

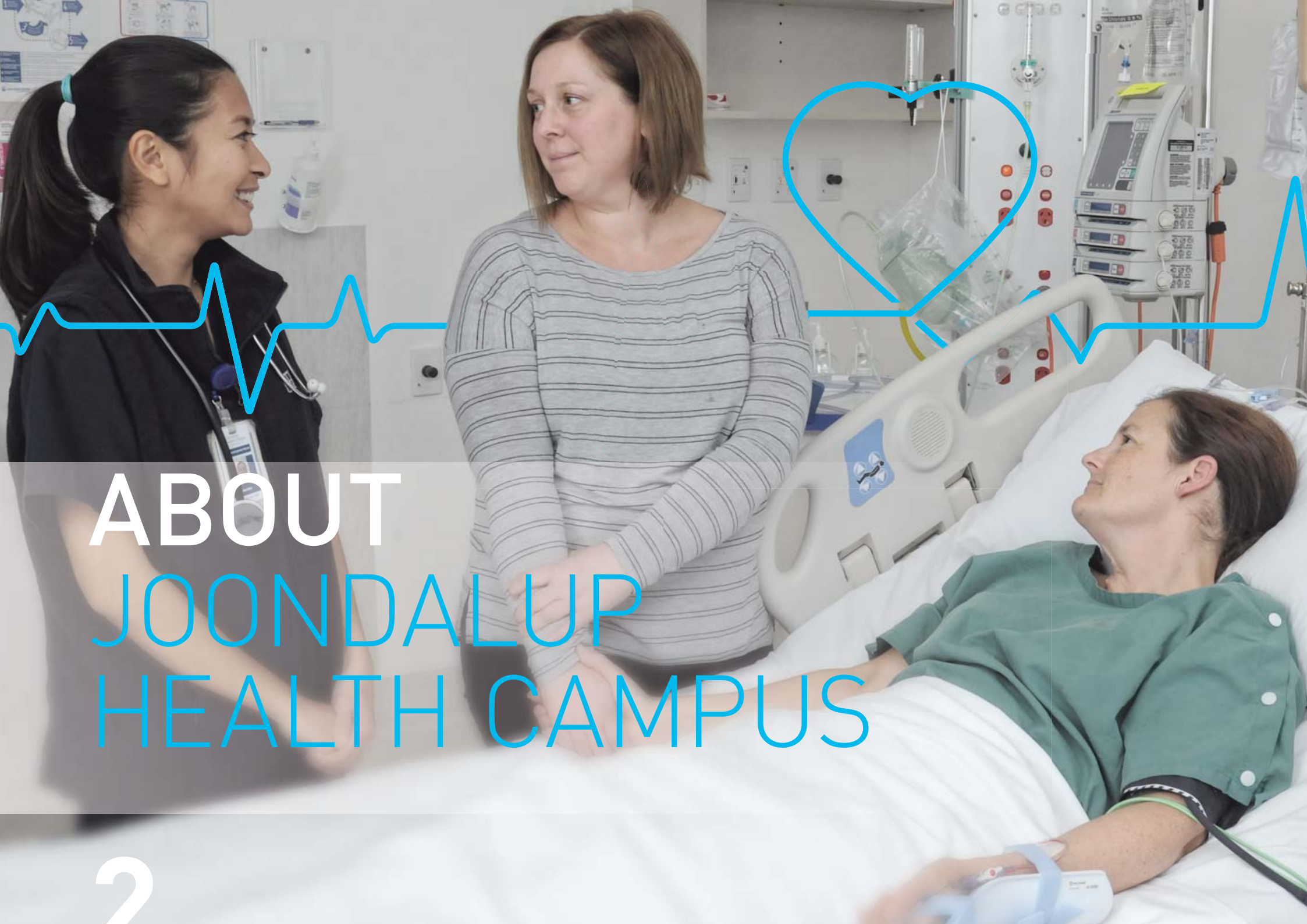
2018 ANNUAL REPORT




joondaluphealthcampus.com.au

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ABOUT JOONDALUP HEALTH CAMPUS



Joondalup Health Campus (JHC) is the major hospital for Perth's northern corridor, treating both public and private patients

The campus provides specialist services for the entire family from birth through to old age and comprises a standalone private hospital and a co-located hospital that provides public patient services.

With a combined total of 722 licensed beds and bays, JHC is one of the largest hospitals in Western Australia.

PRIVATELY RUN WITH A PUBLIC CONTRACT

JHC is managed by Australia's largest private hospital operator, Ramsay Health Care.

The campus treats public patients under a long-standing public-private partnership (PPP) agreement with the State Government.

This agreement stems back to 1996 when the WA Government appointed a private company to operate the existing Wanneroo Public Hospital and transform it into a modern health campus.

ABOUT THE PUBLIC CONTRACT

JHC's contract is managed by the WA Department of Health's North Metropolitan Health Service (NMHS).

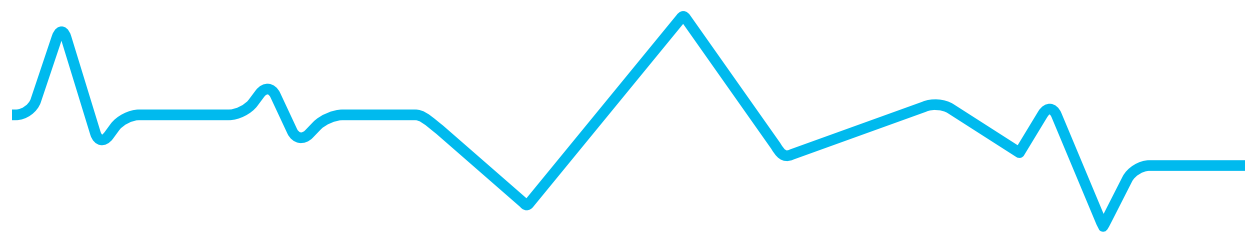
Every year the NMHS specifies a maximum operating budget and required levels of activity for services to public patients. JHC is funded for activity based on each public patient treated.

Under the contract, which currently runs to 2028, JHC is required to report regularly to the NMHS on a range of performance indicators, including: waiting times, safety and quality; and complaints.

TREATING ONE IN TEN PUBLIC PATIENTS AND SAVING THE STATE MILLIONS

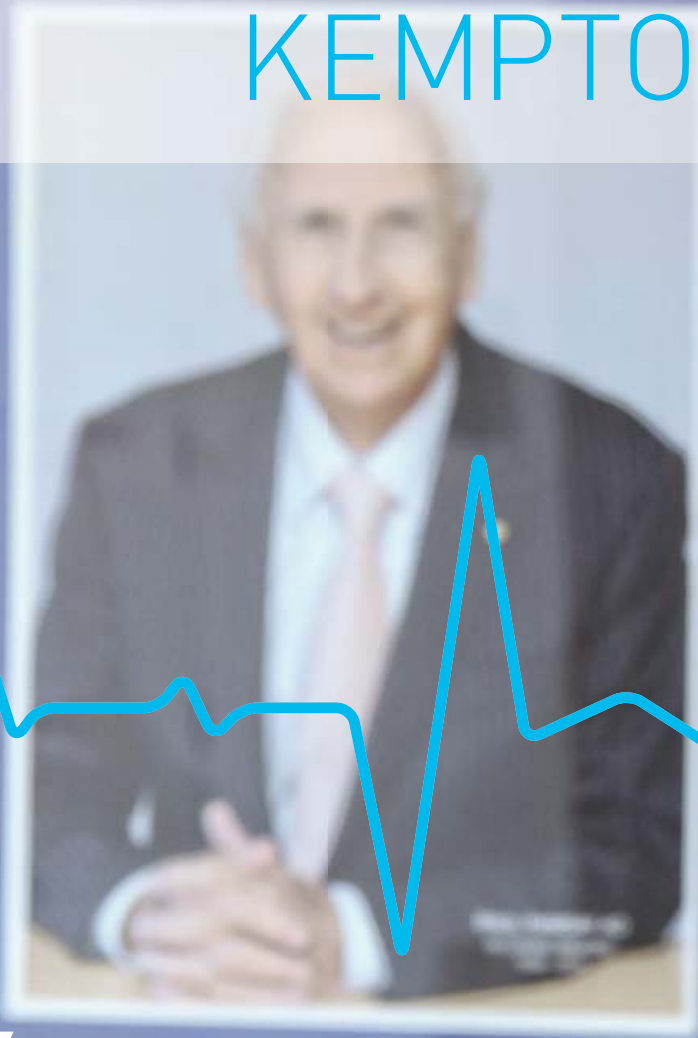
Whilst treating approximately one in ten public patients in Western Australia, JHC also treats many private patients.

In fact, some 30 per cent of patients are private admissions to our 146-bed private hospital (including admissions via the Emergency Department), saving the State tens of millions of dollars each year.



CEO UPDATE

KEMPTON COWAN



Welcome to the 2018 JHC Annual Report. It has been a very busy and productive year across the hospital and will go down in our history as formative in planning the next chapter in our journey.



Being part of JHC is very special to me. I take great pride in heading up a hospital that has built a strong history in a relatively short period and has formed a real connection with its community. I also take our mission, growing with our community to provide excellent health care, very seriously.

The hospital has been in the spotlight again this year with bipartisan funding commitments for our next major expansion. The proposed expansion will help us better serve the growing local community into the future and includes a bigger Emergency Department, more beds and more theatres – amongst other things.

One of the proudest moments for me this year was the announcement of funding for the 'ORIGINS Project' by Prime Minister Malcolm Turnbull, who agreed to match, dollar-for-dollar, the \$13 million contribution by the Paul Ramsay Foundation. Read more about this important study on page 62.

In February we opened a new Mental Health Observation Area. This is already making a difference to how we care for the many people in our community who experience mental health illness and need urgent help.

Also in the mental health space, our service to patients was recognised by the Mental Health Commission during the year. The Commission named our integrated partnership with Joondalup Community Mental Health and the North Metropolitan Community Alcohol and Drug Service as winner in the partnerships category of the Mental Health Awards in March.

Mental health is a recognised area of need Australia-wide as well as locally and this is why the proposed expansion of the hospital includes a standalone 75-bed mental health facility.

In the area of quality and safety, JHC joined Health Roundtable in late 2017. The Health Roundtable allows hospitals and healthcare organisations within Australia and New Zealand to benchmark and share amongst peer organisations the best solutions to improve patient care.

Work also continues on the development of best practice models of care, with the successful implementation of the fractured neck of femur; pneumonia; and sepsis pathways. The move to standardisation is universally recognised as important in driving consistency in quality of care.

In planning for patient care that meets community needs in the future, eleven key services were identified as focus areas this year and mapped out in newly published Clinical Services Plan.

One of the services the plan identifies as critical to the community is cardiology, which is also the theme of this year's Annual Report. We also know that demand for cardiology services at JHC will rise dramatically over the next decade. With our ageing population and the rise in chronic disease, a robust cardiology service is something no community can do without.

I am very proud of our cardiology service, which is headed up by Clinical Professor Jenny Deague, who is profiled on page 53. It has developed into a high quality service in recent years and I am hopeful that the planned expansion of the hospital will allow the service to develop further and reach its full potential to meet the future needs of the northern suburbs.

KEMPTON COWAN
CEO, Joondalup Health Campus

STRATEGY DEVELOPMENT



In 2018 Joondalup Health Campus published its *Clinical Services Plan 2017-2025*, which aligns closely with the *WA Health Clinical Services Framework 2014-2024* and is one of six enabling plans that drives our Strategic Intent.

The JHC plan identifies eleven key services as focus areas for the hospital for development to 2025.

- Cardiology
- General Medicine
- General Surgery
- Mental Health
- Obstetrics and Gynaecology
- Orthopaedics
- Oncology
- Paediatrics
- Palliative Care
- Rehabilitation and Aged Care
- Respiratory

Of course, whilst these services are our focus areas, we will continue to improve the quality, scope and scale of all services provided at JHC and nurture a culture that values innovation and excellence.

EXECUTIVE TEAM

AS AT 30 JUNE 2018



KEMPTON COWAN
Chief Executive Officer



DR AMANDA LING
Deputy Chief Executive Officer



DR SIMON WOOD
Director of Medical Services



BENJAMIN IRISH
Director of Clinical Services



COLETTE YOUNG
Director of Workforce Services



BEVAN VAN LAMOEN
Director of Corporate Services



MATTHEW WRIGHT
Contract Manager

EXECUTIVE PROFILE

DIRECTOR OF
CORPORATE
SERVICES



He's known for his good natured humour and quick wit, but in the role of Director of Corporate Services **Bevan Van Lamoen** means business.

Despite having a black belt, his true strength actually lies in his ability to go beyond number crunching and to instead work with vision and leadership.

Working for JHC for more than a decade, Bevan was appointed to the hospital's Executive team five years ago and has a portfolio that covers all administrative, financial and support services, hospital expansions and commercial contracts.

Not only was he responsible for preparing the last redevelopment feasibility study and business cases for the Ramsay Health Care Board, he was also heavily involved in negotiating the terms of the public contract for the redevelopment and has advised Ramsay Health Care head office with Public Private Partnership tenders.

He says the hospital is the best place he's ever worked and that it is all down to the people.

"We do have a highly effective team here and everyone brings something different to the table," he says. "The role is one of the most challenging yet rewarding of my career."

"I joined here as a senior accountant and over time the role has expanded exponentially. The complexity and variety of the work involved really keeps it interesting."

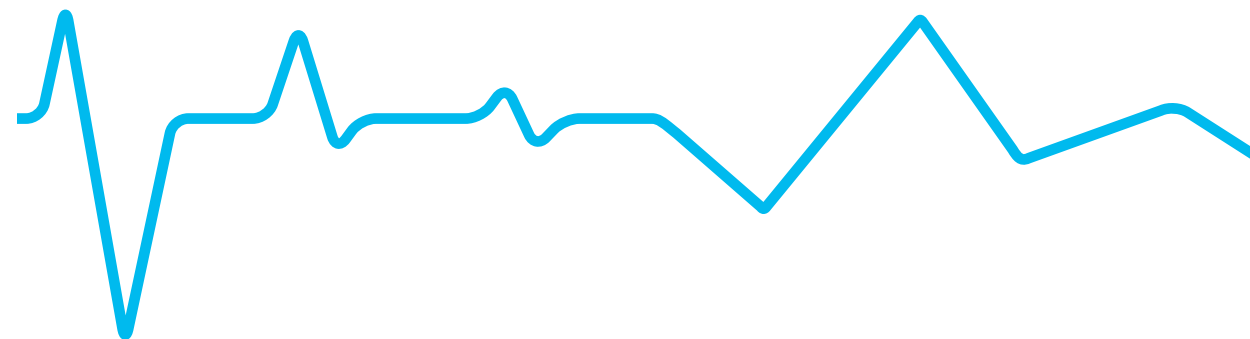
"I think the future will be a true test of the foundation that has been laid by the team. There are so many changes on the horizon – technology is changing and the way we work also has to evolve."

As the man at the helm of administrative and financial services, he is in charge of finance; the Business Intelligence Unit; Health Information Services; Customer Services; the Emergency Department clerical team; and administrative support for our outpatients services.

All of these are absolutely central to the effective running of any hospital and represent nearly 10 per cent of our current workforce.

Ask those who report to him what he's like and they all agree that he's someone who the organisation relies heavily on given his wealth of knowledge, experience and sheer hard work.

"He is highly intelligent, a very supportive leader – someone who never takes credit for the work of others and is the first to shine a spotlight and sing the praises of his team," says one of his direct reports, Health Information Services Manager Jacqui Holland.



THE YEAR IN REVIEW





JULY 2017

- /// The Telethon Children's Ward was named a winner at the **Bankwest WA Master Builders Excellence in Construction Awards** on 22 July.

AUGUST 2017

- /// Theatres hosted a special event to promote **patient safety** on 3 August, where staff signed a giant poster personally pledging their commitment to safety and excellence.
- /// **Federal Health Minister Greg Hunt** visited JHC on 3 August to learn more about the Hospital's success as a Public Private Partnership.

SEPTEMBER 2017

- /// The **Antenatal Clinic** adopted a new **system** on 4 September with the introduction of an electronic portal for patient notes called 'Genie'.
- /// A trial of a new **Electronic Blood Labelling System** went live during September. The system aims to reduce the risk of incorrect blood labelling incidences and misidentification.

OCTOBER 2017

- /// During the Telethon Weekend (21 & 22 October) the Paul Ramsay Foundation announced it would **donate \$13 million to the ORIGINS** project – a collaborative research project being run by JHC and the Telethon Kids Institute. Soon after, the Federal Government agreed to match this funding dollar-for-dollar, also contributing \$13 million and taking the total funding injection for the project to \$26 million.
- /// **Accreditation** by the Australian Council of Healthcare Standards took place from Monday 23 to Friday 27 October. Five 'Met with Merits' were awarded in the areas of medication safety, preventing and managing pressure injuries and preventing falls and harm from falls.
- /// Joondalup Health Campus was rated as the best public hospital in WA for morale according to a survey of nearly a thousand senior doctors who completed the **Australian Medical Association's (WA) Clinical Engagement and Morale Survey**.

NOVEMBER 2017

- /// JHC Director of Cardiology and Board Member of the National Heart Foundation, Dr Jenny Deague, supported '**No Junk November**' campaign, calling on all staff start to take up the challenge and cut junk food from their diet during November.
- /// JHC became the first hospital in WA to publicly pledge to set up **healthy food vending** machines and not renew contracts with vendors who are unwilling or unable to work within healthy guidelines.

DECEMBER 2017

- /// JHC Registered Nurse, Louise Graham, was awarded '**HESTA Preceptor of the Month**' for her outstanding leadership and mentoring skills. The 'HESTA Preceptor of the Month' winner is chosen from eight Ramsay Health Care hospitals in Western Australia and South Australia.

JANUARY 2018

- /// A new **Pulmonary Rehabilitation Service** run by the Physiotherapy Department commenced in January, giving patients diagnosed with a respiratory condition access to an on-site rehabilitation program.



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FEBRUARY 2018

- /// The **Mental Health Observation Area (MHOA)** was officially opened by the Deputy Premier; Minister for Health; Mental Health the Honourable Roger Cook MLA.
- /// **High school students start work** for JHC via Health Training Australia, the AMA's training arm, which goes towards their training for a Certificate III in Health Support Services.

MARCH 2018

- /// **Federal Opposition Leader**, the Honourable Bill Shorten MP visited JHC on 5 March to announce that, if elected, he will spend \$154 million to build a new state-of-the-art Mental Health Unit on-site.
- /// To raise awareness of **'Close the Gap'** Day on 15 March staff participated in a "collective canvas" led by an Aboriginal artist.
- /// The **Mental Health Commission** named an integrated partnership between JHC and the Community Alcohol and Drug Service and Joondalup Community Mental Health as **winner in the partnerships category** on 21 March.

APRIL 2018

- /// **Federal Minister for Finance** Senator the Honourable Mathias Cormann and other senior Ministers in the **Turnbull Government** were joined by WA Health Minister Roger Cook MLA at JHC on 26 April when they announced \$158 million in funding towards the hospital expansion.
- /// The **Peritonectomy** service reached a milestone, completing its **100th operation** since the service was established five years ago.
- /// The **ORIGINS** Project recruited their **1000th family** for the study of 10,000 families over the next decade, which aims to uncover causes of disease.

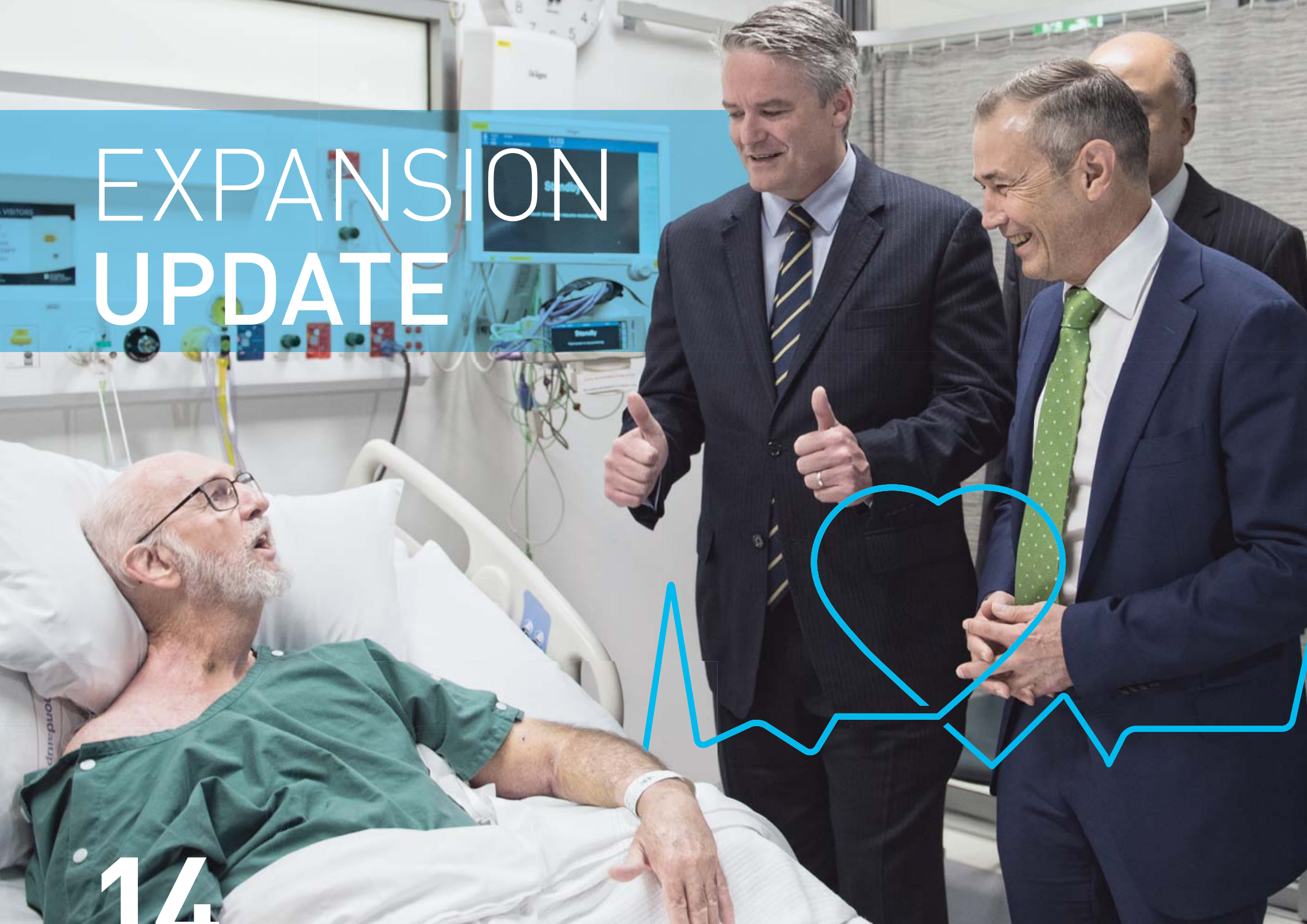
MAY 2018

- /// JHC registered nurse **Amber Murphy** was awarded **Graduate Nurse of the Year** at the WA Nursing & Midwifery Excellence Awards on 12 May.

JUNE 2018

- /// For the fourth year running, JHC scored an A in the **AMA (WA) Doctors in Training** Hospital Health Check.

EXPANSION UPDATE





During 2017-18 JHC continued working to progress the proposed hospital expansion.

The State Government continued to refine the details of the expansion, after it re-iterated its commitment to the project by signing a Statement of Intent at the end of the June 2017. Prior to coming to office, the WA State Labor Party promised \$167 million for the expansion of JHC.

In March 2018 Federal Opposition Leader Bill Shorten MP visited the hospital to announce that, if elected, he would spend \$154 million to build a new state-of-the-art Mental Health Unit on site. He was joined by WA Premier Mark McGowan and WA Deputy Premier; Minister for Health; Mental Health, Roger Cook MLA – and also many of our local members of parliament.


Then in April, Federal Finance Minister Mathias Cormann visited to announce the hospital would receive a \$158 million funding injection towards the expansion from the Federal Government in the 2018-19 budget.

“It will go a long way to helping us deliver our election commitment to redevelop Joondalup Health Campus and put patients first in the northern suburbs. Planning for these upgrades is underway and we look forward to partnering with Ramsay Health Care to improve services at Joondalup.”

*WA HEALTH MINISTER ROGER COOK ON THE
FEDERAL GOVERNMENT'S \$158 MILLION FUNDING BOOST*



THEATRE 3



The Minister was accompanied by the Federal Attorney General and Member for Pearce, Christian Porter MP, Federal Human Services Minister and Member for Stirling Michael Keenan MP and Member for Moore Ian Goodenough MP.

The WA Deputy Premier; Minister for Health; Mental Health, the Honourable Roger Cook MLA also attended and was joined by Member for Joondalup Emily Hamilton MLA, Member for Wanneroo Sabine Winton MLA, Member for Burns Beach Mark Folkard MLA and Member for Girrawheen Margaret Quirk MLA.

Member for Pearce, Christian Porter, praised the hospital funding boost, saying it was needed to address the needs of a rapidly growing population: "It is a complete game changer for everybody who lives north of Joondalup."

Based on the 2017 State Government election commitment the proposed expansion includes:

- /// 90 additional public beds
- /// 25-30 additional mental health beds
- /// A new stroke unit
- /// Eight new operating theatres
- /// Expanded Emergency Department
- /// More car parking
- /// Expansion of support services

“We know Joondalup Health Campus needs new investment to keep pace with substantial growth in the area.”

FEDERAL OPPOSITION LEADER BILL SHORTEN ON LABOR'S COMMITMENT TO CONTRIBUTE \$154 MILLION FOR A 75-BED MENTAL HEALTH UNIT IF ELECTED

CARDIOLOGY SERVICES

A photograph of a male doctor in a dark suit and tie, wearing a stethoscope, leaning over a male patient in a hospital bed. The patient is older, has a white beard, wears glasses, and is looking towards the doctor. The background shows a hospital room with medical equipment, including a monitor displaying vital signs and a control panel with various buttons. A purple heart outline and a purple ECG line are overlaid on the image.

The number of people coming to the JHC Emergency Department with heart issues almost doubled over the past decade – and there are no signs of a slowdown in the near future.

In fact, forecasting data reveals there will be a 64.5 per cent increase in demand for cardiology services over the next decade.

This is one of the reasons why Cardiology has been identified as a focus area in the hospital's recently published Clinical Services Plan which maps out what the service needs to look like by 2025.

JHC has a team of skilled subspecialty cardiologists who provide a broad range of cardiology services.

These services focus on the diagnosis, treatment and management of disorders of the cardiovascular or circulatory system, which includes the heart and arteries.

Our cardiologists treat a range of heart conditions and related symptoms – everything from heart attacks to hypertension.

By 2025 JHC intends to play a greater role in helping to prevent cardiology related hospitalisation and unnecessary re-admissions.

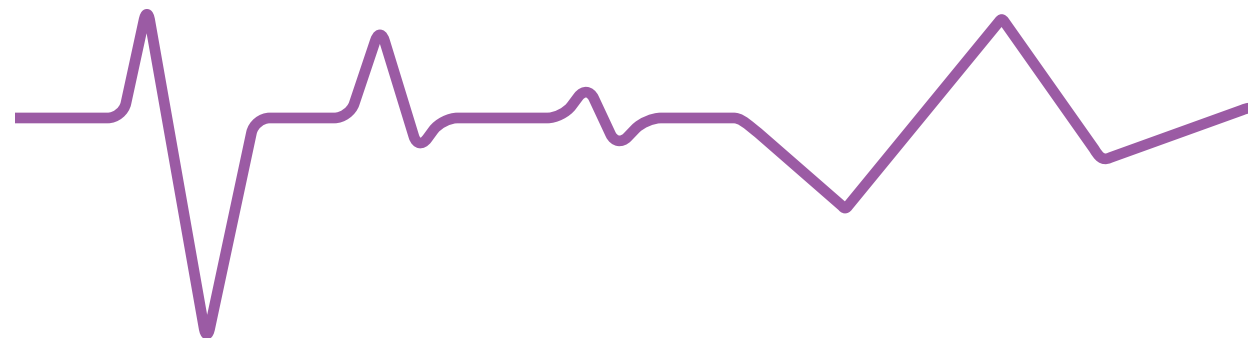
“This is about moving beyond reactive provision of acute care cardiology and shifting our focus to prevention through early detection and education on lifestyle changes,” says Head of Cardiology and Clinical Professor Jenny Deague.

The team currently supports the hospital's busy Emergency Department and provides subspecialty advice and care, with comprehensive cardiac testing and intervention.

As well as treating patients who arrive via the Emergency Department with chest pain for initial investigation and tests - and are referred

to cardiology services for further investigation and management or treatment – JHC also treats patients with cardiovascular disease such as heart failure; coronary artery disease; and hypertension.

These patients may present via ED or be referred to the cardiology service by their GP. The hospital also looks after patients who have heart rhythm conditions or need a cardiac device to assist with managing rhythm conditions.



CARDIOLOGY SERVICES



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CORONARY CARE UNIT

JHC's 10-bed Coronary Care Unit is staffed by experienced health professionals including cardiologists, cardiac nurses, cardiac rehabilitation nurses and cardiac sonographers who work seamlessly to provide care for acutely unwell patients. These patients all have continuous cardiac monitoring and comprehensive cardiac testing, as appropriate.

- /// **Transthoracic echocardiograms** are performed by specially trained cardiac sonographers and interpreted by subspecialty trained echo specialists.
- /// **Interventional procedures** are performed by subspecialty trained interventional cardiologists.
- /// **Pacemaker and defibrillator procedures** are performed by subspecialty trained electrophysiologists.

The CCU is supported by onsite services including a nine-bed Intensive Care Unit and six-bed High Dependency Unit to treat patients requiring high-level care and monitoring.

CARDIAC CATHETER LABORATORY

The Cardiac Catheter Laboratory - or the Cath Lab as it is colloquially referred to - provides advanced imaging technology to assist with the diagnosis and treatment of a range of heart and vascular conditions.

Subspecialty trained interventional cardiologists, radiologists and nurses can perform a number of tests and treatments in the Cath Lab. The advanced technology offered in the Cath Lab provides increased efficiency and safety to patients and doctors and allows prompt and accurate diagnosis, as well as high-resolution image-guided assistance during procedures.

TELEMETRY CARE UNIT

The Telemetry Care Unit (TCU) at JHC has eight beds and provides continuous ECG monitoring care to be delivered within the one location in the hospital for appropriate cardiac and medical patients.

Telemetry involves the transmission of cardiac signals such as heart rate and rhythm from the patient to a central receiving location where they are displayed for monitoring by the care team.



PERFORMANCE & ACHIEVEMENTS IN 2017-18



OPERATIONS

STEADILY RISING

Our surgeons performed a total of more than 31,000 operations in 2017-18

/// This is an increase of nearly 2% on the previous year

50%
over past 5 years

STRONG ELECTIVE SURGERY PERFORMANCE

Average proportion of elective surgery patients on waiting lists who remain within the recommended timeframes for treatment.

JHC ELECTIVE SURGERY PERFORMANCE ON REPORTABLE PROCEDURES*	RESULT	TARGET
URGENT: CATEGORY 1 (<30 DAYS)	99.5%	100%
SEMI-URGENT: CATEGORY 2 (<90 DAYS)	99.2%	100%
NON-URGENT: CATEGORY 3 (<365 DAYS)	96.3%	100%

* All elective surgery procedures with a Commonwealth data reporting requirement ('reportable procedures'), as defined by the Australian Institute of Health and Welfare (AIHW).

HOSPITAL ADMISSIONS

TOTAL ADMISSIONS RISING

Total admissions numbered more than 75,000 – up 3% on previous year.

25%
over past 5 years





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EMERGENCY DEPARTMENT

ED PRESENTATIONS RISING

More than 99,000 people presented to our ED in 2017-18*.

/// This is a **1.4%** increase on the previous year.



272 patients presented to ED on average each day



We had record numbers on **11 September 2017** with

337 people presenting to the ED

SEPTEMBER
11

* Data source: Emergency Department Information System

HIGHER ACUITY

The Australasian Triage System (ATS) is the standard system used to measure acuity in Australian hospitals.

In **2017-18** the breakdown of presentations to our ED was as follows:

RESUSCITATION (ATS CATEGORY 1)		12% DECREASE* ▼
EMERGENCY (ATS CATEGORY 2)		NO CHANGE
URGENT (ATS CATEGORY 3)	5% INCREASE* ▲	
SEMI-URGENT (ATS CATEGORY 4)		2% DECREASE* ▼
NON-URGENT (ATS CATEGORY 5)	31% INCREASE* ▲	

* Compared to the previous year

Resuscitation, emergency and urgent cases on the rise...

54% of ED presentations were category 1, 2 and 3 during 2017-18 compared to only 48% back in 2012-13, a 7% jump.

EMERGENCY DEPARTMENT (continued)

WEAT

The West Australian Emergency Access Target (WEAT)

represents the proportion of patients who are either: treated and discharged; admitted to hospital; or transferred to another hospital for treatment in a four hour period.

A number of strategies have helped improve JHC's WEAT performance over the past year including:

- Opening a 10-bed Mental Health Observation Area (MHOA)
- Introducing a WEAT coordinator whose role is dedicated to assisting the transition of patients from ED to an inpatient bed
- Streamlining the process from the time a bed is ready on a ward or unit to the time a patient leaves ED for that ward or unit
- Driving a whole-of-hospital focus and communication to encourage all staff to expedite the patient journey from ED to a ward or unit. This included promoting earlier discharges, increasing use of the discharge lounge and expediting inpatient reviews of ED patients.

The WEAT for JHC

people in 2017-18 was **68.75%** compared to 2016-17 which was **63.4%**.

- This is a **8.4%** improvement.



WAITING TIMES

The Australasian Triage System (ATS)

is the standard system used to measure acuity in Australasian hospitals.

- JHC patients who were acutely sick or injured were seen close to the recommended timeframe for each category within the ATS during 2017-18.

RESUSCITATION (ATS CAT. 1)



TARGET:
100% seen immediately

ACTUAL:
100% seen immediately at JHC

EMERGENCY (ATS CAT. 2)



TARGET:
80% to be seen within 10 minutes

ACTUAL:
78.64% within 10 minutes at JHC

URGENT (ATS CAT. 3)



TARGET:
75% to be seen within 30 minutes

ACTUAL:
26.98% within 30 minutes at JHC

SEMI-URGENT (ATS CAT. 4)



TARGET:
70% to be seen within 60 minutes

ACTUAL:
49.66% within 60 minutes at JHC

NON-URGENT (ATS CAT. 5)



TARGET:
70% to be seen within 120 minutes

ACTUAL:
88.49% seen within 120 minutes at JHC

EMERGENCY DEPARTMENT (continued)

MORE AMBULANCES ARRIVING

45 ambulances

on average arrived per day during 2017-18.



27%
over past
5 years

MORE FAMILIES CHOOSE LOCAL



Nearly 24,000 children presented to ED in 2017-18

/// This represents a **decrease of nearly 3% on the previous year**

**Data source: Emergency Department Information System*

4%
over past
5 years

OBSTETRICS

BIRTH NUMBERS



JHC delivered more than 3,600 babies in 2017-18

/// This is a **decrease of 4% on all births** compared to the previous year.

15%
over past
5 years

AFTER-HOURS GP



ATTENDANCES DOWN

Just over 12,500 patients in 2017-18

There was a decrease in the number of patients attending the After-Hours GP Clinic in 2017-18 with just over 12,500 attendances.

/// This represents a **5% decrease over the past year**

Increased access to GP home visiting services, local GP practices providing after hours services in the community and urgent care centres may have contributed to the downward trend.

31%
over past
5 years

The background of the slide features a collection of surgical instruments, including several pairs of forceps and a pair of scissors, laid out on a metallic, reflective surface. A purple line graph, resembling an ECG or vital signs monitor, is overlaid across the lower half of the image. To the right of the graph, there is a simple purple outline of a heart. The text 'KEY PERFORMANCE CLINICAL INDICATORS' is centered over a semi-transparent purple band in the middle of the slide.

KEY PERFORMANCE CLINICAL INDICATORS

Some 77 key performance clinical indicators are collected and reported to the Australian Council on Healthcare Standard every six months.

CLINICAL INDICATORS	JOONDALUP HEALTH CAMPUS	AUSTRALASIA PEER HOSPITAL AGGREGATE ¹
Fractures or closed head injuries that resulted from an inpatient fall	0.01%	0.01%
Inpatients developing pressure injuries	0.03%	0.15%
Medication safety errors resulting in an adverse event ²	0.00%	0.02%
Unplanned return to theatre during the same admission	0.24%	0.36%
Unplanned readmissions	0.67%	2.94%

* July – Dec 2017

DEFINITIONS

- /// ¹ The aggregate rate for all organisations is the average rate of all organisations submitting data for a particular indicator
- /// Inpatients developing pressure injuries refer to pressure injuries that have developed in hospital classified as grade two or greater
- /// ² Medication safety errors refer to the number of medication errors resulting in an adverse event requiring intervention beyond routine observation and monitoring
- /// Unplanned readmissions refers to where a patient has been discharged and then within 28 days of this has needed an unexpected re-admission to have further treatment for the same primary / related condition – or a complication of the primary condition
- /// Unplanned returns to theatre refers to where a patient has needed a further operation / procedure to treat complications related to the previous operation / procedure.



IMPROVING THE PATIENT EXPERIENCE

CREATING A WELCOME
PLACE FOR ALL

The JHC Reconciliation Action Planning (RAP) Committee meets six times a year with the aim of improving the patient journey and health outcomes for Aboriginal and Torres Strait Islander people.



The RAP Committee has representation from across the hospital, including nursing, medical, allied health, safety and quality, training and development, communication and marketing, health information, and more.

In 2017-18 the RAP Committee:

- engaged with Aboriginal and Torres Strait Islander consumers and communities, to discuss patient experiences, cultural safety, hospital services and other topics of relevance
- facilitated a partnership with Marr Mooditj for placement and support of enrolled nurses leading to an increase in the hospital's Aboriginal workforce
- introduced training and development of Aboriginal and Torres Strait Islander cultural awareness and cross-cultural communication which led to more than 700 staff undertaking e-learning modules
- developed a staff guide for 'Welcome to Country' and acknowledgements of traditional owners
- developed an action plan for the implementation of the WA Health Aboriginal Health and Wellbeing Framework



- reviewed relevant JHC policies, procedures and guidelines with the aim of increasing the focus on Aboriginal health, cultural safety and respect
- hosted events to encourage an understanding of Aboriginal and Torres Strait Islander people, their history and culture and to raise awareness of reconciliation and other relevant issues


- promoted the incorporation of culturally appropriate imagery at JHC.

On 'Close the Gap' Day (15 March 2018), JHC staff painted a "collective canvas" under the guidance of Aboriginal artist, Justin Martin. The artwork is now framed and on display in the main hospital foyer.



IMPROVING THE PATIENT EXPERIENCE

BETTER CARE FOR MENTAL
HEALTH PATIENTS



A new Mental Health Observation Area (MHOA) opened at JHC on 20 February 2018, providing a much better environment for people arriving at the Emergency Department needing help for mental health illness.

Deputy Premier; Minister for Health; Mental Health, the Hon. Roger Cook MLA and Ramsay Health Care Australia Chief Operating Officer Kate Munnings officially opened the facility.

The 10-bed MHOA is a dedicated, custom built unit next door to the main ED, which provides an improved service for patients presenting to the ED with psychiatric disorders by providing a specialised service in a more clinically appropriate, low stimulus environment.

Prior to the establishment of the MHOA, patients were treated in the main area of the ED, which has close to 100,000 presentations each year making it one of the busiest EDs in the nation.

The new MHOA has been modelled on some of the best in the country and includes four single bedrooms with glass sliding doors, six patient bays, a patient lounge, a secure outdoor courtyard and a centralised staff area.

The \$7.1 million MHOA was a joint project between the State Government (contributing \$5.1 million) and Ramsay Health Care Australia (contributing \$2 million).

CEO Kempton Cowan said the new MHOA provided a more suitable environment for people experiencing mental health illness.

“It is a much-needed addition to mental health services and, hopefully, the first of many steps the State Government is taking to address

what is a very complex area in health - and one where there is extremely high demand,” he said.


The Australian Institute of Health & Welfare report that the northern suburbs of Perth have higher rates of hospital admissions for self-harm and drugs & alcohol – which feeds into heightened demand for mental health services in the northern suburbs.





IMPROVING THE PATIENT EXPERIENCE

THE MAGIC OF
MUSIC



Aged care and rehabilitation patients at Joondalup Health Campus (JHC) have been enjoying music during their stay thanks to the donation of a piano by the JHC volunteers.

The volunteers donated the electric piano in May 2018 after more than 12 years of fundraising.

Fundraising efforts were first initiated by past JHC volunteer coordinator Maxine Monk before she sadly passed away in 2016.

Since the piano's arrival on the D0 public rehabilitation and aged care ward, patients have been delighted with the instrument with many remarking they look forward to hearing tunes every day.

Deputy Director of Clinical Services – Rehabilitation and Aged Care, Michelle Young, said music can be an important tool in helping patients with dementia.


“Music can be very helpful to patients with dementia as it can unlock distant memories and emotions,” Michelle said.

“Research has shown that music can help manage emotions and has even prompted brief moments of reconnection with loved ones.”

IMPROVING THE PATIENT EXPERIENCE

THE POWER OF
DISTRACTION





The JHC volunteers donated a mural to the Telethon Children's Ward to help with distracting young patients during necessary procedures and tests.

Installed in the treatment room in 2018, the mural is a calming underwater scene taking inspiration from the ward's huge tropical aquarium.

Clinical Nurse Manager of the Telethon Children's Ward Linda Frost said the mural has helped children feel more at ease during sometimes painful procedures.

"We know that sometimes distraction can help reduce anxiety and minor pain during a procedure," Linda said.

"The mural helps give our patients something else to focus on and makes the treatment room seem a little less clinical and confronting to our young patients."

A photograph of a patient lying on an operating table in a surgical suite. Two medical professionals in full blue scrubs and masks are attending to the patient. The patient is wearing a green oxygen mask and has various medical sensors attached to their chest. A purple ECG line is overlaid at the bottom of the image, with a heart symbol on the right side. The background shows medical monitors and equipment.

A PATIENT'S JOURNEY

JAMIE TRANDOS



When 50 year-old **Jamie Trandos** was recovering in the Coronary Care Unit (CCU) at Joondalup Health Campus (JHC), he found himself reminiscing about his childhood.

That's because his entire life - and that of his siblings - had been spent in the Wanneroo/Joondalup district where the health campus was now saving his life.

Mr Trandos' family were the local market gardeners and he and his three brothers used to ride their motorbikes through the bushland where the hospital is now located.

The extended family and business has expanded significantly and the Trandos family remain well known with Nicholas Trandos OA being honored as a Freeman of Wanneroo.

Almost four decades on, Mr Trandos was at JHC recovering from an embolic stroke and a delicate procedure that involved interventional cardiologist Dr Alex Willson closing a hole in his heart.

It all started two weeks earlier at work when Mr Trandos, who is a bob cat operator in Herne Hill, started experiencing a mild headache and numbness down the left side of his face and hands.

A non-smoker who is otherwise fit and healthy, a concerned Mr Trandos called his wife of 25 years, Jeanette Trandos.

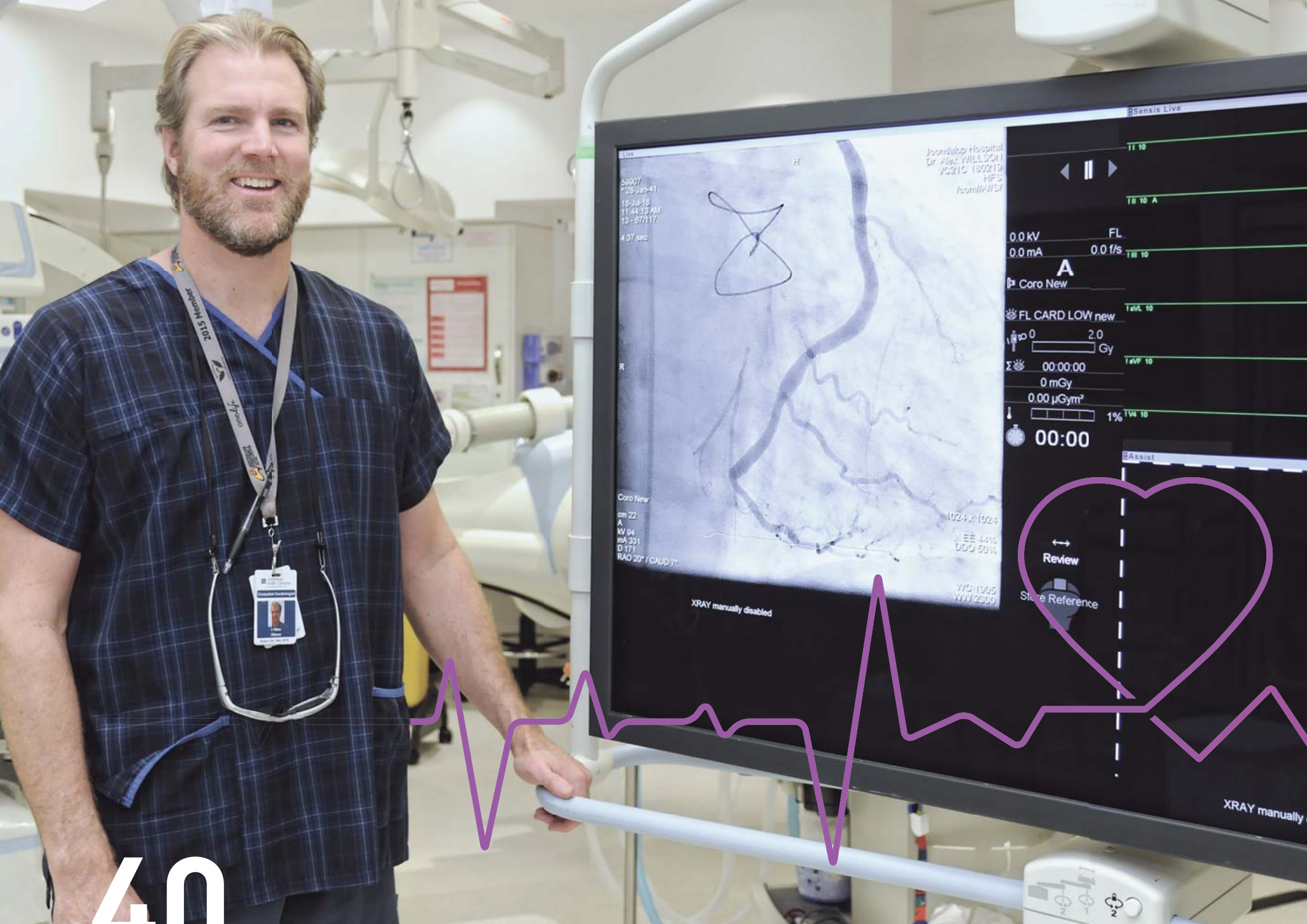
Mrs Trandos immediately knew something was wrong because her husband sounded confused and was struggling to get his words out.

She called paramedics, who rushed Mr Trandos to the closest hospital where he underwent an MRI confirming he'd suffered multiple strokes.

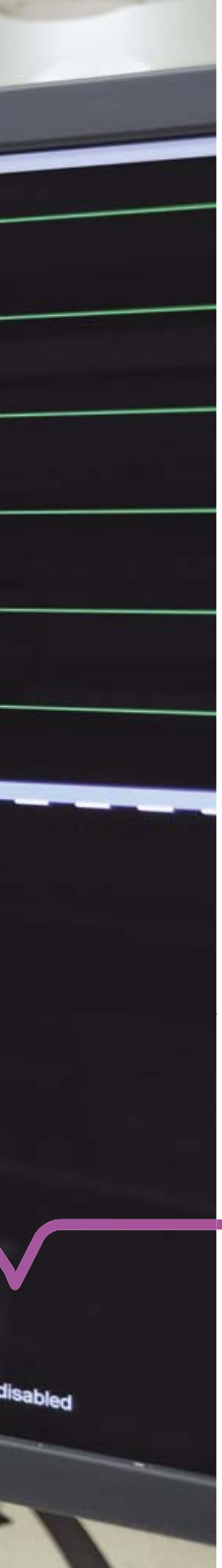
He was put on medication to treat stroke before being discharged a few days later with a follow up appointment.

Unfortunately, he never made it to the appointments.

Less than 48 hours after being discharged, Mr Trandos started feeling unwell again but this time with nausea, chest discomfort, shortness of breath and a tingling sensation down the left hand side of his face and down his arm.



40



Returning to their hobby farm in Mariginup during what was supposed to be a relaxing Sunday morning drive, wife Jeanette made the decision to bring her husband to JHC where she knew there was a new stroke service, a cardiac catheter laboratory and critical care services.

It was Mr Trandos' first ever trip to his local hospital and on arrival emergency staff told him that his blood pressure was dangerously high.

He received immediate care and underwent a CT pulmonary angiogram, which used contrasting dye to highlight blood clots in his lungs that were causing his symptoms.

Next he underwent a range of tests to try and determine the cause of the clots and with no sign of cancer or blood disease he was immediately administered blood thinning injections.

With all of these factors considered, doctors then ordered a transoesophageal echo which confirmed what they were now looking for - a small hole in the wall dividing the two upper chambers of his heart.

While some 25 per cent of the population have this defect, known as a 'patent foramen ovale' (PFO), it usually goes undetected.

JHC Cardiologist Dr Alex Willson said it was likely that Mr Trandos developed a blood clot in his pelvis or leg that travelled up to his heart, passed through the small cavity from the right chamber to the left and then proceeded to his brain and became stuck in one of the arteries causing a stroke.

"If this happened to a person without a PFO, the chances are that the clot would have travelled to the lungs resulting in a pulmonary embolism instead of travelling to the brain," he said.

Mr Trandos' case was discussed by a multidisciplinary team and a decision was made to close the PFO to reduce the risk of another stroke.

It took Dr Willson and his team just one hour to carry out the procedure which saw a small device inserted through a 2mm incision in the patient's groin.

Guided by clear images beaming on to large screens, including those from a transoesophageal echocardiogram being simultaneously performed by fellow cardiologist, Dr Jonathon Teoh, the device was manoeuvred through a catheter up into Mr Trandos' heart where it was expanded to plug the hole and prevent blood flow between the two chambers.

General medicine specialist Dr Sue Davel said many different specialties had been involved in Mr Trandos' care, including emergency, general medicine, cardiology, anaesthetics, stroke, theatres and radiology in what she described as a "great team effort".

LOOKING AFTER OUR PEOPLE: DOCTORS RATE IHC



JHC got an 'A' for morale and culture in this year's AMA (WA) Doctors in Training Hospital Health Check, a survey of more than 700 junior doctors across Western Australia.

It is the fourth year running that JHC has received top marks, with a grading of either A or A+. The report showed JHC continues to perform well in many areas of the survey.

Highest scores were in the following areas: *Staff morale* (91 per cent); *Recommend your hospital to others* (91 per cent); *Culture* (91 per cent); *Roster reflects hours worked* (94 per cent); and *Availability to work part time* (92 per cent).

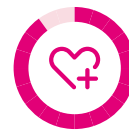
Senior doctors also rated JHC this past financial year. In the AMA's Clinical Engagement and Morale Survey, more than 860 senior doctors completed the survey and JHC was deemed the best by far for staff morale.

Some 68.2% ranked the hospital as being good or excellence on culture and morale; 18.2% said it was poor and 13.6% said it was very poor.



91%

STAFF
MORALE



91%

RECOMMEND
HOSPITAL



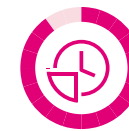
91%

HOSPITAL
CULTURE



94%

ROSTER
ACCURACY



92%

AVAILABILITY
TO WORK
PART TIME

LOOKING AFTER OUR PEOPLE: CELEBRATING OUR WORKFORCE AND ITS DIVERSITY



Everyone who worked at Joondalup Health Campus (JHC) was invited to a complimentary lunch on Monday 21 May.

This special event was held in appreciation of the hard work and commitment shown by all throughout the year.

Chief Executive Kempton Cowan said it was important to value the efforts of staff.

“We have an outstanding workforce of more than 3,300 dedicated people who help deliver the very best care to our patients,” he said.

While the event was an important way to show our appreciation of staff, it also fell on ‘World Day for Cultural Diversity’ which is a United Nations initiative promoting cultural and religious tolerance.

Here at JHC, we have an incredibly diverse group of people from all over the world and we value and encourage working together harmoniously and respectfully.

In honour of the day and to celebrate our own multicultural workforce, the theme of the lunch was ‘Flavours of the World’.


Featuring food trucks with cuisine from around the world, the lunch was an ideal opportunity to gather, celebrate and have fun.

A giant map was a special feature and staff placed a pin on the part of the world they come from.



BEYOND DOCTORS & NURSES: HEALTH INFORMATION SERVICES





The world of Health Information Services (HIS) can seem like a mystery to the untrained eye, but on close inspection its importance to any hospital – and the patients they serve – is undeniable.

HIS manages the health information of each patient, from the collection of basic demographic information at the point of arrival, to updating medical and treatment information throughout their stay, right through to the reporting of it to Government, health funds, other hospitals and GPs.

With around 75,000 patients treated as inpatients at JHC every year – or more than 200 a day – the work involved in managing the medical information of each person is enormous. And it's a 24-hour, seven-days-a-week operation.

Manager Administration and Health Information Jacqui Holland said HIS is the not only the all-important source of our organisational knowledge, it is also central to how we treat patients.

A strong HIS, she says, makes the planning of treatment more timely: “If a patient re-presents to the Emergency Department, for example, the doctor needs to know pretty quickly their medical history, including any allergies – all of which is stored in the medical record,” she says. “The record is a history of the order and sequence of the last presentation.”

“The only way we can truly assess what we have done with a patient in the past is by looking at what we call the ‘coded data’ in that medical record.”

This coded data is created by our clinical coders who work in HIS analysing patient records to categorise what a patient's primary diagnosis was, based on what the doctor wrote in the notes, which is why accurate documentation is so important.

HIS works with clinicians to help achieve a high standard of documentation, whilst safeguarding patient confidentiality and privacy.

“The importance of what doctor's write in the notes simply cannot be underestimated. We cannot code something that has not been

documented in the medical record – so our focus is on ensuring the record reflects the care provided – and most importantly, why it was provided,” Jacqui says.

“This information helps coders assign a diagnosis, which in turn is translated using special software into a DRG – a Diagnostic Related Group. This is a statistical system of classifying any inpatient stay into groups that is used to bill either the Government or health funds.”





10
12

CULLING

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Please return off each box when complete



“Coded data is also used for clinical research and audits; epidemiological studies; statistics; health services planning; resource allocation; clinical governance; and education. Our coders are key to translating information provided by our doctors into reportable information.”

“Health Information Services is often thought of as the place where Health Records live, but it’s so much more than that,” Jacqui says. “We are the source of information that determines and instructs Government on the health of our population.”

CLINICAL DOCUMENTATION SPECIALISTS

This year JHC employed three clinical documentation specialists. The Clinical Documentation Specialists take on an education role to train junior doctors in how to document and why it is so important. They also play an important role in reviewing medical records to ensure the record accurately reflects the care provided.

IT SYSTEMS

According to Jacqui, the key to an effective HIS is an effective IT system where the systems ‘talk’ to each other; robust data collection; and excellent documentation: “It all goes hand in hand,” she says. “A good record is the basis for informed clinical decision-making and a good IT system supports this.”

In 2010, JHC moved to using Patient Administration System, Meditech, which is not used by the public sector, but is the product

WHAT DO HEALTH INFORMATION SERVICES DO?

- /// Recording, collating, maintaining, storing and retrieving patient medical records
- /// Creation and management of a unique patient identifier (medical record number) for each patient
- /// Clinical coding – which categorises inpatient activity to allow for reporting and billing
- /// Reporting of patient data to the Department of Health who then report to the Commonwealth
- /// Reporting of patient data to health funds
- /// Release of information for GP requests and other hospital attendances
- /// Provision of subpoenaed medical records to court
- /// Provision of a privacy service and actioning requests from patients who may wish to have a copy of their medical record

of choice for Ramsay Health Care. It records basic demographic data, patient event data, coded data and billing data – but it provides no indication of acuity.

FAST-TRACKING TO THE FUTURE

JHC’s Electronic Discharge Summaries (EDS) feed into My Health Record – the Federal Government’s online summary of the key health information of every Australian who does not opt out.

“Ramsay Health Care put this feed in place when the new EDS was introduced several years ago, which was a really smart move. Not all hospitals do this, but it is the way the world is going and it will be more common in future,” says Jacqui.

JHC is also currently investigating moving away from paper-based medical records and is planning to introduce a digitised system, which will significantly transform and reshape the daily operations of the hospital.

“It will allow multiple staff to review a patient record at the same time – whereas currently, only one person at a time can review a physical file and to get that file between people is a slower process. So the new system will give us flexibility and visibility in seeing the record.

BEYOND DOCTORS & NURSES:

CENTRAL STERILISING SERVICES DEPARTMENT

50



The Central Sterilising Services Department (CSSD) are responsible for the reprocessing of reusable medical devices which require high level disinfection and/or sterilisation including many surgical instruments such as scissors, retractors, drills, scalpels and much more.

The role of the CSSD is crucial in maintaining safe and high quality care of our patients. Our highly trained, skilled and dedicated technicians ensure medical devices and tools are properly sterilised and managed to safeguard against infection.

WHAT DOES A TYPICAL DAY FOR A CSSD TECHNICIAN LOOK LIKE?

Every day is different but on a typical day the department can be processing anything from microscopic instrumentation to large orthopaedic instruments and tools.

Used instruments from all over the hospital including theatres, the emergency department, wards and other clinical areas arrive at the CSSD's decontamination room where technicians check, sort and process them.

Once washed and dried each instrument is then meticulously examined for functionality and cleanliness using a magnifying glass, then packed and sterilised. The instruments are

then organised into trays according to the kind of procedure or surgery they will be used for before being sent back to theatres and other areas of the hospital.

Technicians also test the washing machines daily before use to ensure safety and hygiene and perform yearly checks on all sterilising machines to ensure they are operating to the highest standards.



HEADS OF DEPARTMENTS

MEDICAL ADVISORY COMMITTEE



Heads of Departments/Medical Advisory Committee (HoDMAC) is the formal structure through which accredited medical practitioners formulate and communicate their collective views.

HoDMAC met five times in 2017-18 and progressed a range of topics including:

- /// Endorsing and promoting the *Speak Up For Patient Safety* program and in particular the *Promoting Professional Accountability* pillar of this program
- /// Hospital performance and patient flow
- /// Improvement strategies for discharge summaries including the implementation of *No Summary No Discharge* initiative. The committee also discussed who will need to drive this at the frontline and agreed that each department head should nominate one or more senior consultants to be the lead for discharge summaries.
- /// Supporting the recruitment of a Clinical Documentation Specialist to work closely with clinicians to review and improve patient documentation to ensure accuracy in medical records
- /// Participating in policy-making and planning processes
- /// Senior clinician leadership in promoting hand hygiene
- /// Strengthening departmental morbidity and mortality reviews
- /// Endorsing recommendations from the Clinical Review Committee
- /// Working with Support Services Manager to get healthy options in vending machines at JHC.

HEADS OF DEPARTMENTS MEDICAL ADVISORY COMMITTEE

Mr Tony Geddes (Chair)
Head of Department (HoD) Orthopaedics

Dr Barry Vieira (Deputy Chair)
HoD Rehabilitation & Aged Care

Dr David Bridgman HoD Anaesthetics

Dr Cameron Burrows Director of Emergency Medicine

Mr Kempton Cowan* Chief Executive Officer

Dr Jenny Deague Director of Cardiology

Dr David Hawkins HoD Intensive Care

Mr Benjamin Irish* Director of Clinical Services

Mr Jesvinder Judge HoD Surgical Sub-specialties

Dr Amanda Ling* Deputy Chief Executive Officer

Dr Martin Marshall HoD Radiology

Dr Cliff Neppe Director of Obstetrics and Gynaecology

Dr Dejan Radeski HoD Pathology

Dr Stephen Richards Director of Clinical Training/General Medicine

Mr Paul Salama HoD General Surgery

Prof Desiree Silva HoD Paediatrics

Prof Hans Stampfer HoD Psychiatry

Dr Farid Taba HoD Palliative Care/GP Liaison

Dr Michael Veltman Director Of Anaesthetics

Dr Simon Wood* Director of Medical Services

Mr George Garas HoD Gastroenterology

Dr Andrew Wesseldine* Director of Innovation and Improvement

Miss Lucinda Cavanagh* Meeting Secretary/Executive Assistant to the Director of Medical Services

*Ex officio members


A SPECIALIST'S STORY

CLINICAL PROFESSOR
JENNY DEAGUE



54

CARL
DR. J



Like many doctors at Joondalup Health Campus (JHC) Director of Cardiology, **Clinical Professor Jenny Deague**, packs a lot into her day.

With four children still at school, Dr Deague rises early and shares the school drop off with her cardiologist husband before heading to work.

Depending on the day of the week and what has happened overnight, Dr Deague goes straight to the hospital's 10-bed Coronary Care Unit to see patients.

These patients could be experiencing anything from angina and acute coronary syndromes to valvular heart disease, cardiac failure, aortic stenosis, and more.

These patients are all treated by a multidisciplinary team at JHC, including general cardiologists, interventional cardiologists, echo cardiologists; electrophysiology trained cardiologists, nurses, sonographers, radiographers and allied health professionals.

Chances are at least one of these patients suffered a heart attack and has been rushed through the Emergency Department and upstairs to the Cardiac Catheter Laboratory to undergo emergency interventional coronary angioplasty or "stenting" as it is more commonly known.

After her coronary care round she will visit the hospital's eight bed Telemetry Unit where patients are receiving continuous ECG

monitoring and care for suspected heart attacks, arrhythmia and collapses.

Dr Deague then goes to the echocardiography rooms to report transthoracic echocardiograms.

Echocardiography (and particularly transthoracic echo) is an important part of modern cardiology care and Dr Deague works with a team of sonographers and cardiologist Dr Jonathan Teoh to provide the very best echocardiography service for JHC.

Twice a week Dr Deague performs trans oesophageal echocardiograms on a list of patients. This procedure involves inserting a small ultrasound probe into the oesophagus in order to better visualise the heart structures.

She is well qualified for this procedure having completed her advanced training in echocardiography at the Royal Melbourne Hospital and a two year fellowship at Massachusetts General Hospital and Harvard.

When Dr Deague's isn't performing clinical duties, she can be found carrying out a range of other tasks, such as facilitating the team's fortnightly multidisciplinary meetings at which complex cases are discussed, teaching medical students or attending meetings such as the Clinical Review Committee, Governance

and Safety Committee, Credentialing or Heads of Department meetings.

Under Dr Deague's direction, cardiology services at JHC have both expanded and improved. The Cardiac Catheter Laboratory and Echocardiography Laboratory were opened and the Telemetry Care Unit was set up. The team strive to remain patient focussed at all times and Dr Deague is very proud of the multidisciplinary team she leads.

In her spare time Dr Deague enjoys spending time with her children, playing tennis and socialising.

Dr Deague sits on the hospital's Senior Leadership Team and is also on the National Heart Foundation Board. She also chairs the Heart Health Committee for the Heart Foundation.



NURSING PERSPECTIVES

LISA SELF

During nearly three decades as a nurse, **Lisa Self** says she has seen tremendous advances in the medical field.

The Clinical Nurse Manager of the Intensive Care Unit (ICU) / High Dependency Unit (HDU) / Critical and Coronary Care Unit (CCU) at Joondalup Health Campus (JHC) says the stories she tells sometimes shock younger members of the team.

“My younger colleagues laugh and are horrified when I tell them I remember a time in the UK when we used to treat some patients with severe swelling with leeches,” she said.

“It seems medieval but such is the rapid pace that technology and medicine moves that nursing is almost unrecognisable now from what it was when I first started.”

Commencing her nursing career in the United Kingdom in 1985, Lisa spent more than 15 years working in hospitals across the country.

It was while working as a repatriation nurse bringing critically ill patients back to the UK from abroad that she decided to dedicate her career to intensive care nursing.

For Lisa, it is the human element of intensive care that she is most passionate about.

“As an intensive care nurse, you see people at their very worst,” she said.

“Given the life threatening condition of the patients we treat, you form a close bond with both the patient and their family and you invest a lot of yourself into those relationships.

“In intensive care we have to look after every aspect of a patient’s condition but importantly, we also have to take care of the emotional wellbeing of patients and their families during what is often an incredibly difficult time.”

After completing her intensive care training in London, Lisa was then lured to Perth where she joined the Critical Care Unit at JHC in 2006.

Back then the unit had only 10 beds, with three dedicated to Coronary Care. To meet growing demand, in 2012 the Unit was expanded to nine intensive care beds, six high dependency beds and 10 coronary care beds, with Lisa at the helm as Clinical Nurse Manager.

“The expansion not only increased our capacity in beds, but more importantly it allowed us to develop a much more comprehensive intensive care and cardiology service,” she said.

“We also opened the Cardiac Catheter Laboratory (Cath Lab) in 2012 providing a range of interventional heart and vascular services such as stents.”

More recently Lisa’s team has been instrumental in improving the Cardiac Rehabilitation Service which provides ongoing support to cardiac patients from hospital to home. The service has a multidisciplinary approach with cardiologists, nurses and allied health professionals working together to support patients with advice and education to assist their ongoing recovery.

Looking to the future, Lisa is excited by plans to further expand the hospital with more beds and, she hopes, more Cath Labs.

“The planned expansion will have an enormous impact on our local community,” Lisa said.

“With an increased number of beds and more Cath Labs we will be able to further develop the cardiology service and attract more highly skilled doctors and nurses to the hospital.”



ALLIED HEALTH STORY

HOLLY LANDERS

JHC welcomed a new Physiotherapy Manager on 18 June who hopes to help build the hospital's ability to provide care beyond its own walls.

Holly Landers replaced JHC stalwart and founder of the Physiotherapy Department, Lynley Ward, who grew the department from a team of just two to the department it is today.

Holly brings to the role many years of experience working in both tertiary hospitals and in the community and says she is very excited to join a hospital with so much potential.

"I look forward to the challenges this role will bring," she said. "I'm really excited to have this opportunity to help build on the department's high quality, evidence-based service."

"The staff here in the physio team are so impressive, they'd be an asset to any hospital. In most of the big tertiary hospitals, physios go into specialty areas very early on in their careers – whereas here at JHC, the physios have traditionally been generalists and therefore are highly capable of working across many areas."

"My first few weeks here were very interesting – my first impression is that everyone works so well together, they support each other and no-one gets left behind. It's the culture that stands out to me."

"The other thing I've been pleasantly surprised by is how good JHC is at sharing data. Being able to track KPIs on a daily basis to help

us be as efficient as we can be, that's really something."

"I'm passionate about patients getting the right care at the right time and in the right place – and often that place is closer to home. With the rise of home-based services being offered by certain insurers, it's definitely time to look at the model and, depending on resources, develop a more seamless journey from hospital to home."

Having spent six years working for Community Physiotherapy Services, running classes in recreation centres for a range of people living in the north metropolitan catchment, Holly is well aware of what services are available in the community and she has the contacts and mindset to create partnerships and build on links for the good of patients.

"At the size we are now and looking at another expansion, it is time to encourage development of specialty areas within the physio team."

One of the big challenges that Holly will face over the coming year is the establishment of the hospital's stroke service, which will require allied health professionals who specialise in this area to be recruited and to help implement the new service.

"We are in the planning stages of working out what this will look like, but I'm expecting that we will need to appoint a senior stroke specialist in physio and that person will play a role in developing our junior staff and help establish an area of specialty training."

INPATIENT PHYSIOTHERAPY ACTIVITY SNAPSHOT

- /// 40% medical
- /// 6% obstetrics and gynaecology / paediatrics
- /// 20% rehabilitation
- /// 34% surgical (including orthopaedics, ICU, HDU and general surgery)

OUTPATIENT PHYSIOTHERAPY ACTIVITY SNAPSHOT

10% of total physiotherapy activity is outpatients including preoperative clinics; group exercise classes (*Be Active, Parkinsons, Pulmonary Rehabilitation*); hydrotherapy; outpatients - musculoskeletal, continence clinic; knee clinic; falls clinic; Day Therapy Unit.

DATA DRIVING CHANGE



The image is a conceptual graphic for a report. It features a blurred background of an office desk with a stethoscope resting on a document. The document contains various data visualizations, including a line chart with years 2012, 2013, 2014, and 2017, and a blue bar chart. An orange ECG line runs across the bottom of the image, ending in a heart shape. A large white number '60' is positioned in the bottom left corner. The title 'DATA DRIVING CHANGE' is centered in a white box with an orange background.

60



In November 2017, **Dr Chantal Ferguson** was recruited to join forces with Dr Elly Marillier as Senior Consultant for Patient Safety and will be focusing on clinical quality and the use of data to drive improvements.

Chantal says her biggest priority and focus is on improving the health of patients and their hospital experience.

“I will be interpreting data – such as hospital complication rates, infection rates and re-admission rates - and translating that into meaningful information that will be of value to doctors.”

“Then I will also be supporting medical and other staff to use data to identify areas for improvement and work with them on implementing quality changes.

“We monitor multiple patient safety and clinical quality indicators in the hospital. This information is crucial to support improvements

and innovations in transforming health care delivery.”

Discussions are underway with consultants to share the data from the Health Round Table: a knowledge –sharing collective, which draws upon the experience of thousands of highly skilled clinicians and administrators across Australia and New Zealand, as well as top innovators from around the world.

Via the Clinical Review Committee, Dr Chantal Ferguson has been drilling down into the Departmental Reports highlighting trends and comparing JHC to exemplars using government recognised standards. This then supports implementation of proven improvement techniques within JHC to enhance care.

For example, timely access to surgery is important to provide patients with a streamlined, comfortable experience, and reduce waiting times.

When compared with similar hospitals across Australia, JHC angiography has a 91% day of surgery admission, higher than the peer groups' average at 81%.

(ref: 2018 Health Roundtable | 03/07/2018 | v02 | 4939-1737725)

RESEARCH



Research continues to grow at Joondalup Health Campus (JHC) with projects in many areas including paediatrics, dietetics, emergency medicine, anaesthetics, cardiology and mental health.

JHC is unique in the way it conducts research. The hospital has an energetic, diverse and collaborative research environment with many different types of research projects underway ranging from local quality improvement projects and investigator-initiated trials to large multi-centre, internationally-sponsored clinical trials.

Central to these research endeavours are key relationships with major universities and research institutes such as the University of Western Australia, Curtin University, Edith Cowan University and the Telethon Kids Institute.

The hospital is supportive of and welcomes research from new investigators. Guidance is available on submitting a proposal to undertake research at JHC with the aim of minimising barriers to study implementation and providing support, particularly for novice researchers. Other resources are being made available to researchers to assist across the whole spectrum of their research project.

More than a hundred research projects are currently underway at JHC and more than 20 research studies by JHC staff or involving JHC patients were published in medical or scientific

journals in 2017-18 in diverse clinical areas such as wound care, dietetics, paediatrics, neonatology, nursing, emergency medicine and mental health.

Publication of our research in these respected journals indicates that our research is well-regarded by medical and scientific experts around the world and allows our researchers to contribute to the acquisition of medical knowledge that will ultimately result in improved care for our patients.

Some of the projects underway or recently completed include:

/// **Communicating 4 Safety Project:**

The aim of the Communicating for Safety (C4S) project is to improve communication in clinical practice between health caregivers. The information gathered in this project will contribute to our understanding of the views of junior clinicians and nurses on the communication practices used when managing patients' changing conditions across their admission, particularly when escalating care for a deteriorating patient.

/// **The CAFÉ study:** Continuous Catheters in Adductor Canal versus Femoral Triangle for Total Knee Replacement Surgery. Mobilisation is a key functional outcome after a total knee replacement and the ability to participate in physical therapy exercise is an important component of post-operative rehabilitation.

This multi-centre study will investigate if the anatomical location of the catheter used for post-operative pain-relief impacts on mobilisation and pain scores and whether either is linked with better patient outcomes following total knee replacement surgery.

/// **The PeaPod Study:** This study will provide valuable insights into the early determinants of long term health using PEAPOD measurements in the neonatal age group. Serial measurements of how preterm and term infants accrue body fat are measured using the PEAPOD machine. The PEA POD® Infant Body Composition System is a simple, non-invasive and reliable technology used for body composition analysis and enables us to monitor the efficacy of nutrition interventions to promote linear growth in young babies.



RESEARCH – ORIGINS

MAJOR FUNDING ANNOUNCED
FOR ORIGINS PROJECT



In 2017-18, major funding was announced for the ORIGINS Project – a long-term research project aiming to unlock the mysteries of what causes disease.

Prime Minister of Australia, the Hon. Malcolm Turnbull MP, announced in October 2017 that his Government would join forces with Telethon and the Paul Ramsay Foundation to collectively donate \$26 million towards ORIGINS.

Run collaboratively between Joondalup Health Campus (JHC) and the Telethon Kids Institute, ORIGINS will study how a child's early environment influences the risk of health problems including allergies, asthma, autism, diabetes and obesity – and looks at what we might do to reduce this risk.

The funding announcement was initially made during the Telethon weekend (21-22 October) by Ramsay Health Care Board Chairman and Director of the Paul Ramsay Foundation, Michael Siddle.

As part of the funding arrangement, the Paul Ramsay Foundation donated \$13 million, which was matched by the Federal Government who donate the funds through Telethon.

ORIGINS will follow a birth cohort of 10,000 families, beginning from pregnancy and lasting until the child is five years old. It will collect a broad range of data and provide participating parents and children with health check-ups and follow up support when a risk factor is identified, to help prevent or minimise future health issues.




RESEARCH – ORIGINS

FIRST 1000 ORIGINS FAMILIES
RECRUITED



66



JHC Head of Paediatrics and ORIGINS Co-Director **Professor Desiree Silva** said she was delighted that the project had recruited its first 1,000 families during 2017-18'.

"We are aiming to recruit 10,000 families in total and so to reach our first 1,000 this past year is an exciting milestone," she said.

"The funding we've been granted this past year has been an invaluable contribution, enabling a unique, large scale investigation into how pregnancy and early life exposure can influence a child's growth, development and life-long health," Professor Silva said.

"What's exciting about ORIGINS is the breadth and depth of the study. It lets us explore the early causality of Australia's growing and debilitating chronic illnesses, and identify and implement interventions".

The project is co-directed by Professor Susan Prescott at the Telethon Kids Institute, who emphasised that ORIGINS will address many of the most pressing health issues of our time.

"One of its unique virtues is the ability to translate the findings by rapidly integrating them into both clinical practice and community activities. This hasn't been the case in other longitudinal birth studies," Professor Prescott said.

For more information on the project visit originsproject.telethonkids.org.au

LISTENING TO OUR COMMUNITY

COMMUNITY BOARD OF ADVICE



Community Board of Advice

The role of the Community Board of Advice is to make recommendations to the hospital concerning the delivery of services to public patients. This is in accordance with the Department of Health Service Agreement (DHSA). The Board met five times in 2017-18 and analysed the following:

- /// JHC's governance & safety dashboard
- /// Emergency Department (ED) initiatives including:
 - WEAT coordinators
 - Streamlining of handover
 - Early access aged care consultant
 - Redesign of the ED waiting room
- /// Mental Health Observation Area (MHOA)
- /// JHC's Strategic Intent
- /// Accreditation and the 10 National Standards
- /// Election promises
- /// Innovations and Improvements Unit
- /// Safety & Quality Plan
- /// Clinical Services Plan

SERVING MEMBERS DURING 2017-2018

Tracey Roberts Chair / City of Wanneroo Representative
Mayor of the City of Wanneroo

Ian Goodenough Member
Federal Member for Moore

Emily Hamilton Member / State representative
Member of the Legislative Assembly (MLA)

Jan Norberger Member
Community Representative

Christine Hamilton-Prime Member/ City of Joondalup Representative

Dot Newton Member / City of Wanneroo Representative
(Resigned March 2018)

Hugh Nguyen Member / City of Wanneroo Representative

Craig Leatt-Hayter Member / Department of Health Representative

Nadia van der Woude Member / Community Representative (Youth)

Peter Coghlan Member / Community Representative (Disability)

Bella Ndayikeze Member / Community Representative (Multicultural)

Paul Dallimore Member / Community Representative (Police) (Resigned Feb 2018)

Scott Warner Member / Community Representative (Police)

Alan Alford Member / Community Representative (Mental Health)
Chair Joondalup Clarkson Community Mental Health CAG
Deputy Chair North Metropolitan Health Service CAC

Dr Amanda Ling Member
JHC Deputy Chief Executive Officer

Ben Irish Member
JHC Director of Clinical Services

Aisha Timol Member
JHC Communications & Marketing Manager

Elizabeth O'Neill Member
JHC Pastoral Care Coordinator

Angela Smith Minutes Secretary and Executive Assistant to the Director of Clinical Services



CONNECTING WITH OUR COMMUNITY EVENTS & SPONSORSHIPS



Joondalup Health Campus is an active supporter of a number of health and community events each year and also the local business community. In 2017-18 Joondalup Health Campus proudly supported the following events:

City of Joondalup Valentine's Concert

Joondalup Health Campus was once again a premier partner of the City of Joondalup Valentine's Concert on Thursday 15 February 2018. More than 8,000 local residents enjoyed a magical evening at the free community event held under the stars at Joondalup Resort. The concert, named 'Witches', featured songs of magic, persuasion and power from film and stage with Australian musical theatre leading ladies Lucy Durack, Amanda Harrison, Helen Dallimore and Jemma Rix joined by Simon Gleeson and the West Australian Symphony Orchestra (WASO) to deliver a fantastic night of entertainment.

Joondalup Wanneroo Relay for Life

The Joondalup Wanneroo Relay for Life has been proudly supported by Joondalup Health Campus since 2008. The 24-hour event held on the weekend of 21-22 October 2017 raised more than \$287,000 for life-saving research and support services for cancer sufferers and their families on behalf of Cancer Council WA.

Joondalup Christmas Lunch

In 2017 Joondalup Health Campus once again proudly supported the Joondalup Christmas Lunch – an event which embodies Ramsay Health Care's 'people caring for people' philosophy. This special community event provides a free Christmas lunch to local residents who have nowhere to go, have no family, cannot afford a meal of their own, or are lonely and isolated on Christmas Day. Held in Joondalup's picturesque Central Park on 25 December 2017, more than 500 people from all walks of life enjoyed a festive lunch, carols and entertainment.

Lionheart Camp for Kids

In 2017 Joondalup Health Campus sponsored Lionheart Camp for Kids. This important charity offers support programs and camps for West Australian families with children aged 5-12 years following the death of a family member.

WA Nursing and Midwifery Excellence Awards

Joondalup Health Campus, as part of Ramsay Health Care WA, has supported the WA Nursing and Midwifery Excellence Awards for many years. This event celebrates and recognises the important contribution nurses and midwives make to the West Australian community.

Lifeline WA

As part of Ramsay Health Care WA, Joondalup Health Care proudly supports Lifeline WA - a national charity providing all Australians experiencing a personal crisis with access to 24 hour crisis support and suicide prevention services.

Joondalup Health Campus also supports a number of other health related events as part of Ramsay Health Care WA.

IN THE MEDIA

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With a growing reputation for excellence, our staff and patients have regularly featured in local, state and national media which positively enhances the JHC brand. Below is a small extract of the coverage from 2017-2018.

JULY 2017 –
Channel 7's Today Tonight

'Patient Blood Management'

JHC Patient Blood Management nurse Angie Monk was interviewed about a pre-operative blood management program. While all surgery carries a risk of blood loss, people can enhance their own blood supply, reducing the need for donor supply. Prior to surgery patients are given an infusion of iron to increase the body's ability to make more red blood cells during surgery and after. Patients recover sooner, heal faster and have fewer complications.

AUGUST 2017 –
The West Australian

'Stress. Do you know what it is doing?'

An article about how chronic stress can set off a cascade of health problems, which quoted National Heart Foundation Board Member and Joondalup Health Campus director of Cardiology Jenny Deague. Dr Deague said the release of adrenaline during acute stress raises blood pressure and can cause heart attacks and stress-induced cardiomyopathy, known as broken heart syndrome.

AUGUST 2017

Director of Clinical Services Benjamin Irish featured on the BBC's Wanted Down Under program, speaking about the benefits of nursing at JHC.

OCTOBER 2017 –
The Sunday Times

'\$26M Kids Bonus'

Front page story about the pledge by Prime Minister Malcolm Turnbull to co-fund the landmark \$26 million ORIGINS Project. The story reported that the Paul Ramsay Foundation committed \$13 million which the Federal Government has offered to match dollar-for-dollar through Telethon over 10 years.

NOVEMBER 2017 –
The West Australian

Fresh food for vending machines

JHC Head of Paediatrics Professor Desiree Silva and dietitian Tristian Schwartzkopff featured in a story about healthy vending machines.

NOVEMBER 2017 –
Joondalup Times

'Hearty message for all'

Story about Joondalup Health Campus promoting the Heart Foundation WA's No Junk November campaign. The paper reported that while the staff from the JHC Cath Lab look like friendly faces, you probably don't want to be peering up at them from a hospital bed – and that this is the message our heart experts are sending to residents as they push the Heart Foundation WA's new No Junk November campaign. The campaign urges people to commit to a no junk food diet for the month in the hope it might kick start a long-term change in lifestyle. JHC Director of Cardiology Professor Jenny Deague, who also sits on the Board of the Heart Foundation, took up the challenge.

Joondalup Times

'ORIGINS columns'

Regular columns have been published in the Joondalup Weekender throughout the year on a variety of topics written by researchers and paediatricians from the ORIGINS team. The columns provide useful tips and information for parents in the community.



OUR SERVICES

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Joondalup Health Campus' services include:

/// After hours GP

/// Aged care and rehabilitation

/// Anaesthesia

/// Bariatric surgery

/// Breast surgery

/// Cardiology

/// Coronary care

/// Day oncology

/// Diabetes education

/// Dietetics

/// Ear, nose and throat surgery

/// Emergency medicine

/// Endocrine surgery

/// Fertility/IVF (private only)

/// Gastroenterology

/// General medicine

/// General surgery

/// Gynaecology

/// Haematology

/// Hepatobiliary and oncologic surgery

/// Infectious diseases

/// Intensive care medicine

/// Neonatology

/// Neurology

/// Obstetrics

/// Occupational therapy

/// Ophthalmology

/// Orthopaedic surgery

/// Paediatric medicine

/// Paediatric surgery

/// Pain management

/// Palliative care

/// Physiotherapy

/// Plastic and reconstructive surgery

/// Psychiatry

/// Respiratory medicine

/// Social work

/// Speech therapy

/// Spinal surgery

/// Stomal therapy

/// Thoracic surgery

/// Urology

/// Vascular surgery

OUR SPECIALISTS



Joondalup Health Campus has hundreds of experienced specialists providing care for patients.

Our facilities include two onsite specialist medical centres which provide dedicated suites for patient appointments.

A full list of our specialists can be found on our website:
joondaluphealthcampus.com.au/specialists


JOONDALUP HEALTH CAMPUS

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joondaluphealthcampus.com.au

 **Joondalup
Health Campus**
Part of Ramsay Health Care