



## Annual Report 2008|2009

JOONDALUP  
HEALTH CAMPUS



growing with you



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# About Joondalup Health Campus

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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, extension of the public hospital and a range of new services.

In January 2009, Joondalup Health Campus received the go-ahead for a \$320 million redevelopment, consisting of a \$230 million contribution from the State Government for public services and a further \$90 million from Ramsay Health Care for the private component.

When completed, the redevelopment will see a 61% increase in bed numbers for public patients, a new stand-alone private hospital, a new state-of-the-art emergency department and 12 new operating theatres replacing the current six.

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## Contractual obligations

The current operator of JHC (Ramsay Health Care) holds a 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 of a public and a private hospital. JHC provides 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 back-up.



## Activities & Services

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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
- Emergency Department
- Paediatric Ward
- Mental Health Unit, with secure accommodation
- Day Surgery and Endoscopy Units
- 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
- Neonatal Special Care 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 Diagnostic (Pathology) Services
- On-site Nuclear Medicine
- On-site Pharmacy
- Pastoral Care



## Medical & Surgical Specialties

Aged Care and Rehabilitation

Anaesthetics

Cardiology

Ear, Nose and Throat

Emergency Medicine

Facio-Maxillary

Fertility / IVF

Gastroenterology

General Medicine

General Practice

General Surgery

Gynaecology

Infectious Diseases

Intensive Care

Neurology

Neurosurgery

Obstetrics

Oncology

Ophthalmology

Orthopaedics

Paediatric Medicine

Paediatric Surgery

Palliative Care

Plastic and  
Reconstructive Surgery

Psychiatry

Renal Dialysis

Respiratory

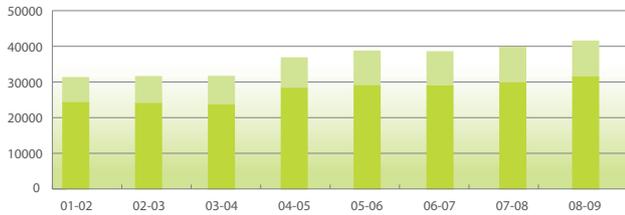
Rheumatology

Urology

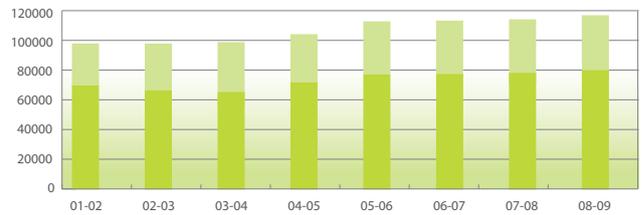
Vascular Surgery

# Hospital Statistics

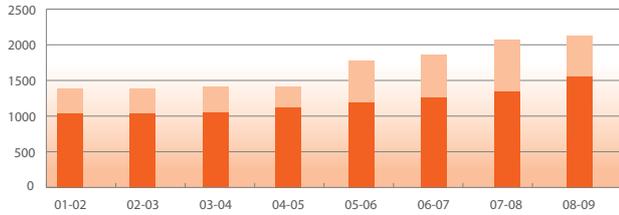
### Admissions



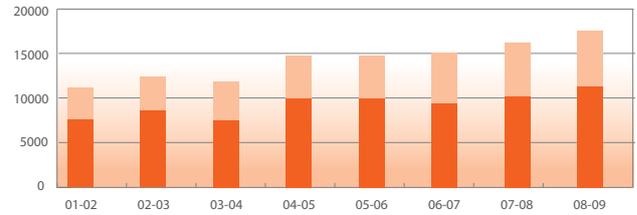
### Patient Days



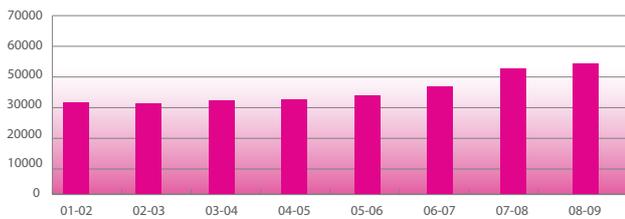
### Births



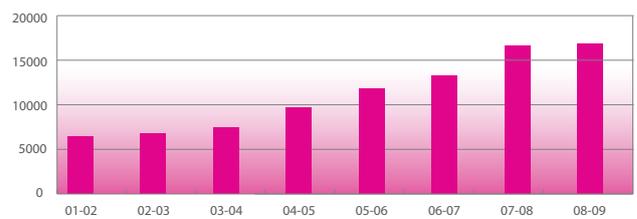
### Operations



### Emergency Department Presentations



### After Hours GP Clinic Presentations



■ ■ ■ Public 
 ■ ■ Private

## Chief Executive Officer Report

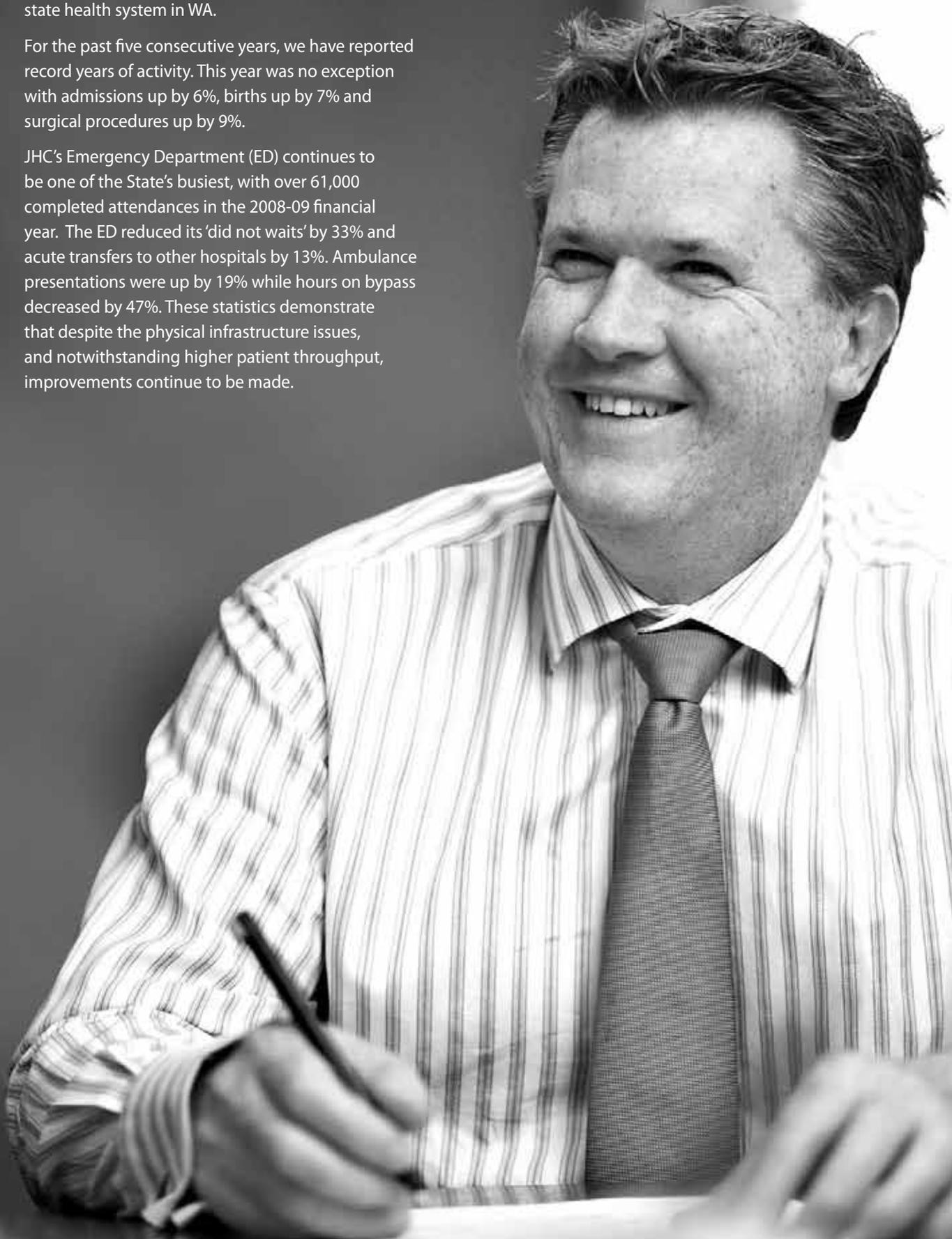
### Kempton Cowan

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I am pleased to share with you the 2008-09 Joondalup Health Campus annual report. Each year, as I prepare this introduction, I am struck by how increasingly integrated and entrenched our services have become within the local community and the state health system in WA.

For the past five consecutive years, we have reported record years of activity. This year was no exception with admissions up by 6%, births up by 7% and surgical procedures up by 9%.

JHC's Emergency Department (ED) continues to be one of the State's busiest, with over 61,000 completed attendances in the 2008-09 financial year. The ED reduced its 'did not waits' by 33% and acute transfers to other hospitals by 13%. Ambulance presentations were up by 19% while hours on bypass decreased by 47%. These statistics demonstrate that despite the physical infrastructure issues, and notwithstanding higher patient throughput, improvements continue to be made.



As the primary health facility for Perth's rapidly growing northern corridor, JHC continues to meet the challenge of balancing clinical service delivery with ever-increasing patient demand. Amid these challenges, our staff have not compromised on the high level quality of service, nor wavered in their commitment to patient care.

I am particularly delighted to report that an agreement has been reached with the State Government in relation to the redevelopment of JHC.

On January 7, 2009, Deputy Premier and Health Minister Hon. Dr Kim Hames, MLA announced State funding of \$229.8 million for the public component of the 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.

I would also like to thank former Health Minister, the Hon. Jim McGinty, for his support over the years. The success of the redevelopment is in no small part a credit to his commitment to health in WA.

My sincere thanks also extend to the current government who moved swiftly to approve the required funding for the redevelopment.

Given significant trends in population growth in the northern suburbs, the long term redevelopment plans for JHC remain critical to the health reform process which aims at narrowing inequities in access to health services across WA.

With the approval of funding from Ramsay Health Care and the State Government, and the development approval from the City of Joondalup, it is expected that site works for the remainder of stage one will commence in the latter part of 2009.

In preparation for construction, significant time has been spent on master planning and schematic design this year. At each stage of this process, architect engagement with user groups, consultants and the North Metropolitan Area Health Service has ensured the building's blueprint is clinically driven. Once completed in 2013, the new facilities will boast the very latest in design and technology, offering an enhanced health care service to the northern suburbs.

I am also pleased to report that in April this year, we opened the expanded mental health unit. This stunning addition and upgrade of the original facility marks the first completed project for our redevelopment. The \$12 million expansion increased the unit's capacity from five to 10 secure beds and from 22 to 32 open beds. Since the launch, the unit has been filled to capacity, somewhat easing the burden on the emergency department at JHC, as well as on mental health services across WA.

As well as the additional beds, the facility offers:

- More therapy and support areas;
- An increased number of larger landscaped courtyard areas;
- A family-friendly meeting area which has been attached to the secure ward, allowing young children to visit in a controlled environment.

In broad consultation with clinicians, the architects have worked with evidence-based design principles to create an environment that aims to enhance the patients' overall experience as well as improve staff retention and morale.

I would like to take this opportunity to commend the mental health team for their efforts through a difficult transitional period prior to the completion of the new unit.

JHC's commitment to growing its medical teaching programs continued this year. JHC now makes a significant contribution to the training of our State's future medical practitioners.

We have been fortunate to receive assistance from the Department of Education and Employment and Workplace Relations who have contributed funds for a range of resources, which are passed on by the University of Western Australia – to assist JHC in better meeting the teaching and training needs of its medical students.

As in previous years, JHC continues to help alleviate pressure on the State's maternity services by directing additional resources into our paediatric and obstetric departments. During the year we increased the number of senior registrars in both departments and appointed a neonatologist. This has improved our capability to handle complex neonates, as well as enabling us to deliver more babies at JHC.

## Chief Executive Officer Report continued

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As well as investing in our internal community, JHC continues to look outward. In our effort to engage the city in which we serve, we've contributed around \$80,000 to the local community in 2008-09. This included the sponsorship of a number of events including the City of Joondalup's Annual Valentine's Day Concert, the Joondalup Christmas Lunch, the Active Foundation's City to Surf, and Ramsay Triathlon Pink.

I would also like to thank over 100 staff members who participated in the 2008 Relay for Life, and raised over \$25,000 for the Cancer Council WA. Aside from running a number of events leading up to the event, the teams took to the track on race day in fancy dress, competing against one another in an effort to raise funds for this worthy cause. The event demonstrated our staff's enormous generosity, along with their sense of play.

The hospital's Community Board of Advice again played an important role this year in ensuring an effective nexus to local community views, whilst the Heads of Department Medical Advisory Committee (HODMAC) continued to be instrumental in giving timely advice and support to the executive team. I would like to once again thank the members of all of these committees - I am most appreciative of the time and energy members put into these roles. In particular I would like to thank the chairman of the HODMAC Mr Tony Geddes.

In 2009 we celebrated our 10 year anniversary of Joondalup Health Campus by hosting a number of events for staff, specialists, dignitaries and other key stakeholders who have been instrumental in our success. The celebrations reminded us of JHC's strength and vitality, as well as the long-term commitment of many of our staff, whilst providing an opportunity to thank everyone who has been involved in building our reputation over the years.

We also formalised a number of key appointments within the executive, including:

- Wendy Candy - Deputy Director of Nursing – Obstetrics, Medical & Surgical
- Mary Ferrier - Deputy Director of Nursing - Critical Care & Emergency Services
- Shane Tobin-Longly - Deputy Director of Nursing - Perioperative Services
- Brendon Burns - Support Services Manager

I would like to take this opportunity to formally welcome them into their new positions.

I would also like to thank each of my executive colleagues for their valuable contribution to the executive team thus far.



I would like to thank the hospital community for all of their efforts this year. This starts, of course, with the wisdom and judgement of my senior executive management and extends through to our staff who have consistently performed at the highest levels. I would also like to extend thanks to my colleagues in the WA and national head office who have provided considerable support and encouragement over the year. Additionally, I extend my congratulations to Chief Executive Officer Mr Chris Rex and Chief Financial Officer Mr Danny Sims of Ramsay Health Care on their formal appointment to these positions.

Sustaining timely and high quality health services in an environment of increasing demand is a continuing challenge we have faced for many years. Although the pressure we experience on a daily basis is yet to be alleviated, the finalisation of the redevelopment brings with it promise for the future, which has infused a sense of excitement and optimism amongst our team.

On a personal note, the announcement of the redevelopment is undoubtedly one of the highlights of my time at the helm of this unique institution. It marks an inimitable milestone in our history, symbolising a culmination of years of work by countless colleagues and supporters of JHC, whilst it also represents recognition by the State Government of JHC's contribution to the health system over the past 14 years.

**Below** An aerial view of the JHC redevelopment



**Below** WA Director General of Health, Peter Flett; Deputy Premier and Health Minister Hon. Dr Kim Hames, MLA; Ramsay Health Care Chairperson Paul Ramsay and JHC Chief Executive Officer Kempton Cowan perform the ceremonial turning of the sod.



## Chief Executive Officer Report continued

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2008-09 was an extremely busy and eventful year for Joondalup Health Campus. Some of the major highlights included:

Disaster planning continued to be a focus this year. We have been actively preparing for a possible pandemic since November 2007 when the hospital was assigned by the WA Health Department to be one of Perth's four primary pandemic referral hospitals. This comprehensive plan, which required hospital-wide training, was put into practice with the outbreak of the H1N1 virus. The JHC team should be commended for responding to this international challenge in such a systematic and coordinated fashion.

Our disaster preparedness was again tested in March when a code yellow was called after a burst water main flooded a major corridor and surrounding areas. Within half an hour of the incident, 25 patients were relocated and within three hours reconstruction to damaged areas had commenced. I would again like to commend the entire hospital team for their calm and methodical approach to this emergency, the result of which kept disruption and damage to a minimum.

We have also made a concerted effort to reduce the incidence of staff injuries at the hospital this year by implementing a regular meeting between senior management and injured staff. JHC is the first Ramsay Health Care hospital in WA to participate in this national program, the purpose of which aims to better understand why work injuries occur, as well as provide assurance to staff that their safety is a top priority to senior management.

We have continued to work with Bizlink in employing special needs staff members with special needs. Over the years this program has become increasingly important to our hospital community. We derive enormous inspiration working alongside our colleagues who, in the face of a considerable challenge, continue to make an important contribution to our team.

I'd like to mention how extremely proud we are of our 100 strong volunteers' network. A special commendation must be made to Maxine Monk who received an award from the State Government, presented by the Member for Joondalup, Mr Tony O'Gorman MLA, in recognition of her contribution to volunteering.

This year we further reinforced our long standing relationship with the Joondalup Business Association by hosting a sundowner event with over 60 of its members. We have somewhat of a symbiotic relationship with our business community. In order for the hospital to successfully function we require the support of a variety of services that surrounding businesses provide. This networking event afforded us further opportunities to integrate into the City of Joondalup.

As demonstrated over the years, a consistent community engagement strategy has firmly cemented JHC's position as an active member of the Cities of Joondalup and Wanneroo. In an effort to build upon the work that has been done, we have developed a comprehensive branding strategy entitled "Growing with You," which aims at firmly establishing strong community roots through an integrated marketing campaign. I look forward to you all having the opportunity of seeing this project come to fruition.

The redevelopment is undoubtedly one of the highlights of my time at the helm of this unique institution. It marks an inimitable milestone in our history.



Above Artist's impression of the new ED



## Medical Services Report

The redevelopment of Joondalup Health Campus (JHC), which was officially approved in January 2009, will significantly expand the breadth of facilities and will provide exciting opportunities for our clinicians.

The final plan was well received by our doctors and has created an extremely positive attitude amongst junior medical staff planning their future careers at JHC.

The opening of the expanded and redeveloped 42-bed Mental Health Unit (MHU) was another highlight of 2008-09. Facilities were improved for patients and staff, affording extra capacity to deal with the high demand for services, and increasing JHC's ability to attract and retain healthcare professionals.

The Postgraduate Medical Council has recently endorsed providing postgraduate medical training to an expanded number of interns at JHC (22 in 2008-09 compared to 11 in the previous year). I wish to acknowledge the hard work of Director of Postgraduate Medical Education Dr Stephen Richards, Directors of Clinical Training Dr Richard Shelley and Dr Yuresh Naidoo, and Medical Education

Officer Ros Wisenthal. I also wish to acknowledge the Health Department of WA for its financial support, enabling the infrastructure and personnel to support these additional intern positions.

Accreditation surveys in a number of other specialities were very positive regarding the commitment of the Ramsay Health Care group, JHC clinicians and the executive towards high quality training experiences in a number of disciplines on campus.

Under the leadership of its Director Dr Michael Veltman, the Department of Anaesthesia has recruited a significant number of new consultant anaesthetists, expanded its registrar training and continued to make a major commitment to the training of general practitioner anaesthetists in Western Australia.

Development in perioperative anaesthetic assessment facilities and pain management are also noteworthy in the Department of Anaesthesia, as is the continuous improvement of services to patients in terms of acute pain services and safety and quality.

Emergency Department (ED) staff have again risen to the challenge of meeting increased patient presentations in their current limited facilities. Under the directorship of Dr Simon Wood, the ED staff exemplify a team approach to delivering services to patients in the main department and the 'fast track' area.

A group lead by ED Physician Dr Cameron Burrows, Director of Anaesthesia Dr Michael Veltman and Education and Research Unit Manager Lisa Gatzonis has established a simulation facility for interdisciplinary training on-site.

The After Hours GP clinic continued to provide the community with a quality and timely service. Together with the ED, it provided care to the expanding population and associated demand for emergency medical services in the northern corridor of Perth.

The development of clinical governance has continued to be a major focus of the Director of Medical Services, the Director of Nursing and the broader executive team. The analyses of collated data from hospital systems, combined with a collaborative approach towards learning and improving across all departments has led to beneficial outcomes and an increased focus on safety and quality in healthcare. This allows JHC to continually improve both individual patient care and outcomes.

The Clinical Governance Unit benefited greatly from the appointment of Manager Vicki Rowe, who brought both wisdom and experience and improved systems during her tenure. Vicki has recently resigned to relocate interstate and I wish to acknowledge her contribution in developing the unit.

During the year, JHC appointed its first Director of Obstetrics and Gynaecology (O & G) and recruited additional specialists in this discipline. Given the increasing volumes of both public and private patients choosing to deliver their babies at JHC and

the increased complexity, acuity and prematurity of some of the patients. This will ensure medical and other resources match the increasing demand for services, enabling the continuous improvement of services.

A/Professor Rodney Petersen commenced as Director of Obstetrics and Gynaecology in May 2009 and is collaborating with his colleagues in the department to review service delivery models to enable continued quality services and further enhanced safety to patients.

The Department of Paediatrics has also expanded with the appointment of a neonatologist, Dr Ravisha Srinivasjois. Even in the short time he has been at JHC, his appointment has been of great benefit to the hospital as it has coincided with increased demand for complex neonatal care due to a rising number of births, the prematurity of some babies born at JHC, and has also assisted to relieve some pressure on other similar facilities in the State. Additionally, the paediatric doctors in training are benefiting from receiving additional experience and supervision in the care of neonates.

JHC has also confirmed its commitment to teaching and training medical and nursing staff within the Department of Paediatrics by providing additional sessions for paediatricians committed to this endeavour.

JHC medical practitioners are also supporting WA Health's Four Hour Rule Program, which is a metaphor for major clinical redesign in order to improve the efficiency and quality of the patient journey through the hospital and improve timeliness of discharges.

This initiative is holistic in its scope and requires a systematic review of current processes for patient care at JHC. Professor Paul Bailey and Clinical Redesign Manager Lara McDonald are receiving support and encouragement to champion this initiative across the hospital.



In general medicine, Professor Paul Jenkins contributed significantly to both the academic and practical aspects of the development of acute medicine. During the year, Professor Jenkins has been active in his support for medical student education and the development of acute medicine as a discipline at JHC. I also wish to recognise his contribution to clinical redesign and his enthusiasm for the development of an acute care model at JHC.

The University of Western Australia (UWA) continued to contribute to the education of medical students at JHC and has invested in facilities for increased numbers of academics and medical students on-site.

The following practitioners have professorial appointments:

Professor Paul Bailey – Emergency Medicine  
 Professor Paul Jenkins – Acute Care Medicine  
 Professor Paul Moroz – Surgery  
 Professor Hans Stampfer – Psychiatry  
 Professor Alistair Vickery – General Practice.

I wish to congratulate Dr Paul Moroz who has during the year been elevated to the position of Professor of Surgery.

Obstetrician and gynaecologist Dr Bridget Jefferies, along with other O&G specialists, provided UWA medical students with training in this field during 2008. Additionally, a number of other JHC specialists hold adjunct appointments and contribute their expertise to the education of our future doctors.

I wish to acknowledge the members of the Heads of Department Medical Advisory Committee (HODMAC) under the chairmanship of Mr Tony Geddes, for supporting our initiatives aimed at safety and quality improvements and for their involvement and commitment to positive change. It is also fitting to thank Mr Jes Judge and Dr Susan Isdale, who have completed their terms with HODMAC.

This year, HODMAC directives and advice have been incorporated into hospital policies and procedures resulting in better communication between the committee and hospital executive.

Additionally, I would also like to thank all my medical colleagues for their professionalism and contribution throughout the year. Consultants, career medical officers, registrars, resident medical officers and interns worked exceedingly well under conditions such as high patient volume and acuity, with an ever increasing complexity of care and services. I also wish to acknowledge my respect for those who embraced and followed The Ramsay Way, which is an important aspect of the JHC culture.



The quality of the new registrar after-hours facility has received excellent feedback and is a great asset to attract and support our registrars, many of whom may consider working as consultants at JHC in the future.

The JHC website and its medical section, which aims to promote JHC services and provides information for medical practitioners is a work in progress.

The Director of Medical Services role has evolved over this year and has expanded alongside the hospital's operational tempo. The support of my diligent Personal Assistant Catherine Jaap and part-time Medical Administration Managers Jenni Wilke and Ros Wisenthal as well as an effective medical administration staff made this possible.

I wish also to take the opportunity to once again thank my colleagues Chief Executive Officer, Kempton Cowan, Deputy Chief Executive Officer, Diane Jones and Director of Nursing Shane Combs for their unwavering backing during the year. The teamwork amongst the broader executive team in leading and managing JHC during a period of expansion and increased demand across the hospital is also to be commended.

Dr Brad Power continued to provide me with advice and support and I wish to acknowledge and thank him for his significant contribution to clinical and administrative duties and provision of cover as Director of Medical Services during my leave.

Additionally, Business Development Manager Sally Harris facilitated the smooth transition of a number of new consultants to JHC, ably discharged her business development role and worked in conjunction with the medical administration team to ensure optimal support and facilities for our doctors.

I also wish to acknowledge the support and generosity of Hollywood Private Hospital Director of Medical Services Dr Margaret Sturdy and State Manager – Operations WA/SA Kevin Cass-Ryall for their time and wisdom when providing advice and support during challenging times at JHC.

In closing, 2008-09 has been an exciting, challenging and busy year. It has also been professionally satisfying seeing the initiatives put in place during 2007-08 bearing positive outcomes.

The major challenges for 2009-10 include:

- the recruitment of additional high quality medical staff who are able to deliver excellent and safe services to patients and willing to fully embrace the Ramsay values;
- the continued development of the Clinical Governance Unit and its role in safety and quality;
- implementation of WA Health's Four Hour Rule initiative; and
- further strategic planning for new facilities and ensuring medical services strive to meet the increased demands of the community.



## Nursing Services Report

Another year goes by and I continue to take great pride in the commitment our nurses and midwives have to caring for the patients from our community. Each year the nurses and midwives provide exceptional care to tens of thousands of patients and continually strive to provide better care.

In March 2009, Shane Tobin-Longly was appointed as Deputy Director of Nursing (DDoN) – Perioperative Services. Shane brings to the role a wealth of theatre expertise from both the public and private sectors in Australia and the UK. Shane's most recent role was as Manager of Royal Perth Hospital Operating Suites. Currently, a considerable amount of Shane's workload is focused upon the redevelopment of perioperative services.

In May 2009, Mary Ferrier was appointed as Deputy Director of Nursing – Critical Care and Emergency Services. Mary commenced as a registered nurse on night duty in the emergency department (ED) in the 1990's. Whilst raising her three children Mary undertook further educational qualifications and progressed through several key ED roles to achieve her current position.

It is very satisfying to lead a nursing executive that benefits from both internal and external expertise. It is fantastic that JHC has been able to provide a nursing career path for an individual of Mary's calibre and also that we look beyond our own walls to ensure we can bring additional skills and fresh approaches into the organisation by way of external nursing appointments.

As Director of Nursing, I represent JHC at the Ramsay Health Care Corporate Clinical Governance Committee. These meetings are held two-monthly and I am able to showcase the innovative work undertaken at JHC. In particular, JHC has shared the policy and work practice improvement achieved in several clinical areas.

The midwives and nurses on our maternity and women's health unit welcomed the creation of the Director of Obstetrics and Gynaecology position. The inaugural Director is Dr Rodney Petersen. Rod is working with the midwives, nurses and medical staff to improve clinical care with a particular focus on our increasing number of expectant women.

JHC continues to invest in staff education to ensure that our staff care for our community utilising contemporary evidenced-based practice. In particular, JHC has developed dedicated and guided learning opportunities for graduate registered general nurses and registered enrolled nurses during their transition years from student to qualified nurse. This guided learning assists in ensuring that the stress experienced during the transition period is reduced and assists JHC in retaining these valuable staff members. JHC's nursing executive also supports research projects undertaken by our nursing and midwifery staff. The list of presentations and publications can be found later in this report.

Finally, I wish to thank the Chief Executive Officer, Kempton Cowan, the Deputy Chief Executive Officer, Diane Jones, the Director of Medical Services, Dr Richard Saker and the broader executive for their continued support of nursing and midwifery services.

A photograph of a female nurse with blonde hair, smiling warmly. She is wearing a light blue short-sleeved polo shirt. In the foreground, the out-of-focus profile of a male colleague in a similar uniform is visible. The background shows a bright, busy hospital hallway with other staff members blurred.

Each year the nurses and midwives provide exceptional care to tens of thousands of patients and continually strive to provide better care.



## Bed Management

With one of Perth's busiest emergency departments, along with busy operating theatres, a broad patient mix and bed limitations prior to the completion of JHC's redevelopment, active bed management and effective discharge planning is critical to JHC's efficient operation.

During the year, the bed management team worked closely with staff in a number of areas to ensure JHC utilised its beds efficiently without compromising patient care. 2008-09 initiatives included:

### Discharge Lounge

An audit was conducted to determine patients who might be suitable for transfer from an inpatient bed to a discharge lounge. Suitability criteria were developed and a trial was commenced in October 2008 so that suitable patients, whose hospital care had effectively concluded, were transferred to the lounge to await transport home. Following the success of the trial, in March 2009 the scope of the discharge lounge was expanded to include the provision of nursing staff who complete the final stages of suitable patients' discharge preparation in the discharge lounge. This is now an important strategy for bed management at JHC to ensure that beds are available sooner for more acute patients.

### Emergency Department Overcrowding Policy

In conjunction with the Emergency Department (ED) consultants and with suitable research, a clear protocol was developed to relieve overcrowding and access block issues in the ED. The protocol outlines the policy and procedures taken to decant patients from the ED and inpatient beds. It also outlines JHC's level three code yellow response for overcrowding. The policy became operational in March 2009 and has been activated three times to June 2009 with good response.

### Hospital Length of Stay

With the assistance of the Administration Manager, a reporting mechanism has been developed to summarise the current inpatients with long lengths of stay and understand the reasons for discharge delays. This report is tabled and reviewed by the hospital's executive committee so that any relevant issues can be escalated or solved.

### Multidisciplinary Meetings

Building on the good working relationships that we have with our doctors, we have added another multidisciplinary meeting during the week. We now have established meetings on Monday, Wednesday and Friday where complex patients are discussed amongst a multidisciplinary team to develop a clear plan for the patient's management and discharge.

### Community Liaison Group

We have had a great deal of success in our involvement with a community liaison group which includes representatives of a number of local aged care facilities. Our most successful outcome to date is the development of a 'Discharge / Transfer Into Hospital' envelope for improved information sharing between facilities. This envelope has been adopted for use by Princess Margaret Hospital and the WA Department of Health is considering adopting it across all Perth hospitals.

Our current initiative is to collate information from all of the local care facilities regarding the level of nursing care they provide and their transfer requirements. This will provide our staff with a reference guide for each facility to ensure that patients are only transferred when it is appropriate to do so.

We would like to acknowledge the enthusiastic assistance of both Dr Farid Taba and Carol Douglas from the Residential Care Line who have both provided a great deal of guidance and advocacy to assist us to work more effectively with local care facilities to ensure patients return to their place of residence appropriately and safely.



## Perioperative Clinic

In January 2009, the Perioperative (formerly Anaesthetic) Clinic was relocated to the JHC specialist medical centre. This has allowed JHC to improve the space and facilities available for pre-anaesthesia screening and pre-operative education of patients undergoing surgery or with conditions that may place them at risk for complications with their anaesthesia.

The new clinic facilities and increased anaesthetist availability has allowed us to increase our clinic sessions from three afternoons to five days per week. All relevant public and select private patients receive pre-anaesthesia screening. All public and private patients undergoing major surgery receive pre-operative education. This service is vital to ensure that our 'at risk' patients are well prepared and educated for both their surgery and their recovery period.



## Perioperative Services

The Perioperative Services department consists of six operating theatres, an endoscopy procedure room and a day procedure unit which caters for public and private patients. In 2008-09, the department carried out 17,382 procedures, an 8% increase on the prior year.

The operating theatres have continued to expand on their after hours service by offering two emergency theatres each weekday evening and by rostering on night staff to ensure efficient access for emergency surgery cases and to improve work life balance for staff by reducing their on-call commitments.

During the year, Eryl Harnett, in the role of acting Deputy Director of Nursing - Perioperative Services has successfully steered the department through a variety of major achievements:

- A major capital investment in the central sterilisation department which has increased efficiency and quality control within this area;
- Staff hours have been reviewed and eight nurses commenced the 12-month clinical education program;
- Implementation of a weekly staff meeting / education session to facilitate communication and increase education / training opportunities for all staff members;
- Implementation of a plan to broaden the staffing composition which included the employment of anaesthetic technicians and enrolled nurse;
- Capital investment of over \$400,000 in the department that has supported the continuing technical advancements in the many specialties. Equipment purchased included additional

laparoscopic instrumentation and equipment, an ENT microscope and an additional anaesthetic machine;

- The development of a new role, clinical nurse specialist for the acute pain services. Mandy Lison-Pick was recruited to this role and has extensive experience and qualifications in this area. Mandy is responsible for the coordination of the acute pain service which aims to ensure effective pain control for patients undergoing procedures within the hospital. The acute pain service has subsequently expanded to include some obstetric patients;
- Staff representatives have been appointed for and resources given to quality, occupational health and safety, infection control and the national clinical assessment group;
- Four staff members have successfully completed the WA Leadership and Development Program; and
- An increased number of departmental nursing staff have been supported in their applications for study leave with the department promoting professional development and continued quality care provision within the nursing specialties.

In March 2009, Shane Tobin-Longly was appointed as Deputy Director of Nursing - Perioperative Services. Shane has continued to manage the strategic direction of the service and facilitate the clinical review and the design of the new department planned as part of the hospital's redevelopment. The current plans include an increase to 12 operating theatres, the addition of an interventional catheter lab, an endoscopy suite (incorporating two procedure rooms), a 28-bed recovery unit and an expanded day procedure unit.



In 2008-09, the department carried out 17,382 procedures, an 8% increase on the prior year.

## Day Procedures / Endoscopy and Day of Surgery Admissions

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2008-09 was another year of record activity levels for these areas as the hospital recorded a 9% increase in procedures compared to the prior year.

Education was a strong focus for these areas with ongoing participation in the registered and enrolled nurse graduate training programs. Staff across the units also preceptored both undergraduate nursing and high school work experience students. Additionally, throughout the year there were a number of opportunities for staff in the day procedure unit to act in more senior positions for extended periods, which is important for JHC's future succession planning.

During the year, we were able to refresh the décor in the unit with new carpet as well as replace numerous other equipment items. A key clinical purchase for endoscopy was a plasma argon coagulator which allows the unit to perform therapeutic procedures on more acute patients who would otherwise need to be treated elsewhere.

We would like to take this opportunity to sincerely thank our volunteers who are integral to the efficiency of our areas by assisting our staff and patients in a variety of important ways.



## Critical Care

The Critical Care Department comprising of intensive care, coronary care and the nurse specials unit, provides a high standard of care to public and private patients for both elective and emergency admissions. It has been another busy year for the department with over 1,690 admissions.

We have continued to focus on education and staff development this year with two registered nurses successfully graduating from post-graduate studies in critical care and another enrolled in their masters of clinical nursing, specialising in high dependency nursing. The critical care unit has also developed a number of self-directed learning packages this year, giving all staff the opportunity to enhance their learning. We had four registered nurses graduate from the 2008 clinical enhancement programme, three of whom have continued to work in the critical care environment with another four enrolled in the 2009 course. With a strong focus on staff development, we continue to have excellent recruitment and retention of staff.

During 2008-09, a working party was established to review and revise all work practices in line with best practice guidelines. This initiative empowered the staff to undertake research to guide these revisions. The staff have also undertaken a number of initiatives to work more efficiently whilst ensuring favourable patient outcomes. These include the formulation of new intensive care flow charts and haemofiltration charts, as well as the introduction of new equipment, namely new arterial lines and high flow nasal oxygen.

In the previous year, a Ramsay Health Care nursing

scholarship funded the Intensive Care Patient Diary Study, which is now complete. The purpose of this study was to help intensive care unit patients deal with what can sometimes be a very traumatic event for them and their families. The study examines the impact an intensive care unit stay has upon patients during the first 12 months after discharge. We are now analysing the data and will be publishing and presenting this later in the year. Thus far, the diary project has shown some promising data which will reflect positively on the outcomes of patients discharged from intensive care. We aim to show through this data that we can make this journey a little less traumatic for our patients and their families.

As an affiliate of the Australian Cardiovascular Health & Rehabilitation Association and in conjunction with an initiative from the Heart Foundation, we have received cardiac educational material that has been developed specifically for Aboriginal patients. Education packs available within the hospital titled 'My Heart My Family Our Culture' deal specifically with the admission educational needs of the Aboriginal cardiac patient. Additionally, specialised discharge planning refers the patient to appropriate community resources that are available to continue the in-hospital education and lifestyle management requirements of the client to maintain optimum heart health.

With a strong focus on staff development, we continue to have excellent recruitment and retention of staff.

### New Mental Health Unit

It has been a very exciting 12 months with the building, commissioning and opening of the new mental health unit (MHU) which was officially opened on 22<sup>nd</sup> April, 2009 by Parliamentary Secretary to the Minister for Mental Health, Hon. Helen Morton MLC. The new unit provides a safe, modern, spacious and peaceful environment for patients. The unit has many state of the art features such as a family visiting room for patients in the psychiatric intensive care unit. This enables them to have visits with their children in a safe and secure environment.

During the redevelopment period, staff maintained their commitment to providing excellence in mental health care despite the challenges created within the restricted environment of the temporary accommodation and it is a credit to their professionalism, resilience and teamwork.

As a result of the expansion and the significantly improved mental health work environment, there is an increased recognition by our fellow mental health clinicians in the metropolitan area that the JHC MHU has a supportive and cohesive staff complement. This was evidenced by the fact the unit was able to retain it's current staff members despite the numerous challenges of the temporary accommodation and then successfully recruit additional experienced medical, nursing, allied health and support staff. This gives a current staff complement of 104 full time and part time medical, nursing, allied health and support staff.

Reports from the Council of Official Visitors indicate that the transfer to the new unit has proved to be a positive outcome for patients with the improved facilities, privacy and space. General feedback from patients, carers and community mental health clinicians has also been extremely positive, most citing the space, colour and light as outstanding features. One of the design features was the installation of a large fish tank in the communal area as part of a wall and interview room. This has been met with delight and interest by patients, visitors and staff.

### Practice Review

With an increase in bed numbers and the greater capacity of the unit to treat patients of higher acuity, it has been essential to review many of our existing practices to ensure that risks to both staff and patients were minimised as well as to ensure that the unit meets or leads the way in terms of best and contemporary practice guidelines and programs.

The unit has continued to maintain a 95% compliance of staff training in control and restraint techniques. The training has been adjusted to meet the National Reduction in Seclusion & Restraint Project, with more emphasis being placed on de-escalation skills, patient safety planning and post-seclusion interviewing. Training and education has been consistent and continuous to ensure the smooth transition of the new protocols.

Due to identified occupational health and safety issues related to the psychiatric intensive care unit (PICU), a comprehensive staff orientation checklist was developed and implemented with all new and existing staff. This has resulted in consistency of knowledge of safety processes related to working in an acute locked psychiatric environment.

As part of the unit's participation in the clinical redesign process, we have revamped our patient white board. The new format, which is being well utilised by staff, allows for improved recording of patient interventions and tracking of patient progress. This has led to greater efficiency in discharging patients and more comprehensive sharing of information across disciplines within the unit.

The MHU therapy team activities include the planning and future introduction of sensory modulation therapies to the unit, aimed at reducing: incidents of self-harm behaviours, the level of patient distress, as well as restraint and seclusion practices. The team has increased the hours of art and craft therapies to increase meaningful engagement in occupations and teach relaxation methods. Introduction of an occupational therapy aid to facilitate art and craft activities on both the open unit and psychiatric

intensive care unit has greatly assisted the therapy team to establish and build rapport with patients over a relaxed atmosphere and task.

Additionally, during the year, the Obstetric Liaison Service developed guidelines for obstetric staff to refer vulnerable perinatal clients to the obstetric liaison mental health service to facilitate more timely and appropriate referrals. The service continues to screen all public antenatal clients at the time of booking into the clinic and again at 36 weeks gestation using the Edinburgh Postnatal Depression Scale. As a result of the screening and the guidelines for referral, the service assessed and provided support and/or referral to support agencies for 311 expectant mothers.

#### Community Focus

Links with local community mental health services have been ongoing with the implementation of joint facilitation of therapy groups by MHU and Joondalup Community Mental Health Service staff. A successful trial demonstrated that joint facilitation assists in improved discharge planning and transition of patients from hospital to support services at home.

Work has commenced on a collaborative consumer / carer advocacy group inviting input from previous patients and / or their carers into matters that influence treatment and outcomes for current patients.

Additionally, allied health staff continue to facilitate a fortnightly information evening for carers and their significant others.

#### Family Focus

Guided by the Australian Infant, Child, Adolescent and Family Mental Health Association Ltd (AICAFMHA) guidelines and the 'Family Friendly, Mental Health Friendly' initiative, Joondalup MHU has modified its practice to further encourage and support the ongoing relationships that patients have with their family members and especially with their children. The unit now boasts: a family visiting room complete with toys, books and parenting information, a non-smoking courtyard with outdoor play equipment for children to visit, with soon to be installed 'play panels', and a weekly 'Parenting with a Mental Illness' group.

In accordance with the Children of Parents with a Mental Illness (COPMI) project or Family Friendly Initiative, a 'parenting' section has been added to our patient admission form for questions pertaining to the ongoing care and placement of children of parents currently being treated on the unit. Additionally, an information wall has been allocated to house resources pertaining to parenting with a mental illness, resources for children of varied ages regarding parental mental illness and support services for both children and parents.

Our new family therapist has been providing sessions with patients and their family members, and the COPMI social worker has commenced an outreach service by attending the schools of patients' children. Ongoing changes and staff education sessions are planned for the future.

## Public Surgical

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2 East Surgical is a 25-bed ward which provides a high standard of acute care to public patients undergoing a wide range of elective and emergency surgical procedures. 2 East Surgical is one of the busiest and most efficient surgical units in Perth, with patient turnover (at times) in excess of 18 admissions per day and a high bed occupancy. The unit also accommodates medical, gynaecological or orthopaedic patients as required to meet overall hospital demand for beds.

Our focus is always on improving standards of care for our patients whilst reducing the risk of injury to our staff. In 2008-09, the ward participated in four trials of retractable needles with a goal of reducing the risk of needle stick injury. We also trialled an Ezi-Mover device. Invented by one of our surgical nurses, this device allows the patient to move up in the bed without the need for manual handling by nursing staff. Additionally, electric beds have been introduced for easier control of movement by the patient.

To assist with their professional development, our nursing staff have preceptored a number of undergraduate and graduate nurses throughout the year. All staff are supported by a ward based staff development nurse who is able to direct the education needs of the staff to improve surgical skills and knowledge, and a clinical nurse manager who actively manages the ward to ensure that its operation is efficient and that patients receive a high standard of care. The unit has a stable team of nursing staff with no current vacancies.

2 East Surgical has received very positive feedback from our surgical consultants and many of our patients. A comment from a September 2008 patient feedback card: *'Every nurse that treated me was great, had a beautiful nature, was very gentle and kept me informed. Best nurses in Australia.'*

The staff on the ward agree.

## Private Medical & Surgical (Cassia)

In 2008-09, Cassia Ward continued to provide a high standard of patient care across a broad range of medical and surgical subspecialties. This was confirmed by our Press Ganey patient survey results as well as our patient feedback cards which demonstrated above average levels of patient satisfaction.

During the year we successfully integrated private orthopaedic services into the ward's surgical bed complement. The staff have been supported and directed with relevant clinical education programs and have embraced this change with enthusiasm.

Throughout the year a number of quality initiatives have been trialled and adopted as part of the National Clinical Handover Initiative. These included implementing a new information whiteboard to improve communication systems for allied health referrals with a view to more efficient discharge planning. Additionally, nursing handover sheets are now compiled electronically. The Team Nursing Model continues to be successful on Cassia and the bedside clinical handover process which engages patients in decision making regarding their care, is proving to be a positive experience for our patients.

Our nursing team has also participated in and supported the Ramsay Health Care Work Experience Program (a collaborative initiative of Ramsay Health Care and the Chamber of Commerce and Industry) in supporting high school students to gain experience in health care settings to validate their career choices and encourage recruitment to the health workforce.

During the year we undertook a process of consultation and focus group work with staff and consultants to better facilitate staff skill-mix and expertise in caring for the clinical needs of our patients. As a result, our nursing staff have recently been split into distinct medical and surgical teams. Along with separate clinical leadership and clearer medical / surgical bed delineation, we continue to be adaptive to consultant and patient needs to ensure that our patients get the best of care.

## Public Medical Unit

The 35-bed public medical unit accepts the majority of its patients from the emergency department but also accepts transfers from other wards and the community. The unit caters for a broad range of specialties including general medicine, respiratory medicine, cardiology, neurology and palliative care. In 2008-09, there were 2,206 admissions to the unit, a 7% increase on the previous year.

As many of the unit's patients have complex and chronic medical conditions, when patients are well enough for discharge, it is essential the ward staff ensure a well planned, appropriate and safe discharge for patients. To ensure this, the unit has a close working relationship with numerous community services including Silver Chain, Chronic Disease Management and the Residential Care Line.

The staff on the unit have been active participants in clinical redesign this year. They have mapped and evaluated our processes and found areas which could improve the efficiency of our discharge process. Implementing these changes was beneficial to both patients and staff.

As our medical patients are cared for by a multi-disciplinary health care team, it is important the unit has effective communication strategies in place to ensure good patient flow and the most efficient use of our beds. An initiative that has improved and simplified ward communication on the status of our patients was the redesign of the structure of our ward whiteboards.

The ward team create a friendly and supportive atmosphere for patients and their families. The staff endeavour to provide a high standard of clinical care to their patients.

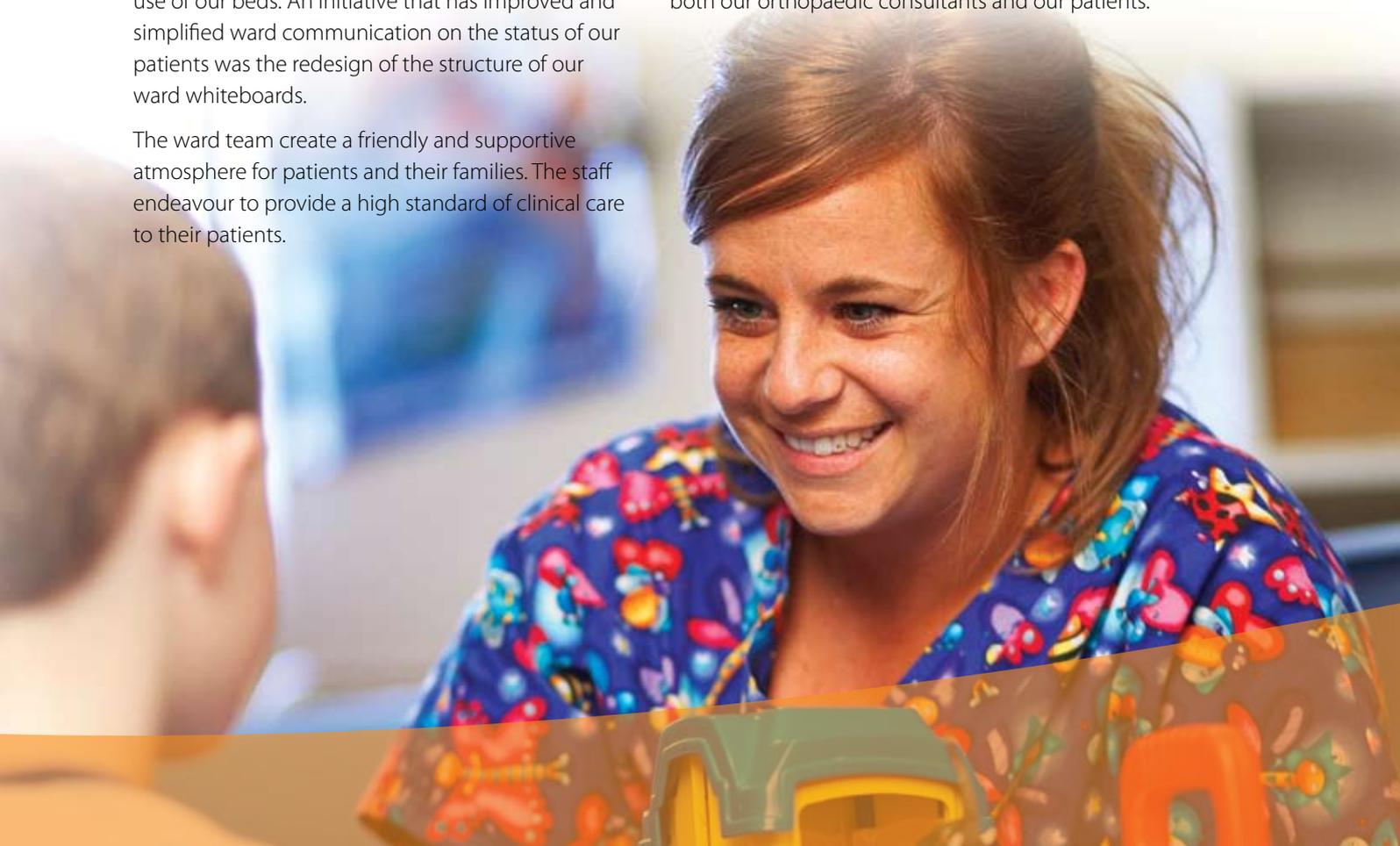
## Public Orthopaedics

1 East Orthopaedics is a 17-bed ward that provides a high standard of acute care to public elective and emergency orthopaedic patients. In 2008-09, the unit experienced an increase in workload related to both elective surgery cases and trauma admissions via the emergency department.

The ward staff place a great deal of importance on effective team work and collaboration to ensure they deliver a high quality service to their orthopaedic patients. In the past year, both nursing and allied health staff have worked hard to improve the unit's discharge planning to ensure patients are well prepared for discharge and able to safely return to their home environment.

The unit is supported by an orthopaedic clinical nurse specialist and a staff development nurse. This team has developed and organised various educational and quality improvement activities throughout the year including: orthopaedic short courses, the revision of total hip and knee pathways, and the trial of new post-operative wound dressings. The aim of these initiatives is to continue to improve the level of care and service delivered to our patients, reduce length of stay and minimise the risk of complications whilst promoting best practice.

The unit regularly receives positive feedback from both our orthopaedic consultants and our patients.



## Maternity & Women's Health Services

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2008-09 was another busy year with a 6% increase in deliveries. Due to the strong population growth in Perth's northern suburbs and anticipated increased demand for maternity services, the unit needs to ensure that it is well positioned to meet this demand. With this in mind, the department has embraced numerous significant changes, one of which has been the employment of a dedicated Director of Obstetrics and Gynaecology, Dr Rodney Petersen and a dedicated Staff Specialist, Dr Patty Adams. This is a significant milestone for the evolution of our unit.

From an antenatal perspective, the midwives clinic has continued to flourish and now has four midwives who review up to 70 women every Monday, in addition to the four weekly clinics that are attended by the medical team. The midwives provide holistic care for their clients inclusive of antenatal assessments, education and continuity of care throughout their pregnancy.

At an inpatient level, staff have actively developed or embraced a number of initiatives:

- New obstetric forms have been trialled, evaluated and introduced nationally to ensure consistency across all Ramsay Health Care maternity sites of documentation for the pregnant and labouring woman;
- Staffing has been enhanced by the introduction of nursing assistants and enrolled nurses to assist the registered nurses and midwives to meet the holistic care of the woman and her family at the ward level;
- The Obstetric Home Visiting Service now boasts a team of four midwives who provide continuity of care once a woman is discharged home with her new baby. This service offers delivery within a safe environment and discharge from six hours after delivery if medically well;
- The development of a patient information book for maternity patients developed to address the feedback from patient satisfaction surveys;
- Edith Cowan University has formed a partnership with the unit which resulted in both medical and midwifery staff being able to attend a simulation day which focused on communication. This has proven to be an important step in fostering partnership networks within our community.

At the end of July, JHC will seek reaccreditation as a Baby Friendly Hospital, an award that is important not only for demonstrating our commitment to the promotion of breastfeeding but also because we were the first WA hospital to initially receive this accreditation. Successful reaccreditation ensures that we commence the new year on a positive note and prepare ourselves for another year of challenges and fulfilment.





## Special Care Nursery

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2008-09 has been an exciting year of development and growth for the Special Care Nursery (SCN). A number of important changes have been implemented to build on our capability to care for acute neonates at JHC. These changes have been critical due to an increased demand for complex neonatal care due to a rise in the number of births, the prematurity of some babies born at JHC and the pressure on other similar facilities in the state.

Key statistics for the unit in 2008-09 were: 637 admissions; CPAP support to 73 neonates; 62 transfers to tertiary level facilities; 60 admissions from ED; and 171 neonates accepted from KEMH or PMH.

Early in 2009, the SCN was separated from maternity services and Clinical Nurse Manager Janet Walker was appointed. Additionally, four full time equivalent nursing positions were appointed as well as a part-time clinical educator position.

JHC was also very fortunate to appoint Dr Ravisha Srinavasjois as JHC's first consultant neonatologist. Dr Srinavasjois has a wealth of knowledge, research and experience in the care of sick neonates. Patients and staff are truly benefiting from his expertise.

In addition to on call paediatrician cover, the SCN now has 24-hour paediatric registrar cover, which has allowed the SCN to increase the level of care that can be offered to babies born at JHC. Thus, our gestation age for delivery at JHC is 32 weeks and 6 days of pregnancy if there are no other obstetric complications.

The SCN has also commenced continuous positive airway pressure (CPAP) respiratory support for our babies. This is a major achievement within the department which allows babies where possible to remain at JHC rather than having to transfer via the Newborn Emergency Transport Service (NETS) WA to our tertiary hospitals King Edward Memorial Hospital (KEMH) or Princess Margaret Hospital (PMH) thus preventing separation of mother and baby.

A number of initiatives have been undertaken during the year to improve the high standard of care delivered to our babies and parents. These included an increase in the level of qualified neonatal staff ratios per shift, the development of a neonatal emergency workshop for all new paediatric medical staff on rotation at JHC, the development of a parent information brochure for the SCN, and the development of a patient satisfaction survey to assess the care provided to babies.

Parent education is an important component of our care and staff ensure that parents are given good education about such topics as follow-up care and support, the benefits of breastfeeding, and SIDS awareness. Additionally, staff have commenced CPR training for parents of pre-term / vulnerable babies prior to their discharge home.

## Oncology

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The 3 West Day Clinic operates weekdays and provides chemotherapy intragam and iron infusions as well as blood transfusions to a range of patients with cancer or blood disorders. In 2008-09, the clinic provided 2,410 treatment sessions to patients, a 19% increase on the previous year.

As a small unit treating both public and private patients, our clinic is unique in Perth because we can offer a seamless service to patients with minimal waiting time as well as appointment times appropriate to the treatment requirements of individual patients. Importantly, our patients receive excellent and well-organised management and support from our Oncologist, Dr Alex Powell and our Haematologist, Dr Steve Ward.

Most of our chemotherapy patients undergo treatment for approximately six months, during which time our nurses and ward clerk develop a supportive and personal relationship with our patients as they undergo their treatment.

During the year, we have reviewed our admission process as well as our patient education to ensure patients have a better treatment experience. Additionally, we have purchased a portable DVD player which is well used by our younger patients in particular.

During the year, many of our patients have enjoyed the 'Look Good, Feel Better' sessions. These free workshops offer women practical beauty tips to help deal with the physical side effects of cancer treatment such as loss of hair and changes to their skin. It is great to be able to make our patients feel good during their treatment and we would sincerely like to thank our volunteer Myrna who offers foot massages to patients on Fridays. Friday is now a high priority day for treatment amongst our patients who look forward to being pampered by her.

Our patients receive a 'No More Needles' certificate at their final treatment session. We enjoy celebrating the end of our patients' treatment regimes and their path to recovery.

## Aged Care and Rehabilitation / Day Therapy Unit

The Department of Rehabilitation and Aged Care Medicine comprises two inpatient wards and a Day Therapy Unit. There are 26 private / DVA beds on the ground floor Private Rehabilitation Unit and 32 public beds on the third floor Public Rehabilitation and Aged Care Medicine Unit.

Both wards provide care for older patients requiring rehabilitation following orthopaedic surgery, general surgery or prolonged illness, as well as care for patients requiring management of acute or chronic medical conditions. Areas of specialist nursing expertise include rehabilitation, Parkinson's, dementia, stroke, palliation and wound management. Both areas have facilities for inpatient therapy and have a multidisciplinary team approach to patient care.

In 2008-09, one of the areas of focus for both wards has been on improving the discharge process for patients and their families. This has involved the development of a discharge plan which is commenced on admission in consultation with the patient and their family. The early identification of issues assists with the safe and timely discharge of patients.

The Day Therapy Unit provides outpatient therapy services including physiotherapy, speech pathology, occupational therapy, medical review and nursing care. The unit also runs Parkinson's, Stroke and Falls Prevention groups. The unit's First Fracture Clinic provides osteoporosis screening for patients identified as 'at risk' of having osteoporosis after sustaining a bone fracture. Ongoing treatment and management can then be offered if required.



## Paediatrics

In 2008-09, the Paediatric Unit treated 3,493 patients. This included both medical and surgical specialities, with all surgical day cases now admitted to the paediatric ward instead of day procedures, ensuring that children are treated in an age-appropriate environment.

In accordance with the Royal Australasian College of Physicians 'Standards for the Care of Children and Adolescents in Health Services' guidelines, the installation of our security doors has ensured that the ward is a safer place for children and their families. Additionally, the introduction of colourful curtains and bed covers provides an environment which is child friendly and non-threatening.

The JHC Paediatric Unit has worked closely with PMH on the 'Kids Closer to Home' project, ensuring that children are transferred to their local hospital if possible. This allows the child to be closer to their family and frees up beds in the tertiary hospitals for the most acute patients.

In the interest of providing educational and professional development opportunities for our staff to expand their clinical skills, staff have been undertaking fortnightly rotations to special care nursery and emergency. This has enabled staff to familiarise themselves with the work practices and procedures of each area resulting in improved collaboration and understanding between the areas. Additionally, the integration of enrolled nurses onto the clinical enhancement programme (CEP) and the introduction of a paediatric nursing assistant has ensured a wider skill-mix on the ward. The CEP programme which has been developed with Edith Cowan University (ECU) is now available on the intranet allowing staff members throughout the hospital to increase their paediatric knowledge.

A Paediatric Skills Fair was held in March 2009 with stations run by nursing staff from the paediatric ward, special care nursery and emergency, as well as ECU. The fair provided opportunities for staff, students and the general public to gain paediatrics skills and information as well as increasing the community's awareness of the paediatric services offered at Joondalup Health Campus.



## Emergency Department

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2008-09 was another busy year for JHC's Emergency Department with 63,144 presentations, a 6% increase on the prior year. Despite this increase, the number of patients leaving before treatment (did not wait) decreased to 3%, from 4.6% in 2007-08. In real terms, 7.8% more patients were treated.

Despite this significant increase in activity, the department continued to develop its capability in a number of important areas:

- The emergency department received two years accreditation from the Australasian College of Emergency Medicine (ACEM) which ensures that JHC is able to retain registrars in training. Additionally, JHC is now able to provide part 1 and part 2 FACEM training, which was not done previously. During the year, the emergency department also commenced recruiting its own interns and provided education for interns throughout the hospital. These developments are critical to both JHC's position as one of Perth's busiest emergency departments and its future growth;
- Ongoing specialty education was provided to nursing staff in areas such as plastering, suturing and paediatrics;
- The department employed a third nurse practitioner who has been instrumental in the plastering and suturing education of our staff. Nurse practitioners are fundamental to the operation of the department's fast track area;

- The emergency department continues to participate in research studies to ensure ongoing quality improvement and the delivery of best practice care to our patients. Recent studies included: MiMIC (cardiac enzymes in chest pain), saturation probes used in children, and TOPDOG comparison of treatment for children with croup.

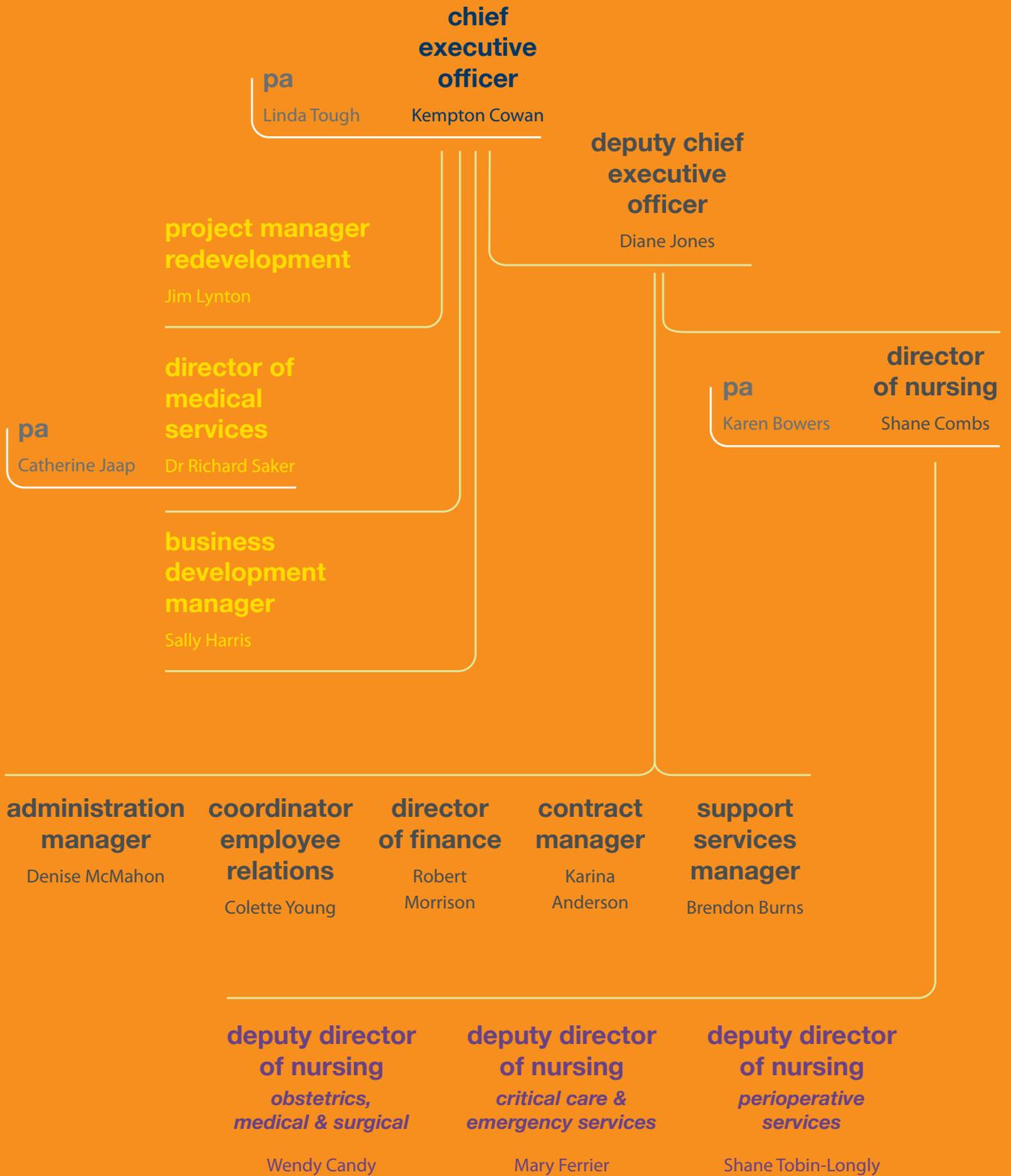
During the year the emergency department embraced many challenges, one of the most significant being the H1N1 (swine) influenza pandemic. The emergency department successfully planned and implemented flu streaming to accommodate the increase in flu presentations. A number of emergency department personnel were instrumental in the planning, preparation and staff training to ensure JHC was well equipped to handle a larger H1N1 influenza outbreak.

Other achievements realised by department staff during the year include:

- A trauma committee was formed. As a result, the committee developed and implemented a trauma form and received funding for one full-time trauma registry nurse;
- Senior doctor Michael Richardson completed his Fellowship with the Australasian College of Emergency Medicine, becoming the sixth qualified emergency physician to complete training at JHC;
- Two nursing staff are currently enrolled in masters of nursing. One doctor and one nurse are currently enrolled in masters of education;
- Three nursing staff were selected to present on JHC's emergency department at the College of Emergency Nurses Australasia conference.



Executive Structure  
as at June 2009



## Community Board of Advice

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The Community Board of Advice (CBOA) met five times during the year. The CBOA 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 2009:

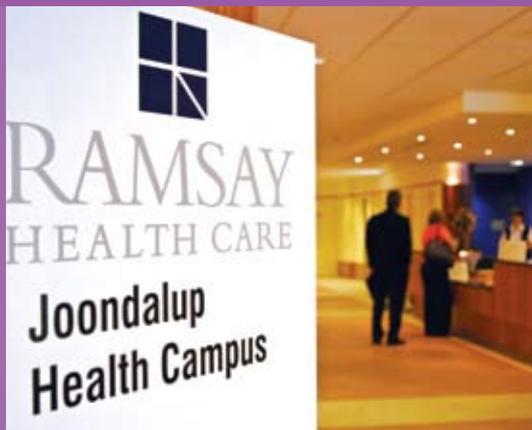
	Mr John Croser Chairman Clinical Representative		Ms Alessandra D'Amico Community Representative
	Cr Albert Jacob Deputy Chairman State Government Representative		Ms Nadia Maiolo Community Youth Representative
	Cr Kerry Hollywood City of Joondalup		Mr Tony Geddes Orthopaedic Surgeon Clinical Representative
	Cr Tracey Roberts City of Wanneroo		Rev. Elizabeth O'Neil Pastoral Care JHC Representative
	Tony O'Gorman Community Representative		Ms Diane Jones Deputy Chief Executive Officer JHC Executive Representative
	Mr Neville Lane Health Consumers Council Representative		Mr Shane Combs Director of Nursing JHC Executive Representative
	Mr Tony Dolan Department of Health Representative		Mrs Linda Tough Personal Assistant to CEO Minutes Secretary

## Medical Advisory

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

HODMAC consists of one representative of each department who 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; and
- Ensuring accredited practitioners comply with JHC by-laws.



Members of HODMAC as at 30 June 2009 were:

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**Mr Tony Geddes**  
Chairperson / Orthopaedics

**Mr James Aitken**  
General Surgery

**Dr George Garas**  
Gastroenterology

**Dr Cliff Neppe**  
Obstetrics and Gynaecology

**Dr Glenys Ismail**  
Anaesthetics

**Mr Kishore Sieunarine**  
Surgical Sub-Specialities

**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 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

**Mr Kempton Cowan**  
Chief Executive Officer

**Mr Shane Combs**  
Director of Nursing

**Ms Diane Jones**  
Deputy Chief Executive Officer

**Dr Richard Saker**  
Director of Medical Services

## Human Research Ethics Committee

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The Joondalup Health Campus Human Research Ethics Committee (HREC) is constituted in accordance with the requirements of the National Health and Medical Research Committee, through which it maintains accreditation on an annual basis. The HREC considers applications for research and quality improvement projects to be carried out at JHC and Glengarry Private Hospital. Committee members contribute a wide range of experience gained in hospitals, in the community and in a number of professions.

A goal of the HREC is to facilitate and monitor research within the hospital by providing information about the application process, giving advice about the preparation of necessary documents, attempting to achieve a timely and satisfactory decision to researchers, and obtaining regular reports about the progress of research being undertaken.

The HREC considered 20 research applications in the 2008-09 year and 13 applications for audits and / or quality improvement projects. Applications included studies investigating the safety and efficacy of new drugs or older drugs for new purposes, assessing the effectiveness of modified treatment and diagnostic protocols, surveying the attitudes of staff on a number of subjects, and obtaining statistics about treatment outcomes for various diseases.

Members of the HREC appreciate the opportunity to serve the hospital and community in this way and to support researchers making important contributions to the body of knowledge about health and patient care.





## Service Improvement / Quality Report

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All Joondalup Health Campus staff are committed to continuously striving towards improving the standards of care and service to best meet the needs and expectations of our patients. We want to perform at a level beyond our patients' expectations. Patient feedback drives quality improvements and we encourage customers to tell us what we can improve upon.

In addition to our enthusiastic and committed Quality Department, Quality Action Group departmental representatives are located throughout the hospital to ensure continuous improvement in all areas of care and service.

### Quality Initiatives

Some examples of key improvements to patient services in 2008-09 include:

#### Development of Discharge Envelope:

- Improved communication with residential care facilities
- Improved patient care

#### Extension of Acute Pain Service:

- Patient survey conducted and information resources developed
- Increased patient visits and improved patient satisfaction

#### Patient Home Exercise Diaries – Physiotherapy:

- Exercise guidelines provided to patients in diary form. Physiotherapist checks diary at each appointment
- Guidelines on how to perform exercises are much clearer for patients

#### Introduction of Visitor Information board in Critical Care waiting area:

- Board placed in waiting area to communicate information to help prepare visitors regarding what to expect when entering critical care
- Comments sought from visitors indicate satisfaction with this initiative

#### Discharge Lounge:

- Introduced a discharge lounge for patients who have met discharge eligibility criteria
- Improved availability of beds for admission of patients through the emergency department

### Revision of Special Care Nursery Patient Brochure

- Included information on visiting guidelines, hand washing importance, reassurance as to why baby admitted, mother crafting, and information on breast feeding

### Accreditation

Joondalup Health Campus is fully accredited with the Australian Council on Healthcare Standards (ACHS), an independent organisation dedicated to improving the quality of health care in Australia. JHC was awarded full four-year accreditation status from the ACHS in August 2006.

The accreditation process involves the assessment of a health care facility's ability to meet agreed standards in clinical, support and corporate areas of service. This is referred to as the Evaluation and Quality Improvement Program or EQuIP. The process is both rigorous and continuous, spanning a four-year cycle.

A Periodic Review conducted by three ACHS surveyors in May 2008 resulted in only six recommendations – each of which has been fully addressed. Surveyors commented that JHC is “a welcoming, clean, efficient environment. The staff are courteous, helpful and customer orientated to all who enter the facility seeking guidance and help. The hospital staff are focused on ensuring the patient's journey through the hospital is efficient and meeting the needs of the client.”

The next phase of the EQuIP cycle at JHC is the submission of our Site Self Assessment (SSA) report to the ACHS. This is due in July 2009.

### Customer Feedback

At JHC, we continually collect, assess and respond to patient and client feedback. For example:

### WA Department of Health Public Patient Satisfaction Survey

- Patients and clients are surveyed between February and June
- Key areas of high performance at JHC include:
  - Care provided by the nursing staff and doctors
  - Meeting personal as well as clinical needs
  - Time and attention paid to patient care

### Annual Press Ganey & Associates Patient Satisfaction Survey

- Patients and clients surveyed between June and September (632 surveys returned 2008)
- Key areas of high performance at JHC include:
  - Staff address emotional / spiritual needs
  - Nurses kept you informed
  - Comfort for visitors
  - Communication between doctors and nurses regarding care

### JHC Patient Feedback Card Survey

Patient feedback cards are provided to all patients at the bedside. The cards are reviewed daily. Data is collated quarterly and used to trend opportunities for improvement. Complimentary feedback and comments received include:

- *'Absolutely wonderful people and care.'*
- *'I've never met so many kind, caring people in one place at one time.'*
- *'Nurse, anaesthetist and the doctor who handled my colonoscopy were fantastic. If it wasn't for them I wouldn't have gone through with it.'*
- *'Tea ladies, meals and cleaning staff were excellent. Always cheerful and always helpful – making me so comfortable and at home.'*

### In-House Patient Satisfaction Surveys

In addition to our broader surveys, JHC also conducts targeted patient satisfaction surveys. Overall feedback continues to be positive and further suggestions for improvement are identified through this process. The results and outcomes of these surveys are discussed at a department level, and where relevant, tabled at the Patient Care Review committee, the Community Board of Advice and other hospital committees. Examples of recent targeted patient satisfaction surveys include Breastfeeding Education, Nurse Practitioner, and Perioperative Clinic.

Meeting the needs of the health customer along with the needs of health care providers (individuals and institutions) is a priority for all professions working within the health industry. Providing educational opportunities that meet these needs is a priority for the Education and Research Unit (ERU) at Joondalup Health Campus. Supporting our staff and local health care providers with access to education and research opportunities enhances their knowledge as well as promotes the use of contemporary, evidence based practice.

Our philosophy in the Education and Research Unit is "to provide excellence in education and research by fostering, supporting and maintaining a positive learning culture throughout the organisation". The role of the ERU is to provide professional learning and development opportunities to all staff members within the organisation, encompassing both clinical and non-clinical representation. The learning needs of employees, both current and potential, must be analysed and the educational program offered should meet existing and anticipated needs providing support for each individual to promote the provision of safe quality care to our community.

The ERU comprises a team of senior nurses with a broad range of clinical knowledge and education experience. All team members are working toward or currently hold education qualifications ranging from Certificate IV to Masters Level. With our central office relocation late in 2008, we have had the opportunity to share our working environment with other teams enhancing working relationships between the ERU, ethics, research and the clinical governance unit. During 2009, we have also had the opportunity to establish a dedicated education venue equipped to support simulated learning. Access and control of this venue has enabled us to expand the learning opportunities provided and promoted close collaboration with other health disciplines.

Learning programs offered by the ERU continue to grow and develop. In collaboration with the Ramsay Training Institute, we have implemented an online orientation program for all new employees and adapted our in-house orientation to support this. Our regular programs relating to mandatory competencies and clinical skill development have been maintained and we have expanded our focus to provide specific learning opportunities on

mental health issues which have included Drug & Alcohol sessions, 'Psyched Out' study day, Suicide Intervention workshops and graduate tutorials covering 'nursing the mental health patient in the general setting and conflict resolution'. Our inter-professional learning opportunities have been supported by continuing to develop networks with medical and allied health practitioners who both attend and present in our learning programs. One example of this is our multi-professional Advanced Life Support program that is accredited with the Australian Resuscitation Council.

We continue to ensure our learning programs are accessible to nursing and medical staff working within the wider health community. Nursing staff employed within the Ramsay Health Care group and through nursing agencies or nursing homes from the local community participate regularly in our learning programs. We also continue to support the local community through opportunities of work experience for local high school students and structured workplace learning students.

Support for staff to access other educational opportunities not provided within the campus is provided through our external study leave process. In 2008-09 the number of requests for support exceeded previous years with 278 applications - 160 were granted a total of 2,235 study leave hours and 83 applications were provided with financial support. Through this process, JHC also supported a specifically designed simulation learning experience through the Edith Cowan University simulation centre. Supporting access to a variety of learning opportunities 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 the health campus ensuring best practice which ultimately leads to improved patient outcomes.

The ERU also offers a number of employment pathways for newly graduated nurses and undergraduate nursing students. To support newly registered nursing graduates in their transition to the workplace, we provide guided learning opportunities through our graduate nurse programs for enrolled and registered nurses. Providing structured graduate programs offers the opportunity for new practitioners to develop confidence and competence within a supportive environment,

contributing to their individual growth as well as the growth of the nursing profession for the future. Through the growth and recognition of our programs, participants of the Registered Nurse Graduate Program commencing in 2009 have now been offered the opportunity to achieve a Postgraduate Certificate in Transition Nursing with Edith Cowan University on completion.

- In February 2009, 12 registered nurses completed the Joondalup Health Campus general graduate program with 11 continuing to work at Joondalup Health Campus after completion and the other returning to university. A further 30 newly registered nurse graduates commenced at JHC in February 2009.
- In March 2009, 11 enrolled nurses completed the Joondalup Health Campus general graduate program with all continuing employment within Ramsay Health Care, a further nine enrolled nurses commencing their program in March 2009. During September 2008, six graduated and remained employed at JHC with 10 enrolled nurses commencing and coming to graduation in September 2009.

In addition to our graduate programs, we provide a supported program for undergraduate nursing students entering the workforce as enrolled nurses. JHC offers employment opportunities with a structured transition program to a small group of undergraduate nursing students who have completed the requirements for registration as an enrolled nurse with the Nurses and Midwifery Board of Western Australia. Our first intake into this program completed at the end of 2008 and all transitioned well into the Registered Nurse general graduate program in 2009. Another six participants commenced in November 2008 and have also been offered direct entry into our Registered Nurse Graduate Program.

The Education and Research team have also developed learning pathways for other levels of staff which support the expansion of skills and the opportunity for movement into specialty areas. These pathways are called clinical enhancement programs which are now well established in the emergency, critical care, perioperative, mental health and paediatric departments.

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. Our trend in providing increasing opportunities for clinical practice to nursing undergraduate students has continued to highlight the significant contribution Joondalup Health Campus plays in the education of WA's future nursing workforce. During 2008, 469 undergraduate student placements were undertaken with the number of places offered to the educational institutions increasing to 518 for the 2009 calendar year. Post-graduate nursing students are also supported in many areas such as midwifery, critical care and emergency nursing. We are also continuing with the provision of 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 is maintained. This position facilitates sourcing opportunities for nurse academics to enhance their nursing skills through access to supported clinical practice within the acute care setting at Joondalup Health Campus.

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

## Research Presentations and Publications

Date	Conferences	Presentation Title	Presenter / Author(s)
Oct 2008	ANZMHN International Conference, Melbourne	Normalising ECT as a treatment option for patients and their family	Barnes, D.
Oct 2008	ANZMHN International Conference, Melbourne	What defines the therapeutic relationship of nurses working in the Mental Health settings? Does the uniform play a part in this relationship?	Barnes, D.
Sept 2008	13th National Nurse Educators Conference, Sydney, NSW	A pathway to bridge the gap	Roberts, R., Gatzonis, L. & Combs, S.
Sept 2008	13th National Nurse Educators Conference, Sydney, NSW	Management of patients with CVAD's-Making a difference	Presenter: Roberts, R. Authors: Jackson, J., Combs, S. & McCavana, C.
Sept 2008	RCNA Annual Conference, Perth WA	A pathway to bridge the gap	Roberts, R., Gatzonis, L. & Combs, S.
May 2009	WA Faculty for Emergency Medicine Annual Scientific Meeting 2009	Nurse Practitioners: How do they fit into the scheme of things	Nicholson, B.
May 2009	Health Consumers Council Public Forum	Nurse Practitioners: the role and the future	Nicholson, B.
April 2009	29th Annual Scientific Meeting of the Australian Pain Society, Sydney, NSW	Frame analysis of persistent pain and loss of limb function	Lison-Pick, M. & Pick, D.

Date	Publications	Paper Title	Author(s)
2008	International Emergency Nursing (2008) 6, 5-13	Evaluating nurses knowledge and skills in the detection of child abuse in the emergency department.	Keane, C. & Chapman, R.
2009	Journal of Clinical Nursing	Examining the characteristics of workplace violence in one non-tertiary hospital.	Chapman, R., Styles, I., Perry, L. & Combs, S. (in press)
2009	British Journal of Nursing	Predicting patient aggression against nurses in all areas of the general hospital STAMPEDAR: extension of STAMP framework	Chapman, R., Perry, L., Styles, I. & Combs, S. (in press)

## Occupational Safety and Health

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

The inaugural Occupational Safety and Health Representative conference was held in August 2008 and included the safety and health representatives from all Ramsay WA health facilities. Feedback from this conference was excellent and this has now been approved as an annual event. Preparations are well advanced for the upcoming conference in August 2009. The theme for this conference is "people caring for people, and their safety" which reinforces the national safety team message.

JHC continues to be involved with Safe Work Australia Week since its inception in October 2007. A week of OSH activities are held at JHC culminating in a free BBQ for staff, all designed to raise awareness of OSH. During this week, JHC entered the Ramsay Health Care OSH competition with a powered IV pole prototype as our competition entry. JHC was successful in receiving a shared first place in this competition, winning \$3000. The money will assist in advancing this from a prototype into a fully functional model.

Funding was also allocated in the 2008-09 budget for the replacement of 60 manual patient beds with electric beds. 40 new beds were delivered in November 2008 and a further order for 20 was made in February 2009. JHC's manual bed replacement program is anticipated to be completed in 2010-11.

In October 2008, JHC was audited against the Ramsay National Audit Tool – Safety (RNAT-S). This is a national Ramsay Health initiative designed to ensure a minimum level of OSH performance is achieved. The RNAT-S audit is based on the Ramsay Health Care Workplace Safety Standards and Guidelines Manual released concurrently with this audit. JHC has developed an action plan following this audit that is reported on a quarterly basis.

In June 2009, JHC participated in the Heads of Workplace Safety Authorities of Australia (HWSA) 2008-09 national intervention and compliance campaign "Managing Aggressive Behaviour in Healthcare" audit. This audit was undertaken by Work Safe WA. No improvement notices or significant recommendations were received following this audit.

In January 2009, the OSH team introduced a new injury management kit and commenced the training of managers and team leaders in its use. The kit streamlines the injury management process. Additionally, injured staff now have the opportunity to meet with senior managers and executives to ensure an early, safe and supported return to the work environment.

In a challenging environment of increasing hospital activity and patient acuity, the Occupational Safety and Health Team continue to provide strong leadership and innovation.



### Occupational Therapy

In 2008-09 the Occupational Therapy department divided into smaller units: Medical / Surgical, Rehabilitation and Aged Care, and Hand and Upper Limb Rehabilitation. This has enabled us to focus on specific clinical skills, quality activities and service development for both the departmental and organisational requirements for specific treatment areas. Following on from strategic planning sessions, we developed management and operational goals for each unit. Throughout the year many quality activities assisted us in this process of change. We reviewed and further developed policies and procedures, case loads, case mix, therapy services and educational requirements for each area.

Review of case mix has enabled us to increase occupational therapist and assistant hours into the Medical / Surgical and Rehabilitation and Aged Care areas to increase both individual and group therapy sessions. Patients are now able to receive more individual training in activities of daily living. In addition to individual therapies, our elderly patients can access additional, newly formed rehabilitation group activities such as the breakfast, relaxation and discharge planning groups.

Another initiative during the year was the development of an occupational therapist acute stroke pathway. Used in conjunction with the hospital's multi-disciplinary clinical stroke pathway (which has been developed based on the National Stroke Foundation's guidelines), our pathway was formulated to provide further guidance to our staff to ensure a consistent and best practice approach to our treatment of stroke patients.

During the year we have continued to support and provide increased practical placements to occupational therapy students from Edith Cowan University and Curtin University.

In the coming year we will continue to review our service and identify new improvement opportunities so that our therapies are delivered in accordance with best practice and we are responsive to the needs of our patients as the service grows.

### Physiotherapy

It has been another exciting year with the team of 26 full-time and part-time physiotherapists providing services seven days a week to private and public patients of the campus.

In 2008-09, inpatient activity increased by almost 10% from the previous year with 37,388 occasions of service being provided. A further 6,293 outpatient occasions of services were provided by senior physiotherapists Kerry Feighan and Xander Van Rijen. Kerry and Xander both possess post-graduate qualifications in manipulative therapy and a combined total of 55-years experience in the physiotherapy profession.

During the year the department introduced a staffing structure which provided more support for the five new graduates who have joined the team. Our two inpatient senior physiotherapists Caroline Preston and Kelly Sheffield each supervised a number of staff and students to ensure our high standards of clinical practice were maintained.

JHC is highly regarded by the Schools of Physiotherapy at both Curtin University and Notre Dame University, with requests for additional clinical placements in the specialty areas of neurology and respiratory medicine. The staff responded positively to the experience of working with students and there is undoubtedly a positive benefit for patients who receive additional input into their recovery. The feedback from students indicated that JHC is one of their most enjoyable clinical placements. It was a great achievement to be able to provide over 6,000 hours of clinical supervision for the undergraduate students.

The department embraced a culture of continuing education and safe ethical practice with staff attending continuing education sessions and participating in working parties with universities, stroke workshops, intensive care courses and a Parkinson's disease seminar.

The physiotherapy department is committed to excellence and continues to play an integral role in the delivery of high quality patient care at Joondalup Health Campus.

Our focus is always the patient.

## Speech Pathology

2008-09 has been a fantastic year for development and continuous improvement of the Speech Pathology service at Joondalup Health Campus. The Speech Pathology team has expanded to enable it to continue to offer a comprehensive service to a larger number of patients in a timely manner.

Speech Pathologists continue to provide assessment and therapy services to patients with communication and swallowing impairments. The team of speech pathologists at JHC provide services to all public and private inpatients and aged care day therapy outpatients. Additionally, the team provides a private outpatient service for adult and paediatric patients. It also provides a comprehensive speech pathology service to patients at Glengarry Hospital.

In 2008-09, 4,768 occasions of service were provided to patients.

Speech Pathology continued to develop its paediatric feeding service which enables young babies and children with difficulties to have a comprehensive feeding assessment and follow-up treatment as either an inpatient or private outpatient. This has been a great improvement which now enables the local community to access these types of services closer to home in the northern suburbs. Staff members have continued to develop their skills in this area by attending relevant educational events and with ongoing support from Princess Margaret Hospital.

Speech Pathology was also provided with the exciting opportunity to participate in a trial project which enabled a multi-disciplinary allied health team to work within the Emergency Department. Funded by the Older Patient Initiative (OPI), this project provided the opportunity for emergency patients to receive early intervention by the speech pathologist, contributing to improved patient care.

JHC continues to support Curtin University students with undergraduate clinical placements throughout the year and looks forward to developing a similar relationship with Edith Cowan University who have recently introduced a Speech Pathology program at their Joondalup campus.

The Speech Pathology staff also provide training and education to nursing staff, catering staff and patient service attendants in the form of training sessions, workshops and self directed learning

packages to ensure that they have the necessary knowledge to effectively care for patients with swallowing and communication impairments.

The department continues to work closely with the dietetics and catering departments to ensure the hospital menu is modified to include appropriate options for patients with modified diet and fluid requirements secondary to dysphagia. In the past 12 months, JHC has introduced the use of pre-packaged thickened fluids which have been well received by patients as they receive a greater variety of drink flavours with improved taste. This is in addition to the improved safety benefits they provide.

## Dietetics

The Dietetics Department has had a busy year of growth and development. The department is comprised of nine staff, all of whom are Accredited Practising Dietitians (APDs) and 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 inpatients and outpatients on a wide range of conditions. Public outpatient services include antenatal, bariatric surgery, oncology and aged care. Private outpatient services extend to adult care, paediatric care and bariatric surgery. In 2008-09, our department provided 5,998 occasions of service, an 18% increase on the prior year.

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. The dietitians also provide special diet training to all catering and hotel services staff, and review menus and processes to ensure that the special dietary requirements of all patients are met by the hospital food service.

Some other major activities carried out by the department during the year include the development and review of the nutrition and dietetic clinical protocols, the supervision of Curtin University students undertaking their community and food service placement, three staff members provided guest clinical and management lectures, membership and input into the Edith Cowan



University Course Consultative Committee for the Masters of Dietetics that commences mid-2009, and presentation of the enteral feeding protocol and resources review at the State Dietetics Conference.

In addition, there is involvement and representation by the department for various special clinical interest groups and committees including the dietetic manager being involved as the WA representative for a National Home Enteral Nutrition (HEN) review committee, as well as being involved in the WA HEN Model of Care, through the Health Networks.

The department has embraced technology this year with a strategic planning day focusing on reducing waste and paperwork, increasing electronic records of statistics and data and improving efficiency. Finally, the highlight of the year was the successful relocation of the dietetics department into their new offices, which were refurbished to make the dietitians even more efficient, in a more comfortable environment.

### **Social Work**

2008-09 was another busy year for the Social Work Department with 19,306 occasions of service. This was a 15% increase on the previous year and the department was pleased to recruit new staff members during the year.

The social worker position in the emergency department, as part of the Older Patients Initiative (OPI) program, was extended with continued funding from the Council of Australian Governments (COAG). For patients over the age of 65 years (and 45 years old for Aboriginal and Torres Strait Islanders), who present to ED but do not need inpatient admission, this role continues to be highly effective

in ensuring that patients are discharged from ED in a timely manner with access to appropriate community resources and support. As the initial allied health OPI position for JHC's ED, the social worker managed to screen over 12% of patients in the target group who presented to ED. Of those patients who were screened, over 35% were discharged home directly from ED.

In May and June 2009, an after hours social work service was introduced in ED with funding provided by the Department of Health from the Friend in Need – Emergency (FINE) scheme. The seven week availability of weekend social work in ED proved successful. Continued funding for a weekend social work service is being sourced.

This year, the Social Work Department implemented the 'Carers Status Assessment' form in compliance with the Carers Recognition Act (2004). The Carer Status Assessment form is used to assess all carers of patients that are referred to the social work department. The form reviews carer responsibility and helps to identify areas of support needed to further assist carers in their role. The interview process in completing the Carer Status Assessment form gives social workers the opportunity to include and engage the carers in the patient's inpatient care, future care and discharge planning. This form, along with other social work forms will be evaluated and reviewed in the next year in an ongoing effort to further improve our practice.

The focus of training and education this year has been on the introduction of the electronic Aged Care Client Record (eACCR), along with some legislative changes as part of the Aged Care Assessment Program. Education on the legislative introduction in January 2009 of Mandatory

Reporting of Child Sexual Abuse for Western Australia was the other focus, with all social workers educated by attending workshops or information sessions provided by the Department of Child Protection.

As part of the Social Work Department's annual Family and Domestic Violence (FDV) Community Awareness Program, a display of relevant information and resources was made available to patients and visitors to the campus. Raising awareness of FDV aims to prevent and encourage early intervention to reduce the prevalence of FDV in our community.

#### **Compliance with the Carers Recognition Act 2004**

This legislation formally recognises carers as key partners in the delivery of care and provides a mechanism for carers to be recognised and supported in their crucial and often complex or difficult role of caring for another person. The Act is aimed at ensuring service providers recognise and respect the role of the carer (including their views and needs) when services are assessed, planned, delivered and reviewed for the person receiving the care.

The Social Work Department has undertaken a number of initiatives during the year to review and improve on our interaction with carers to ensure we meet their needs. The department has recently implemented a 'Carer Status Assessment' form. This form assists us to assess carer's coping abilities and support networks. This was an outcome after conducting a small qualitative survey looking at carers' perceptions of the discharge planning process where a social worker was involved. Although the survey highlighted the need for clearer formal evidence of information provided, as well as evidence of the level of involvement of the social workers with the carers, it did confirm carers' appreciation, value and the importance of social workers working with the carers.

Accompanying the 'Carer Status Assessment' form is the 'Social Work Assessment and Intervention Summary' form which requires the social workers to identify carers to involve them in the patient's care planning process. Both forms assist social workers to identify areas of support need for both patients and carers and engages carers in the patient's treatment and future care planning.



## After Hours GP Service

The Joondalup After Hours GP Clinic provides an important and reliable general practitioner service to our local community. The clinic is staffed by local GPs, most of whom also have commitments to their own GP clinics in the northern suburbs.

The clinic caters for patients who do not require urgent or emergency medical treatment in our Emergency Department but who cannot wait to be seen by their own general practitioner. The co-location of the AHGP clinic adjacent to the hospital Emergency Department allows patients the option to be seen by a GP if their condition doesn't require specialist emergency care. In 2008-09, the clinic saw 16,990 patients, a slight increase on the previous year.

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 care by offering bulk-billing for children under 16 as well as pension and concession card holders. In 2008-09, 73% of patients were bulk-billed.

In order to meet the demand for services by patients, the clinic has increased its clerical staffing levels during peak periods to ensure that the clinic runs more effectively and is better able to meet the needs of the patients presenting to the clinic.

Additionally, commencing in June 2009, the clinic began a trial of rostering two doctors on certain weeknight shifts. This was introduced primarily to reduce patient waiting times and to eliminate the need for early clinic closure due to large patient volumes. This has made a positive impact on patient waiting times and the number of patients seen in the short time that the trial has been running. JHC will evaluate the success of this trial and its continuation in the latter part of the year.

To ensure we continue to meet the needs of our growing local community, the Joondalup Health Campus will continue to work with clinic staff and patients to examine new initiatives and look at further opportunities that will allow us to improve our services for all patients seeking after hours GP treatment.

## Health Records Department

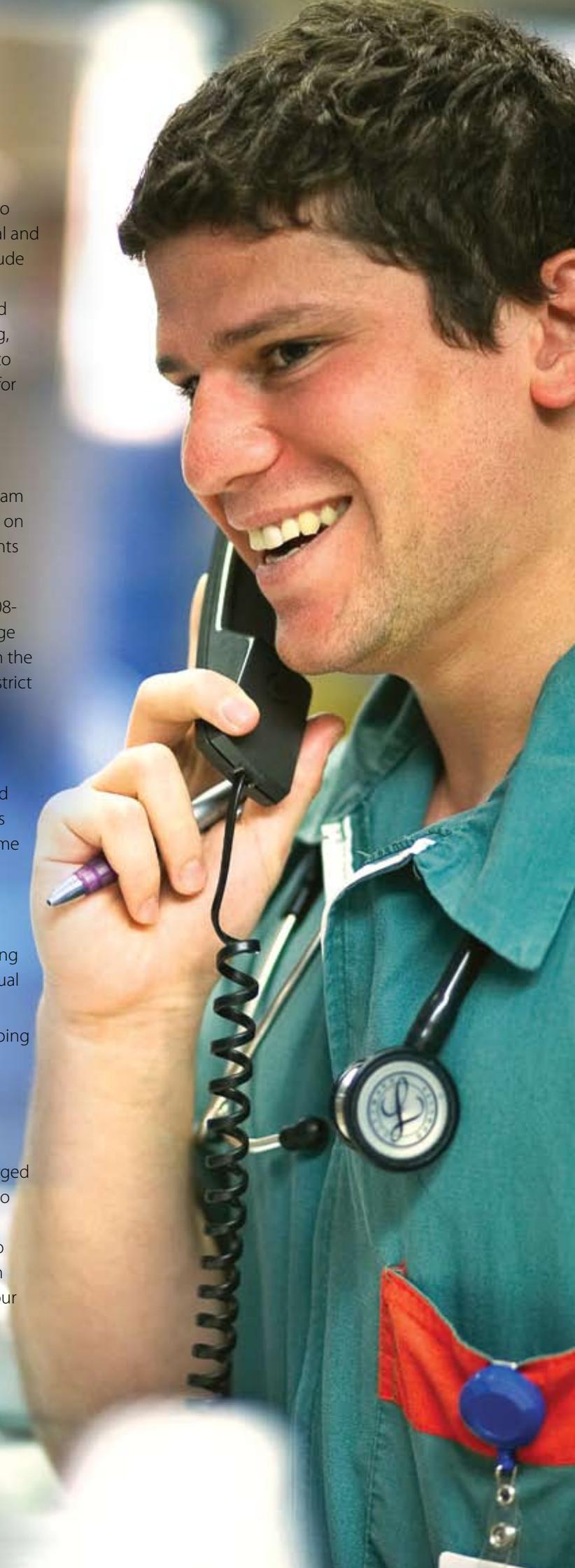
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The Health Record Department has continued to provide a large range of services to both internal and external customers. Some of these services include the provision of health records for emergency department attendances, admissions, clinics and clinical follow-up, medical typing, clinical coding, clinical forms review and redesign, responding to release of information requests, providing data for clinical and contractual management, resource planning and quality programs.

Increases in activity across all areas have meant that we have continued to utilise an effective team approach to meet the ever increasing demands on our department. Some of our many achievements include:

- With over 40,000 inpatient separations in 2008-09, our clinical coders embraced this challenge and coded all separations in accordance with the Australian clinical coding standards and our strict internal deadlines;
- Receiving over 24,000 internal phone calls to requests records;
- A 20% increase in freedom of information and privacy requests saw the department process over 700 applications within the legislated time frames;
- Over 2500 letters were typed;
- A 15% increase in diagnostic report and correspondence filing resulted in the staff filing over 80,000 pieces of loose filing into individual patient records;
- Staff sent over 500 faxes to clinicians for ongoing patient care; and
- Staff retrieved over 15,000 files for clinics.

In 2009-10 we hope to have successfully implemented an electronic discharge summary system that will ensure we have a typed discharged summary for every patient discharge. We are also eagerly awaiting the implementation of a new patient administration system which will help to modernise our current processes so that we can continue to provide an exceptional service for our ever growing health facility.



## Clinical Library

The library started the year with a remodel and a facelift. We now have a little less floor space but more functional areas, additional shelves and fresh décor. The refreshed environment has seen the library network in regular demand.

During the year the focus has been on department resources. The emergency department, a pioneer in this area, continues to be a work in progress. We were delighted to set up a library outpost in the Department of Anaesthesia. The model we devised has been embraced by anaesthesia, and was also adopted by the paediatric ward. We now have 'support staff' in three departments who can provide restricted borrowing of department texts to their own staff.

Changes weren't just physical. This year we have embraced the electronic library; last year's successful trials have evolved into a preference for the electronic format of our journals. Although this has deprived those who like browsing the shelves, it has allowed more immediate access to information by staff from remote locations, as well as from within the hospital. These also feed our updated 'current awareness' service, which continues to get compliments of appreciation from staff.

Consistent with our philosophy of taking our resources to staff, we added a webpage to the Emergency Department Online, centralising their access to the library resources. Recently, the library also assisted in creating a doctors' webpage on the intranet which focuses on providing immediate access to the primary clinical resources accessed on a daily basis. Over the next year we will continue to work with education and the staff development nurses to improve ways in which staff and new graduates can access and respond to our self-directed learning packages through the library web pages.

In the latter part of the year we trialled a new format of electronic books. This was well received and we hope to see the fruition of this initiative over the next six months. During this trial we found that our perspective was often quite different from that of staff who sat with us evaluating the texts. As a result we now have clinical staff within most specialties to provide valuable input to library developments and selections.

Lastly, we must recognise our volunteer Margaret Hayes for her invaluable support during the year. We thank her for her commitment to the challenge of both reorganising and stocktaking our journal shelves as well as providing support in other areas whenever requested.



'Over the next year we will continue to work with education and the staff development nurses to improve ways in which staff and new graduates can access and respond to our self-directed learning packages through the library web pages.'



## Pastoral Care

Pastoral Care is the art of hospital chaplains and an ancient model of emotional and spiritual support. It has been described in our modern context as individual and corporate patience in which trained chaplains actively listen to the personal stories of individuals in their pain, loss, anxiety, triumphs, joys and victories. Our chaplains and pastoral assistants are fortunate to be naturally blessed with the insight and spirit to fully express the values of the Ramsay Vision and "The Ramsay Way".

Pastoral care staff are dedicated to their task, offering 24-hour coverage every day of the year to support and accompany patients, families, hospital staff and visitors on their journey towards healing. They do this through personal awareness, a non-judgemental attitude, appraisal of wellbeing, personal rapport, spiritual counsel, and bedside ministry of prayer and ritual. As part of our holistic approach to quality patient care, we have established a wide referral source with hospitals, nursing homes, Carers Australia, and churches of all denominations.

This has been a tremendous year for achieving many of the goals we have set in order to raise the profile of Pastoral Care. This has been achieved through education sessions with clinical and administration staff, annual Pastoral Care Week, graduate tutorials and orientation of new employees. We have gained many valuable lessons in quality reporting and team building. We would like to thank those departments and staff who invited us to present our department to yours and for the hundreds of referrals throughout the year.

In December 2008 JHC and the pastoral care team said a fond farewell to Eric Lindbloom. Eric had shared the coordinator position with Elizabeth O'Neill for two years and although Eric is now enjoying a very busy semi-retirement, we are still fortunate to have Eric as the presenter / supervisor of a Clinical Pastoral Orientation programme (CPO) which is now in its second successful year. Additionally, Eric remains on staff as a casual weekend on-call Chaplain.

A new pastoral care assistant joined us in February 2009. Anne Rolley had been a member of the nursing staff at JHC for a number of years. Anne was successful in her application to join the CPO programme with Eric and then went on to further study at St John of God Hospital to complete a unit of Clinical Pastoral Education. Well done Anne and welcome to the team.

## Support Services

### Hotel Services

The Hotel Services Department looks after much of the general day-to-day efficient running of the hospital. The team consists of almost 100-employees who are ready and willing to help out wherever needed. The hotel services team comprises the following roles: orderlies, cleaners, bus drivers, patient services assistants, security staff, a worm farmer and after hours patient equipment officers.

As the health campus gets busier with ever increasing patient turnover, we are constantly reviewing our roles to improve our service delivery. Much of our work is driven by our extremely busy emergency department.

Recognising that we must strive to achieve best practice across a 24-hour, seven day a week facility, during the year we have reviewed some of our staff shift times. With the ever increasing theatre and hospital activity, this has allowed us to better service the demands of the campus and play a role in improved hospital turnover and efficiency.

During the year, we implemented a new system for auditing our cleaning. Initial findings from our audits have indicated an improved standard of cleanliness. This is despite a greater demand placed on our staff during periods where there is a greater incidence of infectious patients such as during the H1N1 pandemic.

Overcoming our staff parking shortfall has been ably assisted by our dedicated bus drivers Geoff and Sandy. They undertake staff bus runs between Arena Joondalup and the campus. As more staff are now taking advantage of this service, the drivers are averaging approximately 40 trips per day in our newly decorated hospital bus.

### Catering

2008-09 was another busy year for JHC's catering department which produced an average of 1,000 patient meals per day, in addition to producing hundreds of staff meals per day and catering to various meetings and functions.

JHC provides patients with a wide range of tasty and appetising meals ranging from soups to full and specific dietary needs. As JHC is a cook fresh establishment, the department keeps food items

as fresh as possible, rewarding patients with the goodness that fresh food has to offer.

During the year, the department made a number of changes and improvements to the menu to ensure patients, in particular long stay patients, enjoyed a wider variety and choice of meals and salads to make their hospital stay more enjoyable. A similar review was made of the staff dining room menu with significant improvements to the salad bar as well as revised menus.

A number of initiatives have been introduced to improve the efficiency of our service. These included the employment of additional part time and casual staff to reduce the reliance on agency usage for leave relief, the introduction of a 'decarboniser' into the pot washing area, greatly reducing the workload in this area, and the review of soft, pureed, minced and light diets to streamline meal preparation for chefs in the special orders section.

The catering department has also worked closely with the speech therapy department to introduce pre-made thickened fluids, which with the choice of flavours and range of thickness levels, has improved patient choice and satisfaction. The catering department continues to work closely with speech therapy and dietetics to improve our range and quality of menu options to suit patient needs.

In May 2009, the catering department again assisted in the coordination of the JHC event for 'Australia's Biggest Morning Tea'. The event which was hosted in the hospital foyer, was attended by over 300 people and raised over \$1,700 for the Cancer Council.





## Purchasing and Supply

2008-09 was a year of enormous change for the Supply Department with a number of key position changes, including the appointment of Manager Nathan Pierce.

A departmental review was conducted in conjunction with key internal customers which identified the need to recruit additional staff due to increased hospital activity. These changes have had a positive effect for the staff, allowing them more time to focus on their specific areas of responsibility. Our staff are liaising more closely with ward managers which has resulted in a more timely delivery of imprest items.

A review of many of our processes has had a positive impact on our business and operation so that we are better able to support the needs of hospital personnel to deliver timely and efficient clinical care.

## Marketing and Public Relations

In its inaugural year, Joondalup Health Campus' marketing and public relations department has established itself as a productive and valuable member of the hospital community. Principally responsible for developing a strong and consistent brand identity, the department also manages internal and external communications, and provides strategic advice to executive and senior management.

The year in review was dedicated to developing and implementing a fresh, vibrant branding strategy that positioned the hospital as a fully-integrated partner and leader within the City of Joondalup. Entitled 'Growing with You', the campaign firmly establishes the hospital's strong community roots. The hospital's redevelopment presents exciting opportunities for the new department as it guides and implements the direction of the hospital's branding and communication.

Shortly after inception, the department identified that internal communication would be bolstered with the introduction of a staff newsletter. To this end, ***Growing Together*** was launched in August 2008. This monthly publication showcases the achievements and successes of JHC staff and provides updates on hospital news and activities. It has been well received by hospital staff and is a great morale booster.

The marketing and public relations department also facilitated the development of the first ever JHC website. Prospective patients, visitors, staff and the wider community can now view online, a list of JHC specialists, specialties and services along with admission and discharge information.

As well as hospital marketing, JHC considers positive and active public relations paramount to the success of the hospital. The marketing manager deals with all media enquiries and also engages the media on any matters of public interest.

As the department is primarily responsible for coordinating hospital events, it was an extremely busy year. In November 2008 the hospital marked 10 years since the official commissioning of Joondalup Health Campus, formerly Wanneroo Hospital. In celebration of this important occasion the hospital hosted a series of events, the largest being a function held on November 7, 2008 in a marquee at Neil Hawkins Park, which was attended by hospital executives and management, doctors, stakeholders and dignitaries. This event celebrated the hospital's important milestone in style.

We also held a special 10 year anniversary event for staff members who had completed over 10 years' employment at JHC.

In January 2009, the State Government and Ramsay Health Care announced they would be investing \$320 million into redeveloping JHC, and in April 2009 the expanded \$10 million Mental Health Unit was opened. The marketing and public relations department organised the announcements and media kits, ensuring maximum community awareness of these significant events.

During the year, the marketing department has also coordinated the sponsorship of important community events such as the Activ Foundation's City to Surf, The Cancer Council's Biggest Morning Tea and Relay for Life. The department seeks to align JHC with organisations whose values mirror our own. Through these sponsorships, the hospital is able to donate much-needed funds towards charity organisations while reinforcing its position as a valuable contributor to the community.



growing with you



## Volunteers

The Companions of Joondalup Health Campus is approved as a 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 and annual emergency procedures competency. All volunteers must wear an identification badge and volunteer apron.

It has been a very interesting year with many challenges in delivering our regular commitments whilst accommodating many new requests from departments for assistance. We are regularly reviewing our activities to enable us to better meet the needs of the departments.

Over the past year there has been a reduction in our volunteer numbers due to relocation, sickness or return to paid work due to the economic climate.

Regardless, with the usual 20% of volunteers on leave at any time we are still managing to provide approximately 170 hours of service from 59 shifts per week.

Our contribution to the community has been rewarding this year. We managed to deliver 11 kilograms of aluminium can ring pulls with 17 knee rugs to the Kids with Wheelchairs program, and have knitted 70 pullovers for the South African or homeless children. We are currently completing blankets to be distributed to either homeless or women's refuge shelters.

The volunteers like to be busy and productive and welcome all new requests for assistance so that we can continue to contribute to the goals and services of JHC.

## Redevelopment Project Team

Stage one of the redevelopment of Joondalup Health Campus continues to gain momentum, with the mental health facility project completed and opened in April 2009. It is expected that construction for the remainder of stage one will commence during the fourth quarter of 2009.

The past year has been an extremely exciting and busy time for the project team who have engaged with user groups, architects, consultants and the North Metropolitan Area Health Service to finalise the design of new buildings and supporting infrastructure. Tender documents have been completed for the new central plant room and the northern car parks as well as detailed design finalised for the emergency department and the new three story ward block. Other areas currently in design include the new private hospital, operating suites, central sterilising department and ambulance depot.

Agreement as to JHC's role as part of the State Emergency Management Plan (Westplan) was reached during the year. There was a need to revisit plans to ensure that the level of service redundancy needed to enable the hospital to continue to operate

post disaster, was included in the hospital's design. This review of services provided an opportunity to incorporate additional systems that would not only ensure the hospital functioned in a post disaster environment, but would also deliver efficiencies with the day to day running of the hospital.

The team has also been in discussion with suppliers of new equipment and systems to ensure that equipment purchased to support the expanded services that will result from the redevelopment meets the needs of patients, staff and clinicians. Trials of clinical and non-clinical equipment will continue throughout the next 12-months.

The 2008-09 year has predominantly been the design and documentation phase of the project and the team believes that the time taken in finalising plans has been well spent and looks forward to seeing design become reality in the coming years.



## Key Personnel

Name	Title
Anderson, Graham	Catering Production Team Leader
Ashman, Martin	Engineering Team Leader
Askew, Alison	Clinical Nurse Manager – Theatre (CSSD & Endoscopy)
Baillie, Nicola	Service Improvement Manager
Brent, Marjorie	Clinical Nurse Manager – Cassia
Buck, Samantha	Dietetics Manager
Curtis, Anne	Clinical Nurse Manager – Medical & Oncology
Daly, Frances	Clinical Nurse Manager – Paediatrics
Dickens, Judy	Supervisor – Private Customer Services
Ewens, Bev	Clinical Nurse Manager – ICU / CCU & Renal
Farley, Angie	Clinical Nurse Manager – Maternal & Neonatal Services
Gatzonis, Lisa	Clinical Nurse Manager – Education & Research Unit
Goodrum, Belinda	Clinical Nurse Manager – Surgical & Orthopaedics
Gray, Shelley	Laundry Team Leader
Harnett, Eryl	Clinical Nurse Manager – Day Procedures
Hatcher, Ashlea	Marketing / Public Relations Coordinator
Hughes, Jenni	Health Information Manager
Legg, Fiona	Clinical Governance Unit Manager
Luong, Samantha	Social Work Manager
McDonald, Lara	Clinical Redesign Manager



Mews, Karen	Speech Pathology Manager
Morrey, Karen	Clinical Nurse Manager – Theatre (Recovery, Anaesthetics & Support)
Nation, Stephen	Risk Manager
Nelson, Lindy	Library Manager
Oliver, Doreen	Supervisor – Switchboard & Mail Room
O’Neil, Elizabeth	Pastoral Care Coordinator
Pierce, Nathan	Supply Manager
Polden, Narelle	Admissions Manager
Reimers, Anne	Hotel Services Manager
Rolfe, Geraldine	Clinical Nurse Manager – Mental Health Services
Smith, Karen	Supervisor – After Hours GP Service
Thorne, Beverly	Supervisor – Public Customer Service
Tran, Vanessa	Clinical Nurse Manager – Emergency
Walker, Janet	Clinical Nurse Manager – Special Care Nursery
Ward, Lynley	Physiotherapy Manager
Weeks, Karen	Payroll Manager
Wigham, Angela	Occupational Therapy Manager
Wilke, Jenni	Medical Administration Manager
Wisenthal, Ros	Medical Administration Manager
Young, Michelle	Clinical Nurse Manager - Rehabilitation & Aged Care





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