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Acknowledgement of Country and People

Joondalup Health Campus acknowledges the Whadjuk people of the Noongar Nation as the Traditional Custodians of the lands upon which we are located. We pay our respects to Elders past and present.





Welcome to the 2019 Annual Report. This report is a celebration of the many achievements of staff in delivering on our vision: growing with our community to provide excellent health care.

I am extremely proud of the commitment shown by our team throughout the past year in providing safe, high-quality health care during these challenging times, which have seen unprecedented demand for our services. In my 20 years at JHC, the past 18 months have been among the most challenging.

Our Emergency Department (ED) was designed for 65,000 presentations annually, yet this year has seen more than 100,000 presentations; and our theatres, inpatient beds, and Mental Health Unit are constantly operating at near full capacity, or in some cases, above.

The flu season arrived unexpectedly early in 2019 and has been particularly severe compared with previous years, leading to even greater pressure on hospital beds – and on staff. I wish to personally thank each and every one of you for your perseverance and resilience.

I'm sure we all agree that the expansion of the hospital can't come soon enough; the 2019 WA State Budget has included \$161 million for this exciting project and we're working closely with the State and Federal Governments to expedite this, whilst ensuring we take enough time to get it right. The demand for services is not likely to slow down anytime soon – quite the opposite in fact. A 42 per cent growth in the population of the JHC catchment area has been forecast by 2031, including a doubling of people aged over 65, which will put unprecedented pressure on the hospital.

Accordingly we intend to work closely with the State Government and many community stakeholders to do our part in implementing the recommendations of the Sustainable Health Review to assist in alleviating demand for inpatient hospital services into the future.

As we grow, improving the patient experience remains a top priority. This focus and prioritisation of our patients' experience of care is especially important leading into the expansion. We intend to co-design the expansion with input from consumers and clinicians.

In March, we were very proud to officially open the Stroke Unit – a service which was definitely designed with the input of people who have lived experience of this devastating condition. This service had been long desired by the community and I'm pleased to say it is already saving lives.

Under one roof, our hospital cares for people facing some of life's biggest events – from the heartbreak of having a diagnosis like stroke or any other major health issue, to the palliative care and death of a loved one, to the joy of new life.

And it is this last point that we have chosen to focus on as the theme of this year's report. Our maternity service has, in the past year, delivered 3.600 new lives into this world.

The service has also seen some big changes with the introduction of 'shared care' maternity arrangements, and continues to evolve. Read more on page 37.

Finally, people who choose to work in health tend to do so because they genuinely care and have so much to give – and so, I hope this report showcases some of the amazing things JHC staff do every day to look after our community. I commend this report to you.

KEMPTON COWAN

CEO, Joondalup Health Campus







Joondalup Health Campus (JHC) is the major hospital in Perth's northern corridor and one of the largest in WA, treating both public and private patients.

The origins of the hospital date back to 1980 when it was the 85-bed Wanneroo Hospital. At that time the northern suburbs were largely undeveloped and surrounded by native bushland.

As the population grew it was clear that the hospital needed to change so in 1996, the State Government turned to the private sector not only to operate the facility on its behalf but also to transform and modernise it.

In 2005, Ramsay Health Care became the operator and oversaw a major expansion of the facility between 2009 and 2013, more than doubling its capacity.

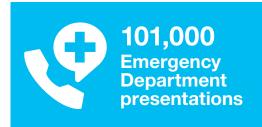
Today, the hospital provides a wide range of specialist services for the entire family – from birth through to old age and is home to several state-wide services, including the Bariatric Service and the Peritonectomy Service.

With 722 licensed beds and bays, JHC is sizeable and is set to grow again in the coming years, with detailed planning now underway for a major expansion.

PRIVATELY RUN WITH A PUBLIC CONTRACT

JHC is managed by Australia's largest private hospital operator, Ramsay Health Care, under a long-standing and very successful public private partnership (PPP) with the State Government.

HOW WE MADE A DIFFERENCE IN 2018-19





30,000 operations





RAMSAY HEALTH CARE THE GLOBAL PICTURE

OUR GLOBAL OPERATIONS TODAY



500,000 Patient visits/

admissions



480 Locations



77,000 **Employees**



GLOBAL HEALTH OPERATOR

- **##** Economies of scale
- **##** Best practise
- **%** Cost leadership
- Speed to market
- **///** Innovation

MARKET LEADING POSITIONS



Differentiated Business





Diversified portfolio



Industry leading quality



Deep and experienced leadership





JHC is part of Ramsay Health Care (Ramsay), one of the biggest and most diverse private healthcare service providers in the world, operating across 480 locations in 11 countries and employing 77,000 staff.

Running health care services in Australia, the United Kingdom, Continental Europe and Asia, enables Ramsay to achieve improved economies of scale, best quality practice, leadership and innovation.

The scale, diversity and quality of Ramsay health services across the world, and the mix of public and private healthcare provision, remain unique sources of differentiation for the company.

The recent acquisition of Swedish healthcare company Capio provides Ramsay with a unique exposure to new models of care, integrated healthcare systems, value based care and population health funding models.

In the 2018-19 financial year Ramsay:

- Launched the Net Promoter Score (NPS) as a global metric to measure customer satisfaction
- Established innovation hubs in Australia and Sweden deigned to look at both enabling and disruptive technologies that will better prepare the Company the for the future
- Conducted a global Employee Engagement Survey
- Launched the Ramsay Global Leadership Academy

- Continued rolling out a major patient safety initiative "Speak Up for Patient Safety" across Australia, the UK and Asia
- Built upon the introduction of new services such as TAVI (cardiac procedure) and further invested in clinical cancer trials
- Continued to explore healthcare delivery beyond hospital walls and along the healthcare value chain.













REPORTING TO GOVERNMENT

JHC's public contract is managed by the **North Metropolitan Health Service** (NMHS) – one of five Health Service Providers (HSPs) in Western Australia – through a public-private partnership (PPP) with Ramsay Health Care. This PPP is one of the longest running PPP contracts in Australia.

The NMHS determines an annual maximum operating budget for the hospital and required levels of activity for services to public patients each year. This is provided to JHC in the form of an Annual Notice at the start of every year. 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 Emergency Department waiting times, surgical wait lists, safety and quality and complaints.

REPORTING FRAMEWORK

The hospital has a detailed governance framework, which includes regular reporting, meetings and participation in system-wide working groups.

Every month, JHC provides detailed feedback on the health service performance report (HSPR) and other safety and quality indicators to NMHS.

JHC also meets on a monthly basis with the NMHS management team, for active discussions which centre around:

- Contractual and operational performance
- Current challenges and possible solutions
- Highlighting key strategies and new services

Pages 22-29 of this report provide a detailed overview of our activity, performance and key performance indicators. The report also contains information on our participation in Health Round Table (HRT) to promote safety and quality, and the many ways in which we have been working to improve the patient experience.

PROVIDING VALUE FOR MONEY

Whilst treating one in ten public patients in WA, JHC also treats many private patients. In fact, nearly 30 per cent of patients who need to be admitted choose to be treated in our 146 bed standalone private hospital saving Government tens of millions of dollars every year.









In 2018-19 JHC made excellent progress in promoting diversity.

FORMATION OF THE DIVERSITY, **ACCESS AND INCLUSION COMMITTEE**

The inaugural meeting of the Diversity, Access and Inclusion Committee took place in April 2019. The Committee now meets six times a year to progress a wide range of initiatives. The Committee promotes diversity through the accessibility and inclusivity of information, services, facilities, practices, employment and planning strategies.

ABORIGINAL LIAISON OFFICERS

The appointment of three Aboriginal Liaison Officers (ALOs) in February 2019 has been extremely positive with the team making a huge difference already, visiting wards, patients and staff with many positive reports received about their impact.

ABORIGINAL HEALTH COMMITTEE

During the course of the year, the hospital changed the format of its Reconciliation Action Plan (RAP) Committee, to align with the WA Aboriginal Health and Wellbeing Framework, and formed the Aboriginal Health Committee. This new committee includes consumer representatives, Aboriginal staff from JHC and from the North Metropolitan Health Service. The first meeting was held under the new charter in October 2018.

CLOSING THE GAP

This year also saw the extension of our monitoring of clinical indicators for Aboriginal patients, which helps inform us as we work toward closing the gap on health equality.

WADJUK NORTHSIDE SOCIAL AND **EMOTIONAL WELLBEING EXPO**

Several members of the Aboriginal Health Committee ran a joint JHC and ORIGINS Project display at the Wadjuk Northside Social and Emotional Wellbeing Expo in Balga on 24 October 2018. This event was well attended by Aboriginal community members, service providers, educators and community groups and provided a great opportunity for JHC to share recent initiatives towards improving cultural safety for Aboriginal patients at JHC.

HOSPITAL AND TRAINING PROVIDER ENHANCING ABORIGINAL EMPLOYMENT

In June we commenced a new placement partnership with Indigenous healthcare training provider Marr Mooditi, with JHC providing shared learning opportunities for students studying a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care. The relationship with Marr Mooditi dates back ten years and has been helping to maximise Aboriginal and Torres Strait Islander employment.

COMPETENCY STANDARDS FRAMEWORK FOR CULTURALLY RESPONSIVE CLINICAL PRACTICE

During the year Ramsay Health Care launched the Competency Standards Framework for Culturally Responsive Clinical Practice - a ground-breaking development in improving access to health care for migrants and refugees. JHC is working within this framework and has completed a survey of staff on the use and knowledge of interpreter services. The hospital has also audited its interpreter service use with the aim of improving service delivery and organisational health literacy, and plans to roll out training for all staff next financial year.









In keeping with the 2019 National Reconciliation Week theme 'Grounded in Truth, Walk Together in Courage,' Aboriginal Liaison Officer **Justin Martin** held a series of cultural walks through the trails around Lake Joondalup.

Staff from the hospital have absolutely loved the regular lunchtime cultural walks, where they have been learning more about Aboriginal culture.

During the one hour walks, Justin teaches the group about local plants, their Noongar names, uses and links to tribes.

He also shares Dreamtime stories, speaks about the six Noongar seasons, and describes the impact of colonisation.

Tracey Negus, who chairs the hospital's Aboriginal Health Committee and is also comanager of our social work team, says the interest shown by staff has been phenomenal.

"It's really positive and pleasing to know that our health workers are so engaged and that they want to understand more about Aboriginal history and culture," she said.

"It's very important that we provide culturally appropriate services in the hospital and so activities like this definitely help to upskill our staff and promote better understanding."

She said the appointment of three Aboriginal Liaison Officers in February had also been making a huge difference.

"Their role includes visiting Aboriginal and Torres Strait Islander patients to provide cultural support and to assist in making the hospital a culturally safe environment for all," she said.

"We have very lucky to have Justin, Tammy and Tina working with our patients and staff – they add such value and we really respect the knowledge and experience they bring."







JHC CATCHMENT POPULATION 363,710*

Our catchment covers both the City of Wanneroo (683km²) and the City of Joondalup (99km²)

INDIGENOUS STATUS

3,700 Identify as Aboriginal or Torres Strait Islander

0.7% Joondalup

1.4% Wanneroo

HOMELESS

510**

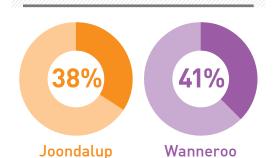
DISABILITY

11,560

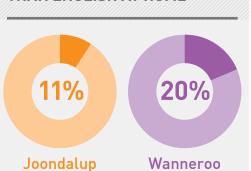
3.3% Joondalup

3.5% Wanneroo

BORN OVERSEAS



SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME



MEDIAN RESIDENT AGE IN WANNEROO

33 YEARS OLD

MEDIAN RESIDENT **AGE IN JOONDALUP**

YEARS OLD

- * ABS estimated resident population, 2018
- ** Estimate from ABS 2016 data









JULY 2018

- JHC joined the 'Institute for Healthcare Improvement' – a global learning community providing clinical staff support and education in patient safety and quality improvement.
- The hospital celebrated NAIDOC Week on 9 July by unveiling the collective canvas painted by staff and now adorning the main foyer.

SEPTEMBER 2018

- M Record activity was experienced in the Emergency Department (ED) in September. There were 329 presentations on 25 September – compared to the usual daily average of 270 patients.
- Doctors and nurses from JHC showcased several projects at the prestigious Institute for Healthcare Improvement (IHI) Conference 2018 in September held for the first time in Australia.
- On 11 September the staff dining room was transformed in support of droughtaffected Australian farmers. The hosting of a special 'Parma for a Farmer' lunch coincided with the start of R U OK? Week and raised more than \$3,000.

OCTOBER 2018

- JHC Head of Paediatrics Professor Desiree Silva featured on the Channel 7 news during October, alongside Telethon Kids Institute Director Jonathon Carapetis, in a guest reporting spot to promote some of the projects that Telethon money supports.
- JHC participated in the inaugural Wadjuk Northside Social Emotional Wellbeing Expo in late October. Hundreds of local people enjoyed a 'cultural immersion' experience at the expo which included a smoking ceremony, ceremonial dancers, art activities, bush tucker tasting, emu egg carving and several musical acts including Natasha Eldridge's 'Because of her we can' which was also the theme of this year's NAIDOC Week.

NOVEMBER 2018

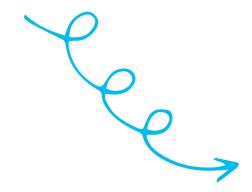
A new partnership between JHC, the WA Primary Health Alliance (WAPHA) and Silver Chain is aiming to reduce hospitalisation for people affected by chronic obstructive pulmonary disease (COPD). A 'COPD Health Coordinator', funded by WAPHA and employed by Silver Chain, commenced in November and will to help coordinate follow-up care and provide ongoing education on the at-home management of their disease after they are discharged.

DECEMBER 2018

Mew shared maternity care guidelines were adopted and a Memorandum of Understanding (MoU) drawn up, with GP workshops held to provide opportunities for GPs to brush up on their skills and learn about the MoU.

JANUARY 2019

JHC became a Choosing Wisely
Champion Health Service member, joining
24 other Health Service members that are
working with Choosing Wisely Australia
and NPS MedicineWise. Choosing Wisely
Australia® is an initiative enabling clinicians,
consumers and healthcare stakeholders
to start important conversations about
tests, treatments and procedures where
evidence shows they provide no benefit,
or in some cases, lead to harm.









FEBRUARY 2019

- Coaches and players from the West Coast Eagles visited JHC on 20 February as part of their community engagement program.
- JHC employed three Aboriginal Liaison Officers (ALOs) to provide cultural support to Aboriginal and Torres Islander patients and staff. These staff visit patients in hospital to provide cultural support; liaise between the patient and hospital staff; refer patients to other support services; and explain hospital services and procedures to patients. The team are also available to assist staff by providing information and education, promoting cultural awareness and supporting Aboriginal staff.

MARCH 2019

- The JHC Stroke Unit was officially opened by the WA Deputy Premier and Minister for Health Roger Cook on 22 March.
- /// JHC completed a state-wide disaster training exercise involving activation of the State Health Incident Command Centre. Exercise Eurus involved multiple agencies and yielded many lessons.

APRIL 2019

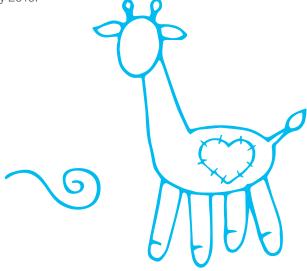
- The Australian Red Cross Blood Service launched the national Health Services Blood Challenge at JHC for the first time on Monday 8 April.
- Electronic Blood Labelling was implemented across ICU, HDU and CCU which continues our focus on reducing blood labelling errors across the hospital.

MAY 2019

- /// On 7 May 2018 our long-serving Chair of the Heads of Department Medical Advisory Committee (HoDMAC) and Head of Orthopaedics, Mr Tony Geddes, retired. Head of Aged Care & Rehabilitation Medicine Dr Barry Vieira was announced as the new HoDMAC Chair and Dr Homan Zandi was appointed as Head of Orthopaedics from 1 July 2019.
- Electronic Blood Labelling was implemented in public and private obstetric wards.

JUNE 2019

- On 5 June we celebrated World Environment Day and the many positive changes that JHC has made. In the past financial year we have recycled 1,595 kilograms of PVC plastic, which would otherwise have ended up in landfill.
- Our Head of Paediatrics and Co-Lead Investigator of the ORIGINS Projects, Professor Desiree Silva, joined forces with her old medical school friend and bestselling author Michael Mosely as guest speaker at the Perth Children's Hospital first birthday celebrations and talked about the progress of the ORIGINS projects in its first two years.







In 2018-19 JHC continued to work closely with the North Metropolitan Health Service towards agreeing the final scope of the proposed expansion, submitting a business case as an important step in the process.

Health Minister Roger Cook said the Government remained committed to engaging and working together with Ramsay Health Care to expanding JHC to ensure the hospital has the resources it needs to meet the demands of the growing community.

"The Project Definition Plan for the redevelopment is due for completion by the end of the year," he said.

"We know we can't build more space in the Emergency Department without significantly improving the capacity you have at the back of the hospital, so we are looking at more inpatient beds, more theatres and, hopefully we get some upgrades to the private hospital so we can also continue to provide great private health care here in the northern suburbs."

The 2019-2020- State Budget allocated \$161 million to the redevelopment of the hospital.



EXECUTIVE TEAM, AS AT 30 JUNE 2019





KEMPTON COWAN
Chief Executive Officer



BENJAMIN IRISHDirector of Clinical Services



DR AMANDA LING
Deputy Chief Executive Officer



BEVAN VAN LAMOEN
Director of Corporate Services



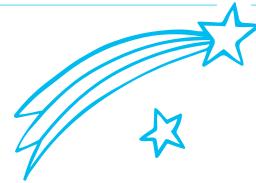
DR SIMON WOOD

Director of Medical Services



MATTHEW WRIGHT
Contract Manager









Matthew Wright is already making a difference, a little over a year into the job as JHC's Contract Manager.

Since joining the hospital in January 2018, Matthew has not only taken on the responsibility of managing the hospital's public contract with the North Metropolitan Health Service (NMHS) but is also managing the upcoming expansion of JHC on behalf of Ramsay Health Care.

"This includes discussions with NMHS around the final scope of the expansion, coordinating internal teams and consultants and assisting with internal approvals required to deliver the project," he said.

On the public contract, which runs to 2028, Matthew says communication is key: "I believe good contract management has its foundation in a constructive relationship with the organisation and people you are contracting with."

"This is only possible if there is regular and open communication between the two

parties. Fortunately, the JHC contract has a long history and a strong relationship with NMHS."

His most recent role, leading the commercial team for Serco at Fiona Stanley Hospital over 18 months, gave him excellent experience managing complex contracts within WA Health.

The Chartered Accountant has also previously held executive roles in Australia with several big name corporates and worked in London with the BUPA Group of Hospitals.

He said he was attracted to JHC because of its reputation, not only as a quality health delivery provider but also as a great place to work.

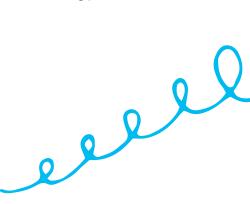
"JHC sets the standard in Australia for a private facility delivering public health services at such scale - being part of that was a big draw for me, but what has been most inspiring is seeing how committed everyone here is to patient care."

"My challenge is, and will continue to be, staying across issues relating to the contract, along with the Contract Management Team, but also working through the expansion process which will quickly come to dominate my time."

Matthew says the exciting challenges which will come from the hospital expansion are not just about the build, but also working through the complexities of operating a bigger facility.









OPERATIONS

STEADILY RISING

Our surgeons performed a total of more than 30,000 operations in 2018-19



ELECTIVE SURGERY PERFORMANCE

Percentage of elective surgery patients on the public waitlist who remain within the recommended timeframe for treatment, at 30 June 2019.

JHC ELECTIVE SURGERY PERFORMANCE ON REPORTABLE PROCEDURES*	RESULT	TARGET
URGENT: CATEGORY 1 (<30 DAYS)		100%
SEMI-URGENT: CATEGORY 2 (<90 DAYS)	96.8%	100%
NON-URGENT: CATEGORY 3 (<365 DAYS)		100%

^{*} All elective surgery procedures with a Commonwealth data reporting requirements ('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 in 2018-19







EMERGENCY DEPARTMENT

ED PRESENTATIONS RISING

More than 101,000 **people** presented to our ED in 2018-19*.

* Data source: Emergency Department Information System over past 5 years

277 patients presented to **ED** on average each day



We had record numbers on 25 September 2018 and 3 March 2019 with 329 people presenting

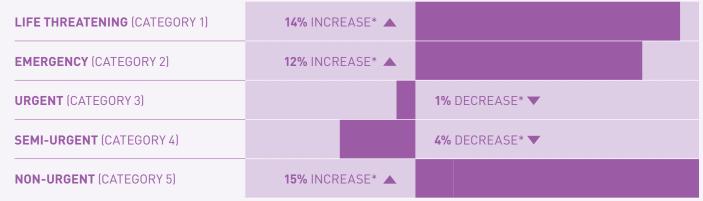
SEPTEMBER to the ED

MARCH

There were 45 days in 2018-19 where more than 300 patients presented to ED within a 24 hour period There were 330 days in the year where more than 250 patients presented per day

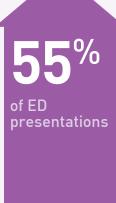
HIGHER ACUITY

The Australasian Triage System (ATS) is the standard system used to establish how quickly a patient is likely to need treatment. In 2018-19 the breakdown of presentations to our ED, compared to the previous year, was as follows:



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

55% of ED presentations were category 1, 2 and 3 during 2018-19



^{*} Compared to the previous year

EMERGENCY DEPARTMENT (continued)

WEAT

The West Australian Emergency Access Target (WEAT)

WEAT represents the proportions of patients who, within four hours, were either: treated and discharged; admitted to hospital; or transferred to another hospital for treatment.

During 2018-19 WEAT continued to be a key focus and was constantly monitored, however performance was impacted daily by demand and available bed capacity. Staff concentrated on identifying opportunities in work flow with performance strategies including:

- Meview of General Medicine, as the largest admitting specialty at JHC, has yielded plans for changes intended to help reduce the time ED patients wait for an inpatient bed.
- A Clinical Initiator Nurse was employed to help patient assessment and care start sooner.
- The introduction of **LEAN thinking**, which focuses on identifying and minimising waste in the patient journey and gives staff the habits, skills and tools to identify and implement rapid improvements.
- M A workflow analysis of support services led to changes on discharge cleaning and patient transfer processes that may support the drive to be as efficient as possible.
- A whole-of-hospital focus which engages all stakeholders in the patient journey including inpatient consultant teams from presentation to discharge has been strongly encouraged again this year.

The WEAT for JHC

in 2017-18 was **62.38%** compared to **68.75%** in 2017-18.



WAITING TIMES

The Australasian Triage System (ATS)

is the standard system used to establish how quickly a patient is likely to need treatment. Experienced nursing and medical staff use the ATS to quickly assign – or 'triage' – patients into one of five categories. This helps ensure people who need time-critical treatment receive it ahead of those whose treatment may be less time-sensitive.

LIFE THREATENING (ATS CATEGORY 1)

TARGET: 100% seen immediately

ACTUAL: 100% seen immediately at JHC

EMERGENCY (ATS CATEGORY 2)



TARGET: 80% to be seen within 10 minutes

78% seen within ten minutes at JHC

URGENT (ATS CATEGORY 3)



TARGET: 75% to be seen within 30 minutes

36% seen within 30 minutes at JHC

SEMI-URGENT (ATS CATEGORY 4)



TARGET: 70% to be seen within 60 minutes

ACTUAL: 52% seen within 60 minutes at JHC

NON-URGENT (ATS CATEGORY 5)



TARGET: 70% to be seen within 120 minutes

ACTUAL:

84% seen within 120 minutes at JHC

28

EMERGENCY DEPARTMENT (continued)

MORE AMBULANCES ARRIVING

50 ambulances

on average arrived each day during 2018-19.











36% over past 5 years

over past

5 years

FAMILIES CHOOSE LOCAL



More than 23,000 children presented to ED in 2018-19

6% over past 5 years

OBSTETRICS

BIRTH NUMBERS

经货货货货

JHC delivered ~3,600 babies in 2018-19

Private births up 3% compared to the previous year.

AFTER-HOURS GP



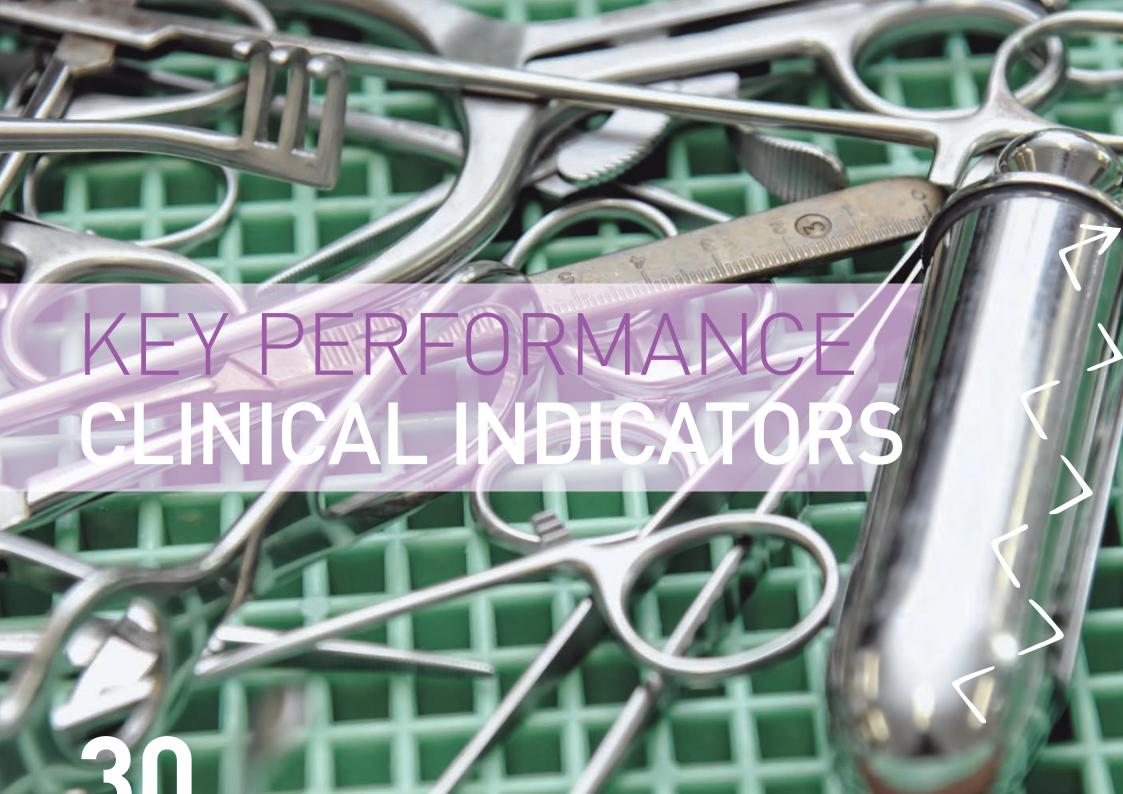
ATTENDANCES DOWN

Just over 13,000 patients in **2018-19**

There was an increase in the number of patients attending the After-Hours GP Clinic in 2018-19 with just over 13,000 attendances.

1 This represents a 3% increase on the previous year.

13% over past 5 years





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

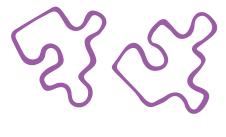
CLINICAL INDICATORS*	JOONDALUP HEALTH CAMPUS	AUSTRALASIA PEER HOSPITAL AGGREGATE
Unplanned and unexpected readmissions within 28 days	0.89%	1.43%
Unplanned return to the operating room during the same admission	0.18%	0.35%
Inpatients who develop pressure injuries	0.04%	0.07%
Inpatient falls resulting in fracture or closed head injury	0.01%	0.01%
Medication safety errors resulting in an adverse event	0.00%	0.01%

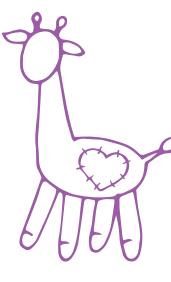


DEFINITIONS

- 1 The **aggregate** rate for all organisations is the average rate of all organisations submitting data for a particular indicator.
- M 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.











JHC's maternity services provides options for both public and private patients, ensuring choice for all parents-to-be.



Over the past decade, the hospital has been responsible for bringing nearly 30,000 new lives into the world.

Head of Obstetrics and Gynaecology Dr Cliff Neppe says the key focus is on ensuring patients experience high quality, coordinated care close to home.

"As outlined in the hospital's Clinical Services Plan 2017-2025 our ten year vision is to provide a service that meets the needs of women in the local area." he said.

"This year we've successfully introduced the shared care maternity model, which allows local women to be cared for by their GP or an endorsed midwife during and after their pregnancy – with their delivery here at JHC by our experienced midwives and obstetricians," he said.

"Commencing in September 2019 we'll also be trialling a new continuity of maternity care (CoMC) model. This will involve coordination of regular antenatal appointments, care in labour and birth and postnatal care with our highly experienced team who will work across all areas of the patient's journey."

"So, we are making great progress with ensuring choice for local women and families, because we know that every person has different needs and wants and we wish to be responsive to that."

ABOUT THE SERVICE

JHC is able to deliver babies from 32 weeks gestation. Babies born prior to 32 weeks must be delivered at King Edward Memorial Hospital (KEMH).

Regardless of whether a baby is delivered in our private or public hospital, they can receive expert care within JHC's Neonatal Unit if required, which is staffed by neonatologists, paediatricians, nurses and allied health specialists.

A baby can be admitted to the 16-cot Unit as either a public or private patient – the choice is up to the parents.











A PATIENT'S JOURNEY JUSTINE MCFARLANE



Just over a year ago **Justine McFarlane** could barely walk from one end of the house to the other unaided – but in May this year, the 38-year-old mother-of-four from Heathridge completed the HBF Run for a reason.



In 2018, Justine nearly died during the birth of her fourth child when she lost nearly 80 per cent of her blood due to complications that arose during her pregnancy.

Justine, who is actually also a JHC midwife, says she was incredibly proud to have made it to the finish line of the event on Sunday, with her older daughter Amarri (3), baby Kalea (1) and friends Lauren McCourts and Jason Marrs, as part of the Ramsay Health Care team.

"A year ago I was recovering from my third surgery at JHC, following the fight of my life. Today I am doing this event surrounded by my family, friends and colleagues and for that I am so thankful," she said. "I'm so grateful and proud to have been able to be a part of it this year! Go Team Ramsay!"

Justine developed several serious conditions during her pregnancy which were identified early on and a plan was in place to manage the associated risks.

"I had been booked for a caesarean at 38 weeks, but I ended up with an emergency caesarean at 35 weeks after suffering a

placental abruption, where the placenta separates early from the uterus, causing massive internal bleeding," she said.

"The doctors, midwives and a multitude of other staff worked really hard to stop the bleeding and, being a midwife by training, I knew exactly the danger that both I and my baby were in – which was incredibly scary."

"In fact, it was such a traumatic experience that, although I came through it physically, I ended up with post-natal anxiety as I started to process everything."

"It is so important after any kind of birth trauma – or indeed any unexpected outcome – to debrief with everyone involved. The stress really hit my husband straight away but the enormity of it took time for me – and then it came very suddenly and hit me like a tonne of bricks."

"To get through this and mentally unpack it has involved immense support from my family and friends – as well as professional support – and what I've learned is that it is so important to talk about how you really feel. Don't pretend that things are okay if they are not."

"Talking to other women who had been through similar experiences definitely helped – as well as counselling – and I only hope that in sharing my story, I'll help to raise awareness."

Ramsay Health Care – which is Australia's largest private hospital operator and has five hospitals in WA, including JHC – was named the largest corporate team in the HBF Run for a Reason again this year, with more than 600 staff signed up.

Operations Executive Manager (Western Region) Kevin Cass-Ryall said the company would donate the \$1,000 prize money to the national charity Lifeline: "Lifeline provides an amazing service to Australians experiencing personal crisis with a 24 hour telephone support line and suicide prevention services," he said.









In 2018-19 JHC began formally partnering with GPs and select community-based midwives to provide local pregnant women with a new maternity care option.

A special event was held in May to present the 'shared maternity care model' to an audience of 80 community based GP's and endorsed midwifes.

Director of Obstetrics Dr Cliff Neppe said the event officially launched the model, which sees the responsibility for a woman's pregnancy care shared between the hospital and a community based

GP or an endorsed midwife, who agree to work in close collaboration with the Hospital.

"Our shared maternity care partners and JHC's doctors and midwives act as a team in the provision of a woman's antenatal care and responsibility for care is shared, including the communication and management of results and findings," he said.

Dr Neppe said the new formalised 'shared care' arrangement aimed to improve convenience for low-risk patients, enhance communication and provide smoother transition of care.

"Continuity of care is highly important to our patients and in the design of this new model, feedback was gathered from our patients in our Antenatal Clinic which helped us to understand just where we needed to focus on in terms of offering a shared maternity care model," he said.

"Women see the GP and or endorsed midwife for most of their antenatal care, with the hospital providing care during labour and immediately after birth – and then post-natal care is then managed by the either by the shared maternity care partner or the hospital." JHC has so far developed a number of shared maternity care partnerships with northern suburbs community GP's and endorsed midwifes and continue to work closely with others in the community to develop these relationships.

All shared care providers can be found on the hospital's website, where providers who have signed a Memorandum of Understanding (MoU) with JHC are listed.









Deputy Premier and Minister for Health Roger Cook officially opened a new stroke unit at JHC on 24 March, bringing acute and rehabilitation stroke care closer to home for people living in Perth's northern suburbs. In 2018, JHC treated about 200 stroke including six acute care beds, which are copatients in general medical wards. These numbers are expected to rise as the hospital



The new service comprises a 12-bed unit, located with a therapy space. This provides convenient access and opportunity for earlier specialist stroke rehabilitation and comprehensive care.

The Stroke Unit forms part of the McGowan Government's \$158 million plan to redevelop JHC to improve the health needs of people living in the northern suburbs.

State Stroke Director and JHC Director of Clinical Innovation and Reform, Dr Andrew Wesseldine, said the unit gives people living in the northern suburbs access to stroke care on their doorstep and means specialist staff and equipment will be together on one ward.

"Rather than having patients dispersed throughout the hospital, this unit will allow us to concentrate our newly-recruited stroke care experts from all disciplines including doctors, nurses, physiotherapists, occupational therapists and speech therapists - together in the one ward, for the benefit of each patient," he said.

is now able to accept patients from tertiary centres, which will repatriate suitable patients back to their regional catchment hospital.

Extensive planning went into the development of the unit with consideration given not only to the physical needs of patients but also how the environment impacts on healing, with details down to the colour of the paint given attention.

Throughout the planning and design stages, patients and carers were consulted and invited to participate, with several sitting on a working group and providing their experience to help shape the new service. WA Deputy Premier and Minister for Health Roger Cook said: "There has been a strong community desire to have a stroke unit here for many years and we are very pleased to deliver on this muchneeded service for residents in Perth's rapidly growing northern suburbs."

"Research has shown that stroke units have consistently improved outcomes for stroke patients admitted to them, as opposed to a general medical ward.

"The availability of the new Comprehensive Stroke Unit in Joondalup will cut travel time by up to an hour each way for patients who would otherwise attend Sir Charles Gairdner or Fiona Stanley hospitals."

Member for Joondalup Emily Hamilton was a very strong advocate for the development of the Stroke Unit, raising a grievance in Parliament to expedite the project, and attended the official opening.

"This is great news for residents across the northern suburbs who can now receive the care they need close to home," she said. "Special mention to the tireless efforts of Sally and the team at the Northern suburbs stroke group who have been lobbying for this unit for many years!"









In 2018-19 JHC worked closely with junior doctors to introduce several initiatives that support and promote wellbeing.

Director of Post Graduate Medical Education. Dr Sue Davel, regularly meets with the JHC Junior Medical Officer (JMO) Society and not only listens to what they have to say, but endeavours to act on their suggestions to deliver support where and how it is needed.

She said physician burnout was a recognised risk of the profession and by working with junior doctors, she hoped to help to make changes to support issues they have identified as important: "We know from chatting to our junior doctors that it can be really difficult for them to go into a room full of relatives, having to give bad news and then have the family become confrontational, which sometimes happens when people are under stress," she said. "So we want to support them to learn to deal with this and many of the other challenges that doctors commonly face."

Dr Sam Khor, a RMO in ICU, shared some of the pressures of the job: "A while ago in ICU we had one patient who was fairly young, but was an alcoholic with acute liver failure - the heartbreaking bit was the mum saving 'a mother should never see her child die'" - it was emotionally tough."

"That was in the morning, and then in the afternoon we had another case where an older gentleman had a brain stem stroke and that was also tough, because we didn't really know why he was dying.

"He'd stabilised from a stroke point of view, but after a while started getting high fevers, although he wasn't septic. It was challenging because we couldn't give precise answers to the family as to why, but we knew he was dying."

"The important thing," Sue tells him, "is that we know we are human, and that we can only do our best. I think looking back at the journey of a patient, you need to realise you've given everything for that patient, you've done everything you could - and if it's my family, that's all I can asked for - to know that the doctors were fully committed, that they put their heart and soul into looking after my family member and, if it doesn't work out, there is nothing more you can do - and you have to accept that you've got that grieving process, and we grieve with the family in a certain sense."



Dr William Ng, a Registrar in General Medicine said he would sometimes go over and over in his mind what more he might have done differently and questioning himself to the point of exhaustion.

"Sometimes, we feel that we maybe we could have done more for the patient – even though the reality is that we may not have been able to do anything more. A while ago, I had a patient die and I really had difficulty getting over it. It took a while to accept that there was nothing more I - or anyone else - could have done."

Dr Rebecca Tvnas, an RMO in ED has been instrumental in strengthening the way JHC supports its junior doctors. She was seconded as an intern last year and commenced full time at JHC at the start of 2019.

"Sue and I, and others, we all wanted to see JHC have a better welfare program – there are already counselling services in place, but through my involvement with the AMA, I heard some ideas of things happening in other places and so I proposed them to Sue and before I knew it they were up and running," she said.





"We have since brought a wellbeing system in, so there is now a program to help with doctor burnout. From the Hospital Health Check we know that doctor burnout is a massive issue in every hospital, some hospitals more than others."

One of the ideas Rebecca put on the table was having a support hotline, where a supportive senior doctor is rostered on and available to talk with junior doctors in need, if they are really stressed about anything or want advice.

"You can now speak to a consultant by calling this hotline – on the other end of the phone there is someone supportive to talk to, and they can refer you on to other services that are already in place," she said.

"The other thing I wanted to see was structured debriefings. A hot debrief happens immediately after an acute clinical incident – it's all the people involved come together to discuss what went well, what could have been done better and how we are all feeling, while it is fresh. A cold debrief can happen some time after the event and provides a space to reflect and analyse."

After researching cold debrief tools, the team decided to implement 'PowWow' sessions and following their first successful session this year, these will now take place monthly.

Sue said they are currently working on introducing hot debriefings: "We are yet to decide on which tool to use for the hot debriefs, but we are working on it – it's a way to support people so they can talk through

what has happened and also to acknowledge people when they do things well, so we can say, 'in this, you kept your calm really well," Sue explains.

As part of our Post Graduate Medical Education Program, JHC has introduced a program of educational talks – some by external speakers - that are open to all staff, on topics like recognising and managing burnout, communication, delivering bad news, and grief in healthcare.

In the pipeline, she plans to develop an on-line hub via the Intranet where all information, resources and tools on doctor wellbeing will be kept.

"We also want to do a body of work to provide support to high risk group – such as International Medical Graduates, who often need help adjusting to the Australian Health Care System," she said.

JHC scored an 'A' for morale and culture in the 2019 AMA (WA) Doctors in Training Hospital Health Check, a survey of more than 750 junior doctors across Western Australia.

IT IS THE 5^{TH} CONSECUTIVE YEAR RUNNING THAT THE HOSPITAL HAS RECEIVED TOP MARKS.



(¢







91%

92%

87%

82%

84%

HOSPITAL CULTURE

RECOMMEND HOSPITAL MORALE

ENGAGEMENT WITH LEADERSHIP

SUPPORTING WELLBEING







In 2018-19 the ORIGINS Project kicked some major goals.

The largest study of its kind in Australia, The ORIGINS Project is a partnership between Telethon Kids Institute and JHC. aimed at reducing the rising epidemic of non-communicable diseases by providing a healthy start to life.

The \$26 million, 10-year collaboration, jointly funded by the Paul Ramsay Foundation and the Commonwealth Government, aims to recruit 10,000 pregnant women and their families to collect detailed information on how a child's early environment and parents' health and genetics influence the risk of diseases. The study will also lead to better understanding the optimal time for interventions for early detection and prevention of chronic conditions.

JHC Head of Paediatrics Professor Desiree Silva is co-director of the Project and says that at its core, the ORIGINS Project aims to improve the health and quality of life of the next generation: "We are creating comprehensive data and biobanks for 10,000 families over the period of antenatal care to five years of age," Professor Silva said. "The project is using new science and technologies to collect and analyse the data and specimens to answer a range of critical research question."

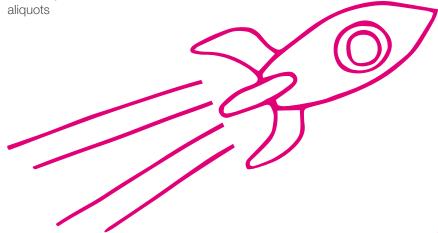
Since launching in 2017, more than 2,500 families have been recruited with 1.500 ORIGINS babies born. Other milestones of the project this year include:

- 25 research papers published linked to data and knowledge within the Project
- M Researchers have presented at more than 30 conferences and community events
- More than 750 local, national and international researchers, clinicians and consumers involved
- More than 3 million data points collected from participant samples and auestionnaires
- 12 active ORIGINS Research Interest Groups have been launched to facilitate collaboration, provide expertise, develop nested sub-projects and support students.
- More than 3.500 blood samples taken which equates to over 50,000 blood

ORIGINS SUB-PROJECTS

Several sub-projects have been launched off the main project, looking at multiple aspects of child and family health and development. Some of the factors researchers are investigating include the effect of eggs, peanuts and cashews consumed during pregnancy and breastfeeding on allergy development in the child; the potential implications of screen time on a child's health and development; how testosterone exposure in the womb may be related to brain growth before birth, and language development after birth; and whether taking a high-fibre prebiotic supplement during pregnancy and breastfeeding will help to reduce the risk of children developing allergic disease, like eczema.

For more information on ORIGINS visit originsproject.telethonkids.org.au





In 2018 JHC joined Health Round Table (HRT) a non-profit organisation that allows hospitals to achieve best practice by comparing data and collaborating with other members nationally and internationally.

Some 177 hospitals are compared and innovations shared. HRT provide JHC with a detailed suite of reports, highlighting hidden trends and comparing JHC to exemplars using government recognised standards.

JHC uses HRT reports to analyse health service performance relative to its peers - or like organisations and the hospital chose to join the HRT national Maternity Service Improvement Group in 2019.

The aim of this group is to improve the provision of safe maternity care by sharing information among peer hospitals around Australia on implementing innovative and effective practices.

The group receives six-monthly reports that contain both operational and clinical data and shares information through an annual two-day meeting and webinars.

Director of Obstetrics & Gynaecology Dr Cliff Neppe, Dr Bridget Jeffery and Dr Bart Smith have attended these meetings to learn about what other hospitals around the country are doing to improve outcomes.

Dr Neppe said it has provided an invaluable intelligence that would help drive improvements at JHC over time.

"The Maternity Improvement Group considered the effective provision of maternity care for women identified as 'at risk' during their pregnancy and its impact on the woman's experience, birth outcomes and the provision of appropriate maternity services." he said.

The HRT maternity data shows a steady increase in the proportion of pregnant women identified as having some level of risk.

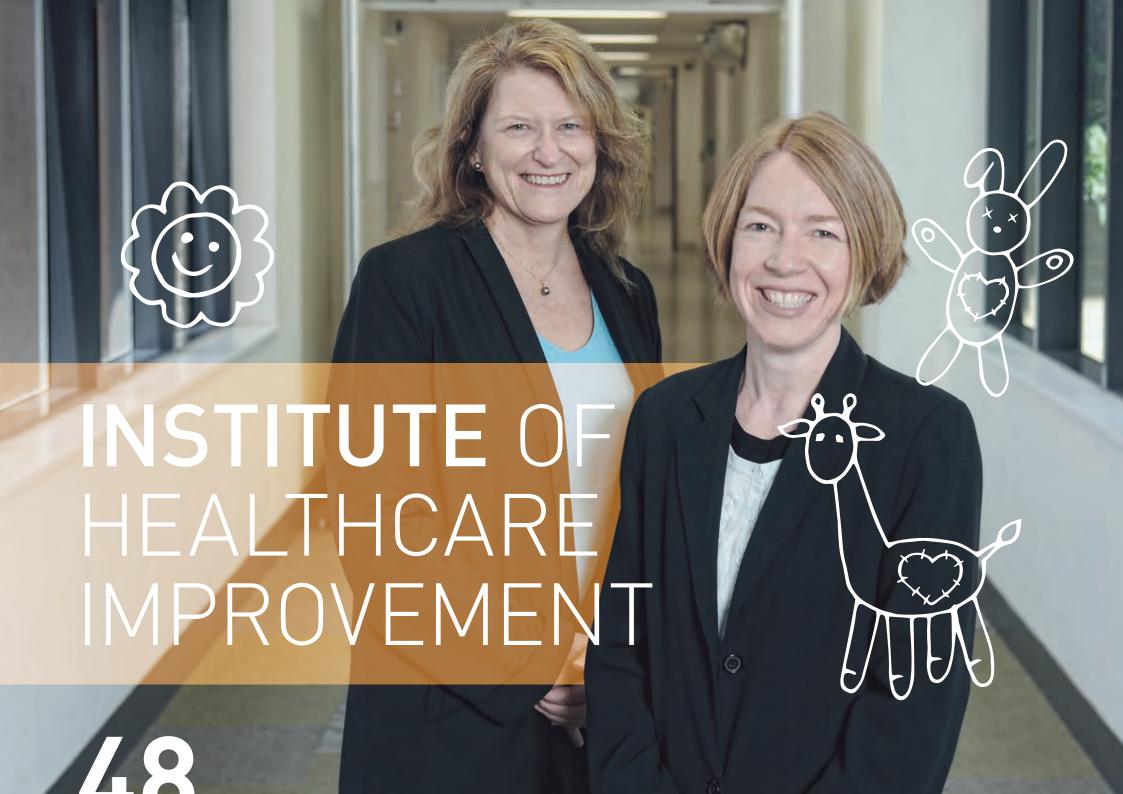
The most recent data for Australia places this proportion at 60 per cent – meaning they have some level of risk*.

In addition to HRT data, JHC also monitors multiple indicators, mostly monthly, in obstetric care and shares this every two months with its Community Board of Advice.

Via the Health Service Performance Reports (HSPR) JHC also reports on its maternity and other key clinical performance indicators.

* Maternity Board Report, 2018





Doctors and nurses from JHC represented the hospital and Australia on the global stage in September 2018.

The team showcased several projects at the prestigious Institute for Healthcare Improvement (IHI) Conference - which was held for the first time in Australia.

IHI partnered with the British Medical Journal to bring professionals from around the globe together at The International Forum for Quality and Safety in Healthcare, with some 1,500 healthcare leaders and practitioners attending from more than 35 countries.

This year's theme was 'Connect, co-create, communicate' and hospital staff had three poster presentations accepted, which attracted considerable attention and led to invitations from the British Medical Journal to submit the work for publishing.

Senior consultant for Patient Safety Dr Elly Marillier said JHC was well represented, highlighting the enthusiasm and commitment of staff towards quality improvement.

"This conference brings together the very best of international learning and it speaks volumes that JHC had not one but three posters accepted – which is a great achievement," she said. "This really puts us on the international stage."

The three quality initiatives presented were on the hospital's successful implementation of Ramsay Health Care's Speak Up For Patient Safety program; work undertaken on care of

patients with pneumonia; and changes to the Hip Fracture Care pathway, which has seen improvements in patient outcomes.

Deputy CEO Dr Amanda Ling said she was a firm believer in being focused on a patient-centric version of what quality and safety means.

"I think this is the real challenge for healthcare internationally," she said.











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 2018-19 and analysed the following:

- **///** JHC's Quality & Safety Dashboard
- **%** Consumer Engagement Strategy
- Expression of Interest for Consumer Representative
- Safety & Quality Plan
- Clinical Services Plan

The Board also discussed the following in detail and offered feedback on:

- Stroke Unit
- Palliative Care Unit
- **##** Election promises and forward planning
- **LEAN Program**
- M Department of Health's Patient Evaluation of Health Services Results 2017/2018



MEMBERSHIP

Chairperson and City of Wanneroo Representative

Mayor Tracey Roberts City of Wanneroo

Federal Member for Moore

Cr Ian Goodenough

State Representative

Ms Emily Hamilton MLA Member for Joondalup

City of Joondalup Representative

Cr Christine Hamilton-Prime

City of Wanneroo Representative

Cr Hugh Nguyen

Department of Health Representative

Mr Craig Leatt-Hayter

Community Representative (Youth)

Ms Nadia Van Der Woude

Community Representative (Disability)

Mr Peter Coghlan (Resigned May 2019)

Community Representative (Mental Health)

Mr Alan Alford

Chairman - Joondalup Clarkson Community Mental Health CAG

Deputy Chairman - North Metropolitan Health Service CAC

Community Representative (Multicultural)

Ms Bella Ndayikeze

Community Representative (WA Police)

Mr Scott Warner

Superintendent, WA Police

Community Representative

Jan Norberger

Australian Medical Association

Deputy Chief Executive Officer

Dr Amanda Ling

Joondalup Health Campus

Director of Clinical Services

Mr Benjamin Irish

Joondalup Health Campus

Ramsay Health Care Communications Manager - WA

Ms Aisha Timol

Joondalup Health Campus

Coordinator of Pastoral Care

Mrs Elizabeth O'Neill

Joondalup Health Campus









A new partnership between JHC, the WA Primary Health Alliance (WAPHA) and Silver Chain was formed in November 2018.

The three organisations are aiming to improve the lives of people living with long-term lung disease by helping them to stay well and out of hospital.

Chronic obstructive pulmonary disease (COPD) is an umbrella term for a number of diseases that prevent effective breathing. It is one of the highest causes of potentially preventable hospitalisations in Western Australia.

WAPHA has worked closely with Silver Chain to employ a COPD health coordinator at JHC to help local people living with these diseases to transition from hospital to primary care.

WAPHA General Manager, Linda Richardson says rates of respiratory system disease are relatively high in the northern suburbs of Perth and the gaps identified in post-hospital management could be a contributing factor to hospital re-admission rates.

"The COPD health coordinator position has been designed to link patients to primary care

services after they have been discharged from hospital and work closely with them on managing their condition at home.

"The coordinator will also facilitate education events to upskill GPs, so they can better support people living with COPD in the community," Ms Richardson said.

JHC physiotherapist and project coordinator Elisabeth Johns said the new role will act as an advocate for the person living with COPD in the community and ensure they do all the things they need to do to stay well and out of hospital.

"When people with these conditions go home, they may not self-manage their condition well or attend appointments. This in turn leads to them becoming acutely unwell and representing to the emergency department," Ms Johns said.

Tish Morrison, Director of Clinical Operations at Silver Chain says this new model of care puts greater emphasis on care co-ordination.

"The COPD health coordinator will work closely with both the hospital team and the person to ensure they are appropriately linked with primary care services and have the education they need to self-manage their condition," Ms Morrison said.

Federal Member for Moore, lan Goodenough MP agrees primary care and hospital services working together is key to improving the lives of COPD patients in the Joondalup area.

"I am hopeful this new partnership model will lead to improved quality of life for local people living with COPD, who can easily become house-bound or find themselves continually in and out of hospital," Mr Goodenough said.

This activity has been made possible through funding provided by the Australian Government under the PHN Program.













Heads of Departments/Medical Advisory Committee (HoDMAC) is the formal structure through which accredited medical practitioners formulate and communicate their collective views. The HoDMAC has an important role in providing advice to the CEO about the clinical organisation of the hospital and the services that are required to meet community health needs.

HoDMAC met five times in 2018-19 and progressed a range of topics including:

- **##** Endorsing and promoting the *Choosing* Wisely roll out across JHC
- Endorsing and implementing two new services:
 - Stroke Service
 - Palliative Care Service
- **##** Endorsing changes in Goals of Care
- /// Promoting the Speak Up For Patient Safety program and in particular the Promoting Professional Accountability pillar of this program
- /// Hospital performance and patient flow
- Participating in policy-making and planning processes

- Senior clinician leadership in promoting hand hygiene
- M Strengthening departmental morbidity and mortality reviews
- M Reviewing and endorsing recommendations from the Clinical Review Committee
- Reviewing and endorsing recommendations from the Credentials Committee
- The retirement of long-serving HoDMAC Chair and Head of Orthopaedics Tony Geddes

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 Sue Davel Director PGME

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 HoD 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

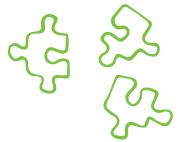
* Ex officio members











Joondalup Health Campus' services include:

///,	After hours GP
<i>///</i> ,	Aged care and rehabilitation
<i>///</i> ,	Anaesthesia
<i>///,</i>	Bariatric surgery
<i>///</i> ,	Breast surgery
///,	Cardiology
<i>\\\\</i>	Coronary care
<i>\\\\</i>	Day oncology
11/1	Diabetes education
<i>\//</i> ;	Dietetics
<i>\\\\</i>	Ear, nose and throat surgery
<i>\\\\</i>	Emergency medicine
<i>///</i> //	Endocrine surgery
<i>///</i> //	Fertility/IVF (private only)
<i>///</i>	Gastroenterology

///,	General medicine
<i>///</i> ///	General surgery
///,	Gynaecology
///,	Haematology
///,	Hepatobiliary and oncologic surgery
<i>///</i> ,	Infectious diseases
<i>///</i> ,	Intensive care medicine
<i>///</i> ,	Neonatology
///,	Neurology
<i>///</i> ,	Obstetrics
///,	Occupational therapy
<i>///</i> ,	Ophthalmology
///,	Orthopaedic surgery
///,	Paediatric medicine
///,	Paediatric surgery

<i>\\\\\</i>	Pain management
<i>///,</i>	Palliative care
<i>///,</i>	Physiotherapy
<i>///,</i>	Plastic and reconstructive surgery
///,	Psychiatry
///,	Respiratory medicine
<i>///,</i>	Social work
<i>///,</i>	Speech therapy
///,	Spinal surgery
///,	Stomal therapy
///,	Stroke service
<i>///,</i>	Thoracic surgery
	Urology
<i>///,</i>	Vascular surgery







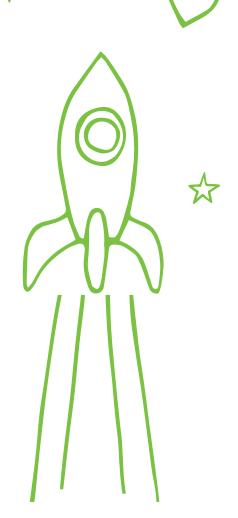


Joondalup Health Campus has hundreds of experienced specialists providing care for patients.

Our facilities include two specialist medical centres on site, 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 Cnr Grand Blvd & Shenton Ave, Joondalup WA 6027 **P** (08) 9400 9400 **F** (08) 9400 9055 This document can be made available in alternative formats on request for a person with a disability or who requires this in a language other than English.

