



ANNUAL REPORT
2009/2010



**growing with our
community to provide
excellent health care**

**84,962 public
patient days 66,515
emergency patients
43,136 patients
admitted 36,376
private patient days
17,659 after hours
GP consultations
16,933 procedures
completed 2,354
babies delivered**

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services

After-hours GP
Aged care and rehabilitation
Anaesthetics
Breast surgery
Cardiology
Critical care
Dietetics
Ear, nose and throat
Emergency medicine
Endocrine surgery
Endocrinology
Facio-maxillary
Fertility / IVF
Gastroenterology
General medicine
General surgery
Gynaecology
Haematology
Hepatobiliary and oncologic surgery
Infectious diseases
Intensive Care
Neonatology
Neurology
Neurosurgery
Obstetrics
Occupational therapy
Oncology
Ophthalmology
Orthopaedic surgery
Paediatric medicine
Paediatric surgery
Pain management
Palliative care
Pathology*
Physiotherapy
Plastic and reconstructive surgery
Psychiatry
Renal dialysis
Radiology**
Respiratory
Rheumatology
Social work
Speech therapy
Urology
Vascular surgery

**Pathology services are delivered in partnership with Western Diagnostic Pathology.*

***Radiology services are delivered in partnership with Perth Radiological Clinic.*



Joondalup Health Campus (JHC) is the largest hospital in Perth's northern suburbs. The hospital's 1,900 staff deliver a comprehensive range of general hospital services to public and private patients.

There were over 150,000 patient attendances at the hospital in 2009-10. JHC is fully accredited by the Australian Council on Healthcare Standards.

A \$393m expansion program now underway will see the facility double in size by 2013 with extensive new facilities for public and private patients.

JHC was established in June 1996 when the Western Australian Government appointed Health Care of Australia to operate the then Wanneroo public hospital and transform it into a modern health campus.

The current operator of JHC is Ramsay Health Care – Australia's largest private hospital provider. In Western Australia, Ramsay Health Care also operates Hollywood Private Hospital, Attadale Private Hospital and Glengarry Private Hospital.

Ramsay Health Care holds a 20-year contract to provide a range of public services on behalf of the Western Australian Government. The contractual agreement 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 these standards are met. The contract also allows the operator to provide private health care services on the campus.

Each year, the Department of Health appoints independent auditors to review coding, invoicing, activity, quality, reporting and administration at the hospital. JHC has received an 'A' rating for each of the past four years including 2009-10.

welcome

KEMPTON COWAN
CHIEF EXECUTIVE OFFICER

The past year has been a momentous one for Joondalup Health Campus.

Thirty years after the original Wanneroo Public Hospital opened on this site, work started on the biggest redevelopment in the hospital's history.

The \$393m redevelopment will transform the campus and deliver a significantly expanded medical facility which will be of enormous benefit to the local community – one of the fastest growing regions of Australia – for generations to come.

It has taken many years of negotiation and planning to get to this point and I would like to acknowledge the support of successive State Governments, the Department of Health and Ramsay Health Care executives who all share my vision for this hospital.

As with previous years, we continued to see record demand for services. This was compounded by the emergence and spread of Human Swine Flu H1N1. Staff at JHC screened more people for H1N1 than any other hospital in WA. They responded terrifically to this rapidly evolving challenge and I am proud to be part of their team.

I believe organisations that stand still go backwards. We strive to continuously improve the way we work for the benefit of patients. In 2009, we volunteered to be part of the State Government's Four Hour Rule Program. I believe this program is right for patients and staff. We are committed to ensuring our patients do not face excessive waits for emergency treatment. I look forward to seeing positive results from this program as it progresses over the next two years.

We implemented a program to improve our culture and the leadership skills of our managers. We are embarking on a journey of unparalleled growth. This program will ensure we have the attitudes and skills needed to continue to provide excellent care to an even greater number of patients.

Our team will continue to grow as we expand. I would like to take this opportunity to welcome all those who joined our team during the past year. I would also like to acknowledge the contribution of our existing staff. It gave me great pleasure to formally recognise long-serving colleagues at our inaugural Loyalty Awards recently including a small group of individuals who have worked at the hospital for the past 30 years.

JHC IS ONE OF THE BIGGEST EMPLOYERS IN THE LOCAL AREA AND WE PRIDE OURSELVES ON BEING PART OF THIS VIBRANT AND DYNAMIC COMMUNITY.

Some 85 per cent of staff live locally. We are committed to giving back and supporting our community. In 2009-10, we contributed over \$100,000 to support community events. I would like to thank the members of our Community Board of Advice for their valuable input and advice over the past year.

We are entering an exciting period in our history. We have much to do and much to look forward to.





medical director's report

DR RICHARD SAKER

The medical workforce has expanded significantly during 2009-10. The appointment of 18 additional consultants has facilitated the introduction of new services and the expansion of others.

At the time of writing, there are 178 doctors plus more than 300 accredited Visiting Medical Officers.

The junior doctor training program, which commenced in January 2009, goes from strength to strength. Twenty three medical interns worked at JHC on secondment during 2009-10. They are supported by an excellent Postgraduate Medical Education team comprising Dr Stephen Richards, Dr Yuresh Naidoo and Dr Richard Shelley. A number of interns were recognised for their outstanding contribution.

The Medical Administration team led by Jenni Wilke and Ros Wisenthal continues to do a tremendous job in looking after the day to day needs of junior doctors and consultants.

Across the hospital, many medical teams have performed outstandingly during the course of the year. The Emergency Department under the leadership of Dr Simon Wood responded terrifically to the H1N1 Influenza outbreak.

The psychiatry team treated 50 per cent more patients compared with the previous 12 months while enabling many patients to leave hospital earlier by reducing length of stay. Congratulations to Dr Mark McAndrew and his team for their sterling efforts.

The general surgery department is being restructured. A new consultant-led model will be introduced next year. I welcome Mr Hannes Basson as the new Head of Department of General Surgery and thank Mr James Aitken for his contribution in the role. Mr Greg Dorfman has now assumed the role of Supervisor of General Surgery Trainees.

Fiona Legg was appointed manager of the Clinical Governance Unit further enhancing our efforts to ensure safety and quality of care are at the forefront.

Doctors on the JHC Heads of Department Medical Advisory Committee provided valuable support and input on a raft of new policies and initiatives during the year. Their contribution is most appreciated.

I would like to thank Dr Michael Veltman, Director of Anaesthesia, who assisted as Acting Director of Medical Services at various points during the year. I also wish to acknowledge the enormous support from my Personal Assistant Catherine Jaap over the course of what has been a very busy 12 months.

With the support of this terrific team, I look back on the last year with a sense of achievement and look forward to the next 12 months.





Medical appointments in 2009-10

- Dr Stewart Allen, Anaesthetist
- Dr Patty Adams, Obstetrician & Gynaecologist
- Dr Alan Gault, Emergency Physician
- Dr David Hawkins, Director of Critical Care
- Dr Warwick Howe, General Physician and Endocrinologist
- Dr Althea MaGee, Obstetrician and Gynaecologist
- Mr Vara Mukundala, Orthopaedic Surgeon
- Mr Hanh Nguyen, Plastic Surgeon
- Dr Robert Petanceski, Orthopaedic Surgeon
- Professor Julie Quinlivan, Obstetrician & Gynaecologist
- Dr Gobalakrishnan Rajan, Anaesthetist
- Dr Michael Richardson, Emergency Physician
- Dr Margareta Roeck, Intensive Care Specialist
- Mr Simon Ryan, General and Endocrine Surgeon
- Mr Andrew Tan, Urologist
- Dr Luke Torre, Anaesthetist
- Dr Amatul Uzma, Psychiatrist
- Dr Eric Visser, Anaesthetist & Pain Specialist
- Dr Sing Wui Tie, Paediatrician

director of nursing and midwifery's report

SHANE COMBS

This year saw us continue to build upon our improvements in several areas. Firstly, we appointed Fiona Legg as Manager Clinical Governance (Safety and Quality). Fiona has worked at JHC for 10 years in a variety of roles including After Hours Clinical Nurse Consultant and Clinical Incident Manager. Passionate about improving patient safety, Fiona is undertaking her Master of Clinical Governance. It was very pleasing that out of a highly competitive field, Fiona, one of our own staff, was successful.

I continue to represent JHC at the RHC National CGU and it is pleasing to report that we are amongst the company's leading hospitals when it comes to initiatives to improve patient safety, especially in maternity services and with the Medical Emergency Team (MET).

The Nursing & Midwifery Research Unit, led by Director Dr Rose Chapman and assisted by Dr Ravani Chetty, continues to develop nursing and midwifery staff to undertake research projects to improve patient care. In 2010, Rose initiated the inaugural Clinical Scholars Program which selected nursing and midwifery staff to attend a series of formal lectures on qualitative and quantitative research. These staff were also required to develop a research proposal – this program will be completed in 2011.

I continue to represent JHC on two external organisation committees. I remain Deputy Chair of the WA Clinical Senate, an independent organisation of 80 rural and city health care professionals which directly advises the Director General of Health. In November 2009, I chaired the Clinical Senate debate on Improving Men's Health. In addition, I chair the ECU Nursing & Midwifery Consultative Committee.

In March 2010, I was privileged to be selected to attend the University of Pennsylvania Johnson & Johnson Fellowship for Nurse Executives. In addition, I won the Australian J&J Scholarship which covered airfares, tuition and daily expenses. I attended in June 2010 for three weeks. It was a marvellous experience and allowed me to develop my financial and leadership skills and develop networks with colleagues from USA and Canada. J&J also funded our CEO Kempton Cowan to attend for the final week to assist in my leadership development.

2009/10 was another great year for Nursing and Midwifery services at JHC. We are blessed to have such a committed Nursing and Midwifery Executive and Clinical Management team.





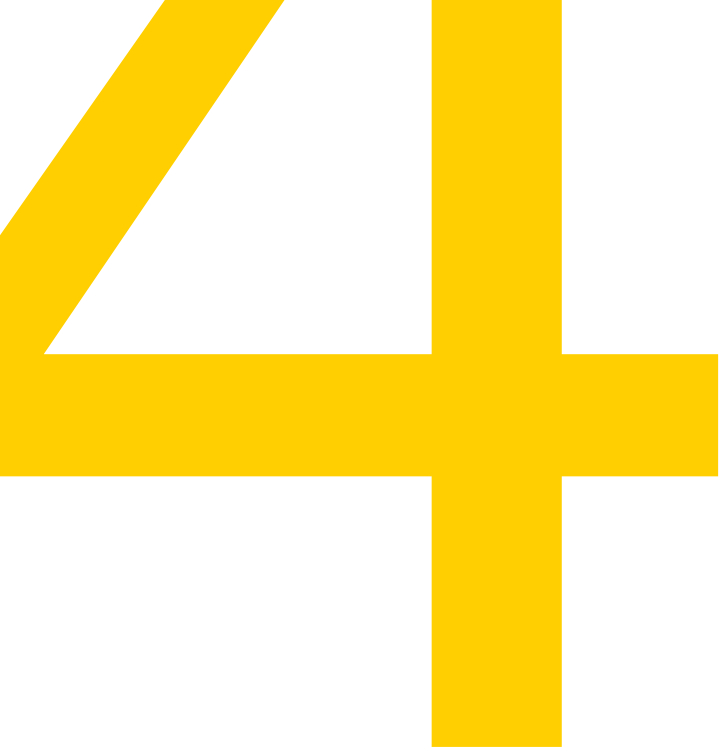
putting patients first

Staff at JHC are committed to ensuring patients are our number one priority. A range of initiatives were implemented during 2009-10 aimed at improving patient care and patients' experience.

- A new patient information system Meditech was rolled out across the hospital.
 - A new position of rapid discharge planner was introduced to work with ward staff to help patients to leave hospital as soon as they are able to.
 - A discharge lounge opened on the ground floor of the main building to accommodate inpatients who have been discharged from wards but are waiting to leave the hospital. This has helped to free up beds for incoming patients.
 - The process for admitting emergency patients to a ward has been streamlined, reducing waiting times for patients.
 - Staff use a new checklist when discharging patients to care facilities to ensure they have everything they need including medication, which has helped to minimise delays for patients.
 - Regular meetings are now held with local care facility staff to ensure the hospital is meeting their needs.
 - A 'Stay on your feet' education program for staff was rolled out to reduce patient falls.
 - Communication boards were installed on wards allowing nurses, pharmacy and stores staff to leave messages for one another reducing the time spent on repeated phone calls.
 - The After Hours GP Clinic relocated from inside the Emergency Department to the main hospital entrance improving access for patients.
 - A patient information DVD – available on the inpatient television network and on television sets in the main foyer and hospital website – tells patients everything they need to know about attending the hospital.
 - A multicultural and disability committee was established to provide a forum for discussion of issues affecting people with disabilities and those from ethnic minorities.
 - An internal information campaign was launched to promote the hospital's consumer liaison service and the rights and obligations of patients, consumers, carers and families under the Australian Charter of Healthcare Rights.
 - A formal questionnaire is used by staff to identify which patient care tasks carers would like to participate in.
 - A new waiting room for patients undergoing endoscopy opened.
 - A 'Loss of Loved One' brochure was produced by the Pastoral Care Department to provide practical advice and information to bereaved relatives.
 - Reception areas have more staff and are open longer – staff deal with an average of 320 enquiries each day.
 - A change machine was installed in the main foyer for visitors using on-site car parks.
 - New information leaflets and maps inform patients and visitors about car parking and public transport options.
- Patients and visitors are encouraged to provide feedback on their experience at JHC. Patient feedback cards are provided to all inpatients and are reviewed daily.
- Data is collated quarterly and is used to identify opportunities for improvement. Overall, the patient feedback comments continue to demonstrate patient perception of staff at JHC as professional, friendly, caring and helpful.
- Patient views are also obtained through the WA Department of Health's annual patient satisfaction survey and Ramsay Health Care's annual patient satisfaction survey.







four hour rule program

In 2009, JHC volunteered to participate in the State Government's Four Hour Rule program.

The program aims to ensure patients are only in hospital including in the emergency department as long as necessary. Western Australia is the first State to implement the program which is based on a successful UK strategy.

JHC is among the second wave of metropolitan hospitals taking part. The program aims for 85 per cent of emergency patients to be admitted, transferred or discharged within four hours by October 2011.

The project will take two years to implement. The first 12 months are spent analysing existing hospital processes with a view to identifying steps to improve the way staff manage patients. The second 12 months are spent implementing those changes with a view to achieving the target.

The project team is using Lean Thinking and Six Sigma business management tools to analyse and redesign the way patients are managed from the time they arrive at the emergency department to the moment they leave. During 2009-10, over 500 staff, patients and external stakeholders participated in workshops.





growing
with our
community





Joondalup Health Campus Redevelopment Stage One
Aerial perspective of site looking North-East

Health Minister Dr Kim Hames and Ramsay Health Care Chairman Paul Ramsay performed the ceremonial turning of the sod on 9 November 2009 to mark the start of the \$393m redevelopment of Joondalup Health Campus.

The four-year expansion program will ensure more people living in Perth's northern corridor can receive care at JHC instead of having to travel to other hospitals in the city.

The Campus is set to double in size by 2013 with extensive new facilities for public and private patients. An expanded public mental health unit with 42 beds opened in April 2009 as part of the early construction phase.

The State Government is investing \$229.8m to fund:

- A 61 per cent increase in public beds – 280 to 451 public beds in 2013
- 11 new operating theatres replacing the existing six
- An expanded 25-bed critical care unit
- An expanded 16-bed Level II Special Care Nursery
- A new St John Ambulance depot

- A new child care centre
- Significant new plant and equipment to service the expanded campus
- Additional car parking for patients, visitors and staff.

Ramsay Health Care is investing a further \$163.2m which will fund a new 145-bed private hospital and a new specialist medical centre, both opening in 2013. It is the biggest investment by Ramsay Health Care at a single hospital site. John Holland was appointed to manage the construction program in August 2009. The redevelopment is progressing on schedule.

The new emergency department and a new ward block with 55 additional public inpatient beds will open in early 2011. The new emergency department is three times the size of the existing facility with 86 per cent more patient bays – 56 compared to 30 at present.

The new ward block will have 51 bright and spacious single rooms each with en-suite bathrooms including 10 with private courtyards and two double-bed rooms. It will accommodate public aged care, rehabilitation and surgical patients.

Expanding services

JHC is one of four hospitals in the Perth metropolitan area designated by the Department of Health to provide general hospital services to public patients.

General hospitals provide the vast majority of clinical services required by most patients. They are supported by tertiary hospitals which focus on providing care to the sickest patients.

The range and breadth of hospital services available at JHC has been steadily expanding in recent years as part of the Department of Health's program to enable more patients to be cared for at their local hospital.

**working
with our
community**



Community involvement

Many members of the local community volunteer their time at JHC. The Companions of Joondalup Health Campus is a not-for-profit organisation providing volunteer support across the hospital.

All volunteers are required to provide police and working with children clearance certificates. They can be clearly identified by their t-shirts and badges.

In 2009-10, the organisation had 56 volunteers including 11 who committed to two shifts or more per week. Together, the volunteers donate on average 133 hours of their time each week assisting on wards and other areas.

Community Board of Advice

The Community Board of Advice oversees the operation of JHC. Its members, who met five times during 2009-10, review services to patients and provide advice and feedback to hospital management.

Members

Mr John Croser

Chairman

JHC clinical representative

Mr Albert Jacob MLA

Deputy chairman

State Government representative

Cr Kerry Hollywood

City of Joondalup

Cr Tracey Roberts

City of Wanneroo

Mr Tony O’Gorman MLA

Community representative

Mr Neville Lane

Health Consumers Council

Mr Tony Dolan

Department of Health

Ms Alessandra D’Amico

Community representative

Ms Nadia Maiolo

Community youth representative

Mr Tony Geddes

Orthopaedic surgeon

JHC clinical representative

Rev Elizabeth O’Neil

Pastoral Care

JHC representative

Mr Glen Power

Deputy Chief Executive Officer

JHC Executive

Mr Shane Combs

Director of Nursing

JHC Executive

Mrs Linda Tough


Personal Assistant to JHC

Chief Executive Officer

Minutes secretary

education
and
research





The Education and Research Unit aims 'to provide excellence in education and research by fostering, supporting and maintaining a positive learning culture throughout the organisation.'

Staff analyse the learning needs of colleagues and provide a range of programs to meet these needs. These range from the hospital's comprehensive orientation and mandatory training programs through to advanced clinical skill programs. Clinical enhancement programs are also offered to nurses wishing to expand their skills in emergency, critical care, perioperative care, mental health and paediatrics.

The team includes staff educators with extensive industry knowledge in both clinical and non-clinical roles. The central education team is supported by a network of staff development nurses who work in clinical areas providing education to frontline colleagues.

Nursing and midwifery research consultants promote research in clinical areas. Nurses are actively encouraged to publish research findings. The Clinical Scholar program provides staff with research support and training. Ten staff from the Emergency Department, Intensive Care Unit, Theatre, Education, Restorative and Maternity units participated in the 12-month program in 2009-10. At least six projects will be published or presented at conferences.

The unit also assists staff to access external education. During 2009-10, there were 2,373 hours of study leave were granted to staff.

Staff also support employment pathways for new nurses and undergraduate nursing students.

There were 474 undergraduate nursing student placements during the year. The program is now expanding following a grant from the Federal Government. JHC has been selected as a pilot site to expand training places by increasing opportunities to work at night.

In February 2010, 26 registered nurses completed the hospital's general graduate program. Of these, 23 continued to work at JHC. An additional 23 registered nurse graduates commenced their program. In March 2010, eight enrolled nurses completed their graduate program and all continued employment at JHC. An additional eight enrolled nurses commenced their training. JHC also supports a number of nursing students through Postgraduate Certificate, Diploma and Masters level studies.

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. Work experience for high school and structured workplace learning students is also encouraged.



human research ethics committee

The JHC 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 19 research applications in the 2009-10 year and five applications for audits and quality improvement projects. Applications included studies evaluating the efficacy of current clinical processes, programs and services ascertaining the frequency and prevalence of particular conditions, diseases and syndromes; assessing staff and patient attitudes toward various aspects of hospital experience and care; and investigating the effects of exposure to both allergens and potentially toxic substances.



Members of the HREC as at 30 June 2010 were:

Member	Role on committee	Professional background
Dr Michael Anderson	Chairman*	Retired Lawyer, Social Worker
Mary Ferrier	Institutional representative; knowledge of/current experience in professional care, counselling or treatment*	Deputy Director of Nursing
Ann Hammer	Executive Officer	Nurse, Psychologist, Health Administrator
Eric Lindbloom	Lay member (male)	Retired Hospital Chaplain
Dr Peter Melvill-Smith	Knowledge of/current experience in professional care, counselling or treatment;	Psychiatrist
Melanie Naylor	Lawyer*	Lawyer
Elizabeth O'Neill	Minister of Religion or equivalent*	Hospital Chaplain
Dr Brad Power	Knowledge of/current experience in professional care, counselling or treatment; knowledge of, and current experience in the areas of research regularly considered by the HREC*	Intensive Care Physician
Geraldine Rolfe	Institutional representative, knowledge of/current experience in professional care, counselling or treatment	Nurse Manager, Mental Health Unit
Stuart Shephard	Lay member (male)*	Lawyer
Leanne Wood	Lay member (female)*	Psychologist / Human Resources Professional

*Membership roles required by National Statement

table of research papers

2009	Conference	Presentation/Paper Title	Presenter/Author/s
May	WA Faculty for Emergency Medicine Annual Scientific Meeting 2009	Nurse Practitioners: How do they fit into the scheme of things	Nicholson,B
	Health Consumers Council Public Forum	Nurse Practitioners: the role and the future	Nicholson,B
September	19th Annual The MHS Conference 3rd WA Transcultural Mental Health Conference 1st Australasian Refugee Health conference Perth	Family Friendly Awareness; Journey of an Adult Mental Health Unit	Barnes D, Pinnell A.
October	6th European Congress on violence in clinical psychiatry Stockholm Sweden	"The consequences of workplace violence directed at nurses working in a non-tertiary hospital"	Chapman, R; Perry, L;Styles; & Combs, S
April	29th Annual Scientific Meeting of the Australian Pain Society "The Pain Continuum-Making pain history. Sydney	Frame analysis of persistent pain and loss of limb function	Lison-Pick,M ; Pick,D.
October	7th International Conference for Emergency Nurses (CENA), Gold Coast October 2009.	3 streams are better	Tran,V
	7th International Conference for Emergency Nurses (CENA), Gold Coast October 2009.	Nurturing within Emergency	Ogborne,S
	7th International Conference for Emergency Nurses (CENA), Gold Coast October 2009.	The causes of workplace violence among nurses working in a non-tertiary setting: An ecological approach	Chapman, R; Perry, L;Styles; & Combs, S
July	Winter Sunshine Symposium, Technology Park, Bentley WA	Normalising ECT as a treatment option for patients and their family	Barnes Danielle
	Publication		
	British Journal of Nursing, 18, (20), 1256-1261	The consequences of workplace violence directed at nurses working in a non-tertiary hospital.	Chapman, R, Styles, I, Perry, L & Combs, S (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)



2010	Conference	Presentation/Paper Title	Presenter/Author/s
October	Trinity College Dublin	Exploration of the Emergency Department healthcare providers towards family witnessed resuscitation at a metropolitan hospital in Perth	Bushby A; Chapman R & Combs S
	Publication		
	Journal of Clinical Nursing, 19, 479-488	Examining the characteristics of workplace violence in one non-tertiary hospital.	Chapman, R, Perry, L, Styles, I & Combs, S
	International Journal of Mental Health Nursing, 19 (3), 186-194	Nurses' experience of adjusting to workplace violence: A theory of adaptation.	Chapman, R, Styles, I, Perry, L, & Combs, S (2010)
	Journal of Clinical Nursing (Manuscript in review)	Nursing and medical students' attitudes, knowledge and beliefs regarding lesbian, gay, bisexual and transgender parents seeking health care for their children	Chapman, R., Watkins, R., Zappia, T., Nicols, P & Shields, L
	Journal of Clinical Nursing (In Press)	Secondary Hospital health professionals' attitudes to lesbian, gay, bisexual and transgender parents seeking health care for their children	Chapman, R., Watkins, R., Zappia, T., Combs, S & Shields, L
	Journal of Clinical Nursing (Manuscript in review)	A descriptive study describing the experiences of lesbian, gay, bisexual, transgender parents accessing health services for their children	Chapman, R., Wardrop, J., Zappia, T., Watkins, R., & Shields L
	Manuscript in review	Lesbian, gay, bisexual, transgender parents accessing health services for their children: A systematic review of the literature	Chapman, R., Wardrop, J., Zappia, T., Watkins, R., & Shields L
	Manuscript in review	An essay about health professionals attitudes to lesbian, gay, bisexual and transgender parents seeking health care for their children	Chapman, R., Wardrop, J., Zappia, T., Watkins, R., & Shields L
	Journal of Clinical Nursing (Manuscript in review)	The experiences of Australian lesbian couples: deciding, conceiving and birthing	Chapman, R., Wardrop, J., Zappia, T., Watkins, R., & Shields L

allied health services

Dietetics

The hospital's 12 dietitians provided 7,660 occasions of service during 2009-10 – a 28 per cent increase on the previous 12 months. Dietitians offer nutrition advice to public and private patients and children as well as adults. They are all Accredited Practising Dietitians and registered with the Dietitians Association of Australia.

In 2009-10, the dietitians introduced a new allergy and intolerance outpatient clinic for children enabling local families to receive care at JHC instead of having to travel into the city. Services for elderly patients and pregnant women were expanded. Dietitians also work with the Emergency Department's Care Coordination Team helping at-risk patients to stay out of hospital. Their Home Enteral Nutrition system was rolled out to patients requiring oral nutritional supplements or tube feeding at home.

The department provides advice to the hospital's catering department and reviews menus to ensure the special dietary requirements of patients are met. Education is also provided to nursing and other staff.

Undergraduate students from Curtin University undergo clinical placement in the department. The department has also developed a similar relationship with Edith Cowan University, who have recently started a Dietetics program, and the first placements will occur at the start of 2011.

Occupational therapy

Occupational therapists performed 24,540 occasions of service in 2009-10 – an increase of 16 per cent on the previous 12 months.

In January 2010, OTs commenced in the Care Coordination Team in the Emergency department.

During the year, OTs have been instrumental in improving the patient journey from their attendance at the Emergency Department through to their discharge, through the implementation of further evidenced based activities.

An evaluation of the newly formed OT groups in the Aged Care clinical area confirmed very positive outcomes for the patients, particularly within "Falls prevention" and "Discharge planning" programs.

The previous year's restructure of the department into clinical units has enhanced the provision of quality education and training activities to all staff. The development programmes and clinical pathway for new or recently graduated OTs continued to provide in-depth clinical and professional training guidelines in line with the National Standards of Occupational Therapy Practice. This fits in well with the professional and clinical goals set by all staff in accordance with the Performance Management process. Additionally, we have been integral in the provision of extra training to other disciplines in the organisation, external community groups and university facilities. Several staff has been involved in the provision of lectures, examinations and the Consultative Committee for The Occupational Therapy Graduate and Masters Course at Edith Cowan University.

Physiotherapy

The hospital's 35 physiotherapists performed 42,156 occasions of service to inpatients and 7,064 occasions of service to outpatients in 2009-10 – a 13 per cent increase on the previous 12 months.

Physiotherapists work alongside nurses, doctors and other allied health professionals as part of the hospital's multi-disciplinary team treating public and private patients. They are involved in a patient's care from admission through to discharge and follow-up providing assessment, advice, treatment and exercise programs. Physiotherapists are also part of the Emergency Department's Care Coordination Team.

Undergraduate physiotherapy students from Curtin, Edith Cowan and Notre Dame universities undergo clinical placement within the department. In 2009-10, staff provided 5,586 hours to students. Five recent graduates joined the team in 2009-10.

Social work

Social workers delivered 22,715 occasions of service in 2009-10 – an 18 per cent increase on the previous 12 months.

Social workers assess patients' and their carers' needs while in hospital with a view to enabling them to return home as soon as they are able to. A social worker is also part of the Emergency Department's Care Coordination Team.

In accordance with the Carer Recognition Act 2005, social workers assess all patients with carers to ensure carers are receiving appropriate support. The Carers Advisory Council of WA commended the department's work in this area in its 2009 report.

In 2009-10, social workers helped 118 patients to obtain the support they need to leave hospital as part of the State Government's Friend In Need – Emergency (FINE) program.

In mid 2009, the department fully integrated into the new electronic Aged Care Client record (eACCR) system for all Aged Care assessment and approvals. The eACCR system has improved the accuracy and quality of assessments and it has also reduced administration time with less record handling and management.

In early 2010, the State Government made amendments to the Consent to Medical Treatment Act of 2008 with the introduction of Advanced Health Directives and Enduring Powers of Guardianship legislation. All social workers attended training and education on the new legislation in order to better assist and guide patients in this area.

Speech pathology

Speech pathologists delivered 5,232 occasions of service to public and private patients in 2009-10.

Speech pathologists assess and treat children and adults with communication and swallowing impairments. They are also part of the Emergency Department's Care Coordination Team.

The department's paediatric feeding service was expanded to enable children from the local community with feeding problems to be assessed and treated at JHC. Speech pathologists educate nursing staff and students, catering staff and patient service attendants on how to deal with patients with communication and swallowing impairments. They also work with dietitians and catering departments to ensure the hospital menu includes appropriate options for patients with these conditions.

The department runs a successful clinical placement program for undergraduate speech pathology students from Curtin and Edith Cowan universities.

emergency and critical care

Emergency Department

The Emergency Department is among the busiest in Western Australia. There were 66,515 presentations in 2009-10 – an increase of six per cent on 2008-09.

The Emergency Department was originally designed to cater for 25,000 patients annually. While there has been some expansion over the years, the department is too small to accommodate the 182 patients presenting each day.

Construction has started on a new Emergency Department. The new facility, scheduled to open in 2011, will be almost three times the size of the existing department with 86 per cent more patient bays – 56 compared with 30 at present. It will have separate dedicated waiting and treatment areas for adults and children for the first time.

Despite the size constraints in the existing department, the median waiting time for patients is in line with those of other busy emergency departments in the metropolitan area.

The vast majority of patients who present at the emergency department can be treated by staff. Just one per cent was transferred to other hospitals in 2009-10.

Critical Care

Almost 1,700 patients were admitted to the Critical Care Department in 2009-10 with staff increasingly treating patients with more complex conditions.

The department comprises 14 beds across three units - Coronary Care, Intensive Care and Nurse Specials. These units will be integrated into a new 25-bed Critical Care Unit which is set to open in 2012. In preparation for the move, nursing staff now rotate through each unit ensuring they have the skills to treat all patients.

The department is participating in a national audit of Medical Emergency Team outcomes and in an international trial of early goal directed therapy in sepsis.

New appointments during 2009-10 included Dr David Hawkins as Director of Critical Care, Dr Margareta Roeck as Consultant Intensivist, Lisa Self as Clinical Nurse Specialist and Tor Derby as Staff Development Nurse.

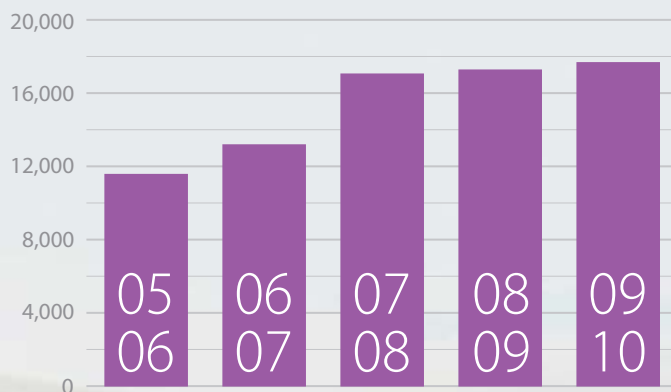
After Hours GP Clinic

A total of 17,659 patients presented at the hospital's After Hours GP Clinic during 2009-10 – a four per cent increase on the previous 12 months.

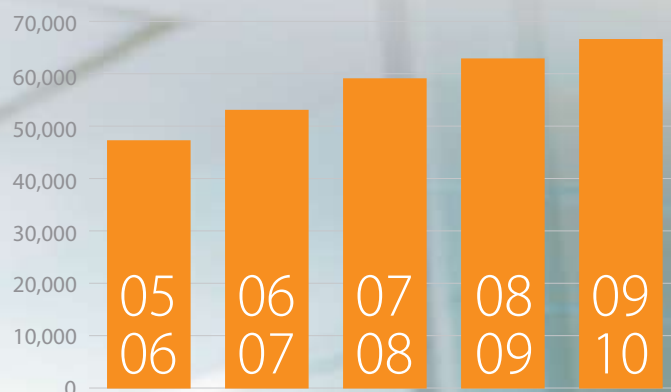
The clinic operates from 7pm to 11pm on weekdays and between 11am and 11pm on weekends and public holidays. The clinic is staffed by local GPs. It is part-funded by the Department of Health.

During 2009-10, the clinic increased its GP staffing levels to meet growing demand for services and to minimise waiting times for patients.

After hours GP activity



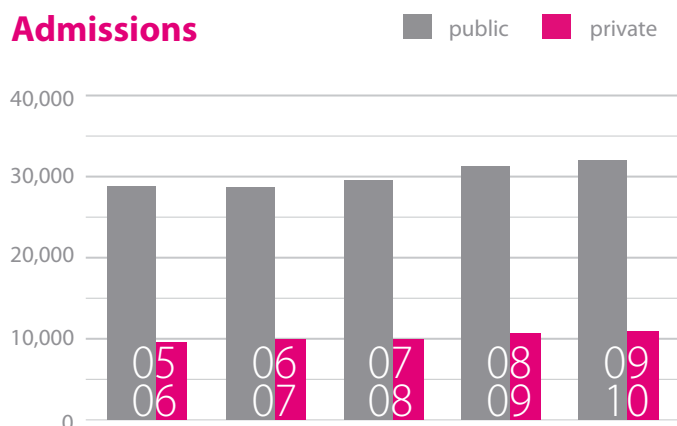
ED presentations



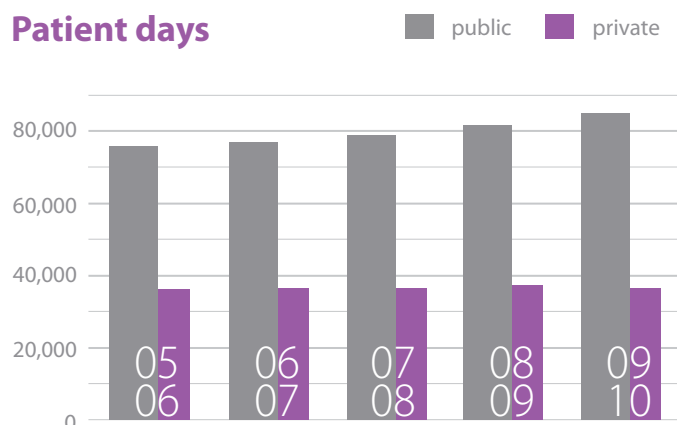
**medical
services**



Admissions



Patient days



A range of medical services are available for emergency and elective patients including:

- Aged care and rehabilitation
- Cardiology
- Endocrinology
- General medicine
- Haematology
- Neurology
- Oncology
- Pain management
- Renal dialysis
- Respiratory
- Rheumatology.

In common with many other areas of the hospital, medical wards are fully staffed by nurses significantly reducing the need for agency nurses and improving continuity of care to patients.

Medical wards have been at the forefront of innovation at JHC. They have trialed new red trays for patients whose food intake needs to be monitored. Red trays are not removed until nurses have recorded how much the patient has eaten. They have also introduced new Patient Journey Boards to track patients' progress.

These wards also have a strong education ethos. Clinical nurse managers and staff development nurses work on each ward to provide assistance, support and training to nurses. Staff have also organised a variety of education and health promotion events in the hospital to mark occasions such as Cardiac Week and Diabetes Week.

A new public aged care and rehabilitation ward is currently under construction. Located on the ground floor of the new Wanneroo Wing (L Block), the ward will have 25 beds all in single rooms with en-suite bathrooms. The existing public ward will relocate to the new facility once it is built. Staff at all levels are currently involved in planning for the facility.

mental health

A total of 826 patients were admitted to the public Mental Health Unit in 2009-10 – an increase of 50 per cent on the previous year.

This significant rise can be attributed to the opening in April 2009 of an additional 15 inpatient beds. The unit was expanded from 27 to 42 beds as part of a \$12m investment by the State Government to enable more patients to receive care locally. The unit comprises 10 secure and 32 open beds.

Improvements in the way the unit operates including the recruitment of additional staff has enabled patients to leave hospital sooner. The average length of stay was 12 days compared to 14 days the previous year.

The new facility incorporates an open design with natural light with extensive use of windows; a combination of bright and soothing colours to promote feelings of wellbeing; spacious courtyards and therapy areas; and a family friendly meeting area.

A new family friendly initiative was implemented to give children whose parents have been admitted a role in their care. Children receive clear, age-appropriate information explaining mental illness.

The Unit offers family friendly activities and areas so that parents can spend time with their children. This includes family visiting rooms in secure and open areas, toys, books and courtyard with plan panels. The initiative has since been recognised at the Australian Private Hospitals Association Awards.



surgical services

A range of surgical services are available for emergency and elective patients:

- Ear, nose and throat
- General surgery
- Gynaecology
- Neurosurgery
- Ophthalmology
- Orthopaedic surgery
- Plastic surgery
- Urology
- Vascular surgery

JHC is contracted by the Department of Health to deliver a fixed number of elective surgeries to public patients. Surgeons perform more elective surgeries on public patients than any other non-tertiary hospital in Western Australia.

There are six operating theatres, an endoscopy procedure room and a day procedure unit. In 2009-10, staff carried out 16,933 procedures. There has been significant increase in emergency surgeries – one in five patients who underwent surgery were admitted via the Emergency Department.

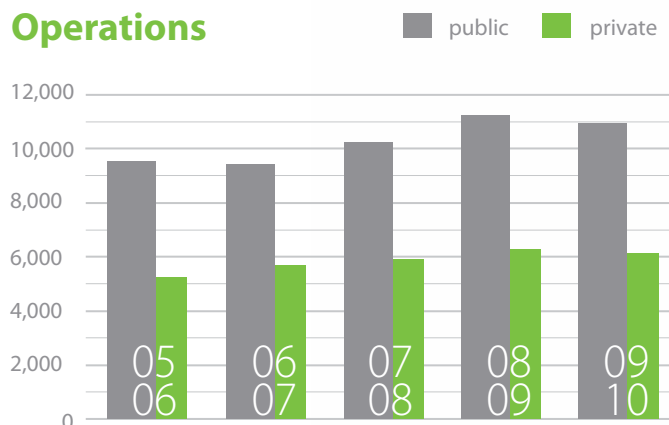
During the year since her appointment as Deputy Director of Nursing Peri Operative and Surgical Services, Shane Tobin-Longly, with the aid of her excellent team made some significant changes to the staffing and the environment within the theatre department.

Theatre sessions were reviewed during 2009-10 to improve access for emergency cases. New emergency operating lists were introduced on every weekday afternoon to complement the evening and weekend lists already available.

Staff rostering was also improved to ensure patients could be admitted throughout the day. A number of new roles were established – a floor coordinator and Clinical Nurse Manager for Anaesthetics.

A total of \$620,000 was invested in capital works to improve the clinical and working environment. New storage facilities have helped to make theatres more efficient and reduce waste.

Operations



The Acute Pain Service continues to grow in response to growing demand. Clinical Nurse Specialist Mandy Lison-Pick works alongside newly appointed Pain Medicine Specialist Dr Eric J. Visser and the anaesthetic team to provide guidance and education across all ward areas in line with best clinical practice.

Surgical wards have been at the forefront of innovation at JHC. They have trialled new Patient Journey Boards which track patient care and discharge and piloted a retractable needle system which was found to reduce needle-stick injuries and is now being rolled out across the hospital. There have also been improvements in wound care and a reduction in patient falls, a common post-surgery risk. Clinical nurse managers and staff development nurses work on each ward to provide assistance, support and training to nurses.

A new public surgical ward is currently under construction. Located on the first floor of the new Wanneroo Wing (L Block), the new ward will have 30 beds including 26 in single rooms. All have ensuite bathrooms. The existing public ward will relocate to the new facility once it is built. Staff at all levels are currently involved in planning for the facility.

Planning is also underway for 12 new operating theatres which will replace the existing six. These are set to open in 2012 and will significantly boost surgical capacity at JHC.



women and children's services

JHC offers a full range of maternity, neonatal, general and specialist paediatric services for residents of Perth's northern suburbs.

The hospital offers an innovative service model which integrates maternity and children's services and results in a family-friendly approach to medicine.



Maternity services

A total of 2,354 babies were delivered during 2009-10 – a 13 per cent increase on the previous 12 months. An increasing number of women with complex pregnancies are now cared for at JHC.

Four out of five new mums are opting to receive follow-up care in their own home as part of a hospital program to enable them to receive care from hospital midwives at home. Due to patient demand, this service was extended to women living within a 50km radius of the hospital – twice the previous catchment area.

Pregnant women are now offered 10 visits to the antenatal clinic which is in line with international best practice for monitoring pregnancy in well-women. The department now has three female consultant obstetricians following the appointment of Dr Althea MaGee.

Special care nursery

In 2009-10, 720 premature babies were admitted to the Special Care Nursery. This includes 108 babies who were born at King Edward Memorial Hospital but were transferred to JHC to be closer to home.

The average length of stay for babies is three days. The unit has 24-hour medical cover and includes specialist nurses, a neonatologist, six paediatric consultants, paediatric registrar and medical officer.

During 2009-10, the unit installed equipment known as blenders to control the delivery of oxygen to infants. Staff also now use surfactant – a medicine to help premature lung work more efficiently.

There was extensive planning for the expansion of the Special Care Nursery from eight to 16 cots. Construction is scheduled to start in early 2011 and be completed later that year.

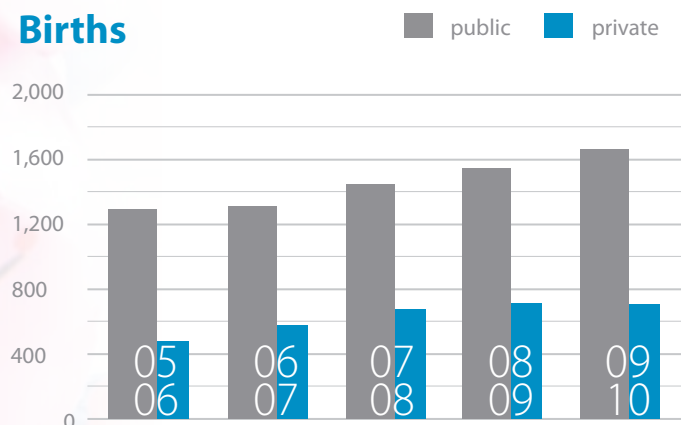
Coffee mornings are also held every three months for mothers and their babies which provides an opportunity for them to catch-up with staff and also for staff to see how well the babies have progressed.

Paediatrics

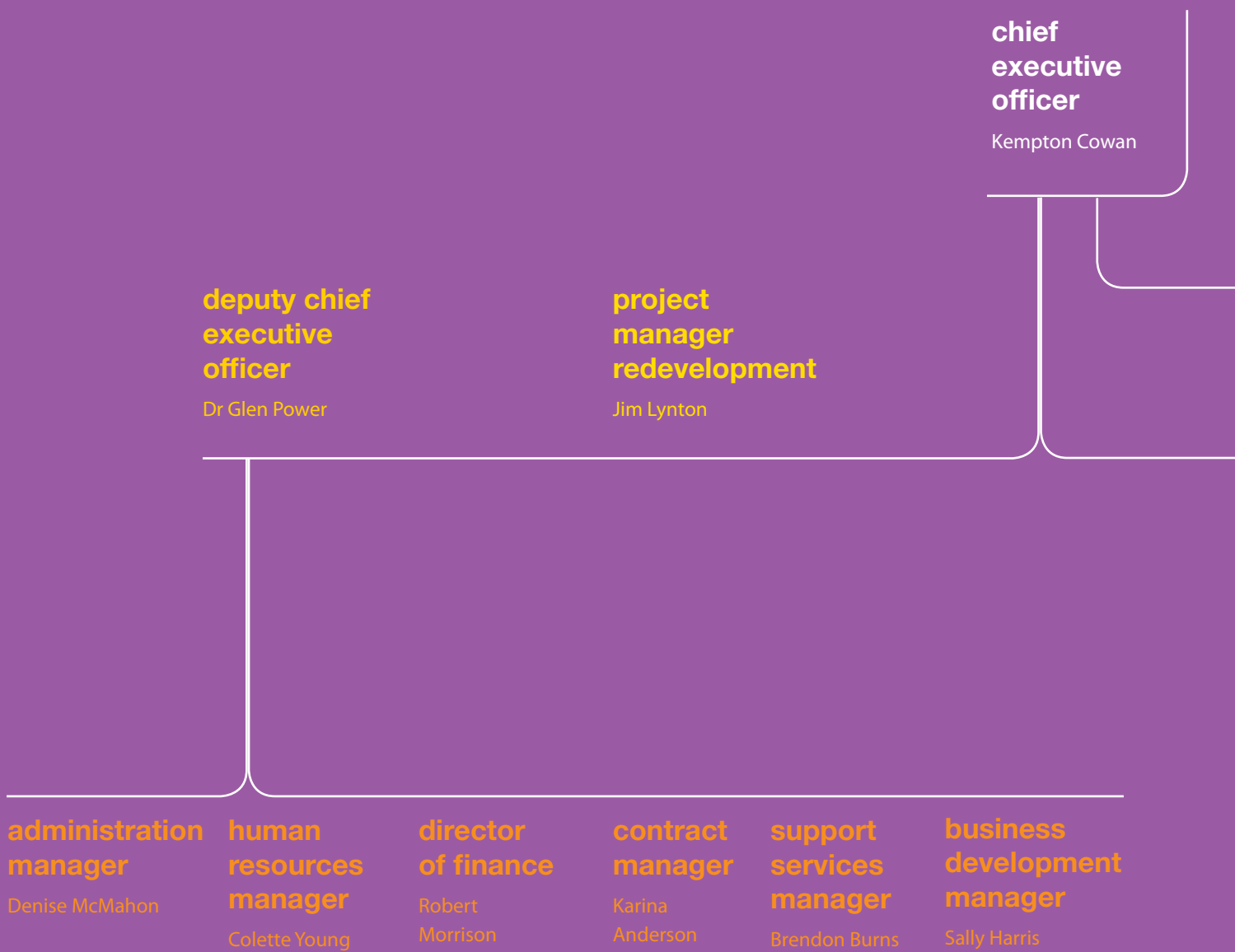
Population growth in the northern suburbs continues to drive record demand for services. The nearby City of Wanneroo is home to an unusually high proportion of children – 30 per cent compared to 21 per cent elsewhere in Perth.

The paediatric unit provides care to hundreds of children each year with infections and conditions such as asthma, bronchiolitis and failure to thrive. The department also offers a full range of surgical, ophthalmology and ear, nose and throat services. There are six paediatricians and 24-hour medical cover.

Births



executive structure



pa

Linda Tough

**director
of nursing**

Shane Combs

**director
of medical
services**

Dr Richard Saker

pa

Karen Bowers

pa

Catherine Jaap

**deputy director
of nursing**

*obstetrics,
medical & surgical*

Wendy Candy

**deputy director
of nursing**

*critical care &
emergency services*

Mary Ferrier

**deputy director
of nursing**

*perioperative
services*

Shane Tobin-Longly



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