

DEMOGRAPHY

Age distribution of the Western Australian population

The population of the State increased from 1,300,049 in 1981 to 1,949,439 in 2003. This represents an average increase of 28,234 persons per year.

The number of Aboriginal people in 2003 was 68,724, which represents 3.5% of the State population.

Map 1: Map of Western Australia's regions

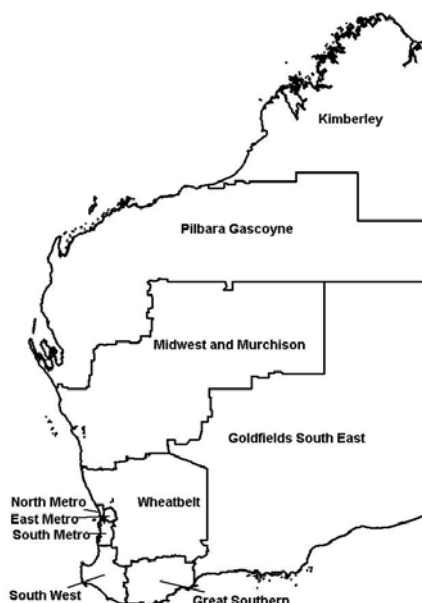


Table 2: Age distribution of the Western Australian population

Year	Sex	0-4	5-14	15-24	25-44	45-64	65+	Total
2003	Male	63,823	141,571	142,692	290,012	237,547	98,670	974,315
	Female	61,308	134,121	136,497	289,480	232,460	121,258	975,124
	Total	125,131	275,692	279,189	579,492	470,007	219,928	1,949,439

Table 3: Aboriginal and non-Aboriginal by age

Year	Sex	Ethnicity	0-4	5-14	15-24	25-44	45-64	65+	Total	
2003	Male	Aboriginal	4,240	8,944	6,690	9,433	4,006	961	34,305	
		non-Aboriginal	59,598	132,635	136,012	280,581	233,544	97,751	940,010	
	Female	Aboriginal	4,159	8,227	6,577	9,921	4,366	1,137	34,419	
		non-Aboriginal	57,157	125,912	129,929	279,580	228,103	120,178	940,705	
	Total			125,154	275,718	279,208	579,515	470,019	220,027	1,949,439

DISABILITY SERVICE PLAN OUTCOMES

Policy

The Disability Services Act 1993 was introduced by the State Government to ensure that people with disabilities have the same opportunities as other West Australians.

In accordance with that Act and the Western Australian Public Sector Policy, the Department of Health is committed to ensure that all people with disabilities can access the services and facilities provided by the Department of Health.

Programs and initiatives

During 2003-04, the Department of Health continued to improve its disability services plan through programs and initiatives to meet the Disability Services Plan Key Outcomes as listed below:

OUTCOME 1: Existing services are adapted to ensure they meet the needs of people with disabilities

- A Royal Street disability working group has been established which will conduct an audit/review of existing services to identify and comment on barriers for people with disabilities.
- A representative will sit on the reference group of disability coordinators for the health system.
- The Royal Street disability working group continues to liaise with the Disability Services Commission Community Access and Information Branch.

OUTCOME 2: Access to buildings and facilities is improved

- The DOH have upgraded the Royal Street disabled toilets.
- Verbal announcements of floor levels are now provided in the elevators for the visually impaired.
- BreastScreen WA has implemented policies to assist disabled women when they attend mammography. This includes:
 - extending appointment times; and
 - making sure that there is staff available when required for wheelchair bound clients.

OUTCOME 3: Information about services is provided in formats which meet the communication requirements of people with disabilities

- All documentation regarding services are available in alternative formats e.g. Braille, computer discs, large print or audiocassette upon request.
- An audio loop is available for use by employees with hearing difficulties.
- The BreastScreen WA website conforms at Level 3 of the W3C Web Content Accessibility Guidelines. Conforming to these guidelines makes the website more accessible to users with disabilities.

OUTCOME 4: Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities

- It is a condition of employment that all employees at Royal Street have knowledge of disability services.
- Supervisors are required to have more in-depth knowledge of their obligations to people with disabilities such as supporting employees with disabilities and fair and equitable recruitment processes.
- Royal Street continues to offer work experience to people with disabilities in the Workforce Directorate.
- All staff at BreastScreen WA with client contact receive a training session in screening women with learning disabilities, as well as screening women with other special needs such as hearing impairment, sight impairment or communication difficulties.

OUTCOME 5: Opportunities are provided for people with disabilities to participate in public consultations, grievance mechanisms and decision-making processes

- Royal Street Divisions are committed to equity of access for people with disabilities.
- Directorates that treat clients such as BreastScreen WA continue to liaise with organisations such as Disability Services Commission.
- Royal Street conduct all public events in venues accessible to people with disabilities.
- The DOH have in place complaints procedures suitable for disabled clients who are unable to make written complaints. The DOH have in place grievance mechanisms that allow people with disabilities to participate without impediment.

CULTURAL DIVERSITY AND LANGUAGE SERVICES OUTCOMES

For the year ending 30 June 2004, the Department of Health improved access to health services for people who experienced language or cultural difficulties with a number of new initiatives and continuing programs.

New programs and initiatives

Awareness Raising Campaign for CALD Women
Focus groups were conducted to identify barriers to breast cancer screening for CALD (Culturally and Linguistically Diverse) women. Information from the focus groups were used to inform a media campaign that targets women.

BreastScreen Indigenous Women's Reference Group

BreastScreen WA provides training and support to the Indigenous Women's Reference Group. This group comprises Aboriginal and Torres Strait Islander health workers who are nominated by their communities. Statewide participation was invited and regions currently represented are:

- Kimberley.
- Pilbara and Gascoyne.
- Goldfields and South East.
- Murchison and Mid West.
- Great Southern.
- South East metropolitan.

Translation Sheets of Common Genetic Terms

Interpretive cards were developed for counsellors to use in consultation appointments on terminology relating to genetic conditions.

Multicultural Training Package

A multicultural training package was developed and is available on CD ROM for health professionals. The package is a computer based learning tool that covers all essential skills and knowledge to assist health professionals with delivering culturally appropriate health services.

Mental Health Clinical Governance Reviews

As part of the review services, response to cultural diversity and language is audited.

Continuing programs and initiatives

WA Cervical Cancer Prevention Program uses the Telephone Interpreter Services Commonwealth (TISC), which are free of charge to assist women from CALD backgrounds in obtaining information relating to cervical cancer.

BreastScreen

BreastScreen WA Continuing Initiatives include:

- Consumer reference group with specific CALD representation.
- BreastScreen WA website with translated material in 30 languages.
- Participation in cultural events such as International Women's Day; Harmony Week; Chinese New Year.
- Collaboration in events and presentations with migrant resource centres, Women's Health Care House, Ethnic Communities Council.
- Ensuring clinics are accessible and culturally appropriate.
- Distribution and updating of BreastScreen WA resources to CALD health workers.
- Interpreter service attendance for screening appointment at clinics and assessments.

Shaken Baby Syndrome

This pamphlet has been translated into different languages.

FoodNorth Project

The FoodNorth project involves working with communities and stores and other government and non-government organisations to improve the food supply to remote Indigenous communities in north Australia. The aim is to have more healthy food in stores and take-aways at affordable prices.

Revision of 'A Guide to Conducting Successful Education Activities for Aboriginal People'

The manual demonstrates the development and delivery of nutritional activities to specific communities. Training delivery method and learning resources are being revised in line with national competencies for Aboriginal health workers.

Stay On Your Feet WA (Awareness Raising)

Falls prevention information, a volunteer support service and other awareness raising activities have been presented to various CALD groups.

Quit WA

People from CALD communities can speak with a Quitline counsellor through the Translating Interpreting Service (TIS). Callers can leave their details to receive Quit information in their language or to talk to a counsellor.

The Quit WA resource *Your Guide to Quitting Smoking* is available in eight different languages: Malay, Italian, Indonesian, Chinese, Macedonian, Vietnamese, Greek and Polish.

Complaints on RESPOND

Use of interpreter services is registered on the RESPOND 3 database, which tracks complaints.

Mental Health Act Pamphlets

These are available in 15 community languages.

Delivery of Training on Working with CALD Patients (appropriate use of interpreters)

Training material developed for service providers (within government and non-government sectors) on how to use interpreters in a clinical context.

Multicultural Access Service

Assists clients to access mental health services and provide ongoing support.

Addictive Behaviour in the Chinese Community in Perth

The Chung Wah Association in partnership with Multicultural Access Unit (DOH), WA Transcultural Mental Health Centre, Quit WA and David Ryder (School of Public Health, Edith Cowan University) are addressing addictive behaviour namely tobacco, alcohol and other drug misuse and gambling activities in the Chinese community in Perth.

Achievements

BreastScreen WA Indigenous Program

Participation for Aboriginal and Torres Strait Islander women increased to 40%.

Website – Quarterly Statistics

Pages for resources for CALD women show a high percentage of visits.

Female Genital Mutilation Education Project

Educational materials including a video for schools have been developed. Educational sessions with health professionals and community workers were undertaken.

Development of a Catalogue of Translated Mental Health Resources for People of CALD Backgrounds

A catalogue in different languages was produced for clinicians and mental health practitioners to provide to patients from CALD backgrounds.

YOUTH OUTCOMES

Our policy

The Department of Health acknowledges the rights and special needs of youth and endeavours to provide appropriate services, supportive environments and opportunities for young people.

The Department is committed to the following objectives as outlined in *Action: A State Government Plan for Young People, 2000-03*:

- Promoting a positive image of young people.
- Promoting the broad social health, safety and wellbeing of young people.
- Better preparing young people for work and adult life.
- Encouraging employment opportunities for young people.
- Promoting the development of personal and leadership roles.
- Encouraging young people to take on roles and responsibilities, which lead to active adult citizenship.

Programs and initiatives

The Department of Health supported the *Action: A State Government Plan for Young People, 2000-03* objectives through the following programs and initiatives.

Professional Development for Teachers in the Growing and Developing Healthy Relationships Curriculum Support Materials

This resource was distributed to all public and Association of Independent Schools of WA (AISWA) schools. Train-the-trainer Professional Development workshops have been held in most metropolitan and rural regions, with regional Public Health Units instrumental in convening workshops. School nurses and other school-related health professionals have also been provided with professional development in regard to these materials. It is intended to continue to promote the training in metropolitan schools as well as to offer it to schools in the Goldfields region. Staff from the Department of Education District Education Offices will also be trained and a one day conference will be held to update the approximately 300 people who have received training so far.

School Health

School Health services are delivered in each Area Health Service predominantly by community nurses, although some Allied Health professionals do deliver services in the school setting. Services include screening, health

education, counselling, liaison, and health promotion.

Innovative Health Services for Homeless Youth (IHSY) Program

IHSY is a joint State-Commonwealth program aimed at improving the health outcomes of homeless and otherwise at-risk youth and their dependents through the provision of specialised health and related services and improved access to mainstream health services. Services include ante-natal and post-natal support for teenage mothers, support for year six and seven students at Mirrabooka, Dryandra, Nollamara and Westminster Primary Schools; the Perth and Freo Street Doctor services; support for young women recently released from prison; and others.

Children of Parents with Mental Illness

An Interagency Statewide Strategic Committee for the Children of Parents with a Mental Illness Project has been established. This committee is investigating ways in which agencies can work collaboratively to improve outcomes for these children, including the development of interagency pathways and protocols, and the provision of workforce development training. The Statewide Strategic Committee includes youth representation.

Child and Adolescent Mental Health Service Planning

An extensive consultative process has been completed with mental health professionals, the Department of Health, other Government and Non-Government agencies and mental health consumers, carers and their families to plan the future direction of mental health services in Western Australia, including a specific focus on services for children and adolescents.

Aussie Optimism

The roll out of this four-year trial continues as a whole of government approach. This collaborative program is a mental health promotion strategy designed to prevent internalising problems such as anxiety and depression in school aged children in years six and seven, thereby assisting with the transition to high school. The program has proven effective in preventing anxiety problems up to three years after implementation in rural areas. The effectiveness of how well the program is taken up and used by individuals, families and schools is evaluated and the sustainability of the program measured. Currently 67 schools are participating.

Youth Counsellor Program

The Youth Counsellor Program provides counselling for young people experiencing emotional problems in order to reduce the risk of youth suicide. The Program has established a network of counsellors across the state that work with youth who are at high risk and showing signs of psychological disturbance or other health damaging behaviours such as alcohol and drug usage that is becoming problematic. Most counsellor positions are located in regional areas and half the positions are for Aboriginal youth.

Guiding Principles for the Provision and Practice of Sexual Health Education

This resource has been distributed to all appropriate agencies and individuals. The principles are focused around the provision of community and school-based education programs, with the main aim being to provide a point of reference for the conduct of effective education about sexually transmitted infections (STIs) including HIV/AIDS.

Safe Sex Advertising

A new advertising image "Scratch an Infection" was created for placement in 2004 diaries for university students at UWA, Curtin, Edith Cowan and Murdoch Universities. In addition, this image was also placed in the *Backpackers Guide WA* for backpackers. The message aims to promote safe sex and to encourage young people to get tested and treated if they have put themselves at risk.

Science Teachers' Association of WA (STAWA) Year 12 Human Biology Laboratory Manual

Following a request from STAWA, relevant sections of the Year 12 Human Biology Laboratory Manual (*HIV/AIDS: Risk Categories and Sexually Transmissible Infections other than HIV/AIDS*) were updated.

Sexual Health Project Officer Position at the Wheatbelt Population Health Unit

The Sexual Health & Blood-borne Virus Program funded the Wheatbelt Population Health Unit to employ a sexual health project officer to develop and implement adolescent health/sexual health programs for young people, health service providers and teaching professionals in the Wheatbelt region.

Young Women's Campaign

Data from the Cervical Cytology Registry indicated that the number of young women aged 20-29 who had a Pap smear had declined from 63% to 57% in 2001-02.

A campaign was developed and conducted to encourage young women to adopt a health routine of regular Pap smear screening every two years, which they will continue throughout their adult life.

StarCAP

StarCAP is a voluntary program recognising schools operating canteens that have available and promote safe, healthier food choices, in line with the Australian Dietary Guidelines for Children and Adolescents. It is an initiative of the WA School Canteen Association Inc in partnership with the Heart Foundation and the Department of Health funded by Healthway

WA School Canteen Nutrition Project 2003-04

Aims to increase the promotion and provision of nutritious foods through WA school canteens. Will revise the 1987 WA school canteen policy guidelines "Guiding principles for the development of a school canteen nutrition policy"; integrate STAR Canteen Accreditation Program training and resources into TAFE's School Canteen Management Course; and recommended strategies to promote core foods through school canteens.

Nutrition and Food Safety Guidelines for School Food Services

These nutrition guidelines have been prepared to assist schools in making decisions about foods that they provide.

Work Experience

Royal Street offers work experience opportunities to high school students who are interested in working in health in the future.

Jordan and Carla's Moorditj Tucker

A dietary guidelines based video and workbook for use in home and school showing how healthy eating and being active everyday can give children muscle power, brain power, play power and power in looking good. Joint initiative of Yirra Yaakin Noongar Theatre Aboriginal Corporation, Departments of Health and Education.

Graduate Development Program

The program was designed to recruit and develop Graduates. The program offers a range of training opportunities to help increase skills and assist Graduates to develop personal qualities such as initiative, confidence, ethical behaviour, leadership consistent with the Department's values. At the completion of the 12 month program and subject to satisfactory performance, the Graduates will be offered a permanent position.

MAJOR CAPITAL WORKS

The projects below are in the approved Capital Works Program for the whole of the Department of Health.

Table 4: Major Capital Works - projects completed

Project Title	Year Project Began	Actual Total Cost	Estimated Total Cost
Information and Communications Equipment and Infrastructure			
Information Technology Developments	2002	\$3,041,000	\$3,041,000
Information Systems	2002	\$14,685,000	\$14,685,000
Minor Equipment and Works			
Minor Works 2003-04	2003	\$16,662,000	\$16,662,000
Worksafe Regulation Compliance	2001	\$4,000,000	\$4,000,000
Hospitals, Health Centres and Community Facilities			
Geraldton Sobering Up Centre	2002	\$513,000	\$513,000
Infrastructure and Equipment Planning	2002	\$2,866,000	\$2,866,000
Moora Hospital – Stage 1 Development	2000	\$89,000	\$89,000
Moora Hospital – Redevelopment Stage 2	2000	\$325,000	\$325,000
Newman Dental Clinic	2001	\$500,000	\$500,000
Nullagine Clinic – Replacement	2002	\$900,000	\$900,000
Oombulgurri Clinic – Replacement	2002	\$900,000	\$900,000
Peel Health Service Development	2001	\$3,583,000	\$3,583,000
PMH Child Protection Unit Expansion	2002	\$570,000	\$570,000
Rural Doctors and Nurses Accommodation	2001	\$5,000,000	\$5,000,000
Statewide HIV Units	2001	\$1,500,000	\$1,500,000

Table 5: Major Capital Works - projects in progress

Project Title	Expected Year of Completion	Estimated Cost to Complete	Estimated Total Cost
Major Equipment and Works			
Hospital Equipment and Maintenance - Statewide	2005	\$629,000	\$43,221,000
Organ Imaging Equipment (non teaching) 1998-99	2005	\$75,000	\$10,000,000
Hospitals, Health Centres and Community Facilities			
Southeast Coastal Multi Purpose Services – Stage 1	2005	\$35,000	\$3,928,000
Staff Accommodation – Stage 2	2005	\$731,000	\$5,000,000
Swan and Other Metro Secondary Hospital Upgrades	2005	\$470,000	\$4,000,000
Information and Communications Equipment			
Communication Infrastructure	2007	\$10,924,000	\$11,000,000

Project Title	Expected Year of Completion	Estimated Cost to Complete	Estimated Total Cost
Hospitals, Health Centres and Community Facilities			
Albany Hospital Paediatric Ward Upgrade	2005	\$60,000	\$1,201,000
Carnarvon Hospital Redevelopment	2006	\$1,473,000	\$1,550,000
Carnarvon Sobering Up Centre	2005	\$500,000	\$500,000
Carryover – Various	2007	\$2,221,000	\$2,868,000
Community Health Facilities Expansion Statewide	2006	\$4,978,000	\$6,000,000
Denmark Planning Upgrade	2005	\$350,000	\$500,000
Fremantle Hospital Developments	2005	\$2,782,000	\$6,000,000
Geraldton Health Campus Redevelopment	2007	\$39,355,000	\$49,000,000
Graylands Health Campus Redevelopment	2007	\$566,000	\$600,000
Infrastructure Planning	2008	\$4,114,000	\$4,500,000
Joondalup Dental Clinic	2005	\$1,555,000	\$1,700,000
Kalamunda Hospital Redevelopment	2006	\$4,675,000	\$5,500,000
Kimberley Health Developments	2008	\$39,162,000	\$41,700,000
Land Acquisition	2006	\$4,313,000	\$4,350,000
Margaret River Hospital – Upgrade	2006	\$2,903,000	\$2,950,000
Mental Health Statewide Initiatives	2005	\$1,941,000	\$42,000,000
Morawa Hospital – Emergency Development	2006	\$702,000	\$890,000
North Perth Dental Clinic Extension	2005	\$295,000	\$300,000
Osborne Park Theatre Replacement	2005	\$2,007,000	\$11,650,000
Perth Dental Hospital Devolution	2005	\$780,000	\$2,380,000
Port Hedland Health Service	2006	\$894,000	\$2,505,000
Relocation of Sexual Assault Resource Centre	2004		\$720,000
Rockingham Emergency and Ward Upgrade	2005	\$1,123,000	\$8,400,000
RPH and Shenton Park Hospital Developments	2007	\$13,762,000	\$24,500,000
Rural Theatres and Sterilising Facilities – Compliance	2004		\$5,962,000
SCGH Emergency	2005	\$759,000	\$9,630,000
South Metropolitan Dental Clinic	2005	\$874,000	\$1,500,000
Warburton Clinic Replacement	2005	\$2,405,000	\$2,800,000
Women and Children's Health Service Developments	2005	\$9,974,000	\$32,760,000
Minor Equipment and Works			
Motor Vehicles – Special 1999-00	2005	\$285,000	\$1,250,000
Statewide Condition Audit – Stage 2	2008	\$3,281,000	\$18,382,000
Major Equipment and Works			
Engineering Asset Works Management System Stage 2	2005	\$497,000	\$4,200,000
Metropolitan Picture Archive System and Computerised Radiography (Various) Stage 1	2006	\$3,276,000	\$6,500,000

WASTE PAPER RECYCLING

The Department of Health has progressed its recycling program in 2003-04. Recycling crates are supplied to individual workstations. In conjunction with Paper Recycling Industries existing smaller cardboard recycling boxes are being upgraded to larger mobile 'wheelie' bins. The extra capacity of the mobile bin should ensure that recycling material is not discarded, due to small boxes being full prior to the collection date.

Collection boxes are emptied fortnightly, with a confidential shredding bin service provided as required.

Posters and notices are displayed around the building to encourage the recycling project and clearly identify which items can be placed in the bins to avoid cross-contamination.

In 2002-03 approximately 100 tonnes of recycling paper was collected. This increased to approximately 110 tonnes in 2003-04.

ENERGY SMART GOVERNMENT POLICY

In accordance with the Energy Smart Government Policy (ESGP) the Department of Health is required to achieve a 12% reduction (relative to 2001-02) in non-transport related energy use by 2006-07 with a reduction by 6% targeted for 2002-03. Actual performance is as follows:

Table 6: Energy Smart Government Program

Area	Parameter	2001-02	2003-04	Variation Relative to 2001-02
Total Department of Health	Consumption GJ/y	1,196,835	1,205,565	0.73%
	Cost \$/y	\$25,365,519	\$24,903,359	-1.82%
	Consumption per gross floor area GJ/m ²	0.94	0.93	-1.06%
	CO ₂ Emissions Tonnes/y	198,831	205,234	3.22%
	Consumption per FTE GJ/FTE	51.59	50.75	-1.63%
	Consumption per OBD GJ/OBD	0.88	0.91	3.41%
Country Health Services	GJ/y	223,133	215,976	-3.21%
	\$/y	\$8,341,027	\$8,159,656	-2.17%
	GJ/m ²	0.73	0.69	-5.48%
East Metropolitan Health Service	GJ/y	287,103	289,692	0.90%
	\$/y	\$4,591,951	\$4,674,741	1.80%
	GJ/m ²	1.15	1.15	0.00%

Area	Parameter	2001-02	2003-04	Variation Relative to 2001-02
Other Health Services	GJ/y	25,731	19,583	-23.89%
	\$/y	\$918,966	\$774,346	-15.74%
	GJ/m ²	0.53	0.31	-41.51%
North Metropolitan Health Service	GJ/y	332,460	350,030	5.28%
	\$/y	\$5,617,776	\$5,354,099	-4.69%
	GJ/m ²	1.09	1.12	2.75%
South Metropolitan Health Service	GJ/y	173,149	176,283	1.81%
	\$/y	\$2,977,262	\$3,149,047	5.77%
	GJ/m ²	0.87	0.88	1.15%
South West Health Service	GJ/y	37,373	30,277	-18.99%
	\$/y	\$819,998	\$797,134	-2.79%
	GJ/m ²	0.75	0.69	-8.00%
Women's and Children's Health Service	GJ/y	117,886	123,723	4.95%
	\$/y	\$2,098,539	\$1,978,879	-5.70%
	GJ/m ²	1.07	1.12	4.67%

Notes

Excludes residential accommodation where separately metered.

Excludes health services in buildings where energy is paid for by others, eg clinics owned by schools or local government.

Includes site co-users where co-users are not totally separately metered.

An error in the SW Health Service figures for 2002-03 has been corrected.

GJ = Giga Joules; m = metres; y = year; FTE = Full time equivalent; OBD = Occupied bed days

Relative to data reported in 2001-02, energy usage has increased by 0.73%, costs have reduced by 1.82%, consumption per square metre of gross floor area has reduced by 1.06% and building area consuming energy reported has increased by 1.92%. Variability across Health Services is much greater with some showing growth and others reductions in both consumption and cost.

Overall cost savings are due to the lower price of natural gas negotiated in new contracts established during 2002-03 and having full year effect in 2003-04.

The large savings indicated for Other Health Services are due to Perth Dental Hospital and Sunset Hospital buildings that have been closed down and then subject to partial reuse. The increased energy consumption at North Metropolitan Health Service is partly due to a

2.1% increase in floor area. Explanation of other variability requires detailed information not available for this report.

The Department of Health has a history of achievement in energy management and few opportunities exist for further energy consumption saving without facilities rationalisation or large capital investment to replace or alter buildings and building services to improve efficiency. Such investment will be occurring over the next ten years as the Health Reform Program is implemented. No major progress with energy saving is expected to flow for the first five years of the program. In the interim all effort will continue to be applied to adjusting operation and management of existing facilities to achieve savings that can be economically justified in the context of the development program being undertaken.

The Environment and The Regions

The GJ/Staff FTE and GJ/OBD indices reported are required by the ESGP. These indices are of questionable value; in many cases Staff FTE does not reflect site working population and OBD only applies to inpatient services. At present GJ/m² is the most reliable measure and overall shows a small downward trend.

The table of energy usage does not relate exactly to the core business of the areas listed but is governed by the way energy is metered and billed. The usage includes all activities on the reported sites including those of tenants and educational and research institutions that are integrated into the sites and make use of the site infrastructure.

During the year the following energy initiatives were undertaken:

- Arrangements were made for tutoring Country and South West Area Health Service facilities managers in the identification and business case assessment of energy saving initiatives.

- Energy audits of Carnarvon, Kalgoorlie, Leonora and Laverton Hospitals were conducted and viable recommendations are being implemented. (There have been audits of all hospitals in the past; these were update audits).
- Energy accounts have been reviewed and buildings in use and building areas reviewed to improve the accuracy of energy reporting. A number of adjustments to the reporting base and previous report details have been identified and made.
- A major condition and risk audit of the major metropolitan hospitals has been started and includes a requirement to identify any energy use inefficiency.
- Facilities management policies have been reviewed, updated and incorporated into Area Health Service performance agreements. Energy management performance is now a defined part of the performance agreements.

REGIONAL DEVELOPMENT POLICY

Please refer to the WA Country Health Service and South West Area Health Service annual reports.

EMPLOYEE PROFILE

The tables below show the annual average of full-time equivalent staff employed by the Department of Health (Royal Street) by category and in comparison with 2002-03.

Table 7: Total FTE by Category

CATEGORY	2002-03	2003-04
Nursing Services	11.86	12.00
Administration & Clerical	703.45	787.00
Medical Support	43.36	40.00
Hotel Services	3.88	2.00
Maintenance	2.0	1.00
Medical (salaried)	10.1	12.00
Medical (sessional)	0.00	2.00
TOTAL	774.65	856.00

Note: The FTE measure used to report staffing totals is the standard Departmental FTE measure of labour cost. It cannot be assumed that an increase in FTE is by default associated with an increase in the number of employees.

RECRUITMENT

The Department of Health continues to make improvements to its recruitment, selection and appointment policy and guidelines.

The Department has implemented the whole of Government initiative for recruitment with the introduction of the Recruitment Advertising and Management System (RAMS). This is fundamental to the Department's recruitment policy.

RAMS is an Internet based Western Australian government job board and is the primary means of advertising for public service vacancies.

The objective of RAMS is to have a fully integrated system for managing redeployment and advertising of public service jobs. RAMS has streamlined the redeployment, severance and entry-level recruitment systems and will also allow for the management of candidates for advertised positions.

The Department of Health advertised approximately 180 positions during 2003-04.

Ongoing training is provided to prospective panel members involved in the recruitment, selection and appointment processes.

STAFF DEVELOPMENT

In 2003-04 both training and development opportunities were provided for staff. Particular focus was placed on developmental programs, utilising the expertise within the organisation as a strategy to progress staff development. These programs included a mentoring strategy, a graduate development program and a peer support program. Other programs offered to staff included a range of soft skills options including policy development, writing for government and project management.

Employee Induction

The induction process for new employees of the Royal Street Divisions presently consists of several components:

- an employee resources folder;
- an induction seminar; and
- workplace orientation.

All new employees are invited to an induction seminar; these are conducted monthly and are of half a day's duration. They involve presentations from key representatives of the Corporate and Finance Division and external agencies such as the Government Employees Superannuation Board.

In the second half of 2003-04, consultants for the Royal Street Divisions commenced the development of a corporate induction website. It is anticipated that this will replace the employee resources folder and reduce the duration of the monthly induction seminars. This project should be completed and implemented early in the new financial year.

Mentoring

A mentoring program was designed and implemented to support new graduates to the organisation. Mentors attended a comprehensive training session to assist them in their goals to provide learning and development for the people with whom they enter into a formal mentoring relationship. Additionally, the new graduates also attended training that was designed to assist them enter into a mentor relationship and maximise the opportunity available. Mentors have formed an informal mentoring network group, meeting monthly to continue their own professional development in the role. As a result of this program, strategies are being considered for other groups in the Royal Street Divisions.

Peer Support Program

A Peer Support Program was implemented as a component of the Department's Employee Assistance Program. It provides support and assistance to employees who may have worries, concerns, or be experiencing frustrations that are affecting them. The peer assistance is provided by a group of employees, who received initial and ongoing training in the role. The peer support program is designed as a first point of contact for employees and will assist them to develop coping skills and resolve or reduce problems that are affecting work performance.

Graduate Development Program

A Graduate Development Program was introduced in 2004 as a pilot in the Corporate and Finance Division. This important strategy is designed to ensure the Department has access to a pool of talented employees in the area of leadership and business acumen that will assist with succession planning and the future leadership of the Department of Health. Graduates are provided with work experience via rotation placements, training and development opportunities, a mentor and a graduate networking group. The program will be expanded in 2005 to incorporate opportunities across the whole department; however will continue to be managed by the Corporate and Finance Division.

WORKER'S COMPENSATION AND REHABILITATION

The Department of Health is committed to the prevention of occupational injuries and diseases, and to ensuring that effective rehabilitation services are available to employees.

Table 8: Workers' Compensation and Rehabilitation Claims

Category	Number of Claims
Nursing Services	-
Administration and Clerical	14
Medical Support	-
Hotel Services	-
Maintenance	-
Medical (salaried)	-
Other	-
Total	14

Occupational Injury Prevention

- A training needs analysis has been undertaken and a number of training programs are being put in place.
- The Occupational Safety & Health Website is now fully operational.
- 70% of the 2002 OSH audit requirements have been met.
- The workers' compensation data base has been updated.
- All work areas now have trained safety representatives.
- First aid training has been arranged for all work areas/locations.
- Fire and Emergency procedures are up to date for all work areas.
- Hazard and safety inspections are in place for all areas.

INDUSTRIAL RELATIONS

The Labour Relations Branch provides advice and support to the Department and Health Services on key industrial issues. Key activities for 2004 included:

- Negotiation and registration of three new industrial agreements covering Medical Practitioners, Hospital Salaried Officers and, Engineering and Building employees.
- Continued implementation of the Nursing Hours per Patient Day model for management of nursing workloads.
- Completion of the translation process moving positions into the Senior Registered Nurse classification structure.

A number of new industrial agreements were negotiated and registered during the year

The new Agreement covering Medical Practitioners provides salary increases totalling 9% during its three year term and addresses issues associated with working hours and workload.

For Hospital Salaried Officers, a new Agreement was registered providing salary increases of 8.55% as well as improved conditions for balancing work and family life. This Agreement has a term of two and a half years.

Engineering and Building Trades employees will receive salary increases totalling 10.2% over the life of a new three year agreement.

The Agreement covering Registered Nurses expired on 1 May 2004 and the Department commenced negotiations for a replacement Agreement with the Australian Nursing Federation. As a sign of good faith in commencing the negotiations, the Department increased the salary of all nurses covered by the Agreement by 3.4% from 2 May 2004.

The Exceptional Matters Order providing the framework for regulating the workload of registered nurses expired on 28 February 2004. Health Services are continuing to apply the terms of the Order on an administrative basis. The Department has maintained its commitment to the achievement of workload targets and has extended the application of the Nursing Hours per Patient Day Model to include Intensive Care Units, Coronary Care Units and Emergency Departments.

The translation of 926 positions into the Senior Registered Nurses classification structure was completed with outcomes backdated to 1 April 2002.

Workplace Policy and Standards

A system wide Human Resource policy development process has been established in preparation for the shift to shared services. This has included the development and implementation of a human resource policy development framework, and the development of policies in high-risk priority areas.

A similar whole of system approach has been taken when providing strategic advice and coordinating equity and diversity, family friendly and volunteer management initiatives.

The Terms of Reference of the sub-committees of the Human Resource Management Committee have been revised to better reflect the role of these groups in the lead up to the shift to shared services.

A Family Friendly Plan for Health for the period 2003-05 has been developed by the State Health Advisory Committee on Family Friendly Initiatives to assist Health towards its goal of achieving a better work/life balance for all staff.

Four specific working groups have been established. The work of these groups is focused on:

- The promotion of family friendly initiatives.
- Attraction and retention of staff.
- Rostering.
- Research to prioritise family friendly initiatives (eg flexible work practices).

The Health Workforce Link website has been developed as a communication strategy for information on workforce related initiatives including system wide workplace policies, awards and enterprise bargaining agreements, equity and diversity initiatives, innovative practices and best practice programs.

Governance – Reports on other Accountable Issues

EQUITY AND DIVERSITY

The Department of Health serves an increasingly diverse community and customer base, which is reflected in our commitment to improve equity and diversity in our workforce.

In addition to our compliance with responsibilities under the Equal Opportunity Act 1984, equity and diversity practices are integrated with core business activities through the Equity and Diversity Framework (2002-05).

Outcome 1

The organisation values EEO and diversity and the work environment is free from racial and sexual harassment

The Equity and Diversity Framework (2002-05) outlines initiatives that Royal Street are developing to ensure ongoing commitment to the value of EEO and diversity.

EEO related policies are contained on the Royal Street Intranet site and are highlighted in the Induction Seminar for new employees.

Awareness raising seminars are planned for the next year. An Equity and Diversity working group has been established with representatives from each of the Royal Street directorates to progress specific initiatives.

Outcome 2

Workplaces are free from employment practices that are biased or discriminate unlawfully against employees or potential employees

Policies were reviewed on a priority and system wide basis. The Department participates in a system wide Human Resource Policy Committee that develops and reviews policy and procedures ensuring they are free from discrimination and bias.

Specific policies and guidelines on the prevention of harassment and discrimination have been implemented and circulated to all staff.

A policy on part-time work and job sharing has been endorsed to promote greater flexibility in the workplace and also to attract a greater variety of applicants when advertising positions.

It is a condition of employment at Royal Street Divisions that all employees have knowledge of Equal Opportunity issues and how they impact on the workplace.

Outcome 3

Employment programs and practices recognise and include strategies for EEO groups to achieve workforce diversity

Family friendly working conditions are available to all employees.

Part Time- Job Share work opportunity policies have been developed to encourage workforce diversity.

Equity and Diversity and Disabilities Services working groups have been formed to develop increased awareness of equity and diversity issues and specific diversity initiatives

Indicators

This section shows the progress made towards the following indicators:

- EEO Management Plan – implemented.
- Organisational plans reflect EEO – implemented.
- Policies and procedures encompass EEO requirements – implemented.
- Established EEO contact officers - Peer Support Officers Program incorporating EEO has been developed.
- Training and staff awareness programs - under review.
- Diversity - under review.

EVALUATIONS

This section includes summaries of evaluations undertaken by the Department of Health (Royal Street) in 2003-04.

An evaluation is an assessment of a program or policy. Each evaluation summary includes the purpose of the evaluation, the main outcomes and the action proposed or taken as a result of the evaluation.

2003 November Young Adult Quit Campaign

Purpose: Determine awareness and changes in knowledge, attitudes, beliefs and behaviour from the campaign aimed to get young adult and adult smokers to quit smoking.

Main outcomes:

- 44% either quit smoking or reduced smoking.
- 24% campaign awareness with 82% prompted recall of 'Bum a Lung' TV advertisement.
- 95% campaign approval.

Action proposed / taken: Provided information to program planners to help develop future campaigns.

2003-2004 New Year's Quit Campaign

Purpose: Determine awareness and changes in knowledge, attitudes, beliefs and behaviour from the campaign aimed to get young adult and adult smokers to quit smoking.

Main outcomes:

- 41% either quit smoking or reduced smoking.
- 56% campaign awareness with 55% prompted recall of "Quitline Jack" TV advertisement.
- 86% campaign approval.

Action proposed / taken: Provided information to program planners to help develop future campaigns.

2002 Australian School Students Alcohol and Drug Survey

Purpose: Measure smoking, behaviours and related attitudes among WA school students enrolled in years 7 to 12 in Government, Catholic and Independent schools. This survey is coordinated every three years and plays a significant role in the monitoring of the use of licit and illicit substances among youth.

Main outcomes: Current smoking prevalence decreased from 17% in 1999 to 10% in 2002

Action proposed / taken: Planned and evaluated school education, health promotion and public health programs. Produced a summary bulletin and final report for stakeholders.

'Find thirty. It's not a big exercise' physical activity campaign

Purpose: Determine awareness and changes in knowledge, attitudes, beliefs and behaviour in relation to physical activity as a result of the campaign.

Main outcomes:

- 79% of adults (74% of insufficiently active) were aware of the campaign.
- Perceived ease of 'Finding 30' increased over 12 months (62-70%) in those insufficiently active.
- 41% tried to increase activity and 81% of these succeeded. 61% of adults intended to be more active over the next few months.

Action proposed / taken: Continue campaign focus on the ease of achieving activity recommendations. Engage key stakeholders to further promote the campaign message.

Go for 2 & 5 fruit and vegetable campaign

Purpose: Determine awareness, and changes in knowledge, attitudes, beliefs and behaviour in relation to fruit and vegetables as a result of the campaign.

Main outcomes:

91% of adults were aware of the campaign. Intentions to increase fruit and vegetable intake increased over the campaign:

- Buy more fruit (53-63%) and buy more vegetables (51-58%).
- Increase vegetable intake (52-68%) and add extra vegetables to a meal (42-60%).
- Adult fruit and vegetable intake has increased since the start of the campaign (fruit 1-6 to 1.9 serves, vegetables 2.6 to 3 serves).
- 25% of those who increased their vegetable intake directly attribute it to campaign advertising.

Action proposed / taken: Focusing campaign on individual perceptions of current intake. Engage the hospitality and fruit and vegetable industry in promotions.

Governance – Reports on other Accountable Issues

2003 Child and Adolescent Physical Activity and Nutrition Survey (CAPAN)

Purpose: Determine food and nutrient intakes, physical measurements and physical activity levels of WA school children from years 3 to 11

Main outcomes: Data collection was completed and analysis commenced.

Action proposed / taken: Final results will be available August 2004 and will guide development of policies and programs related to physical activity and nutrition promotion to children and adolescents.

An epidemiology of injury 1989 to 2000

Purpose: Build comprehensive epidemiological profile of injury trends in Western Australia from 1989-00.

Action proposed / taken: Presented information to the health sector. Recommended production of regional companion reports and an electronic web based dynamic version.

An epidemiology of injury 1990 to 2001 Metropolitan, Southern & Central, and Northern & Eastern regions' companion reports

Purpose: Compile regional epidemiological profile of injury trends to be used as companion information sources with the State report.

Main outcomes: Although regional profiles were often similar to the State profile, there were some notable exceptions, mainly due to differing demographic structures.

Action proposed / taken:

- Distributed resource material in the form of Presentation Kits to regions.
- Representatives from the Injury Prevention Branch and the Injury Research Centre visited health units (East Metropolitan, Pilbara and Great Southern) that requested oral presentations and consultations.

Family violence report: A review of best practice, stakeholder activity, legislation and recommendations

Purpose: Develop 'evidence-based' recommended interventions to assist with the development of statewide policy and priorities in family violence prevention.

Main outcomes: Identified need for investment in primary prevention, particularly for high-risk families, designed to reduce aggressive behaviour pattern adoption from childhood.

Action proposed / taken: Disseminated information to the family violence sector. This initiated an active partnership role for the Department in family violence prevention.

The health system costs of falls in older adults in Western Australia

Purpose: Determine the health system costs of falls in the population aged 65 years and above in Western Australia for 2001-02.

Main outcomes: This report illustrates the substantial current cost of falls in older people and the impending increase in costs unless well-funded prevention programs are implemented. The health system cost of falls injuries for people 65 years and over was \$83 million in 2001-02. With no improvement in prevention, this cost will be \$174 million in 2021.

Action proposed / taken:

- Developed the key policy and direction document *Prevention and Primary Care Framework for Falls in Older People: Stay on Your Feet WA 2004-2007*.
- Justified an expanded and better directed response to falls in older people by the Injury Prevention Branch, with a media campaign planned for 2004-05.

The costs of accidental drowning and near drowning in WA

Purpose: Determine the cost of accidental drowning and near drowning in WA for 2001-02.

Main outcomes: This report illustrates the substantial cost of accidental drowning and near drowning and emphasises the need for prevention programs targeted at the 0-4 year age group. The cost of accidental drowning and near drowning was \$46.5 million in 2001-02. Cost attributable to the 0-4 year age group was 35% of the total cost.

Action proposed / taken: Developed a WA Water Safety Framework to provide direction with initial cross-sectoral agreement for a Water Safety Taskforce to be established in 2004-05.

Evaluation of the State-wide Falls Policy Purpose: Develop an evaluation plan for the State-wide Falls Policy.

Main outcomes: Evaluation Plan developed to address Falls Policy implementation.

Action proposed / taken: Submitted to the State-wide Falls Policy Group Executive Committee for appraisal and action.

Governance – Reports on other Accountable Issues

Interim report on the Costs of Injury Database

Purpose: Establish the Cost of Injury Database and methodology for preparing analyses.

Main outcomes: Cost of Injury Database established to a level where empirically valid findings can be published.

Action proposed / taken: Will prepare a series of publications on cost of injury for the different types of injury.

Role of women in preventive activities to reduce farm and station injuries

Purpose: Investigate the role women play in preventing farm and station injuries in Western Australia.

Main outcomes: Clarification of the “zone of influence” that women have in preventing farm injuries.

Action proposed / taken: Recommend education and information programs for women on farms (particularly those in management roles) to alter the present normative behaviour.

Evaluation of Ross River (RR) virus disease surveillance in Western Australia

Purpose: Evaluate the system for surveillance of cases of Ross River virus disease in order to identify areas that can be improved

Main outcomes: Recommendations:

- Develop the WA Notifiable Infectious Diseases Database (WANIDD).
- Redesign the RR virus disease enhanced surveillance questionnaire.
- Increase resources to analyse RR virus disease surveillance data.
- Make laboratory notifications mandatory.
- Explore methods to improve dissemination of RR virus surveillance data to stakeholders.
- Explore use of Geographic Information Systems (GIS) to improve surveillance and risk assessment.

Action proposed / taken: Action taken:

- Presented a detailed report to stakeholders describing the RRV surveillance system and included recommendations for the improvement of this system.
- Major stakeholders will meet to determine implementation strategies.
- Mosquito-Borne Disease Control Branch will implement relevant recommendations (subject to available funding).

Cervical Cytology Registry data matching review

Purpose: Ensure the accuracy and completeness of data contained in the Cervical Cytology Register.

Main outcomes: A more accurately matched version of the Register with corresponding improvements in the ‘safety net’ function provided to women.

Action proposed / taken: Realise continuous quality improvement by incorporating best practice data matching protocols.

Regional ‘Pap Smear Month’ post campaign evaluation

Purpose: Measure cervical screening rates in each health region pre and post campaign to measure impact.

Main outcomes: Short-term increases in cervical screening rates occur during and post campaign. Changes in cervical screening rates are not sustained over time.

Action proposed / taken: Assisted program planning and future campaign development with emphasis on sustaining increases in screening rates.

Implementation of a complaints management system - BreastScreen WA

Purpose: Evaluate service performance, identify issues as perceived by clients and health professionals and develop strategies targeted to address those issues.

Main outcomes: Implementation of the Health Complaints Management Policy 2002. Implementation of the Australian Incident Monitoring System (AIMS) – in progress.

Action proposed / taken: Implemented regular reporting to the Office of Safety and Quality in Healthcare, the Minister for Health, service management and the public.

Client satisfaction survey - BreastScreen WA

Purpose: Ensure that service provision meets the needs of clients and their GPs. Identify areas for improvement.

Main outcomes: 98% of respondents were satisfied with services received. Completion of a GP survey to ascertain barriers for referring women to BreastScreen WA.

Action proposed / taken: Implemented recommendations for improvement. Develop and implement targeted GP initiatives including continuing professional development initiatives.

Governance – Reports on other Accountable Issues

Convenience Advertising - BreastScreen WA

Purpose: Evaluate the effectiveness of the Convenience Advertising Campaign.

Main outcomes: 87% of respondents positively reinforced this method of advertising to convey the BreastScreen WA message.

Action proposed / taken: Continue Convenience Advertising as a cost effective strategy.

Clinical audit of interval cancers - BreastScreen WA

Purpose: Ensure high standard of clinical care is maintained.

Main outcomes: Continuous improvement of film reading quality.

Action proposed / taken: Implemented updated policies and procedures. Successfully completed Data Audit and Accreditation site visit in October 2003.

Review of client consent form for screening and assessment - BreastScreen WA

Purpose: Ensure compliance with Privacy Act, FOI and National Accreditation Standards.

Main outcomes: Form updated in compliance with relevant legislation and endorsed by the Solicitor General's Office.

Action proposed / taken: Implemented new consent form.

Evaluation of position with clients who refuse to undergo treatment - BreastScreen WA

Purpose: Ensure fulfilment of duty of care and medico-legal responsibilities.

Main outcomes: Review process and modified Refusal of Treatment Form.

Action proposed / taken: Implemented new form. Legally fulfilled duty of care by informing client of possible implications of not undergoing treatment.

Review of consent form requesting copies of films for provision to private practices - BreastScreen WA

Purpose: Ensure compliance with Privacy Act.

Main outcomes: Updated request form requiring women's consent implemented. Provision of films to private practices complies with Privacy Act. Client is made aware of other clinicians requesting copies of her film. Encourage other clinicians to request films only when necessary.

Action proposed / taken: Implemented new form and procedure.

Review of policies and procedures – BreastScreen WA

Purpose: Ensure highest standard of service and management and delivery is maintained. Ensure compliance with relevant legislation, clinical practices and National Accreditation Standards.

Main outcomes:

- Close liaison with States and Territories regarding their policies and issues.
- Review meetings with key staff and stakeholders to improve the process for contacting women recalled to assessment.

Action proposed / taken:

- Improved clinical and administrative practices.
- Exchanged Policies and Procedures Manual with other BreastScreen programs.
- Successful completed Data Audit and Accreditation site visit.

Ongoing review of individual cases – BreastScreen WA

Purpose: Ensure highest standard of clinical care for BreastScreen WA clients

Main outcomes:

- Audit of special cases as considered by the BreastScreen WA Quality Improvement Committee.
- Information needs and skills gap analysis of health professionals.
- Audit of clinicians' needs and knowledge gaps allowed the 2003 CME conference to address these areas specifically.

Action proposed / taken:

- Presented findings at multidisciplinary educational meetings.
- Provided breast disease management courses for GPs (RACGP recognised), indigenous health workers and other health professionals.

Monitor BSWA quality improvement plan

Purpose: Continuous quality improvement and benchmarking.

Main outcomes:

- Monitor implementation and evaluate outcomes of quality improvement activities within BreastScreen WA.
- Ongoing critical evaluation of current practices.

Action proposed / taken: Provided 2003 Annual Activity Report to the Minister for Health, Department of Health and the public.

Governance – Reports on other Accountable Issues

Neonatal screening program for detection and early treatment of phenylketonuria (PKU) and congenital hypothyroidism (CH)

Purpose: Assess the cost-effectiveness of neonatal screening for babies born in WA.

Main outcomes:

- Coverage of the newborns is 99.8%.
- Birth prevalence is 1 in 14,000 for PKU and 1 in 3,250 for CH.
- The average number of cases detected yearly in WA is 1.8 for PKU and 7.8 for CH.
- The program delivers a net saving of \$3.0 million.

Action proposed / taken:

- Maintain current strategies and aim for complete coverage of newborns.
- Action proposed / taken: Report is complete.
- Submit evaluation for publication in a peer-reviewed journal.
- Use this analytic model for evaluation of the cost-effectiveness of other genetic screening programs.

Genetic screening for familial cancer

Purpose: Assess the cost-effectiveness of genetic screening to indicate the probability of familial cancer.

Main outcomes:

- 531 Familial Cancer Program (FCP) occasions of service.
- 673 FCP clients.

Preliminary data indicates that the service is cost saving if attendees follow recommendations for surveillance and prophylactic treatment.

Action proposed / taken: Complete report and submit results to a peer-reviewed journal.

Include further information about compliance with recommended actions.

Prenatal screening and diagnostic services in Western Australia

Purpose: Determine the effectiveness of maternal prenatal screening in Western Australia using a first trimester screening composite data set (n=24,406 records) obtained from 13 service providers statewide.

Main outcomes: Preliminary analysis of the data revealed:

- The median age is 31 years and in 20.5% the age was 35 years or greater.
- The median gestation at screening was 12.4 weeks.
- The estimated risk for trisomy 21 was 1 in 300 or greater in 4.1% of cases. Of the high-risk group 52% were aged 35 years or over.
- *Action proposed / taken:* Complete further analysis on cost effectiveness providing valuable information to prenatal service providers.

Genetic counselling services in Western Australia

Purpose: Assess the effectiveness of genetic counselling for enhancing client's psychological wellbeing.

Main outcomes: Genetic counselling maintains and enhances client psychological wellbeing. Counselling is meeting client expectations and is resulting in high reported client satisfaction with the service.

Action proposed / taken: Provided feedback on the evaluation's findings to Genetic Services of WA. Completed report. Submit report for publication in a peer-reviewed journal.

Telehealth project

Purpose: Measure the efficacy of the Commonwealth/State joint funded WA Telehealth project concludes in June 2004 after 5 years operation (as required by the Commonwealth / State MOU).

Main outcomes:

- Creation of 75 videoconference locations.
- 20 Teleradiology facilities.
- More than 130 individual service projects.
- Significant growth in clinical and education service delivery to country areas.
- Project determined to be successful.

Action proposed / taken: Telehealth Project completion date is June 30, 2004. WA Country Health Services will continue future overall management of the Telehealth program.

Clinical Information Access Online (CIAO)

Purpose: Determine the value of CIAO (an Internet based virtual library of electronic products for health professionals working in publicly funded health services in WA).

Main outcomes: Key findings were:

- CIAO is a very important source of health information.
- One third of the clinicians surveyed use CIAO, with the majority of users from rural health and cross all occupation groups.
- CIAO is used most for keeping up to date, research and patient care.
- 35% of surveyed clinicians from teaching hospitals knew of CIAO.
- 65% of Doctors, 48% of nurses knew of CIAO.
- Most popular products for experienced users – electronic journals, Medline, MIMS.
- 68% of surveyed clinicians said CIAO affected their patient outcomes.

Governance – Reports on other Accountable Issues

Action proposed:

- Promote CIAO in teaching hospitals
- Increase training.
- Provide a single pathway to resources by integrating with other online libraries and hospital intranets.

Due diligence review of Affinity Health

Purpose: Undertake a “Due Diligence” review of impact of sale of Mayne Group Limited (Mayne) hospital business (including Joondalup Health Campus) to a new entity, Affinity Health Ltd. As part of contract arrangements for the treatment of public patients at Joondalup Health Campus, this change requires the State’s approval. The Department of Health contracted Deloitte Touche Tohmatsu (Deloitte) to undertake the review.

Main outcomes: Assessed longer term risk.

Action proposed / taken: Deloitte completed the due diligence report which is being considered. Continuing discussions with Mayne Group.

Kimberley Satellite Dialysis Centre

Purpose: Engaged consultants to review of the operations of the Kimberley Satellite Dialysis Centre in the 2003-04 financial year. The scope of the review was to assess the current functions, client clinical outcomes and broader social impacts of the Centre. The review was commenced in June 2004 for completion by August 2004.

Action proposed / taken: Determine possible future changes in service delivery at the Kimberley Satellite Dialysis Centre.

Funding to Non Government Organisation (NGO) and related services

Purpose: Identify NGO sector funding cost effectiveness improvements. The review was completed in December 2003.

Main outcomes: The services reviewed in the second stage represent good value for money and are performing well under the terms of their contracts.

Action proposed / taken: Services were notified as soon as the review findings were finalised.

Price review of the Oral Health Centre of WA (OHCWA)

Purpose: Review the cost of the provision of a range of oral health services to public patients at the OHCWA. Estimate the operating costs of the University of WA (UWA) relevant to the provision of these services. Benchmark the cost of service provision at equivalent dental facilities in SA and Victoria.

Main outcomes: Outline of costs of service provision:

- By type of service at OHCWA.
- At UWA.
- At equivalent facilities in South Australia and Victoria.

Action proposed / taken: The review findings and recommendations will be used by Department of Health for negotiation of the contract pricing for 2004-05.

Palliative care price review

Purpose: Review of the cost of day respite and overnight palliative care services at the Cottage, Murdoch and Hollywood Private Hospital Hospices and develop models of payment for these services. Department of Health engaged consultants in May 2004 and the review will be completed by July 2004.

Main outcomes: An output based pricing structure for palliative care service provision.

Action proposed / taken: The review findings will be used in contract negotiations with Cottage, Murdoch and Hollywood Private Hospital Hospices.

Prophylactic Vitamin A therapy program for people with significant workplace exposure to asbestos

Purpose: Review effects and benefits of the therapy.

Main outcomes: Some evidence of modification of disease onset. Risks associated with the therapy need ongoing monitoring.

Action proposed / taken: Program will continue and mainstreaming will be investigated.

Review of ambulance services 2003

Purpose: The current contract with the St John Ambulance Australia – WA Ambulance Service (StJAA) expires on June 30, 2004. This review is to determine the policy, scope and arrangements to be included in the new contract.

Main outcomes:

- Additional financial resources are required. Introduce a case related payment into the contract.
- Introduce more demanding reporting and accountability measures.
- Continue with a single emergency road ambulance service provider.
- Implement consistent and formal arrangements for the provision of secondary patient transport services.
- The State Trauma Advisory Committee should review StJAA transport protocols.

Action proposed / taken: Develop and negotiate new contract arrangements.

Governance – Reports on other Accountable Issues

Mental health telephone support program

Purpose: Evaluate pilot program established in the South West and Midwest to provide access to mental health support and services via the Health Call Centre. Pilot was evaluated to determine performance and impact on consumers and stakeholders/health service providers.

Main outcomes: 94% overall satisfaction rate. Overall the responses from clients and stakeholders were supportive of the services. There was very strong support for the continuity of care provided for clients - regarded as valuable in filling a gap in existing service provision.

Action proposed / taken: Continue and develop the service.

Evaluation of Procedure Specific Consent Forms

Purpose:

- Evaluate the utility and implementation of procedure-specific consent forms (PSCF) in WA public hospitals.
- Assess patient satisfaction with consent process and patient understanding of proposed procedures.
- Determine what information consumers need in order to make an informed decision about surgery and anaesthesia, and how they want it delivered.

Main outcomes:

- Confirmed that patients want to participate actively with their surgeons in the decision to have surgery. Most patients want to know all risks associated with surgery and prefer to receive this information verbally.
- PSCFs were helpful to patients but they are not an adequate substitute for doctor-patient interaction.
- Highlights the need to educate patients that they can change their minds any time before surgery even when they have consented.

Action proposed / taken: Evaluating the guidelines on Consent Guidelines for Health Practitioners. Identifying improvements to the design and delivery of the procedure specific consent forms.

Child, Community and Primary Health

The Institute for Child Health Research has undertaken a number of evaluations during 2003-04 as part of a larger service agreement with Population Health Division including:

- School Health Review reviewing the literature related to delivery of early detection and intervention programs in the school setting.
- Evaluation of Best Beginnings home visiting program to inform CCH about the program impacts on clients and home visitors.
- Evaluation of Community Mothers support program to inform CCH about the program impacts on clients and home visitors.
- CCH Service Delivery Economic Analysis, initially examining statewide staffing ratios for Community Health staff in relation to births and population data.

Office of Safety and Quality in Health Care

The Department of Health through the Office of Safety and Quality is continuing to undertake a number of monitoring and evaluation research projects that are designed to ensure the delivery of safe and high quality health care to the WA Community. Some of the major activities in this area include:

- Regular collection and analysis of complaint data from WA health services.
- Trend analysis of adverse events and clinical incidents reported to the Australian Incident Monitoring System.
- Monitoring and analysis of sentinel events reported to the Department of Health.
- Analysis of surgical deaths reported to the Western Australian Audit of Surgical Mortality.

Governance – Reports on other Accountable Issues

FREEDOM OF INFORMATION

The Department of Health received and dealt with a variety of applications for access to documents pursuant to the *Freedom of Information Act 1992*.

During 2003-04, the following applications were received and processed.

Table 9: Freedom of Information

Applications	No.
Total received	70
Carried over from 2002-03	6
Granted – full access	43
Granted – partial or edited access	6
Withdrawn	3
Refused	10
Transferred and other	14

Of the 70 applications received, 25 were for access to personal information and 45 were for access to non-personal information.

Types of documents held by the Department

The types of documents held by Department are varied and include:

- Reports on health programs and projects.
- Health circulars, policies, standards, guidelines.
- Health articles and discussion papers;
- Departmental magazines, bulletins and pamphlets.
- Health research reports (epidemiological, health surveys, statistical analyses).
- Publications relating to health planning and management.
- Committee meeting minutes.
- General administrative correspondence.
- Financial and budget reports.
- Staff personnel records.

How to obtain information

A first useful step in any search for information about the Department and its records and publications is to visit the Department's internet website on www.health.wa.gov.au. There are a wide range of documents about the Department of Health, its structure, function and the services it provides. There are also links to ancillary health services including the various public hospitals. The website has a search facility for

accessing documents pertaining to specific health subjects and a directory for links to other health-related websites.

Members of the public who seek access to Department publications, and who do not have internet access, can enquire with the Departmental Branch relevant to their document needs or lodge a general enquiry with the Freedom of Information (FOI) Coordinator on (08) 9222 4414. This procedure also applies to people seeking access to documents not available on the website. Some hard copy documents will be available at a minimal production cost.

Access under Freedom of Information

Documents that are not available through internet access, or hard copy distribution either freely or by purchase can be sought by application under the *Freedom of Information Act, 1992*.

The FOI Act provides a legal framework for public access to government documents. In addition it enables the public to amend their personal information in documents if this information is inaccurate, incomplete, out of date or misleading. FOI applications may be made to the Department of Health for:

- Access to Department of Health documents.
- Amendment of personal information about the applicant contained in one or more of the Department's documents.

The Department of Health has the right under the FOI Act to refuse access to a document in certain circumstances. However, in accordance with the spirit and intent of the Act, access is provided wherever possible. The applicant has rights of appeal if he/she is dissatisfied with the process or reasoning leading to an adverse access decision.

An FOI application has to:

- Be in writing.
- Give an Australian address to which notices can be sent.
- Be lodged at the Department of Health, Western Australia.

In addition, an application for access to documents must:

- Give enough information to enable the requested document to be identified.

Governance – Reports on other Accountable Issues

- Be lodged with an application fee of \$30, unless the requested document contain personal information about the applicant.

An application for amendment of personal information must:

- Give enough details to enable the document that contains the information to be identified.
- Give details of the matters in relation to which the applicant believes the information is inaccurate, incomplete, out of date or misleading.
- Give the applicant's reasons for holding that belief.
- Give details of the amendment that the applicant wishes to have made.

An application for review of an access or amendment decision must give particulars of the decision that the applicant wishes to have reviewed.

Applications should be addressed to the Freedom of Information Coordinator, and may be lodged in person or by mail at the following addresses:

In person

The Cashier
Department of Health, Western Australia
Ground Floor, B Block
189 Royal Street
EAST PERTH WA 6004

By mail

Department of Health, Western Australia
PO Box 8172
PERTH BUSINESS CENTRE WA 6849

By fax

(08) 9222 4353

Where the application is for access to non-personal information, it will not be dealt with until the application fee of \$30 has also been received.

Freedom of Information applications relating to documents held by a hospital or health service should be lodged with that hospital or health service. If an application is received by the Department of Health for documents which it does not hold, the Department will transfer the application to the agency which it believes does hold the requested documents, and the applicant will be notified accordingly.

Charges

The FOI Act allows for charges to be levied for providing access to documents, and a scale of fees and charges has been set by regulation. However the spirit and intent of the FOI Act is to provide access to documents at the lowest reasonable cost. The Department therefore seeks to keep to a minimum the cost to applicants of obtaining access to its documents.

Providing Access

Access is normally provided in the form of photocopies of the requested documents. Documents may also be viewed at the Department of Health, and when necessary, access can be given in other ways according to the nature of the document.

Enquiries regarding access to documents and amendment of personal information can be made to the Freedom of Information Coordinator on (08) 9222 4414.

RECORD KEEPING

Standard 2, Principle 6 of *State Records Principles and Standards 2002* requires that the Department of Health include within its annual report an appropriate section that addresses the minimum compliance requirements of its Record Keeping Plan. These are:

- The efficiency and effectiveness of the department's record keeping systems is evaluated not less than once every five years.
- The department conducts a record keeping training program.
- The efficiency and effectiveness of the record keeping training program is reviewed from time to time.
- The department's induction program addresses employee roles and responsibilities in regard to their compliance with the department's record keeping plan.

The department will be implementing the following activities to ensure that all staff are aware of their record keeping responsibilities and compliance with the record keeping plan:

- Presentations on various aspects of the Department of Health's record keeping plan will be delivered to all staff.
- Record keeping system users will be made aware of their *State Records Act* responsibilities.

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- New employees will be provided with information to ensure they are aware of their role and responsibilities in terms of record keeping.
- Performance indicators will be developed to measure the efficiency and effectiveness of the department's record keeping systems. It is planned to have these in operation at a system-wide level by 2010.
- Reviews of the Department of Health's record keeping systems will be addressed progressively by 2011.

PUBLIC INTEREST DISCLOSURES

Appointments

Due to the size and complexity of the Department of Health, a number of Public Interest Disclosure (PID) Officers have been appointed to enable appropriate and easy reporting access for all staff.

To date the following PID officers have been registered with the Office of the Commissioner for Public Sector Standards:

Health Service	PID Officer
Wheatbelt Health Region	Mr Mark Hazelgrave
North Metropolitan Health Region	Mr Jon Frame
South Metropolitan Health Region	Ms Tracey Bennett and Ms Diane Barr
South Metropolitan Health Region	Ms Debbie Bridgeford
Women and Children's Health Service	Ms Claire Goodson.
Department of Health Royal Street	Mr Les Marrable

To streamline the communication between the Department and the Office of the Commissioner for Public Sector Standards on matters that fall within the jurisdiction of the *Public Interest Disclosure Act 2003*, the Department has appointed Mr Les Marrable, Manager Accountability, 189 Royal Street, East Perth as a Principal PID officer.

Procedures

The Department of Health has advised and will continually update staff on processes and reporting procedures associated with the *Public Interest Disclosure Act 2003* through global e-mails, staff seminars and staff induction presentations.

Progress has been made in publishing the Department's internal procedures on the intranet and full access is planned for July 2004.

The Department of Health's procedures are compliant with the Public Sector Standards Commission guidelines.

Protection

The Department of Health has ensured all PID officers are fully aware of their obligations to strict confidentiality in all issues related to public interest disclosure matters.

Files and investigation notes are maintained in locked and secure cabinets at all times with strict access to authorised personnel only.

All efforts are made to ensure maximum confidentiality is maintained in all investigations and follow up action.

Any staff member who attempts to take reprisal action or victimise another officer who has made, or intends to make, a disclosure of public information will be subject to legal action under the *Public Interest Disclosure Act 2003*.

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ADVERTISING AND SPONSORSHIP

The following table lists the expenditure on advertising and sponsorship made by the Department of Health, by category, published in accordance with Section 175ZE of the *Electoral Act 1907*. The subsequent tables, labelled expenditure, show this expenditure per category, and the total spent against each person, agency or organisation for 2003-04.

Table 10: Advertising and Sponsorship Expenditure

Expenditure Category	2001-02 (\$)	2002-03 (\$)	2003-04 (\$)
(1) Advertising Agencies	779,047.56	790,149.17	822,478.40
(2) Market Research Organisations	227,602.40	655,766.51	442,995.81
(3) Polling Organisations	0.00	4,932.40	0.00
(4) Direct Mail Organisations	37,273.73	51,946.93	151,536.17
(5) Media Advertising Organisations	2,103,101.95	3,463,494.43	3,553,998.11
Total	\$3,147,025.64	\$4,966,289.44	\$4,971,008.49

(1) Advertising Agencies

Person, Agency or Organisation Name	Amount (\$)
Marketforce	85,088.90
Media monitor	234.00
AMA Medical Journal	1,366.00
Gatecrasher Advertising	14,470.58
Global Health Source	12,200.00
Magnus Advertising and Marketing	6,790.00
Medical Forum	3,030.00
Shop-a-Docket Pty Ltd	2,340.00
Wright Media	1,210.00
Rural Press Media	815.00
Senior Post	380.00
Healy Maher Publishing	330.00
303 Advertising Pty Ltd	659,512.77
Intersector	1,610.23
Fairway Publications	25,300.00
Dillinger Group Development	5,676.00
Macwrite Publicity Services	1,600.00
Department of Premier and Cabinet	524.92
Total	\$822,478.40

(2) Market Research Organisations

Person, Agency or Organisation Name	Amount (\$)
Market Force	3,880.65
Market Equity	77,951.50
Edith Cowan University	61,300.00
The University of WA	15,148.10
WAADA T/AS Next Step	6,000.00
Hides Consulting Group Pty Ltd	2,095.50
303 Advertising	276,620.06
Total	\$442,995.81

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(3) Polling Organisations

Person, Agency or Organisation Name	Amount (\$)
Total	Nil

(4) Direct Mail Organisations

Person, Agency or Organisation Name	Amount (\$)
Australia Post (Mailwest)	41,960.00
Jobs West	27,464.49
Australia Post (Reply Paid)	60.00
Australia Post	68,640.00
Canning Division of GPs	55.00
Hermes Precia	7,995.00
Post Data	550.00
Injury Control Council of WA	4,811.68
Total	\$151,536.17

(5) Media Advertising Organisations

Person, Agency or Organisation Name	Amount (\$)
Intersector	6,857.95
Rural Press Regional Media WA Pty Ltd	682.00
Media Decisions	2,997,500.80
Marketforce Production	167,700.93
Dillinger Group Development Pty Ltd	2,002.00
Magnus Advertising	1,947.00
303 Advertising	239,238.80
Kreations Online	1,155.00
National Heart Foundation of Australia	2,200.00
National Physical Activity Conference	12,000.00
Picton Press	2,658.00
Publishing & Print Pty Ltd	1,150.00
Wright Media	1,155.00
School Matters Newspaper	10,340.00
The Cancer Council of Victoria	46,365.00
B. Cristella	1,591.00
Vinten Browning	225.00
Consolidated Business Media	908.00
Delcole Graphics	100.00
Intersector (GLJFIN8748)	209.05
Marketforce	39,038.98
Sensis Pty Ltd	144.00
Department of Premier and Cabinet	2,688.84
Other Press Publications (Weekend Australian etc.)	16,140.76
Total	\$3,553,998.11

PUBLIC RELATIONS AND MARKETING

The Public Relations departments of Royal Street used a variety of strategies to ensure that the public of Western Australia received information on health matters in Western Australia. Royal Street also played an important role in the dissemination of disease prevention and health promotion information.

Information was disseminated in the following ways:

- Press conferences/media statements.
- Publication of pamphlets and information sheets.
- Newsletters.
- Speaking at peak body meetings with consumers and stakeholders.
- Video and CD-ROM.
- Websites.
- Healthview magazines.

Below are some examples of major promotional, public relations and marketing activities undertaken by Royal Street in 2003-04.

The Health Reform Committee's final report "A Healthy Future for Western Australians" was released. The report outlined major reform for the WA health system.

An announcement of a new world-class \$3 million Telstra Centre for Burns Reconstruction and Rehabilitation at Royal Perth Hospital.

The announcement of the creation of the Cancer Care Centre at Sir Charles Gairdner Hospital. This will be the centre of excellence in cancer care in WA and included the purchase of two additional specialist radiation treatment machines.

A \$2 million initiative to provide treatment for long wait list public dental patients and a \$10 million strategy to cut the waiting list for elective surgery.

An announcement of the appointment of a senior physician to boost organ donation rates and the running of the organ donor awareness week campaign.

Major television marketing and recruitment campaign to attract nurses back into the profession.

Advertising program focuses on attracting school leavers to the nursing profession. The advertising campaign has been developed following extensive market research in 1999 and 2002. Radio and print media have been utilised. The results of this campaign have seen an increase in the number of applicants for undergraduate nursing positions.

A campaign 'NurseWest' to advertise nursing positions in the public hospital nursing pool was undertaken.

A media release by the Minister for Health regarding the establishment of a special unit - the Disaster Preparedness and Management Unit (DPMU) - to enable the Western Australian hospital system to cope with a major incident or disaster.

An ongoing print media strategy related to the Dementia Action Plan and the State Aged Care Plan to promote health and related aged care issues for older people.

The annual Australian Organ Donor Awareness Week involved press release, radio interviews and quarterly newsletter produced and distributed to all major stakeholders.

Tree planting and honour board ceremonies to acknowledge donor families and transplant recipients.

The launch of the statewide Falls Policy for Older Western Australians.

In a media statement the Minister for Health Media Statement announced that under the Pathways Home Project the State Government will spend \$23 million over five years to establish two dedicated sub acute care centres, one each for the North and South metropolitan areas, in line with the Health Reform Committees' recommendations. The state-of-the-art facilities will provide the latest in rehabilitation services including physiotherapy, hydrotherapy, occupational and speech therapy, podiatry, counselling and telepsychiatry services.

The Minister for Health presented the New Independent Researcher Infrastructure Support Awards at a ceremony in Fremantle Hospital to six high-achieving new researchers.

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Promotion of activities during the annual Australian Society for Medical Research Week attracted local media attention. These activities are aimed at promoting medical and health research generally and enhancing community support for research

Cancer Awareness month – October 2003
Health Promotion in the Practice - Breast
141 surgeries participated including 46 rural, two Cocos Island and one Christmas Island. Surgeries in low screening metropolitan regions of Midland and Perth City were particularly targeted.

A barbecue in Kings Park for Aboriginal and Torres Strait Islander women was held. This was primarily an avenue of support and information about breast cancer for Indigenous women with the aim of overcoming barriers to breast cancer screening. A number of agencies collaborated in the event.

BreastScreen WA new resources produced during 2003-04 include:

- Poster: Breast Cancer Doesn't Just Affect Women – to demonstrate the impact on family/friends.
- Fact Sheets: Breast Pain/Mastalgia: Information for GPs and Hormone Replacement Therapy and Breast Cancer.
- Video for Aboriginal and Torres Strait Islander Women "Breast Cancer Screening is Women's Business".

Education Officers man displays at expos: 'Every Woman', and "Parents, Babies and Children" to promote awareness of genetics and health. Community and Schools, such as the CJ Health Odyssey and the Mandurah Babies Expo are also reached to improve knowledge about genomics and hereditary conditions.

During 2003-04 the WA Cervical Cancer Prevention Program (WACCPP) initiated three major recruitment campaigns to recruit women into regular two yearly cervical screening. An intense metropolitan campaign in early 2004 targeted young women. "Pap smear month" campaigns were run in the Goldfields area in March and the Midwest and Murchison area during May and June. The WACCPP has also worked in conjunction with Marketing and Communications and a creative agency to develop its new campaign slogan 'Cervival' and a new range of pamphlets and promotion items.

Proactive publicity, promotion and marketing activity for health promotion mass media

campaigns including *Quit, Go for 2 & 5, Find thirty, It's not a big exercise and Injury Prevention*.

Promotion and publicity for other health promotion projects including Fruit and Veg Week, Foodcents and Meals on Wheels were undertaken.

Meningococcol C school based vaccination program
2003

- Year 7 and years 8-12.
- Birth to 5 years.
- 15-19 year olds not in school.

2004

- Years 1 to 9.
- Catch up program at GP surgeries for those that missed out in 2003 ie years 7-12 in 2003.
- 15-19 years of age in 2003.
- 1-5 years of age in 2003.

PUBLICATIONS

The Department of Health produced many internal and external publications during 2003-04 to provide the general public with information on health initiatives, facilities and other relevant areas of service delivery.

Please refer to the Appendix for details of the Department of Health's publications.

RESEARCH AND DEVELOPMENT

The Department of Health conducts a number of research programs that enhance existing health knowledge to ensure that health care planning and policy reflects the most current available information. Research activity includes surveys, analysis and development of forecasting methodologies and literature reviews.

Completed Research and Development

Communicable Disease Control Directorate
Aboriginal people in WA who are HIV positive

This project enabled Aboriginal people in Western Australia who are HIV positive to speak about their experiences and have them documented professionally for a wider audience, including policy makers and service providers.

The project was a collaboration between the National Centre for HIV Social Research and the Department of Health WA. It was funded through the Commonwealth Office for Aboriginal

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and Torres Strait Islander Health and the Department of Health WA.

Twenty research participants were interviewed in 2003. Compared to mainstream Australian People Living With HIV/AIDS (PLWHA), participants were found to be more likely to be younger; female; to reside in rural areas; to be dependent on government welfare benefits; and to have less contact with AIDS organisations and publications and PLWHA networks. There was a high level of satisfaction with health care provision, but insufficient access to culturally appropriate HIV information and services. The research report will be published in June 2004.

Le Chiele Bi-annual survey – Needle and Syringe Exchange Programs

The six monthly Le Chiele Survey (designed by the WA Substance Users' Association) was conducted across the Needle and Syringe Exchange Programs (NSEP) to assess people's experience of injecting drugs, blood-borne viruses, safety when injecting, disposal and heroin overdose. The results are intended to identify the efficacy of NSEP and will assist in supporting the needs of people who inject drugs accessing NSEP.

Needle disposal - Local Government Authority survey

The survey was conducted to gain a greater understanding of the level of inappropriate disposal of needles and syringes in the community and the Local Government response to this issue, to provide a basis for the formulation of appropriate disposal strategies.

Prenatal screening

We have developed an interactive CD-ROM for General Practitioners to support the existing series of patient pamphlets on prenatal screening and diagnosis. The CD-ROM provides information to assist the antenatal consultation throughout different stages of testing from pre-test counselling to interpretation of results. The CD-ROM has been evaluated by 27 General Practitioners participating in an accredited clinical audit through the Royal Australian College of General Practitioners in Western Australia. The outcomes were based on a self-assessment questionnaire of utility, knowledge and communication strategies.

Royal Australian College of General Practitioners (RACGP) Research Unit

The service conducted research into the barriers GPs face in referring women to mammography screening. This survey resulted in a number of

continuing professional development (CPD) seminars, workshops and short-term hospital placements for GPs and other health professionals to address identified knowledge and skill gaps in the management of breast cancer patients.

Child and Community Health Directorate

The Institute for Child Health Research has undertaken the following projects in 2003-04 as part of the larger Service Agreement with Population Health Division:

- Child and Community Health (CCH) Workforce and Professional Development.
- Research to provide research to inform CCH workforce development programs in mental and other health promotion, illness prevention and early intervention.

Strategic Planning Directorate

- Developed an updated Hospital Inpatient Demand Model to forecast and scenario model inpatient activity into the future.
- Forecasted inpatient activity for all WA hospitals from 2001/02 to 2016/17.
- Developed of Demand Reform Scenarios for modelling public hospital inpatient demand from 2001/02 to 2016/17.
- Completed scenario modelling of inpatient activity for WA public hospitals to produce 'reform demand' projections from 2001/02 to 2016/17.
- Developed a cost modelling forecasting methodology.
- Completed of a survey of WA public hospital bed capacity (Winter 2003).

Continuing Research and Development

Strategic Planning Directorate

- Development of a level of care classification by Diagnosis Related Group to enable identification of secondary and tertiary level caseloads.
- Development of Patterns of Care and Hospital Service Role Profiles for the Metropolitan Health Service.

Communicable Disease Control Directorate

A case control study of sporadic human infection with Shiga toxin producing E Coli

A multi-centre study in five states. The study commenced in February 2004.

A case control study of sporadic Salmonella Typhimurium phage type 135 infection:

A multi-centre study in three states. Data collection for the study was completed in May 2003 and analysis of the data is progressing.

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A case control study of sporadic listeriosis
A multi-centre study in four states. Data collection in ongoing.

Identification of risk factors for *Campylobacter* infection by subtype using isolates from the OzFoodNet national case control study: Correlation of epidemiological and microbiological data.

A case series of sporadic multidrug resistant Salmonella Paratyphi biovar Java
Ongoing.

Epidemiology of Tuberculosis (TB) in WA
Descriptive analysis of the epidemiology of TB notifications in WA since records began. Linked analysis with mining records to analyse the risk of pneumoconiosis and TB.

Evaluation of a new diagnostic test for the detection of latent TB infection
Examination of a cohort of subjects at high risk of latent TB with QuantiFERON Gold TB assay and several other new immunological tests for TB infection, to assess the validity of these new tests.

Non-Tuberculosis Mycobacteria Antibiotic Therapy Study
Pilot study of a new combination of low toxicity anti-mycobacterial drugs in the treatment of *Mycobacterium avium* complex lung disease.

The Population Health Division funded the Telethon Institute of Child Health Research to:

- Conduct a literature review on published and known unpublished sexual health, STI and teenage pregnancy interventions in Indigenous communities in Australia.
- On the basis of the report, submit a proposal to run a sexual health campaign with Aboriginal young people in two sites, in an action research format.

Environmental Health Directorate
DOHs Mosquito-Borne Disease Control Branch is undertaking surveys of four constructed wetlands in the Perth metropolitan area to determine their productivity for disease-vector mosquito species. Results will be used to guide policy and recommendations on design and maintenance of constructed wetlands for developers and water management agencies.

Genomics Directorate
Prenatal screening and diagnosis is the first population audit of the effectiveness of an

antenatal screening program in Australia. A *Policy for the Quality Management of Down syndrome in WA: Screening and Diagnosis* performance guideline was developed and endorsed by the Department of Health Western Australia for the undertaking of a statewide evaluation of the screening program. Linkage of screening performance data with pregnancy outcomes will provide valuable information to prenatal service providers.

INTERNAL AUDIT CONTROLS

Internal Audit has the role of accountability adviser and independent appraiser, reporting directly to the Director General of Health. Audits conducted were generally planned audits, however on occasion, management initiated audits or special audits were also conducted. The reviews were predominantly compliance based, however a number of operational (performance-based) reviews have also been conducted. Under the direction of the Director, Corporate Governance, external consultants have conducted a number of audits. All audits conducted aim to assist senior management in achieving sound managerial control.

Specific internal audits conducted over the period include:

Compliance Audits

- Hospitality, alcohol and entertainment expenditure.
- Use of mobile phones.
- Subscriptions, memberships and professional development.
- Financial returns.
- Asset management.
- Purchasing practices – Population Health Division.
- EMHS (Bentley Health Service) Hospital Ladies Auxiliary.

FAAA Health Checks

- EMHS.
- SMHS.
- NMHS.
- Population Health Division.

Payroll Audits

- Department of Health (Royal Street Divisions).
- Fremantle Hospital and Health Service.

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- NorPay.
- Drug and Alcohol Office.
- EMHS (Bentley Health Service).
- NMHS (Graylands, Osborne Park and Sir Charles Gairdner Hospital).
- WCHS.

Country Audits

- Goldfields and South East Coastal Health Region.
- Kimberley Health Region.
- South West Health Region.
- Great Southern Health Region.
- Pilbara Gascoyne Health Region.
- Financial Statement Close Process Annual Report Preparation Plan.
- VMP payments.

FAAA Health Checks

- Wheatbelt.
- Goldfields.
- South West.

Operational Audits

- Call Centre (Poisons Information Centre, Health Direct and Drug & Alcohol Information Centre).
- Workers Compensation and Injury Management: Bunbury Health Service.
- Employee support strategies.
- Highly specialised drugs: WCHS.

Information Systems Audits

- EMHS: Ultra Accounts Receivable Module.
- Population Health: Physical Security.
- Telehealth report.

IT Controls

- NMHS (Osborne Park Hospital, Graylands Selby Lemnos and Special Care Health Service).
- SMHS (Armadale Health Service).
- RPH Payroll.

Information Systems Reviews

- SMHS (Rockingham/Kwinana Health Service).
- Midwest Murchison Health Region.
- Wheatbelt Health Region.

Special/ Management Initiated Audits

- Family Planning Association (Phoenix).
- PSOLIS Project.
- Planning Models.

PRICING POLICY

The majority of the Department of Health's services are provided free of charge. Some classes of patients are charged fees, for example patients who have elected to be treated as private patients and compensable patients (i.e. patients for whom a third party is covering the costs, such as patients covered by workers' compensation or third party motor vehicle insurance). Where fees are charged, the prices are based on legislation or government policy, or on a cost recovery basis.

The Department's Funding and Reporting Directorate sets a schedule of fees each year to cover patients for whom fees apply. These fees are incorporated into the Hospital (Service Charges) Regulations 1984 and the Hospital (Service Charges for Compensable Patients) Determination 2002.

RISK MANAGEMENT

The Department's draft Risk Management Policy provides a broad framework for uniform and compliant practices in the management of risk.

It supports the Department of Health objective, to "provide a robust and sustainable system of health service delivery that meets contemporary health needs", with its operating statement:

"We will identify and bring under cost-effective management all risks that have the potential to materially affect our plans and operations in support of that objective, or our stakeholders".

Policy objectives are to:

- Minimise as far as is practicable, preventable adverse incidents.
- Minimise the consequences of risk.
- Manage exposure to risk.
- Improve performance.
- Achieve the levels of compliance and governance required.

The Risk Management Program is to address material risks in the areas of accountability, performance, key functions and clinical practice.