

2021 ANNUAL REPORT



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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.





CEO UPDATE

DR AMANDA LING

Welcome to the 2021 Annual Report for Joondalup Health Campus.

The past year marks the second of the COVID-19 pandemic. Many of us have or are experiencing 'pandemic fatigue' and for anyone who has felt 'over it' at times this year please know, you are not alone.

The mental health challenges we face as a society and as individuals as a direct consequence of the pandemic has been the subject of much attention. Mental health is no longer the elephant in the room. It's also a very appropriate theme for this year's annual report.

In WA youth suicide is currently the leading cause of death for people aged 15-24 according to the Mental Health Commission, so tackling this is urgent – which is why I'm delighted that the new mental health building that forms part of our major expansion, includes youth beds.

The new building has been designed with input not only from clinicians but also from users of mental health services. It will provide a building designed with consumers for consumers. You can read more about this on pages 52-53.

We have also reported on what we've done as an organisation to support the mental health of our employees, at a time when health professionals are really under the pump.

Between shortages of suitably qualified professionals in many fields, to ever-increasing demand from the general public, our workforce is under stress like never before.

As a leader my role – first and foremost – is to manage culture. I am responsible for setting the tone – and I know that the attitudes of myself, the executive and senior managers have a flow-on effect.

That's why I've worked on supporting the managers who manage the workforce, in the hope that they will in turn be equipped to support staff who work at the coal face.

Managers from ward level to individual departments have all been faced with the challenge of maintaining morale at a time when the risk of burnout is high.

We've showcased what various managers and staff have introduced over the past year – including those people in our organisation who work supporting those at the frontline.

We have chosen to feature our administrative staff this year, who quietly work every day doing a myriad of tasks that keep the hospital running and providing invaluable support to us all.

On page 22 we have featured a mental health patient who has bravely agreed to share her story and experience with our services.

DR AMANDA LING
Chief Executive Officer




JOONDALUP
HEALTH CAMPUS

TELETHON CHILDREN'S WARD



ABOUT JOONDALUP HEALTH CAMPUS



Joondalup Health Campus is a general hospital in Perth's northern suburbs that offers a comprehensive range of medical and surgical services including emergency, intensive care, maternity, neonatal and paediatric services, aged care and rehabilitation and mental health.

The hospital is also the statewide referral service for bariatric and peritonectomy surgeries.

The 722-bed campus is comprised of a standalone 146-bed private hospital and a co-located hospital that provides services to public patients living in its catchment area.

JHC is managed by Australia's largest private hospital operator, Ramsay Health Care, and has a long-standing public-private partnership agreement with the State Government.

The hospital is committed to continuing to grow with its community to provide excellent health care as the major hospital for Perth's northern corridor, which is one of the fastest growing regions of Australia.

The facility is currently undergoing major expansion with the JHC Development Stage 2 project, which will be completed early 2025 and significantly enhance health services for residents.

It will improve the capability of the hospital to care for more complex patients closer to home.



RAMSAY HEALTH CARE THE GLOBAL PICTURE



caring
for our
people



caring
for our
planet



caring
for our
community



Ramsay Health Care is a global group operating in more than 460 locations across 10 countries including Australia, the United Kingdom, France, Italy, Sweden, Norway, Denmark, Indonesia, Malaysia and Hong Kong.

Established in Australia in 1964 by Paul Ramsay AO (1936-2014), Ramsay Health Care is today the nation's largest private hospital operator.

The organisation employs more than 31,000 people and operates 72 hospitals, day surgeries and clinics (including three public facilities), as well as 60 community pharmacies across the country.

Ramsay is a respected leader in Australia's private health care sector and is a well-recognised brand in the industry.

In 2020-21, Ramsay Health Care provided care to more than 1 million patients, delivered 22,122 babies and performed 636,835 operations in Australia. The company also:

- /// Answered calls for help from the federal and state governments to assist with the ongoing COVID-19 pandemic response by providing staff and resources, while managing the challenges of lockdowns and elective surgery suspensions.
- /// Celebrated 2021 as the Year of Health and Care Workers by profiling a diverse range of employees from around the nation each week.

- /// Launched 'Ramsay Cares', a new sustainability strategy underpinned by the three pillars of caring for our planet, people and community.
- /// Ramsay refinanced its wholly-owned funding group debt facility maturing in October 2022 with a new \$1.5 billion sustainability linked loan.
- /// The Paul Ramsay Foundation was named Australia's largest philanthropist, donating \$169 million in FY20.





ABOUT THE PUBLIC CONTRACT



PRIVATELY RUN WITH A PUBLIC CONTRACT

JHC is managed by Australia's largest private hospital operator, Ramsay Health Care, under a long-standing public private partnership agreement with the State Government.

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.

Every year the NMHS determines a maximum operating budget for the hospital 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 Emergency Department waiting times, surgical waitlists, safety and quality and complaints.

PROVIDING VALUE FOR MONEY

Whilst treating one in ten public patients in WA, JHC also treats many private patients. In fact, around a quarter of patients who need to be admitted, either via the Emergency Department or electively, choose to be treated in our 146-bed standalone private hospital. This saves Government tens of millions of dollars every year.



EXECUTIVE TEAM

AS AT 30 JUNE 2021



DR AMANDA LING

Chief Executive Officer
& Director of Medical Services



BENJAMIN IRISH

Deputy Chief Executive Officer



BEVAN VAN LAMOEN

Director Corporate Services



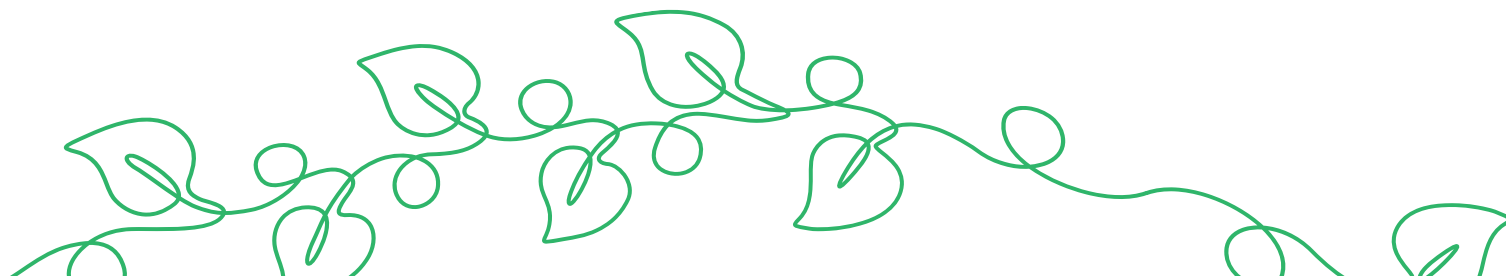
PAUL TAYLOR-BYRNE

Director of Clinical Services



MATTHEW WRIGHT

Contract Manager



MENTAL HEALTH TEAM



DR MARTIN CHAPMAN
Head of Department
Mental Health Services



BRENDON BURNS
Deputy Director of
Clinical Services



CRAIG CRESWELL
Clinical Nurse Manager
Mental Health Services



**PROFESSOR
HANS STAMPFER**
Consultant Psychiatrist



**DR PETER
MELVILL-SMITH**
Consultant Psychiatrist



GREG GORDON
Clinical Nurse Specialist
Alcohol & Other Drugs



DOUGLAS MUZONDO
Clinical Nurse Specialist
Mental Health Services



CLAIRE SUTTON
Clinical Nurse Specialist
Mental Health Services



DR MIKE VEHEGGEN
Consultant Psychiatrist



**DR CANDICE
GLIKSMAN**
Consultant Psychiatrist



SHARLENE BELL
Clinical Nurse Specialist
Mental Health Liaison



DANIELLE McCLUTCHIE
Mental Health Services
Bed Manager

Absent on day of photos:
Dr Amatul Uzma (Deputy Head of Department)



EXPANSION UPDATE



During 2020-21 there have been tangible developments for the major hospital expansion as the build begins.

The JHC Development Stage 2 expansion is a \$256.7 million project funded by both the State and Commonwealth Governments and scheduled to be completed in 2025.

Managing the JHC expansion project on behalf of Ramsay Health Care is JHC's Contract Manager Matthew Wright, who said it was exciting to see construction underway for the significant development of the campus.

"In July 2020, early works commenced to relocate the emergency department (ED) administration unit to facilitate the expansion of the ED," he said.

"During the year the tendering process for the major components of the project progressed with Multiplex Constructions Pty Ltd awarded the Early Contractor Involvement (ECI) tender and we continued to further develop the design of the works which includes elements such as timing, sequencing, construction methodology, staging and agreed costing.

"The complexity of the build and the development of detailed design is challenging, but the ongoing inclusion of feedback from various clinical experts within the hospital,

consumers and staff who have a wealth of experience in healthcare facilities is extremely valuable."

Staff moved into the new ED administration unit in September 2020, allowing construction to commence in the vacated area to redevelop it to accommodate 12 additional ED bays through internal fit-out and works.

Matthew said the new ED area would increase the hospital's capability to safely manage patients with infectious diseases, including COVID-19.

"It equips JHC with an area where we can provide high-quality emergency care to an individual whilst also protecting other patients and staff," he said.

"It is being set up with negative air flow along with two dedicated negatively pressured isolation rooms which are important safety enhancements for staff and other patients."

In June, construction commenced to expand the capacity of the staff multi-storey car park by an additional 215 parking bays. The construction involves building an additional

storey on top of the existing structure and will bring the total capacity of this car park to 848 bays when completed.

Matthew said the commitment for JHC to continue to grow with the community and the much-welcomed development of the campus will see JHC gain:

- /// a new mental health building including 30 new acute mental health inpatient beds
- /// 12 emergency department bays
- /// 90 inpatient beds in a design to meet future demand
- /// six new coronary care beds
- /// one new operating theatre
- /// one cardiac catheterisation laboratory
- /// one specialised urgent care clinic, to operate as a Behavioural Assessment Urgent Care Clinic
- /// increased parking bays for public and staff
- /// upgrades to associated services (including Central Energy Plant).

PICTURED: The ED Admin area under construction



THE YEAR IN REVIEW

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JULY 2020

- /// **10 July** – Early works got underway to relocate the Emergency Department's administration offices to create space for the ED expansion.
- /// **22 July** – A special Christmas in July event was hosted to thank staff for their hard working during the year. Nearly 2,000 staff were provided with free lunch from fantastic food trucks in a large marquee decorated with a 'jingle in July' theme.
- /// **17 July** – On National Pyjama Day staff from the Telethon Children's Ward donated 10 "care bags" to a locally-founded community initiative which provides essential supplies to children entering foster care.

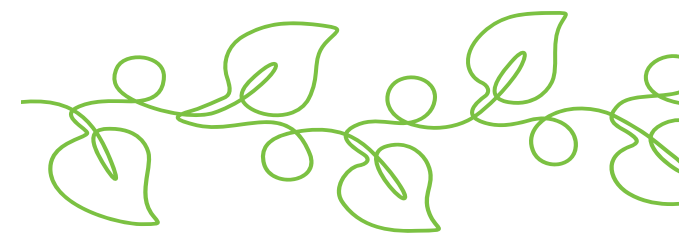


AUGUST 2020

- /// **18 August** – Health Minister Roger Cook visited JHC to run an inaugural staff engagement forum at a public private partnership hospital. During the forum he praised staff for responding so magnificently to the threat of COVID-19, for the care of the Artania patients and for undertaking the extra training particularly around ventilators and PPE.
- /// **23 August** – Staff were pampered by local beauty school, Enchanted Beauty Institute, treating around 100 of our hardworking staff to a free beauty service in recognition of their work for the community during the COVID-19 pandemic.
- /// **25 August** – JHC hosted a visit from the Patricia Giles Centre for Non-Violence and received a certificate of appreciation for a recent donation made by our Customer Services team, in support of women who are experiencing family violence.

OCTOBER 2020

- /// **22 October** – JHC experts coordinated a workshop with WA's Health Department and residential aged care facilities in the northern suburbs to prepare for future outbreaks of COVID-19.



Health Minister Roger Cook visited JHC to run an inaugural staff engagement forum at a public private partnership hospital. During the forum he praised staff for responding so magnificently to the threat of COVID-19, for the care of the Artania patients and for undertaking the extra training particularly around ventilators and PPE.







NOVEMBER 2020

- /// **November** – JHC staff celebrated NAIDOC Week which had as the theme for 2020, 'Always Was, Always Will Be' – in recognition of the first-born people of this land. The Wadumbah Noongar Dance Group received a warm welcome as they entertained and informed staff and visitors with their music, storytelling, dance and incredible energy. Rosemary Walley also provided a very heartfelt Welcome to Country and spoke of the power of Joondalup as a place that has many rivers and lakes, and as a place of healing and knowledge.

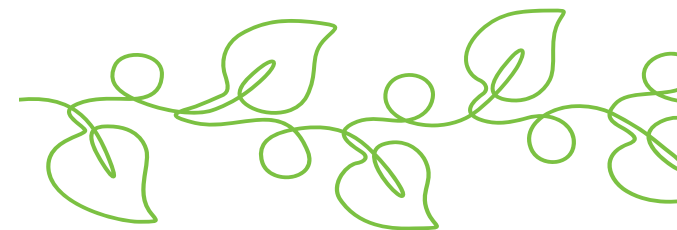
- /// **20 November** – JHC partnered with Living Proud WA, a non-government organisation with a mandate to support, equip and encourage lesbian, gay, bisexual, transgender, queer (or questioning), intersex and asexual (or allies) (LGBTQIA+) people. Throughout the week 16-20 November staff wore Pride t-shirts, rainbow pins and have promoted resources available for health promotion and wellbeing. A morning tea was hosted to celebrated LGBTQIA+ people with a colourful array of rainbow-themed displays and cupcakes in the staff dining room.

- /// **20 November** – JHC celebrated World Prematurity Day. Paediatricians Dr Ravisha Jois and Professor Desiree Silva presented to a group of parents whose babies were born premature or unwell.

- /// **23 November** – Health Minister Roger Cook revealed the artist impressions for stage 2 of the hospital redevelopment on November 23 during a cabinet visit to the northern suburbs.

DECEMBER 2020

- /// **December** – JHC featured in the opening exhibition of the new WA Museum as part of a visual record of leadership shown during the COVID pandemic. Along with a series of photographs featuring some of our staff, the exhibit also includes three videos that were produced at JHC for posterity earlier this year.
- /// **25 December** – Head of Obstetrics & Gynaecology Dr Cliff Neppe launched the hospital's new low cost private maternity package on the Channel 7 news.



JHC partnered with Living Proud WA, a non-government organisation with a mandate to support, equip and encourage lesbian, gay, bisexual, transgender, queer (or questioning), intersex and asexual (or allies) (LGBTQIA+) people.





JANUARY 2021

- /// **20 January** – Health Minister Roger Cook visited JHC to announce Multiplex as the successful Early Contractor Involvement (ECI) tender. Construction started on the 12-bed Influenza-Like Illness Unit.

FEBRUARY 2021

- /// **1 February** – JHC's parent company, Ramsay Health Care (RHC), reach agreement on key terms to extend the public contract for at least another 15 years from 2028, with an option for an additional five years. RHC has partnered with the WA Department of Health since 2005.
- /// **24 February** – Disaster Management Coordinator Mary McConnell took out the People Caring for People award and CEO Dr Amanda Ling accepted the Excellence in Leadership award for the WA/SA region in the 2021 Ramsay Health Care Excellence Awards.

MARCH 2021

- /// **March** – Joondalup Health Campus proudly partnered with Share the Dignity recently to install a #Pinkbox Dignity Vending Machine to allow vulnerable women in need to access essential sanitary items free of charge. The #Pinkbox is one of 200 machines currently installed nationwide and is the fourth machine installed at a WA hospital.

APRIL 2021

- /// **April** – The ORIGINS Project recruited their 5,000th participant family; reaching this milestone, less than halfway through the project, means we are well on the way to reaching our goal of recruiting 10,000 families over a decade. The ORIGINS Project, a collaboration between Telethon Kids and Joondalup Health Campus, is aiming to reduce the rising rate of non-communicable diseases by following the progress of pregnant women, their partners and babies from the Joondalup and Wanneroo communities for the first five years of the baby's life.

JUNE 2021

- /// **6 June** – Telethon Children's Ward turns five with staff and patients celebrating the milestone with a cake and balloons on the ward.

Telethon Children's Ward turns five with staff and patients celebrating the milestone with a cake and balloons on the ward.





THE FUTURE OF MENTAL HEALTH SERVICES

20



Head of Mental Health Services Dr Martin Chapman says a new Mental Health Unit at Joondalup Health Campus will provide a world-class facility to deliver integrated care for local people experiencing poor mental health.

Dr Chapman said planning for the unit, part of a major expansion of the hospital, was inspired by the State Government's Sustainable Health Review (SHR) and the Western Australian Mental Health, Alcohol and Other Drug Services Plan (2015-2025).

"These strategic documents provide a planning platform to ensure Western Australians will receive quality health care that can be sustained for future generations," he said.

"The co-design approach has been crucial to developing a truly person-centred and recovery focused design.

"It has involved partnering with user group members including consumers who have lived and learned experience, supporters, clinical staff, architects and building specialists.

"The insights and learning from our consumers Ruby and Caroline and all the user group members have led to a patient-friendly design which will incorporate the best of nature, innovation and technology to deliver a world class unit.

"Our focus on recovery and wellness has led to a design that moves away from the traditional institutional style units.

"We wanted to create an environment that promotes mental wellbeing so each ward within the unit will its own internal courtyard to promote a much-needed connection with nature.

"The Unit will be a less hospital-like and more residential style, with security unobtrusive with no external fencing."

A purpose-built recovery hub has also been included for use not only by consumers but their supporters as well.

"This hub is where allied health will complete assessments; wellness sessions like meditation, yoga and relaxation will run; and education on topics like sleep hygiene and drug and alcohol use will be delivered," Dr Chapman said.

The hub will also help with system navigation and connect consumers to crucial community supports, including consumer, community

managed organisations and non-government agencies.

Dr Chapman said other important features of the new unit were the provision of beds for 'youth' (people aged 16 -24 years) and older adults (people aged over 65 years) for the first time. The existing unit caters for people aged 18-64.

"The fact we will be able to provide local care for younger and older patients who would benefit from a mental health admission is an exciting step forward," he said.

"It is a privilege to be entrusted by the State Government and the North Metropolitan Health Service to help deliver its vision for an improved system and continue to play a key role in delivering quality mental health services for people living in the northern metropolitan area."

PICTURED: The architects show design render to Dr Martin Chapman



A PATIENT'S PERSPECTIVE

IT CAN HAPPEN TO ANYONE

22

Eight years ago, 46-year-old Leonie Auld spent her days researching and planning how she could end her life, desperate to escape her emotional pain as she battled clinical depression.

"I was living in the eastern states and I'd been in a really difficult marriage – he was very controlling and that was the start of the demise of my mental wellbeing," she said. "Although thinking back now, my state of mind wasn't particularly healthy throughout childhood and my adolescence."

Leonie was a teen in the 1990s, a time when mental health wasn't something that was understood and freely talked about.

Knowing she no longer had a choice but to leave her marriage, Leonie relocated to WA, moving in with her sister, but after 12 months she hit a new low and started think more seriously about suicide.

"When you've been unwell for a long time and finally feeling safe around others, you start to process things – and that's when you fall apart," she said.

"I ruminated on all those areas of my life I felt I had failed in and had lost control over, and death became my obsession."

"I remember getting to the point where my day consisted of getting up, making coffee and going back to bed for most of the day and write suicide notes and plan what I would do. I used to research how to die and the various methods I could use.

"It was the only way I thought I could stop feeling so awful. I believed I would be doing everyone a favour by ending my life, so I wasn't such a misery guts to be around.

"I can see why people see depression as a selfish disease, but when you are in such an unhealthy mental state of mind, the only thing you are thinking of is how to end the pain. There is no reasoning."

Leonie says it was at this point that her sister Steph intervened.

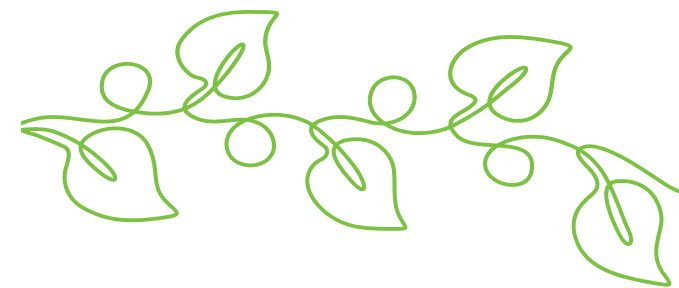
"Steph said, 'I'm really worried about you' and she asked me very directly if I had thought about ending my life and if I had made a plan," she said.

"I remember my reluctance to admit to her that I wanted to end my life, because of the shame and embarrassment. But she didn't judge me, she helped me get to a psychiatrist who assessed I needed acute clinical help."

That night, Leonie packed a bag and Steph drove her to the Emergency Department, which back then did not have the Mental Health Observation Area (MHOA) as it does today.

"It was a very traumatic environment to be in when I was so mentally unwell – the

lighting, the noises were so overwhelming," she said. "The hardest thing is that you are telling the doctor very personal things and it's really embarrassing, and I felt ashamed that I needed help. There was only a curtain between me and the person in the next bay. It's not pleasant because there are people who can hear your story and you're crying uncontrollably."





SISTER ACT: Stephanie Downie with her sister Leonie Auld

Leonie was admitted to the Mental Health Unit but discharged herself against medical advice after four weeks and subsequently was re-admitted.

After her second admission, which lasted for a further two months, she entered 'step down' supported community accommodation as a transition back to regular home life.

"Being discharged to a step-down supported accommodation facility next to the hospital was ideal and helped me transition and recover more effectively during my 30 day stay," she said.

"That support enabled me to still continue my recovery but have some independence which was really important for me.

"You are being slowly integrated back into society but afforded peace, quiet and privacy that the clinical setting does not afford you.

"Clinicians visited and peer support workers were on site, there were shared areas where you can do art, watch TV etc. It was a very positive experience for me."

After that, Leonie went back to live at Steph's until she found a place to rent in a shared house.

"That was my first step back towards total independence and I remember feeling really proud of myself. That was a turning point," she said.

"I slowly started back at work. I was also attended a cognitive behavioural therapy course for six weeks at the Centre for Clinical Interventions and continued to attend one on one therapy every fortnight.

"This was all part of my mental health care plan, along with medication and other things. It took me a further three months before I got back into the workforce, part time at first, then I worked up to full time."

Today Leonie works for Consumers of Mental Health WA writing and delivering course content on workforce readiness for the emerging Peer Support workforce. She is also a Mental Health First Aid trainer and uses her lived experience to provide training for businesses.

"The thing is, you can be very high functioning, educated and articulate and still suffer from mental health distress. Relapses can occur

spontaneously, even when you have your self-care in place, I think this is an aspect of mental illness people cannot grasp."

Looking after her mental health during COVID required good management and Leonie understood what she had to do to stay on top of things.

"It can be tempting to isolate and withdraw, some days are better than others, and it is harder when you live on your own, but I have awareness and know the importance of self-care. I stay active; ensure I get good sleep and I eat healthily," Leonie said.

"If you have that insight, you can stay well. Staying connected to friends, work colleagues and family is vital – I know who I can reach out to and I make the effort to do so and to talk to my support network regularly."

ALCOHOL & DRUG TEAM



Despite common misconceptions, the reality is that alcohol is more of an issue to emergency departments than methamphetamine (meth).

During an ED attendance, efforts are made to link both alcohol and drug affected patients in with community services to assist them with their substance use and prevent recurring ED presentations.

But it is important to remember, that it is not just in the Emergency Department where patients can benefit from intervention for either drug or alcohol use. The hospital has a service spanning all areas that helps patients who need this invaluable help.

The Alcohol and Other Drugs (AOD) service at JHC has been streamlined since Clinical Nurse Specialist Greg Gordon joined the team in an in-house capacity.

“Now that I’m working directly for JHC, and it allows us to follow the patient throughout their journey in hospital, it’s much more integrated and patient centric. We can ensure they are tied in with follow up support as part of their discharge planning,” he said.

“Individuals may experience co-occurring mental health and substance use problems

and may present to health professionals with one, or both, at any stage.”

“When someone comes in and they have broken their leg, that will be the diagnosis when they come in, but they may also have an alcohol use disorder. They are treated as a medical or surgical patient, but we then pick them up for referral for substance use issues.”

“Sometimes we refer to the Inpatient Withdrawal Unit at NextStep. Part of my role is establishing networks for AOD supports in the community and meeting with people who run various programs. That’s a big thing – we’re trying to establish links with community stakeholders.

“Hospital based AOD services have been shown to reduce hospital re-admissions – with data proving this released in February 2021 as part of a paper called Walk with Me.”

Addiction consultant Dr Craig Connelly, who is employed by Next Step Drug and Alcohol Services (part of the Mental Health Commission) visits JHC every Monday

morning to see patients the AOD team have identified.

He says this includes visits to patients in the Mental Health Observation Area (MHOA), the Emergency Admissions Unit, ward C1B, ICU and the Mental Health Unit – and, less commonly, our surgical wards.

“Alcohol continues to be the number one problem facing our society and impacting the hospital system, especially EDs,” he said.

“Often I’m providing advice on withdrawal management – including prescribing medication – and discussing containment strategies to address problematic behaviours,” he said.

“The most important treatment for people with Substance Use Disorders is long-term so a goal of the AOD liaison team is to increase referrals to community services where they can get the ongoing help they need.”

PICTURED: Alcohol & Other Drug (AOD) team at JHC – Addiction specialist Dr Craig Connelly (left), AOD clinical nurse Karen Burnett and clinical nurse specialist Greg Gordon

LOOKING AFTER OUR PEOPLE

EMERGENCY DEPARTMENT WELLBEING



The Emergency Department Wellness Group is encouraging mental wellbeing, asking staff to 'take five' at the end of every shift and reflect.

Inspired by the Ramsay Going Home Checklist and the UK's National Health Service (NHS) initiatives, Clinical Nurse Manager, Vicki Reid hopes the poster helps promote personal reflection and collegial support.

"The Emergency Department environment is becoming an increasingly stressful place to work. These amazing individuals are constantly striving to provide excellence in Emergency care under significantly challenging circumstances," Vicki said.

"The ED Wellness Group hopes to this simple initiative lets staff know we care; we are here for them and the work they do is important and valued."

The poster created asks staff to 'take five' and guides them with the wording:

Take a moment to reflect on your shift. How was today for you? Are you okay?

1. Acknowledge any significant challenges. Do you need to debrief? Grab a colleague for a casual debrief or reach out to a member of your leadership team.
2. Dwell on what went well and be proud of your achievements
3. Look around you – is everyone else okay?
4. Now switch your attention to home. What do you need to do to relax and recharge?

The poster has only just been implemented in the Emergency Department and feedback from the team so far has been very positive.



Some of the many initiatives of the ED Wellness Group

- R U OK? Day celebration complete with a 'team bake-off', sausage sizzle and drop-in session
- Take Five poster on display prompting a mentally healthy way to process work at the end of each shift
- Creation of an 'ED pantry' where staff who may have missed a meal break can grab something to eat – especially important after-hours when the hospital's cafeteria is closed. The staff then 'pays it back' by adding to the pantry the next time they come on shift
- A 'wellbeing board' has been created and is prominently displayed on the wall of the ED staff room, which contains a range of information and activities.

PHOTO: Several members of the ED Wellness Group who meet regularly to brainstorm and implement ways to support wellbeing. (Left to right) Mandeep Chahal, Priyesh Sura, Heidi Baker, Vicki Reid, Stephanie Downie, Sarah Clarke and Tamara Deering



LOOKING AFTER OUR PEOPLE

MENTAL HEALTH
FIRST AID TRAINING

30





During the past year JHC employed a new Human Resources Manager who brings a wealth of experience from other industries and is on a mission to help modernise the hospital's approach to supporting staff.

With a background in manufacturing, construction and mining, the move to health was a big change for Dawn Kendrick (pictured centre), who says she has been interested to experience a new industry and has been struck by both the challenges and charms.

"I was attracted to working for JHC because of the Paul Ramsay motto 'People Caring for People,'" she said. "So, I was very pleased when my team were amongst the first to be able to complete a course with the registered training organisation 'Mental Health First Aid Australia' back in May – something that will no doubt help us in the work we do.

"It was eight hours of pre-learning and six hours via Zoom over two days. In Human Resources we are constantly dealing with people and listening to their issues and challenges – both professional but also emotional and social, which can be a lot.

According to Dawn, Mental Health First Aid is a very reassuring program which delivers skills

so our managers and all staff can play a role in ensuring people feel cared about, supported and feel they are in a psychologically safe workplace.

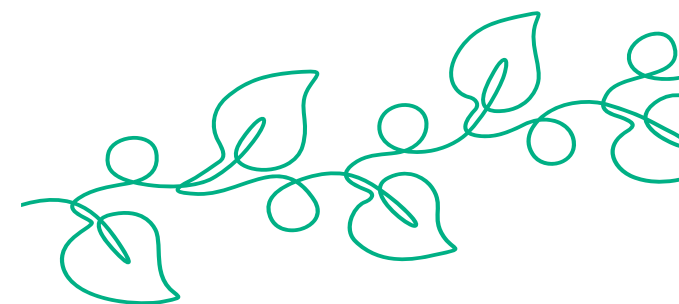
"The standard training has helped HR to be more adept at dealing with anyone who goes to them and support staff who come to them, so they have the tools and skills to deal with it," she said.

"It provides a foundation for them to know about self-care and the care of others. The feedback from the team was that it was really good and that it was particularly useful for how to deal with people who are at risk of self-harm; it was also good for raised awareness of the resources available to use for staff outside of the Employee Assistance Program (EAP).

"It will be great when more managers and staff have this training so they can feel they are adept and have the skills to care for

themselves and their staff, so they can care for their patients – after all, you can only pour from a cup that is full."

Dawn says the ultimate goal is to get others around the hospital trained up and she welcomed the news from Ramsay Health Care when they recently announced it would now also be providing it to employees online for free.



JHC HR TEAM FROM LEFT TO RIGHT: Ashlee Barrese, Tom Connolly, Dawn Kendrick, Melanie Kelsall, Claire Weale





LOOKING AFTER OUR PEOPLE

PASTORAL &
SPIRITUAL CARE

Pastoral and spiritual care practitioners are concerned with the wellbeing and flourishing of patients, staff and family members.

New JHC Pastoral Care Coordinator, Cate Vose and her team of skilled practitioners have a well-established practice in the hospital, offering confidential and compassionate support for patients and training and debriefing for staff across the hospital – something she says has been a privilege.

“I have loved serving the JHC community and all our fantastic teams over the last year,” she said.

“We have ever increasing demands and pressures in healthcare, so looking after our front-line people and scaffolding them against burnout is a top priority and has direct implications for quality and safety in our patient care outcomes.

“It can be hard to work out how to do this well, when there are so many changes to adapt to, and it can sometimes feel like circumstances are tricky to navigate in this space.”

Cate has made herself available to managers and coordinators to workshop ideas about looking after hospital teams, building capacity and resilience and supporting overall cohesive and supportive team culture.

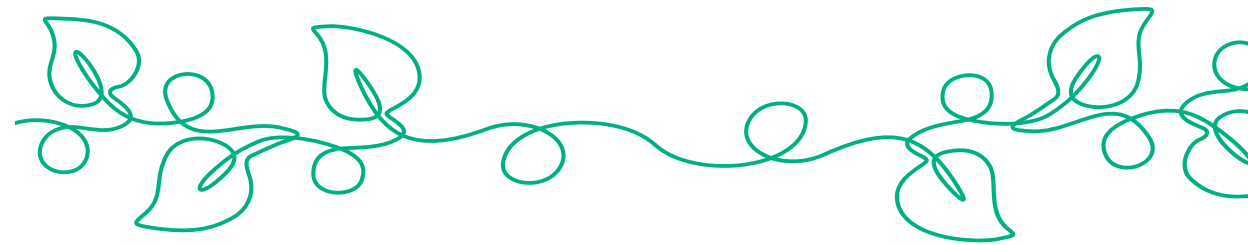
“There are some amazing and creative leaders here who have reached out and worked with me on ways in which they can support their people,” she said.

Short 30 minute to one-hour long sessions that have been run to date include:

- Wellbeing and Resilience
- Grief, Loss and Bereavement Support
- Emotionally Intelligent Reflective Practice
- Introduction to Grounding and Meditation
- Supporting People in Crisis

“All of these can be ‘up levelled’ and delivered as leadership skill development for your leadership teams as well,” Cate explains.

“These can be as informal, such as over a tea break, or as formal as you need them to be. Formal sessions would include participant notes and dedicated time for a study day.”



PICTURED FROM LEFT TO RIGHT: Olive O'Brien, Pastoral Care Assistant, Sandy Anderson, Pastoral Care Assistant, Sunil Kunjukrishnan, Pastoral Care Assistant, Cate Vose, Pastoral Care Coordinator. (Not pictured, Luisa Ko'lo'fai, Pastoral Care Assistant)





BEYOND NURSES & DOCTORS ADMINISTRATION

They are the unsung heroes of JHC: the administration workers whose roles are critical to the running of any hospital.

From executive assistants to ward clerks to clerical and bookings staff, the diversity of roles is enormous. At JHC, we have around 340 administrative employees, comprising full-time, part-time and casual positions. They work across most areas of the hospital including:

- /// **Emergency clerical team:** register and process patients through ED. Providing customer service, whilst ensuring information is accurately captured and reported.
- /// **Ward clerks:** ensure patient data is accurate on the Patient Administration System. They provide reception service and are the 'go to' people on the wards and in the COVID Clinic.
- /// **Theatre bookings:** ensure patients are scheduled for their procedures and capture the details of the procedures undertaken in theatre.
- /// **EAs, PAs, secretaries, practice managers:** provide support to clinicians and management
- /// **Customer Service team:** manage processing of elective admissions and are the friendly faces at our reception desks.

/// **Switchboard operators:** manage all calls coming into the hospital, manage Met calls and keep the hospital connected.

/// **Health Information Services:** responsible for the management and privacy of patient medical records, support the authorised release of information to government agencies, providers and patients. Undertake the clinical coding of admissions for billing, research, clinical governance and epidemiological studies.

/// **Non-admitted staff:** capture and process outpatient activity and support clinicians in clinics.

Manager – Administration and Health Information, Jacqui Holland has a better appreciation than most for just how important these staff are: "Administrative staff essentially support the smooth running of the hospital and are the welcoming face on our reception, ward and clinic areas," she said. "They ensure the patients journey is recorded on our IT systems so patients can be correctly identified and tracked within the hospital. With administrative staff capturing Outpatient, ED and inpatient activity a hospital has access to valuable clinical and demographic information. This data is then used to support best practice, clinical research, audits, Health service planning, education and resource allocation."

Karen Clinckers has worked for JHC for nearly seven years and is currently the PSOLIS Local Administrator:

"My job is facilitating, managing and entering data for the Psychiatric Online Information System (PSOLIS) for Joondalup Health Campus. From the MHU to MHOA we collect information regarding a patient's presentation, risk assessments, admission/discharge, MH Act Legal forms and reporting to ensure all information is entered and uploaded in the system. I also train our clinical staff and ward clerks on how to use the PSOLIS database and access relevant patient history to enable integrated care. I'm interested in hospital data collection, extracting meaningful reports that can reflect significant information, for example, the number of involuntary patients on a daily basis compared to the number of security staff required for the MHU which is necessary for financial and safety aspect of patient care. I also enjoy training and supporting our staff using the PSOLIS database, which translates to a high compliance rate. The achievement that I'm most proud of was the transition from the former MH Act to the new MH Act 2014. Everyone in the clinical treating teams with my guidance collaborated to learn how to enter the patient's legal journey into PSOLIS with an understanding of the correct flow and reporting to the Office of Chief Psychiatry."

PICTURED: PSOLIS Local Administrator Karen Clinckers





RESEARCH



The past 12 months have continued to challenge us as we face uncertainty in our daily lives.

Examining ways to support those who are struggling has always been a big focus for research at JHC and we continue to consider how we can improve not just the physical health, but also the mental wellbeing of those who attend and work at our hospital.

The focus on mental health and wellbeing has underpinned several research studies currently underway or recently completed at JHC:

EXAMINING COMMUNITY WELLBEING DURING THE COVID-19 PANDEMIC

Supporting the mental health and wellbeing of community members was at the forefront of a study initiated in April 2020 to understand how the pandemic was impacting the community. The project, which is a sub-project of The ORIGINS Project - a collaboration between Telethon Kids Institute and JHC - seeks to understand how family wellbeing and mental health is affected by the COVID-19 pandemic, and to obtain information about participant behaviours and attitudes. The information obtained from this study will support the planning and delivery of services to support at-risk groups in similar scenarios in the future.

SUPPORTING THE MENTAL HEALTH AND WELLBEING OF INTENSIVE CARE PATIENTS

Annually, hundreds of thousands of people survive a life-threatening event and require admission to an intensive care unit (ICU). Many of those who are admitted will experience significant and life changing psychological complications as a result. This project, conducted by researchers from Edith Cowan University, is evaluating a mobile health recovery program to explore the emotional and psychological well-being of participants over time. The researchers hope to develop an intervention which could have a significant impact on improving the health and wellbeing of ICU patients.

UNDERSTANDING A FATHER'S EXPERIENCE WHEN CARING FOR LATE PRETERM INFANTS

Another recent research collaboration with Edith Cowan University is evaluating the experience of fathers caring for infants who are born late preterm. While evidence suggest that both parents experience increased psychological stress when their baby is born early, it is not known how best to support fathers of late preterm infants whose needs may differ from those of mothers/ other caregivers. Through interviews, the researchers aim to understand the needs of fathers caring for their late preterm infant so that appropriate support can be provided. It is anticipated that this project will provide evidence upon which interventions for fathers of preterm infants' wellbeing can be developed to improve their experiences and mental wellbeing.





THE ORIGINS PROJECT

SINCE ITS COMMENCEMENT IN JULY 2017,
THE ORIGINS PROJECT HAS...

**Recruited
more than
5,600** women
3,000 babies and
1,500 fathers/partners

**Completed
over 1,000 checks**
on one-year infants

**Collected more than
250,000 biological
samples**

Achieved full integration


of research into clinical and diagnostic services in a leading
secondary care hospital

**Integrated
30 nested
sub-projects**

looking at multiple
aspects of child and family
health and development

**Collected
more than
12 million
data points
in our
Databank**

38



The ORIGINS Project, a research collaboration between Telethon Kids Institute and Joondalup Health Campus, recruited its 5000th family this year.

This milestone means they are halfway to their aim of following 10,000 families over a decade to improve child and adult health, only four years into the longitudinal study.

The ORIGINS Project is a unique long-term study and is one of the most comprehensive studies of pregnant women and their families in Australia, recruiting families who are receiving pregnancy care or planning to deliver their baby at the Joondalup Health Campus.

ORIGINS is monitoring the progress of pregnant women, their partners and babies for the first five years of the baby's life, following an increasing understanding that an individual's lifetime health and disease may be programmed at a very early stage – while a child is still in the womb.

The project is collecting detailed information on how a child's early environment and parents' physical health and genetics influence the risk of a wide range of diseases and conditions such as asthma, eczema, food

allergies, hay fever, diabetes, obesity and autism. It is also looking at how language development can affect outcomes such as academic achievement, social ability and relationships.

“An unparalleled rise of a diverse range of chronic conditions worldwide is one of the major challenges of the 21st century,” Professor Desiree Silva, Co-Director of The ORIGINS Project and Head of Paediatrics at Joondalup Health Campus said.

Health conditions such as cardiovascular disease, obesity, diabetes, asthma and chronic respiratory disease, allergies and autoimmunity, arthritis, mental ill-health as well as neurological and neurodegenerative disorders are reaching epidemic levels in children and adults.

“Maternal and environmental factors during a child's life, right from conception, can affect that child's growth and development,” Professor Silva continued. “Through the study

of early environments, maternal and paternal physical health and genetics, The ORIGINS Project aims to uncover when and why these chronic conditions develop.”

REAL-TIME FEEDBACK

As well as contributing to global research and the health of future generations, participant families receive free allergy testing and paediatric health and development checks at one, three and five years of age, with results and feedback provided to their GP.

This unique provision of real-time feedback on a child's development enables earlier intervention and referral to sub-specialist services. This opportunity to intervene early could potentially change the long-term health trajectory of ORIGINS children.



ACTIVITY & PERFORMANCE IN 2020-21

40

The COVID-19 pandemic continued to affect hospital activity during the 2020-21 financial year.

The biggest impacts on activity were the State Government's scaling back of elective surgery for public and private patients during COVID-19 lockdown periods, and changes in the community leading to increased presentations to ED.

OPERATIONS

Our surgeons performed over 30,000 operations and procedures in 2020-21

9% compared to the previous year

ELECTIVE SURGERY

The reduction in elective surgery during COVID-19 lockdown periods deferred surgeries and put significant pressure on public hospital waitlists Australia-wide and impacted our ability to reach the prescribed targets.

Actions were taken during the year to clear the backlog that resulted from the shutdowns, and this will continue to be a focus into the 2021/22 year.

The average percentage of elective surgery patients on the JHC public waitlist who remained inside the recommended timeframe for treatment in the 2020-21 year were:

JHC ELECTIVE SURGERY PERFORMANCE ON REPORTABLE PROCEDURES*	RESULT	TARGET
URGENT: CATEGORY 1 (<30 DAYS)	90.2%	100%
SEMI-URGENT: CATEGORY 2 (<90 DAYS)	94.1%	100%
NON-URGENT: CATEGORY 3 (<365 DAYS)	96.3%	100%

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

HOSPITAL ADMISSIONS

TOTAL ADMISSIONS

There were more than 73,000 hospital admissions in 2020-21

2% in admissions compared to the previous year





EMERGENCY DEPARTMENT

ED PRESENTATIONS RISING

More than 107,000 people presented to our ED in 2020-21*.

* Data source: Emergency Department Information System

11%

compared to the previous year

295 patients presented to ED on average each day



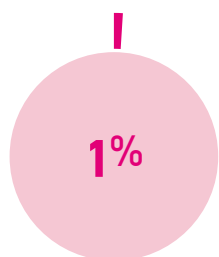
We had **record numbers** on **26 December 2020** with **376 people** presenting to the ED

DECEMBER
26

ACUITY

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

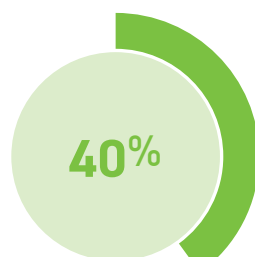
The breakdown of **2020-21** presentations by category is outlined here.



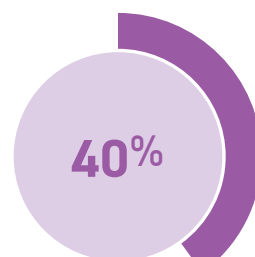
RESUSCITATION
(ATS CATEGORY 1)



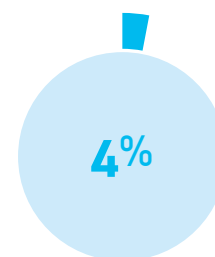
EMERGENCY
(ATS CATEGORY 2)



URGENT
(ATS CATEGORY 3)



SEMI-URGENT
(ATS CATEGORY 4)



NON-URGENT
(ATS CATEGORY 5)

56%

of ED presentations in 2020-21 were

resuscitations (category 1), emergency (category 2) or urgent cases (category 3)





EMERGENCY DEPARTMENT (continued)

MORE AMBULANCES ARRIVING

52 ambulances

on average arrived each day during 2020-21



2%

increase
compared
to the
previous
year

MORE CHILDREN TO ED



More than 24,000 children presented
to ED in 2020-21

18%

increase
compared to
the previous
year

WEAT

The West Australian Emergency Access Target (WEAT)

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

During 2020-21, WEAT continued to be a key focus and was constantly monitored. High volumes with insufficient Emergency Department capacity was a key challenge to improving performance.

Hospital staff concentrated on **identifying opportunities in work flow** to help lift WEAT performance and improve flow of the patient journey through the hospital and home. New strategies included:

- /// **Implementation of an Electronic Bed Management System.** The system was implemented in November 2020 and enabled ward staff, ED and bed management to electronically request and monitor beds for admitted patients. JHC is now reviewing a number of process redesign initiatives that have been proposed post implementation of the system to maximise the benefits of the system which has increased the visibility of the patient journey hospital wide.
- /// **Off Stretcher nurse in ED** – This nursing role provides assistance in handover of care of ambulance patients and enable ambulances to get back on to the road faster. Implemented in January 2021, this has shown improvements in Average Transfer of Care Time and Average Ramped hours.
- /// **Initial scoping work is being undertaken in conjunction with Ramsay Connect** and other community stakeholders on potential projects for integrated care. The aim of these initiatives will be to improve pathways to care external to the hospital either post discharge or as an alternative treatment option.

The WEAT for JHC

in 2020-21 was **60.5%** compared
to **63.5%** in 2019-20

3%

decrease
compared to
the previous
year










EMERGENCY DEPARTMENT (continued)

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.

RESUSCITATION (ATS CATEGORY 1)	EMERGENCY (ATS CATEGORY 2)	URGENT (ATS CATEGORY 3)	SEMI-URGENT (ATS CATEGORY 4)	NON-URGENT (ATS CATEGORY 5)
 <p>TARGET: 100% seen immediately</p> <p>ACTUAL: 100% seen immediately at JHC</p>	 <p>TARGET: 80% to be seen within 10 minutes</p> <p>ACTUAL: 78.6% seen within ten minutes at JHC</p>	 <p>TARGET: 75% to be seen within 30 minutes</p> <p>ACTUAL: 37.2% seen within 30 minutes at JHC</p>	 <p>TARGET: 70% to be seen within 60 minutes</p> <p>ACTUAL: 52.2% seen within 60 minutes at JHC</p>	 <p>TARGET: 70% to be seen within 120 minutes</p> <p>ACTUAL: 80.8% seen within 120 minutes at JHC</p>

IMPROVING WAITING TIMES

JHC has a focus on continuous improvement in relation to reducing waiting times. Some of the many initiatives we have been working on include:

- Increased focus on reducing length of stay (LOS) or the amount of time patients need to spend in hospital. Reduced LOS will create more inpatient bed capacity, which has a flow-on effect to the hospital's capacity to treat patients who are waiting to be seen in ED.
- Upcoming expansion of the ED to increase the number of patients the treating team is able to attend to at any one time.
- Introduction of an electronic patient flow system to facilitate more timely admission of patients from ED to the wards. Read more about this on pages 54-55.





OBSTETRICS

BIRTH NUMBERS



JHC delivered more than 2,900 babies in 2020-21

The COVID-19 pandemic did have an affect on these numbers as JHC had to close its private obstetrics ward for a period in 2020 and there was a slow ramping back up of activity.

9%

drop
compared to the
previous
year

COVID CLINIC

In accordance with state guidelines, JHC commenced operating a COVID-19 clinic from 25 March 2020

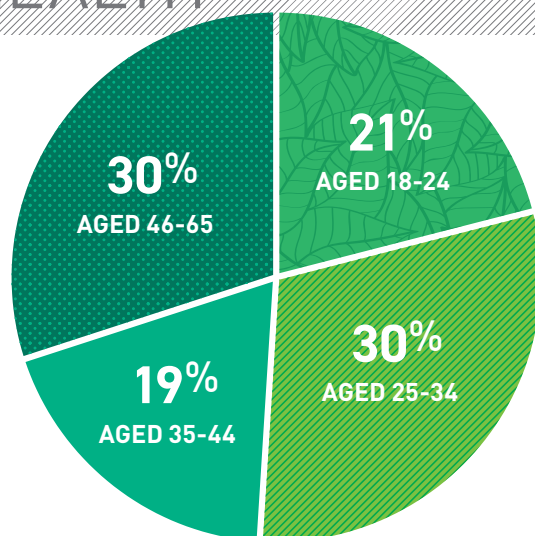
In the 2021-21 financial year:

- 39,915 people had been tested for COVID-19
- 3 patients returning positive results
- Last positive result 21 June 2021.

At the time of publishing, the clinics operating hours were 8am - 4pm (Monday to Friday and weekends) in line with WA Health COVID Operations recommendation. As per state directives, JHC extends opening hours to meet increased demand when required.

MENTAL HEALTH

During the 2020-21-year JHC provided treatment to 730 people in the Mental Health Unit



IN THE 2021-21 FINANCIAL YEAR:

The Mental Health Observation Area (MHOA) treated 3,135 people in the past financial year





KEY PERFORMANCE CLINICAL INDICATORS

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	1.794%	1.719%
Unplanned return to the operating room during the same admission	0.165%	0.284%
Inpatients who develop one or more pressure ulcers during their admission (grade 2 or greater)	0.013%	0.041%
Inpatient falls resulting in fracture or closed head injury	0.007%	0.014%
Medication safety errors resulting in an adverse event	0.000%	0.008%

* July – December 2020

DEFINITIONS

- /// **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 operating room during the same admission** refers to where a patient has needed a further operation / procedure to treat complications related to the previous operation / procedure
- /// Inpatients developing **pressure injuries** refers to pressure injuries that have developed in hospital classified as grade two or greater
- /// **Medication safety errors** refer to the number of medication errors resulting in an adverse event requiring intervention beyond routine observation and monitoring
- /// **Australian Peer Hospital Aggregate:** The **aggregate** rate for all organisations is the average rate of all organisations submitting data for a particular indicator.





VOICE OF CONSUMERS SHAPE DESIGN



Design of the new Mental Health Unit has benefitted from a strong partnership approach during the past year.

Architects, designers, lived and learned experience consumers, consumer consultants, clinicians, multidisciplinary staff groups and subject experts have worked together as a 'user group' to create a co-designed facility.

Mental health facilities are complex environments that must serve the needs of a variety of patients and it has been invaluable to have user group members Ruby Collins and Caroline Hughes contributing their knowledge, experience, learnings and perspectives to our design plans.

According to Ruby, there is great focus on involving carers and clients directly in designing safe environments that aim to recover health or heal: "The building design should focus on care and comfort for clients, but this is also important for carers and visitors," she said.

"Having been involved in the design from the ground up for other public mental health units, the JHC user groups were very accepting of the information I provided from my experiences and research into providing comfortable and compassionate environments.

"The use of sunlight into the building, accessible gardens and creative spaces are important planning aspects to consider, as well as access to food vending machines in waiting areas and ways to manage the important balance between safety and privacy. One recommendation was to install a large fridge for consumers and families while they were waiting to be discharged, but not yet able to leave the building."

Caroline agreed that the user group meetings worked well because of actively listening and consideration of input from all members.

"It was a great opportunity to discuss ideas and experiences and work out how to compromise to enable the best design from all perspectives," she said.

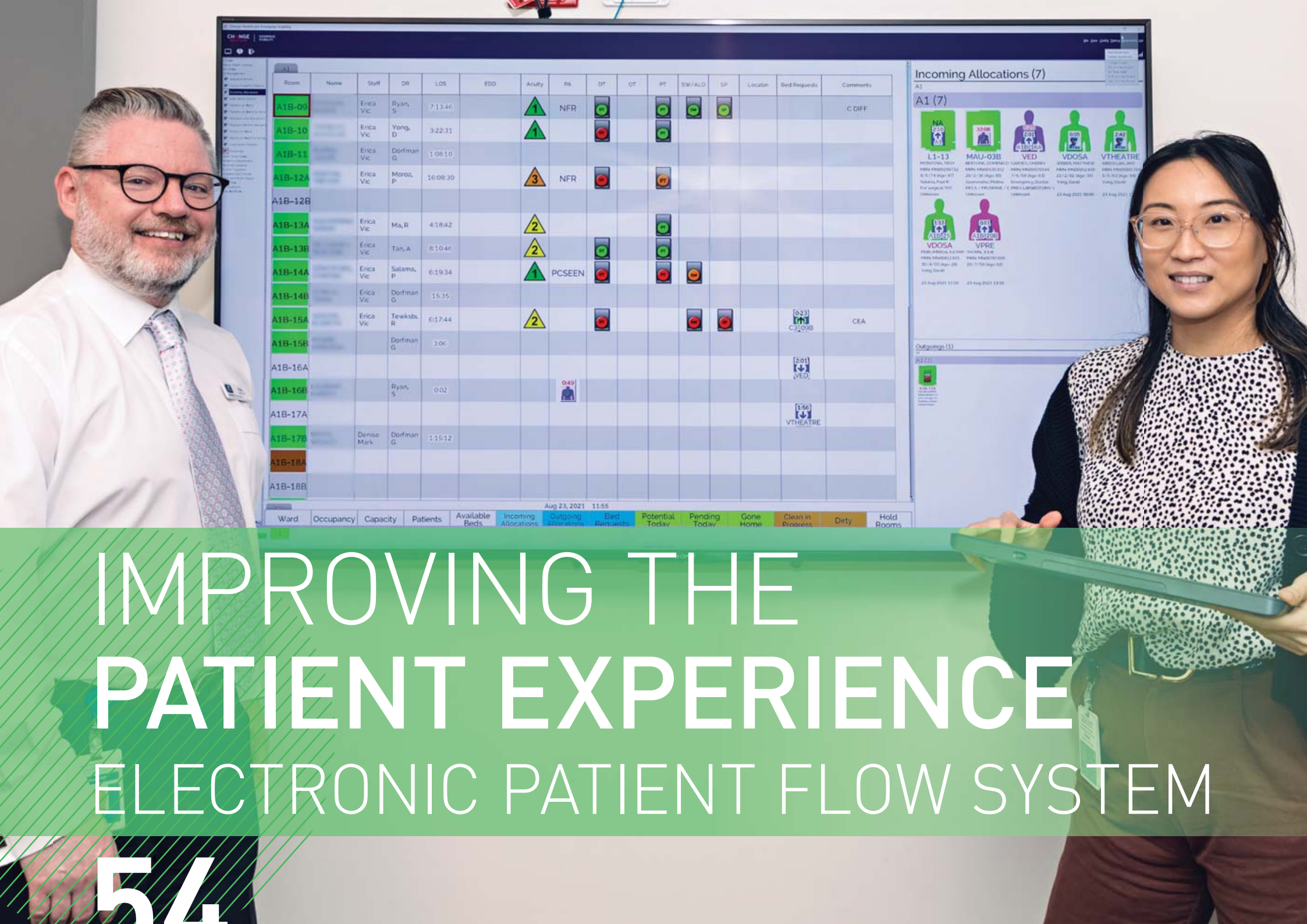
"We felt that providing for the future by designing a facility with a shelled area that could increase beds to meet demand over time very important – and that has been factored into the plans."

"Better ward design, the ability to group together or effectively separate different patient cohorts, being able to see the outside from all areas, and providing more activities within the facility were things we were keen to see implemented."

Both Ruby and Caroline agreed the new facility would be better for staff to work within, and as every client or patient has different needs, the Mental Health Unit design must be adaptable to cater for a wide range of people.

PICTURED: Mental Health Unit consumers Caroline Hughes (right) and Ruby Collins provide their insights from lived experience of what works and what doesn't with provision of mental health services to Clinical Nurse Manager, Craig Creswell





IMPROVING THE PATIENT EXPERIENCE ELECTRONIC PATIENT FLOW SYSTEM

In November 2020 a new system was introduced that is helping reduce delays in admitting patients from our Emergency Department into the hospital.

EnVi is an electronic patient flow system that allows clinical staff real-time visibility of which beds are free and which are occupied.

Just six months after implementation, early discharges by midday have increased by four per cent.

Director of Clinical Services and EnVi lead Paul Taylor-Byrne said that may not sound like a lot but it translates to an extra 37 patients discharged home before midday each week.

“This is important because for every person who has been treated by our staff and are deemed medically fit to go home, that’s a bed freed up for someone who may be very unwell in the Emergency Department who is waiting to be admitted and who needs that bed more,” he explained.

He said as well as communicating patient location, the system also displays clinical alerts to all staff transparently and efficiently.

“It allows us to see and follow the patient journey from admission to discharge in a highly visual, electronic way,” he said.

“The hospital was previously reliant on manual processes to manage bed capacity and patient flow.

“We can now see when a patient is in transit from the ED to the ward, their estimated date of discharge and other relevant information.”

EnVi has oversight from the bed management team and allows important support areas to see the real time status of patients, including clerical staff and staff working in environmental services like cleaners.

Electronic Patient Journey Boards, which display real time patient information including incoming and outgoing patients, are located on every ward (pictured).

The board also integrates with CARPS, the system used to manage tasks including cleaning and other environmental services.

A number of other projects that focus on improvement of patient flow processes and leveraging the visibility that EnVi provides will be a key focus beyond 2020-21.

PICTURED: Director of Clinical Services and EnVi lead Paul Taylor-Byrne with Senior Project Officer Kat l'Anson show off the new electronic patient flow system, EnVi, which was introduced at JHC in 2020





LISTENING TO OUR COMMUNITY

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 Services Agreements (DHSA). The Board met four times during 2020-21 and analysed the following:

- Results of the Department of Health's Patient Evaluation of Health Services, JHC's Quality and Safety Dashboard and JHC's Net Promoter Score.
- An in depth look at the complaints and compliments process at JHC which included valuable feedback from members.
- Looking at how to support and engage with carers and caregivers of our patients at JHC including linking in with community care providers in the local area.
- Measuring and reviewing Aboriginal and Torres Strait Islander data.
- A potential Continuum of Participation around the most appropriate way to provide and display information to consumers.

The Board also provided feedback and recommendations on:

- Patient meals received by our public and private patients
- Aged care workshop
- COVID-19 challenges
- Vaccination clinic
- Redevelopment

MEMBERSHIP

Chairperson and City of Wanneroo Representative
Mayor Tracey Roberts (City of Wanneroo)

Federal Representative
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 Jacqui Huntley

Department of Health Representative
Mr Craig Leatt-Hayter

Community Representative (Youth)
Ms Nadia Van Der Woude

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 Esther Onek – joined CBOA January 2021

Community Representative (Multicultural)
Ms Bella Ndayikeze – resigned from CBOA October 2020

Community Representative (WA Police)
Mr Tony Flack (Superintendent, WA Police)
– joined CBOA November 2020

Community Representative (WA Police)
Mr Scott Warner (Superintendent, WA Police)
– resigned from CBOA October 2020

Community Representative
Jan Norberger (Australian Medical Association)

Deputy Chief Executive Officer
Mr Benjamin Irish (Joondalup Health Campus)

Director of Clinical Services
Paul Taylor-Byrne (Joondalup Health Campus)

Ramsay Health Care Communications Manager - WA
Ms Aisha Timol (Joondalup Health Campus)





HEADS OF DEPARTMENT MEDICAL ADVISORY COMMITTEE

The HODMAC has met throughout the year to provide a forum of communication between the medical staff and the hospital executive to facilitate the safe provision of patient care.

Some of the achievements and highlights of the year have included:

- /// Department Heads participated in planning forums and focus groups for the redevelopment and provided clinical expertise into areas such as theatres, critical care unit and the Emergency Department.
- /// Throughout the evolving COVID situation, input was provided into response planning, service impacts, patient management and clinical care planning with all key specialities and areas providing medical representation and input into the various COVID management and response groups.
- /// The JHC Clinical Leadership program provided the opportunity for 20 senior clinicians to attend several workshops where they received tailored leadership and management training with highly experienced facilitators.
- /// Senior clinicians were involved in the implementation of the Voluntary Assisted Dying legislation that came into effect this year.
- /// The group were consulted and endorsed the development of the Deputy Director of Medical Services roles to establish a distributed leadership model.

HEADS OF DEPARTMENTS MEDICAL ADVISORY COMMITTEE

Dr Barry Vieira (Chair)
Head of Department (HoD) Rehabilitation & Aged Care

Prof Desiree Silva (Deputy Chair)
HoD Paediatrics

Dr Cliff Neppe (Deputy Chair)
HoD Obstetrics & Gynaecology

Dr David Bridgman Director Of Anaesthetics

Dr Martin Chapman HoD Psychiatry

Dr Sue Davel* Director of Post Graduate Medical Education

Dr Jenny Deague Director of Cardiology

Dr George Garas HoD Gastroenterology

Dr Paul Grolman HoD Intensive Care

Mr Benjamin Irish* Acting Deputy Chief Executive Officer

Dr Jesvinder Judge HoD Surgical Sub-specialties

Dr Gar-Hing Lee* HoD Infectious Diseases

Dr Amanda Ling* Chief Executive Officer

Dr Yusuf Mamoojee DDMS - Medical

Dr Martin Marshall* HoD Radiology

Dr Yuresh Naidoo Director of Emergency Medicine

Dr Dejan Radeski HoD Pathology

Dr Stephen Richards HoD General Medicine

Mr Paul Salama HoD General Surgery

Dr Farid Taba* GP Liaison

Dr Paul Taylor-Byrne* Acting Director of Clinical Services

Dr Michael Veltman DDMS - Critical Care

Dr Andrew Wesseldine* Director of Innovation and Improvement

Mr Matthew Wright* Contract Manager

Mr Homan Zandi HoD of Orthopaedics

* Ex officio members





OUR SERVICES

60

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

/// Stroke service

/// Thoracic surgery

/// Urology

/// Vascular surgery





OUR SPECIALISTS

62

Consultant psychiatrist
Dr Candice Gliksman

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







PICTURED: Key staff from the current Mental Health Unit building (right) which will be bulldozed as part of the expansion of Joondalup Health Campus and a new 102-bed building erected on the opposite side of the road (left hand side in this photo)



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.

joondaluphealthcampus.com.au