing, allied health and support staff. During the year the unit provided acute mental health inpatient and day patient assessment and treatment services for 727 public and private patients. It also provides a telephone mental health information service for the wider community.

The building expansion of the MHU inpatient service from 26 open beds and five secure beds to 32 open beds and 10 secure beds commenced and is due to open in April/early May 2009. This means providing and maintaining the current services, including day patient services, throughout the building period with minimal disruption.

Despite working in the middle of a building site, staff commitment to providing excellence in mental health care and support of service consumers is reflected in the capacity to maintain almost 100% bed occupancy and the ability to recruit and retain staff. Additionally, the MHU consistently receives positive feedback from the Council of Official Visitors on the atmosphere of the ward and nursing care of patients. The in-house patient feedback data at time of discharge, and Health of the Nation Health Outcomes (Mental Health) data also shows consistent quality of care has been maintained.





Two papers evaluating the effect of the introduction of uniforms on the psychotherapeutic relationship and the effect of patient information on Electro-convulsive Therapy (ECT) patients have been accepted for a national mental health conference in Melbourne in late 2008.

The unit collaborated successfully with the Education and Research Unit to achieve 95% compliance of staff training in control and restraint techniques and established the course as a core competency for staff working in the MHU.

Links with local community mental health services were strengthened with a trial of two staff members from the Joondalup Community Mental Health Services co-facilitating therapy groups to assist in discharge planning and the transition of patients from hospital to support services at home. These links also resulted in the unit providing access for the Hospital @ Home services linking with the inpatient service to facilitate patients commencing Clozapine treatment for treatment-resistant schizophrenia to be discharged after 24 hours.

Provision of a mental health service to the wider hospital community and particularly the Emergency Department (ED) has seen the establishment of MHU/ED liaison meetings to discuss areas of mutual concern, and participation in the planning of a reorganisation of the new unit to meet ED needs.

The MHU has commenced a clinical redesign project to monitor local mental health bed access blocks and establish more efficient ways to monitor the patient journey through admission, treatment and discharge. To this end, a study was undertaken of all admissions

and discharges for a five-week period and the data is being used to inform changes in clinical practices and further improvements of the patient journey in the MHU.

Close links have been established with the University of Western Australia (UWA) with the joint appointment of Professor Stampfer to teach medical students during the Psychiatry practicum on the unit as well as to manage patients. This has resulted in the unit being involved in the attraction and training of future medical staff into the specialty of psychiatry. The MHU also provides practicum experience for RN and allied health students from Edith Cowan and Notre Dame universities, and EN students from the West Coast College of TAFE. Feedback from students has been consistently positive.

An Australian Council of Health Services (ACHS) periodic review resulted in the unit receiving very positive feedback on its management and clinical practices. A working party was established to review practices in the secure unit, recommend improvements and develop accessible risk assessment procedures. Members of the working party have researched and made recommendations for tools for staff to develop strategies for and manage risks of self-harm, aggression and violence.

An information evening facilitated by allied health staff is held every two weeks for carers and significant others.

A joint project was developed by the Children of Parents with a Mental Illness (COPMI) to make the unit more family friendly, with resources and activities for patients with children.

The obstetric liaison mental health service was involved in the screening of 1,256 women attending the clinic with the Edinburgh Depression Scale at 36 weeks of pregnancy. Of these, 264 women were seen at the clinic for specialist mental health intervention and/or referral to appropriate community antenatal support services. The service also provided specialist mental health intervention for 44 women considered at risk of developing or who had developed serious mental health problems on the obstetric inpatient unit following delivery of their baby.

The staff development nurse organised and developed various ongoing professional educational activities throughout the year, including suicide risk awareness training and collaborating with the Drug and Alcohol service in the provision of dual diagnosis workshops.

The unit is also collaborating with the North Metropolitan Mental Health Services in a Federal initiative (the Beacon Project) to reduce the rate of patient seclusion events in psychiatric hospitals and units. This involves engaging in developing strategies to reduce the likelihood of a patient requiring seclusion by more rigorous risk assessment and advance directives which requires greater patient and carer involvement in the management of acute psychiatric disorders.



**JHC is
committed to
quality care
and provides a
comprehensive
range of
services.**

after hours gp service

The After Hours GP Clinic experienced another very busy year in 2007/08 with the number of attendances growing by 29% to 16,803. With its primary purpose of relieving pressure on the ED and provide backup to local GPs outside business hours, the clinic experienced an increase in attendance growth similar to that of the ED.

The clinic operates between 7pm and 11pm on weekdays and between 11am and 11pm on weekends and public holidays, receiving funding assistance from the Department of Health. The clinic is a timely and low-cost option for families who need after hours health care by offering bulk-billing for children under 16 as well as pension and concession card holders.

The proportion of clinic patients eligible for bulk-billing increased from 74% in 2006/07 to 75% in 2007/08.

after hours clinical nurse consultants

The After Hours Clinical Nurse Consultants (AH CNC) provide leadership and expert clinical skills to nurses and patients in the after hours period.

The aim of the AH CNC role is to facilitate early recognition of deterioration in patients and ensure prompt and appropriate treatment. Evidence confirms that the early recognition and treatment of critical illness improves patient outcomes.

The AH CNCs are working to develop closer relationships with the after hours medical team. This will ensure a more efficient use of resources and improve patient safety.

The AH CNCs have an electronic handover, updated each shift, to ensure the oncoming CNC is aware of all the patients of concern in the hospital, providing continuity of care.



education and research unit

Ensuring the provision of safe quality care to the community is a priority for all health care providers. JHC supports staff and local health care providers with access to education and research opportunities to enhance their knowledge and promote the use of contemporary, evidence-based practice. The Education and Research Unit's philosophy is to provide excellence in education and research by fostering a positive learning culture throughout the organisation.

The unit's role is to provide professional learning and development opportunities to all JHC staff members, both clinical and non-clinical.

The unit is made up of a team of senior nurses with varying clinical knowledge and education experience. All team members hold relevant education qualifications, ranging from Certificate IV to Masters level.

Education programs offered by the unit have expanded this year and include IV cannulation and venipuncture, intermediate and advanced life support programs, diabetes study days, cardiac courses, senior nurse development days

and clinical skill update days. Dementia study days continue to be offered in conjunction with the Alzheimer's Association and has involved the WA Dementia Training Study centre at the Centre for Research on Ageing at Curtin University of Technology. The employer engagement program at the study centre recognises organisations that demonstrate commitment to developing a career pathway for health professionals in the care of people with dementia.

Since 2007 the unit's learning programs have been accessible to nursing and medical staff working in the wider health community. Nurses working with agencies and nursing homes have participated in learning programs and the unit also continues to support the local community with work experience programs for high school and structured workplace learning students.

JHC continues to support all staff in accessing educational opportunities not provided in the campus through study leave and financial support. During the year 236 requests were processed and 220 were granted study leave to attend courses and conferences. This included JHC supporting 2687 hours of paid study time for staff.

Access to a variety of learning opportunities through external study support is an important aspect of enhancing the knowledge and skills of all staff. Offering these experiences

creates the opportunity for enhanced knowledge and skills to be returned to JHC, ensuring implementation of best practice which ultimately leads to improved patient outcomes.

To support newly registered nursing graduates in their transition to the workplace, the unit continues to provide employment opportunities and guided learning through graduate nurse programs for enrolled and registered nurses. Providing a structured graduate program for nurses offers new practitioners the opportunity to develop confidence and competence in a supportive environment, contributing to individual growth as well as the future growth of the nursing profession.

In February 2008, 20 registered nurses completed the JHC first-year general graduate program with 19 continuing to work at JHC after completion. Another two graduate registered nurses will complete their program in August 2008. Additionally, 16 newly registered nurse graduates commenced their first-year graduate program in February 2008.

In August 2007, JHC held its inaugural EN graduate program graduation with six enrolled nurses completing the program. 13 graduated from their first year program in March 2008. Another six enrolled nurses commenced in September and 12 commenced in March 2008. A further 10 are expected to commence in September 2008.



In addition to the graduate programs, the unit has directly supported a program for undergraduate nursing students entering the workforce as enrolled nurses. This program was offered through a partnership between the Western Australian Department of Health, the Nurses and Midwives Board of Western Australia and Edith Cowan University School of Nursing, Midwifery and Postgraduate Medicine. To support this program, JHC has offered employment opportunities with a structured transition program to a group of undergraduate nursing students who completed the requirements for registration as an enrolled nurse with the Nurses and Midwifery Board of Western Australia.

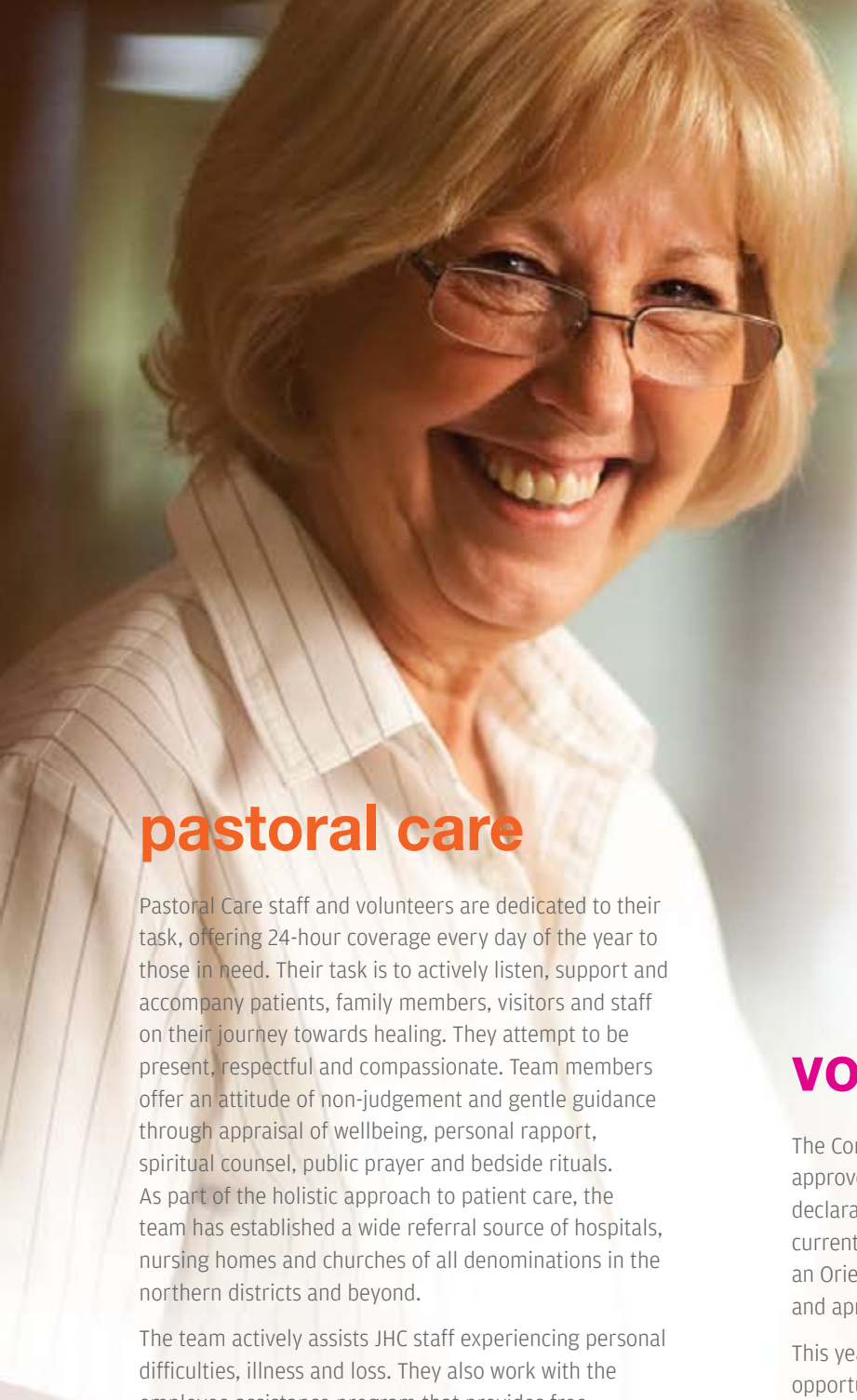
Following evaluation, this program has now been fully implemented, with the initial intake of six undergraduate nursing students in November 2007, increasing to a planned 10 in November 2008. The initial group of six students will complete their degrees at the end of 2008 and, in response to the success of the program, have been offered direct entry into the Registered Nurse graduate program.

Partnerships with metropolitan, country and interstate universities as well as local TAFE Colleges and private providers has seen JHC continue to support undergraduate students of nursing, allied health and medicine in gaining their practical experiences. Post-graduate nursing students are also supported in many areas such as midwifery, critical care and emergency nursing.

The trend in providing increasing opportunities for clinical practice to nursing undergraduate students has continued to highlight JHC's significant contribution. During 2007, 341 undergraduate student placements were utilised, with the number of places offered to the educational institutions increasing to 469 for the 2008 calendar year.

The unit is also continuing to provide supported clinical opportunities for nurse academics. In collaboration with the School of Nursing, Midwifery and Post Graduate Medicine at Edith Cowan University, a joint appointment for faculty practice continues to provide nurse academics with the opportunity to enhance their nursing skills through access to supported clinical practice in JHC's acute care setting.

Promoting nursing research and practice development at JHC continues through collaboration with Curtin University and the established joint appointments of Nurse Research Consultants at JHC. Nurse Research Units continue to function in all clinical areas of the hospital with membership encouraged and open to all staff. With the guidance of the Nurse Research Consultants and other colleagues, staff are supported in developing research proposals and conducting research, as well as implementing and evaluating research initiatives in their clinical areas. Presentation and publication of research findings is promoted to share outcomes with the wider health community.



pastoral care

Pastoral Care staff and volunteers are dedicated to their task, offering 24-hour coverage every day of the year to those in need. Their task is to actively listen, support and accompany patients, family members, visitors and staff on their journey towards healing. They attempt to be present, respectful and compassionate. Team members offer an attitude of non-judgement and gentle guidance through appraisal of wellbeing, personal rapport, spiritual counsel, public prayer and bedside rituals. As part of the holistic approach to patient care, the team has established a wide referral source of hospitals, nursing homes and churches of all denominations in the northern districts and beyond.

The team actively assists JHC staff experiencing personal difficulties, illness and loss. They also work with the employee assistance program that provides free, confidential, off-site counselling for those experiencing difficulties that may impact on their work and life.

In addition to continuing visits with patients, family members and staff, a clinical pastoral orientation program was initiated in 2007 and inaugurated in 2008. The program was a joint effort with Curtin University and the department. Five participants from the area completed 16 weekly six-hour sessions of didactic process and practice. A journal article was produced for publication on the program.

Pastoral Care Week was introduced in November 2007 to raise the profile of the department. It was a successful first venture and featured a luncheon to celebrate an army of 25 volunteers and area pastors who augment its ministry.

volunteers

The Companions of Joondalup Health Campus Volunteers is an approved not-for-profit organisation. Each member must sign a declaration of confidentiality and conflict of interest form, have current Police and Working with Children Clearances and attend an Orientation workshop. All volunteers must wear the ID badge and apron, which is provided.

This year has been very rewarding with many wonderful opportunities to contribute to the goals and service standards required by Ramsay Health. There have been excellent opportunities to grow and expand into new areas. There were a few departures, but with new members 104 regular shifts were maintained with the help, as necessary, of four casuals. There are always about 20% of the volunteers on leave or helping families, but the average weekly contribution is 170 hours.

A couple of situations came to the attention of the members this year that provided opportunities to contribute to overseas community activities. One such activity is knitting pullovers for South African children. Another, collecting of ring pulls from cans, has been an ongoing commitment for four years. While delivering these to the workshop it was noted that the children in need of wheelchairs also needed a small lap rug. By sharing this among the volunteers, it became possible to deliver a supply of blankets for the children.

This year has
been very
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many wonderful
opportunities.



key personnel

executive members



Karina Anderson



Brendon Burns



Wendy Candy



Shane Combs



Kempton Cowan



Sally Harris



Diane Jones



Jim Lynton



Chris McCavana



Rob Morrison



Brad Power



Richard Saker



Simon Wood

team leaders



Martin Ashman



Sam Boggs



Marjorie Brent



Anne Curtis



Judy Dickens



Mary Ferrier



Lisa Gatzonis



Karen Glenn



Belinda Goodrum



Eryl Harnett



Kevin Hunter



Eric Lindbloom



Sam Luong



Karen Mews



Rona Moseley



Steve Nation



Lindy Nelson



Elizabeth O'Neill



Carol Pilcher



Narelle Polden



Geraldine Rolfe



Lynley Ward



Angela Wigham



Collette Young



Michelle Young

Absent: Breffni Doyle, Jenni Hughes, Denise McMahon, Liz Meade, Michael Payne, Bev Thorne, Janet Walker, Jenni Wilke and Ros Wisenthal

executive members

Karina Anderson	Contract Manager
Brendon Burns	A/Deputy Director of Nursing
Wendy Candy	A/Deputy Director of Nursing
Shane Combs	Director of Nursing
Kempton Cowan	Chief Executive Officer
Sally Harris	Business Development Manager
Diane Jones	Deputy Chief Executive Officer
Jim Lynton	Project Manager, Redevelopment
Chris McCavana	DDON Perioperative Services
Denise McMahon	Administration Manager
Robert Morrison	Director of Finance
Brad Power	Director of Critical Care
Richard Saker	Director of Medical Services
Simon Wood	Medical Director, Emergency Department

team leaders

Martin Ashman	Engineering Team Leader
Samantha Boggs	Manager, Dietetics Services
Marjorie Brent	Clinical Nurse Manager Cassia/ 1 West/ 2 West
Anne Curtiss	Clinical Nurse Manager, 1 East Medical
Judy Dickens	Private Reception Supervisor
Breffni Doyle	Hotel Services Manager
Mary Ferrier	Clinical Nurse Manager, Emergency
Lisa Gatzonis	Clinical Nurse Educator
Karen Glenn	Clinical Nurse Manager, Maternal & Neonatal Services
Belinda Goodrum	Clinical Nurse Manager, 2 East Surgical and 1 East Orthopaedics
Eryl Harnett	Clinical Nurse Manager, Day Procedures
Kevin Hunter	Purchasing and Supplies Manager
Jenni Hughes	Health Information Manager
Eric Lindbloom	Coordinator Pastoral Care
Samantha Luong	Manager, Social Work Services
Elizabeth Meade	Clinical Nurse Manager n
Karen Mews	Manager, Speech Pathology Services
Rona Moseley	Clinical Nurse Manager, Paediatrics
Steve Natiom	Risk Manager
Lindy Nelson	Library Manager
Elizabeth O'Neil	Coordinator Pastoral Care

Michael Payne	A/Clinical Nurse Manager, Critical Care Unit
Carol Pilcher	Bed Manager
Narelle Polden	Admissions Supervisor
Geraldine Rolfe	Clinical Nurse Manager n
Bev Thorne	Public Reception/ Ward Clerk Supervisor
Janet Walker	Clinical Nurse Manager
Lynley Ward	Manager Physiotherapy Services
Karen Weeks	Payroll Supervisor
Angela Wigham	Manager, Occupational Therapy Services
Jenni Wilke	Medical Administration Manager
Ros Wisenthal	Medical Administration Manager
Colette Young	Human Resources Manager
Michelle Young	Clinical Nurse Manager, Rehabilitation & Aged Care

after hours managers

Silvana Barnes
Eileen Briggs
Heather Cann
Brenda Coleman
Gail Coote
Julie-Ann Oates
Gail Rasmussen

after hours clinical nurse consultants

Janelle Black
Jocelyn Brouwers
Craig Cockshutt
Brenda Coleman
Michelle Dillon
Angie Monk
Alison Murphy

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