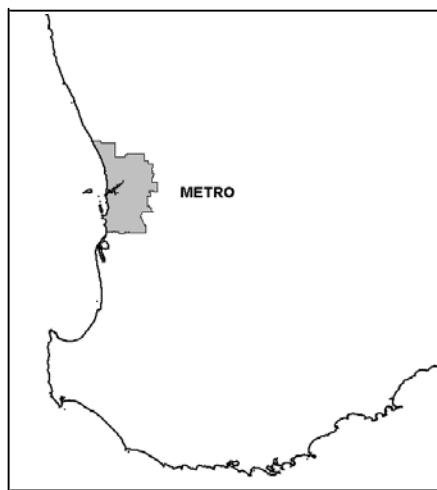


## DEMOGRAPHY

**Map 1: Demography**



### Age distribution of the Metropolitan Health Service area

The population of the Metropolitan Health Service area was 1,498,310 in 2003.

The number of Aboriginal people in 2003 was 24,227 which represents 1.6% of the Metropolitan Health Service area population.

In 2003, the dependency ratio (ie the proportion of people aged less than 15 and more than 64 years of age) in the Metropolitan Health Service area was 0.64 (State: 0.65).

Despite the greater proportion of people aged 65 years and over compared to the overall State, this was compensated by the lower percentage of children aged 0-14 years of age.

**Table 4: Age distribution of the Metropolitan Health Service area**

Year	Sex	0-4	5-14	15-24	25-44	45-64	65+	Total
2003	Male	46,284	103,665	112,778	218,344	181,617	77,599	740,287
	Female	44,694	98,815	110,222	222,165	183,272	98,855	758,023
	Total	90,978	202,480	223,000	440,509	364,889	176,454	1,498,310

### DISABILITY SERVICE PLAN OUTCOMES

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. As required under that Act, each Health Service has developed and implemented a Disability Services Plan. In the year ending 30 June 2004, MHS continued to implement and improve disability services in accordance with the respective plans.

Processes have been implemented to ensure all plans and modifications to buildings and facilities are audited for compliance with disability standards. In addition Health Services Disability Services Plans are reviewed annually to ensure they meet disability access standards.

Where opportunities have been provided for people with disabilities to undertake work placement or employment the Metropolitan Health Service has ensured work areas are suitable or are adapted to meet requirements.

#### OUTCOME 1

**Existing services are adapted to ensure they meet the needs of people with disabilities.**

At FHHS toilet facilities have been redeveloped to accommodate people with disabilities.

At Rockingham/Kwinana District Hospital redevelopment of the Emergency Department, Day Therapy Unit and main entrance has included disabled toilets, which are labelled in Braille.

At SCGH refurbishment was undertaken of the Eye Clinic reception desk at Ward G42. The refurbishment included a review of physical access and included two new accessible toilet/shower facilities.

The role and responsibility of SCGH in caring for the animals involved with people who use 'Service Animals' was reviewed to ensure that those disabled that use service animals were adequately supported.

#### OUTCOME 2

**Access to buildings and facilities is improved.**

The Health Services, having identified priorities on their Disability Services Plan, undertook minor works projects to ensure that existing facilities met the needs of their disabled clients, for example, installation of ramps, hand rails, toilet and bathroom upgrades and automatic doors.

Fremantle Hospital roadside curbing has been modified and ramps installed allowing easier access for people with a disability.

At Armadale Health Service a raised platform with rail has been built allowing passengers with disabilities better access onto and out of metrobus at the hospital bus stop.

Improvements to PMH and KEMH over the reporting year include wider doorways, improved signage standards, better access to facilities in ensuite bathrooms and improved reception counters with facilities for wheelchair access.

Graylands Selby-Lemnos and Special Care Health Services disabled parking bays have been widened in accordance with industry recommendations and existing wheelchair ramps have been modified to adhere to the correct gradients.

#### OUTCOME 3

**Information about services is provided in formats which meet the communication requirements of people with disabilities.**

Each Health Service identified its own priorities in relation to communicating information to disabled clients and has made improvements in those areas. For example many sites have made available TTY telephones for the hearing impaired, large print brochures and/or audiocassettes for sight impaired and publish material in alternative formats such as Braille.

#### OUTCOME 4

**Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities.**

Many of the Health Services provided disability awareness training as part of their orientation programs along with information booklets whilst others included it in staff education and development programs or delivered individual sessions to key groups.

EMHS have information on Disability Services for staff on the five key outcomes available on the Intranet.

### OUTCOME 5

#### **Opportunities are provided for people with disabilities to participate in public consultations, grievance mechanisms and decision-making processes.**

Community consultation through Community Advisory Councils was utilised by most of the Health Services to support decision making where disability services were concerned. These councils or committees have community representatives representing people with disabilities.

Health Services have in place complaints procedures suitable for disabled clients who are unable to make written complaints. The Health Services have in place grievance mechanisms that allow people with disabilities to participate without impediment.

### **CULTURAL DIVERSITY AND LANGUAGE SERVICES OUTCOMES**

In line with State government policy, The Metropolitan Health Service ensures that language is not a barrier to accessing health services for people who require assistance in English. It also recognises that English is a second language to many indigenous people who may experience cultural barriers and communication difficulties while trying to access the services.

For the year ending 30 June 2004, the Health Services improved access to health services for people who experienced language or cultural difficulties. This is illustrated by the following:

- Services increasingly followed Language Services Policy guidelines using, professional National Accreditation Authority for Translators and Interpreters (NAATI) accredited interpreters, wherever possible.
- The Metropolitan Health Services had budgets allocated to support Language Services Policy requirements.
- An increased number of patient information booklets and pamphlets were translated into different languages.
- What to do when presented with a Western Australian Interpreter Card was fully covered in staff orientation and training.
- All health services had procedures in place to record feedback from clients.
- Conference/dual handset telephones/TTYs were installed in some public contact areas and interview rooms and wards.
- Regular training sessions were available for staff on 'How to work with interpreters'.

- Bi-lingual staff members were used in limited situations such as an emergency or to inform patients that an accredited interpreter was being booked.
- All health services have procedures in place to monitor and evaluate the Language Services policy.

#### **2003-04 New programs and initiatives**

A number of new initiatives were commenced across the Metropolitan Health Service in 2003-04 to improve services for those with cultural or language needs. These new initiatives have focused on areas such as translation of medical terms into languages other than English, working with interpreters and indigenous cultural awareness. Major new initiatives in 2003-04 have included:

##### *Medical Terminology Translation:*

WCHS have introduced a glossary of 50 genetic terms have been prepared in 16 languages and is now used nationally.

##### *Indigenous Awareness Program*

WCHS commenced an *Indigenous Awareness Program* as part of corporate training. The program concentrates on working with indigenous families and is conducted twice a year.

The *Bilyidar Youth Cultural Training Program* conducted by SMHS trained staff in indigenous cultural awareness. Staff visited the Kimberley region and worked with 'at risk' Aboriginal and non-Aboriginal youth.

##### *Language Services*

To support the WCHS in managing the 100 contract interpreters they have created an Interpreter Advisory Group and an Interpreter Orientation Kit. WCHS also established an *Interpreter Mentoring Program* with the aim to develop skills and upgrade qualifications of interpreters.

Fremantle Hospital produced a video *How to work with interpreters*. The video portrayed scenarios of staff working with interpreters in the health system.

The NMHS are sponsoring a TAFE award for the 'most improved interpreting student' for 2003

#### **Continuing programs and initiatives**

Many successful programs and initiatives dealing with cultural and language diversity were continued from previous years. Programs such as the *Diversity Management Group* at WCHS

continues to provide strategic advice and planning regarding issues such as diversity profile of patients, staff disability profile, culture, faith and family.

### *Language Services*

The *Language Services Committee* at WCHS has continued throughout this reporting period. The committee promotes understanding of cultural issues and the use of interpreters and facilitates problem solving and liaison with nurses/social workers about interpreter services.

WCHS has continued to run *Professional Development for Interpreters* workshops. The workshop comprising of staff and 90 interpreters covered topics including the clinical and legal risks associated with consent and interpreter use.

### *Indigenous Cultural Awareness*

The *Indigenous Community Reference Group* at WCHS continued to provide ongoing advice and support to WCHS staff and patients.

Staff of SMHS participated in a two day cultural awareness training program with Ngoongar people from the Wheatbelt area. SMHS continued the development of teaching material for rural and remote indigenous communities.

Dental Health Service continued developing culturally appropriate teaching aids for health workers/teachers, etc to provide oral health instruction in rural and remote indigenous communities.

## YOUTH OUTCOMES

*Action: A State Government Plan for Young People, 2000/2003*, which focuses on young people aged between 12 and 25 years, is based on four guiding principles:

- Young people should have access to a range of opportunities, services and resources that will assist them in reaching their full potential.
- Young people should be encouraged to participate actively in positive and meaningful ways, especially in relation to decision making on issues that are significant to them.
- Young people are valued and respected as individuals who should be treated fairly and with integrity, and given the opportunity to further develop their potential to contribute to society in a responsible way.
- Better coordination of services for young people throughout the community must be encouraged.

MHS played a role in the achievement of the six goals that were articulated in the plan. MHS activities that supported the six goals included the following:

### *Work Experience Program*

The Metropolitan Health service provided numerous work experience opportunities across a range of activities. Work experience places were offered to TAFE students including students of AUSLAN, for university students in allied health and pathology areas and experience placements were provided for school students.

### *Adolescent Outpatient Clinics*

An offsite facility close to PMH has been secured to further develop adolescent out patient clinics. A driving force for this has been the Adolescent Diabetes Program and the lack of suitable facilities at the hospital. There are many young people who will benefit from this facility as their special needs can be considered not only in the physical environment but also in the way services are offered.

### *Transition Program*

A young person with a chronic illness who has many connections with the paediatric sector can find the move to an adult tertiary hospital extremely challenging. The effective transition of the young person to adult health services is essential to their long term well being. The WCHS is working to enhance programs that support this transition and engage adult health services in providing age appropriate services to young people.

### *Adolescent Oncology Program*

Planning has commenced for an adolescent inpatient facility that will be attached to the Total Care Oncology Unit to provide services for adolescents who develop paediatric cancers. Treatment of these young people at the WCHS allows access to clinical trials and protocols that are not available in the adult centres.

### *Adolescent Mothers' Support Services*

Adolescent women, their partners and their families are provided with antenatal education, postnatal support and home visiting services. The program addresses a variety of health, parenting and social issues that these women face and provides support by:

- linking young women to community and medical resources;
- promoting breastfeeding, immunisation, family planning and women's health issues;

- referring to appropriate services for depression, domestic violence and alcohol and drug counselling; and
- encouraging young women to continue their education through centres such as Trinity Learning Centre, Canning College and Balga Senior High School.

Some past participants are invited to contribute to the program by sharing their experiences of being an adolescent mother.

### *Graduate Employment Program*

Ten placements were offered for the graduate employment program for nursing.

### *Let's Talk About Sex program*

The Let's Talk About Sex program was launched in 2000 at the Aboriginal Health Conference in Perth. The program is a five session course for young Aboriginal people aged 10-17 years. A video accompanies the manual. The manual is for those people who work with young Aboriginal people. Since the launch four years ago, nearly 400 copies of the program have been requested. Workshops are requested on a regular basis. The focus on the program has culminated in the clinical nurse consultant, schools and youth health, travelling statewide on a fairly regular basis. The program has been requested Australia wide and continues to attract attention throughout the nation. Copies are in Somalia and Jamaica.

### *Building Resiliency Seminar*

Partnership with Rotary International, Department of Education and Training to plan and conduct the Building Resiliency Seminar 250 people attended.

### *Aboriginal School Based Traineeship Program*

Providing two work experience places for school students participating in this program.

### *Youth Suicide Prevention Network*

Youth Suicide Prevention Network is a quarterly forum for those who work with young people. Guest speakers present on a current and appropriate topic. The network has been running for four years and continues to attract between 30-60 people at each presentation. It is the only one of its kind in the metropolitan area.

### *Youth Health Team*

A team of people including the clinical nurse consultant for schools and youth health, two school health nurses, the coordinator of the Mobile Access Centre and Street Doctor programs, the youth social worker and the nurse coordinator for the School Adult Youth program.

The team meets on a monthly basis to address issues and gaps in service for young people in the EMHS area. The team is a very motivated and vibrant group of people.

### *Virtual Infant Parenting Program*

Research project in progress, in collaboration with the Institute of Child Health Research and the Osborne Division of GPs.

### *Health In Pregnancy (HIP) Program*

Centrelink, TAFE and the Department for Community Development, and PHP developed an accredited program for young, pregnant women in receipt of New Start.

NMHS Population Health Program's focus on the early years is supported by evidence that the health and wellbeing of youth and adults is dependent on a healthy start to life. Young parents are targeted through child health programs and Community Nurses in schools provide a direct service to adolescents who require their support. Through the HIP project, the West Coast College of TAFE is now able to offer an accredited program to a new "high risk" population of young people who may not have previously registered in their courses.

### *Bilyidar Cross Cultural Awareness Program*

*The Bilyidar Cross Cultural Awareness Program* was a community health initiative targeting at risk Aboriginal and non-Aboriginal youth and included a field trip to the Kimberley region.

### *Aboriginal Men's and Youth Camp*

This community health initiative was an Aboriginal men's and youth camp providing culturally appropriate health education across a variety of men's health issues in a bush setting.

### *Youth on Health Drama Festival*

The *Youth on Health Drama Festival* is a dance and drama festival that includes youth and schools from throughout the state and is a health-promoting event. Youth are involved in organising the annual event.

### *Know Your Limits Program*

Within the community the *Know Your Limits Program* was a work for the dole program that provided health education and life skill development learning opportunities to promote personal development and leadership skills for youth in the Kwinana/Rockingham area.

SMHS Community Health programs are offered in the high school setting to improve the knowledge and skills of young people to promote their health and manage behaviour that may put their health at risk.

### *Dental Health Service*

School Dental Service provides preventative and restorative dental care to approximately 250,000 school children throughout the State ranging from preprimary to Year 11 which contributes to excellent dental health of children.

Dental Health Services in cooperation with Curtin University, TAFE Colleges and Dental Nursing Australia provides training opportunities in the areas of dental therapy and dental clinic assisting, targeting school leavers.

## MAJOR CAPITAL WORKS

The projects outlined below are the capital works approved at Health Service level for the Metropolitan Health Service. Projects commenced and completed as part of the system-wide Capital Works Program are included in the Department of Health (Royal Street) Annual Report 2003-04.

Note: The Dental Health Services is a statewide service and includes rural sites.

**Table 5: Major Capital Works - Projects Completed**

Project Title	Year project began	Actual total cost \$	Estimated total cost \$
<b>North Metropolitan Health Service</b>			
S Block demolition (Anstey House)	2003	1,378,000	1,462,000
Graylands – Frankland Unit Beam Set	2003	337,281	400,000
<b>South Metropolitan Health Service</b>			
Public/Population Health Facilities	2002	158,000	158,000
Department of Respiratory Medicine & Associated Relocations, FHHS	2002	224,413	226,000
Alterations & Additions to Ward W4.3, Alma St Centre	2001	889,800	889,800
Birthing Suite Upgrade, RKHS	2003	57,673	50,000
<b>Women’s and Children’s Health Service</b>			
PMH Wards 8A/9A Upgrade	2002	5,800,00	5,300,000
Godfrey House Refurbishment	2003	420,000	340,000
PMH Front Entrance / ED / CPU Project	2002	2,565,000	2,565,000
PMH Haematology	2003	350,000	350,000
Access Control	2002	500,000	440,000
After Hours GP Clinic	2004	334,012	340,000
<b>East Metropolitan Health Service</b>			
PACS Project	2003	155,575	160,000
JRAC relocation at SPC	2004	85,267	85,000
ICU – Four isolation rooms	2003	1,245,726	950,000
RPH Friends Shop & Surg Div	2003	95,223	100,000
“M” External Repairs	2002	275,120	300,000
“I” Block Asbestos roof replace	2002	127,592	130,000
IDU Sputum Collection	2002	92,376	100,000
Ward 6A – RPH - WCS	2003	308,500	300,000
<b>Dental Health Service</b>			
Newman Dental Clinic	2002	419,000	500,000

**Table 6: Major Capital Works - Projects in Progress**

Project Title	Expected year of completion	Estimated cost to complete \$	Estimated total cost \$
<b>North Metropolitan Health Service</b>			
SCGH – ED Upgrade	2004	9,270,000	9,270,000
WA Cancer Centre Stage 1	2005	12,000,000	12,000,000
OPH Operating Theatres	2005	11,347,521	11,347,521
Graylands – Frankland Unit Courtyards	2004	350,000	350,000
CAMHS Selby Clinic	2004	820,000	820,000
CT Scanner Suite	2004	2,166,000	2,166,000
<b>South Metropolitan Health Service</b>			
Ward F6 Redevelopment	2004-05	66,000	1,072,000
Upgrade Orthopaedic Department	2004-05	20,000	250,000
Replacement of Chiller 3	2004-05	7,000	403,000
MRI Scanner	2004-05	4,109,000	4,284,000
Rockingham Emergency Department and Restorative Unit	2004-05	1,863,761	10,328,290
Upgrade to Adult Mental Health Inpatient Unit	2004-05	150,000	150,000
Air Conditioning Upgrade – Mead Centre	2004-05	120,000	120,000
Building Works Mead Centre	2004-05	60,000	60,000
<b>Women’s and Children’s Health Service</b>			
KEMH Major Works Project	2004-05	9,150,000	8,000,000
<b>East Metropolitan Health Service</b>			
Telstra Burns Reconstruction	2005	3,100,000	3,300,000
Bentley Mortuary Cool Room	2004	48,300	44,000
Bentley Ward 6	2004	890,000	765,000
Sexual Health Relocation	2004	85,000	85,000
Redesign Ultrasound Area	2004	190,000	200,000
Apheresis Refurbishment	2004	60,000	60,000
Ward 8,9,10, 11 Pantry - SPC	2004	190,000	220,000
Pathology Alterations	2004	54,000	54,000
<b>Dental Health Service</b>			
Perth Dental Hospital Devolution	2005	655,000	2,380,000
Cockburn Dental Clinic	2004	1,318,000	1,500,000
Joondalup Dental Clinic	2005	1,570,000	1,700,000
North Perth Dental Clinic	2005	299,000	300,000
Kununurra Dental Clinic	2005	400,000	400,000

## The Environment and The Regions

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The MHS is conscious of pursuing environmentally sustainable operations.

The FHHS undertake ongoing Best Practice reviews via the *Greenhouse Challenge* to ensure that the service is environmentally responsible. The greenhouse gases reported in August 2003 for carbon dioxide (CO<sub>2</sub>) emissions were comparable with other hospitals in the *Greenhouse Challenge*. The FHHS Environment Committee continues to meet and have developed further initiatives to add to the June 2004 report.

FHHS was a finalist in the Government Leading by Example category of the WA Environmental Awards 2003. FHHS was acknowledged for its environmental abilities as a health organisation.

### WASTE PAPER RECYCLING

Waste paper recycling is actively encouraged within the Metropolitan Health Service. The organisations regularly review their recycling programs and explore options that offer a better service and/or are more cost-effective.

Armadale Health Service Waste Management Group undertook a 'content' audit of recycling bins to ensure these bins were being utilised to their maximum potential. As a result posters were placed above the recycling and confidential waste bins to increase staff awareness of what materials should be placed in each respective bin.

Osborne Park Hospital established a Waste Management Committee which meets regularly and developed a Waste Management Manual in 2004.

Approximately 160 tonnes of waste paper was collected separately for recycling in the Metropolitan area for 2003-04, other organisations subscribed to co-mingled recycling programs whereby paper is collected together with other recyclables (glass and aluminium) and is taken off site for sorting by the recycling contractors.

### ENERGY SMART GOVERNMENT POLICY

Please refer to the Department of Health (Royal Street) annual report.

### REGIONAL DEVELOPMENT POLICY

Please refer to the WA Country Health Service, South West Area Health Service and Peel Health Services annual report.

## Governance – Human Resources

### EMPLOYEE PROFILE

The tables below show the annual average of full time equivalent staff employed by the MHS by category and in comparison with 2002-03.

**Table 7: Total FTE by Category**

CATEGORY	2002-03	2003-04
<b>METROPOLITAN HEALTH SERVICE</b>		
Nursing Services/Dental Care Assistants	6746.3	7,100.0
Administration & Clerical*	2857.0	2,928.8
Medical Support*	2,713.0	2,836.4
Hotel Services*	2,112.4	2,254.7
Maintenance	309.0	328.4
Medical (salaried)	1,673.2	1,766.3
Medical (sessional)	218.2	217.4
<b>TOTAL</b>	<b>16,629.1</b>	<b>17,432</b>

**Table 8: FTE by Category for Area Health Service**

CATEGORY	2002-03	2003-04
<b>EAST METROPOLITAN HEALTH SERVICE</b>		
Nursing Services/Dental Care Assistants	2,177.0	2,263.2
Administration & Clerical*	940.5	965.8
Medical Support*	980.1	996.8
Hotel Services*	735.0	863.5
Maintenance	93.2	105.8
Medical (salaried)	555.3	577.7
Medical (sessional)	74.3	73.1
<b>EMHS TOTAL</b>	<b>5,555.4</b>	<b>5,845.9</b>
<b>NORTH METROPOLITAN HEALTH SERVICE</b>		
Nursing Services/Dental Care Assistants	1876.3	1976.0
Administration & Clerical*	786.0	800.4
Medical Support*	749.1	765.6
Hotel Services*	648.7	648.8
Maintenance	102.7	105.2
Medical (salaried)	445.8	468.7
Medical (sessional)	55.2	54.2
<b>NMHS TOTAL</b>	<b>4663.8</b>	<b>4818.9</b>
<b>SOUTH METROPOLITAN HEALTH SERVICE</b>		
Nursing Services/Dental Care Assistants	1,428.5	1,572.1
Administration & Clerical*	621.7	648.7
Medical Support*	444.5	501.4
Hotel Services*	445.5	450.4
Maintenance	44.1	46.7
Medical (salaried)	318.2	343.7
Medical (sessional)	37.4	38.6
<b>SMHS TOTAL</b>	<b>3,339.9</b>	<b>3,601.6</b>

## Governance – Human Resources

<b>WOMEN'S AND CHILDREN'S HEALTH SERVICE</b>		
Nursing Services/Dental Care Assistants	1,023.2	1,045.8
Administration & Clerical*	444.5	449.0
Medical Support*	371.0	405.3
Hotel Services*	269.8	277.6
Maintenance	58.6	60.5
Medical (salaried)	257.2	283.9
Medical (sessional)	51.3	51.5
<b>WCHS TOTAL</b>	<b>2,475.6</b>	<b>2,573.6</b>
<b>DENTAL HEALTH SERVICE</b>		
Nursing Services/Dental Care Assistants	241.3	242.9
Administration & Clerical*	64.3	64.9
Medical Support*	168.3	167.3
Hotel Services*	13.4	14.4
Maintenance	10.4	10.2
Medical (salaried)	96.7	92.3
Medical (sessional)	0.00	0.0
<b>DHS TOTAL</b>	<b>594.4</b>	<b>592.0</b>

\* Note: These categories include the following:

1. **Administration and Clerical** – Administrative and executive staff, ward clerks, receptionists and clerical staff.
2. **Medical Support** – physiotherapists, speech pathologists, medical imaging technologists, pharmacists, occupational therapists, dietitians and social workers.
3. **Hotel Services** – cleaners, caterers and patient service assistants.
4. FTE totals for 2003-04 have been calculated using the DOH Monthly Departmental Performance Report as at 30 June 2004. The FTE figures include staff, which are employed by specifically funded programs or strategies known as Special Purpose Accounts.

### RECRUITMENT

The Metropolitan Health Service is committed to ensuring that recruitment, selection and appointment actions follow equitable, open, merit-based processes to ensure selection and appointment of the best available applicant in accordance with the Public Sector Standards.

#### EMHS

Although the East Metropolitan Health Service's web-site, [www.jobsinhealth.emhs.wa.gov.au](http://www.jobsinhealth.emhs.wa.gov.au) has been fully operational since January 2003, the phased implementation occurred in October 2003. In addition, the Nursing website is now fully integrated and amalgamated with the EMHS website. The EMHS Recruitment and Selection Unit now provides an area-wide service in recruitment and selection administration.

The website has resulted in an accessible, informative and easy alternative for managers to request positions to be advertised and for applicants to apply for positions. It is hoped that this contemporary approach to recruiting will attract a broader range of quality applicants to East Metropolitan Health Service.

Also in conjunction with Corporate Staff Development we have tailored the Recruitment and Selection Course to our specific needs, and have run two of these courses during this time.

#### SMHS

The recruitment process for South Metropolitan Health Service encompasses Armadale Health Service, Fremantle Hospital and Health Service and Rockingham/Kwinana Health Service. During 2003-04 the following initiatives have been developed and introduced:

- The creation of a Recruitment Officer position has enabled the SMHS to offer specialist services to managers and applicants.
- The introduction of a Pool Recruitment process has streamlined recruiting of many positions.
- Managers are now better informed as a result of the revision of the Recruitment Guidelines Booklet.
- Standardisation of forms, documentation and processes across SMHS has made recruiting easier for managers and applicants.

- The development of a human resource web page to include recruitment policies and procedures has provided easier access of recruiting policies and procedures for managers.
- Applicants are now able to apply for positions online, by email and fax.
- An after hours answering machine has been installed to provide continuous access for potential applicants.
- Policy has been introduced requiring SMHS Executive to scrutinise all *Request to Advertise Vacancies* to ensure there is not an unacceptable growth in full time employee numbers.

### *FHHS Medical Officers*

Local, interstate and international advertising is the main focus of recruitment for Medical Staff. The development of a CD-ROM and printed brochures are new initiatives for recruitment, particularly for Interns. Website recruitment strategies also exist.

### *FHHS Nursing Recruitment*

Priority in recruitment of nurses is to maintain fully staffed units employing staff of the highest calibre to provide optimal patient care and successful customer outcomes.

The development of a Nursing website is a major recruitment strategy and attracts worldwide applicants for key positions. The Nurse Manager–Recruitment works closely with Nursing HR to manage Nursing Service requirements and recruitment and retention issues. The establishment of a Staff Mother's Room provides a comfortable and private space enabling breast feeding mothers to return to work sooner if they wish. The Nurse Manager-Recruitment manages a database (ENRAC) which tracks the success of recruitment and retention strategies. Improvements to ENRAC continue to be made to enhance data capture.

### **WCHS**

Recruitment and selection training programs are conducted three to four times a year. Topics covered include Public Sector Standards; relevant legislation; organisational policy; recruitment, selection and appointment procedures; behavioural interviewing methods and the appeal process.

Although the level of recruitment has continued to decline due to staffing pressures KEMH was the overwhelming choice of graduates (75%) of

the Postgraduate Diploma in Midwifery at Curtin and Edith Cowan Universities for their Graduate Midwifery Program.

Both the Renewal of Registration and Midwifery Refresher programs were continued in 2003-04, contributing significantly to the State's success in having high numbers of practising midwives.

Applicant rates for positions at WCHS increased marginally over the number received in 2002-03.

Recruitment to nursing vacancies continued to be a priority during 2003-04 and our activities in this area were supported by the offering of a range of courses designed to encourage and facilitate entry and re-entry to the nursing workforce. Among the courses offered were:

- paediatric and midwifery refresher programs;
- graduate nurse and midwifery programs; and
- post graduate nursing and midwifery programs.

### **NMHS**

Recruitment and selection training courses continue to be offered to all staff across the NMHS to ensure that adequate numbers of staff have suitable training across NMHS.

NMHS guidelines ensure all recruitment activity is monitored by Senior Human Resource Staff. This monitoring ensures that recruitment and selection processes are consistent and proper across the Health Service. In conjunction with this selection process documentation for convenors/members is included with all recruitment selection files to ensure consistent application of standards.

Considerable effort has been made to ensure that consistent information regarding recruitment processes is communicated to all prospective applicants.

In January 2004 the recruitment process for Casual Patient Support Services staff was reviewed.

### **Dental Health Service**

There were significant difficulties in recruiting dentists to rural and remote locations and to attract and retain experienced dentists for other locations.

A number of initiatives have been introduced in an effort to overcome this situation. These initiatives include:

- The development of an improved pay and conditions package for consideration by the Executive, Department of Health to encourage dentists into rural and remote areas.
- An advertising campaign was undertaken in the United Kingdom to target dentists who are registrable in Western Australia.
- In 2003-04 the Public Sector Dental Workforce Scheme was implemented initially targeting South African dentists to work in rural locations.

### STAFF DEVELOPMENT

In striving for excellence in health care, service, teaching and research, the Metropolitan Health Service is committed to developing the skills and expertise of staff through training and continuous professional development.

In 2003-04 each health service met the training/education needs of their staff and also targeted key areas where additional needs were identified through training needs analysis exercises. As a result, a large range of training and education courses were made available to staff.

#### Corporate Programs

The *Management in Health Care Program* includes the *Diploma in Business (Frontline Management) BSB51001* and *Certificate IV in Business (Frontline Management) BSB41001*. These nationally recognised qualifications are tailored to provide the knowledge, skills and behaviours for leaders and managers in a health environment. The focus of the program is on workplace learning so that the results are more meaningful to both the individual and the organisation. 2003-04 saw the first graduates with this qualification.

#### Global Training Needs Assessment

This assessment was conducted to determine training needs and key programs have been implemented based on the results.

#### Induction/orientation for all new staff

Generic induction programs are provided for new staff across all of the Health Services.

Information covers:

- fire and emergency procedures;
- code of ethics and conduct;
- equal employment opportunity;

- disability and diversity;
- cultural awareness;
- use of interpreter services
- occupational safety and health;
- quality and improvement;
- infection control;
- emergency preparedness; and
- manual handling.

#### Human Resource Programs

##### *Bullying in the Workplace*

In 2003-04 Health Services introduced a Policy on Workplace Bullying, along with a comprehensive training program, commencing at executive level and then addressing the needs of Human Resource staff, managers and general staff.

##### *Dealing with Different, Difficult and Demanding Customers*

A comprehensive 'customer service' training program in two parts, launched in 2003, also teaches skills required to avoid conflict and achieve better outcomes for both customers and staff.

##### *Performance Management for Managers and Supervisors*

Human Resources played a key role in coaching managers and supervisors in the application of performance management processes.

##### *Recruitment and Selection Programs*

Topics included Public Sector Standards; relevant legislation; organisational policy; recruitment, selection and appointment procedure; behavioural interviewing methods; documentation and appeal processes.

##### *Preceptors*

The Health Services continued to conduct a range of preceptor training in the area hospitals. Preceptors are suitably experienced and trained health professionals who provide training and experience to graduate clinically staff.

#### Occupational Safety and Health

##### *Manual Handling Education Program*

This comprehensive program provides a variety of different options for training in safe handling of both loads and patients (including the use and application of manual handling equipment).

Completion of the program to the level of Manual Handling Assessor, leads to a nationally recognised statement of attainment from the Health Training Package (HLT02).

### *Computer Ergonomic Assessment Training*

This practical course enables supervisors and managers to assess, instruct and manage workstation problems associated with their staff who use computer-based equipment. This course was a joint initiative of the Education and Development and the Occupational Health departments.

### *Aggression Awareness*

This one day course covers legal aspects of dealing with aggressive clients or visitors, the theory of aggression and practical de-escalation and breakaway techniques.

### *Smoke Free Environment*

The new WCHS policy was supported by Fresh Start and Brief Intervention Training Programs conducted with the Cancer Foundation for staff and patients who wanted to quit smoking and by training sessions for Patrol Officers to assist them in promoting a smoke free environment.

### **Clinical Staff Development**

All teaching hospitals within the MHS provide skills development/training for clinical staff. Some of the specific staff development courses in the different health services are included below:

### *Picture Archiving Communication System (PACS) Training*

This training has enabled the roll out of 'online' radiology viewing across the Area Health Services and the abolition of the old X-ray viewing processes.

Registrars in training programs receive training in accordance with specific College and Specialist Society requirements.

Resident Medical Officers and Registrars receive formal training in Medical Emergency Procedures including cardiac arrest/resuscitation etc and management of Paediatric emergencies.

### **EMHS**

The Centre for Nursing Evidence Based Practice Education and Research provides a comprehensive range of education and training for all levels of nursing staff. This includes first and second year graduate programs, a range of specific clinical speciality educational courses and professional development programs and annual mandatory skills update training.

### **WCHS**

#### *Postgraduate Diploma in Midwifery and Postgraduate Certificate/Diploma in Paediatric Nursing*

Attracted a record number of students for clinical placement from both Curtin and Edith Cowan Universities.

#### *Renewal of Registration and Midwifery and Paediatric Refresher Programs*

Programs such as these make a significant contribution to the number of nurses returning to the workforce.

#### *Continuing Education for Registered Midwives*

This program, attended by both KEMH midwives and external participants, has been developed with an emphasis on complex care situations. Breast feeding education has also been a focus as part of KEMHs preparation for Baby Friendly Hospital Accreditation.

#### *Paediatric Life Support and Simulated Paediatric Resuscitation Session*

This is a joint venture between Postgraduate Medical Education and Paediatric Nursing Education and is offered to both medical and nursing staff at PMH. Also an online learning format has been developed for this program.

#### *Acute Life Support in Obstetrics*

This program is designed to improve staff performance in an obstetric emergency.

#### *Teaching on the Run*

*Teaching on the Run* program is a three module program designed to increase the confidence and competence of medical staff's teaching of juniors. *Teaching on the Run* was developed by the EdCent, UWA and is now run Australia wide.

#### *Clinical Development Nurse Education*

Two series were conducted in 2003 to prepare Clinical Development Nurses for their role. Monthly CDN meetings provide ongoing opportunities for networking and education for this group.

### **Outreach Programs**

#### *Telehealth*

Telehealth is available for both midwifery education and paediatric nursing.

#### *Medical Specialist Outreach Assistance Program (MSOAP)*

Midwives and medical staff from KEMH have participated in this successful program which provides training to midwives, obstetricians and GP obstetricians in regional areas.

### *Lactation Advisor Program*

PMH offers this program by distance education and 20 participants have successfully completed to mastership level.

### *Family Child Health Course*

This course for rural nurses is delivered by distance education. Twenty four participants completed the course this year.

### *Marr Mooditj*

PMH was invited to provide a two week module for the Diploma in Family and Child Health for aboriginal health workers. The first course was completed successfully and negotiations are under way to conduct the module on an ongoing basis.

### SMHS

#### *Tutorial Program for Interns and Residents*

Provided as a weekly Wednesday morning tutorial program for Interns and Residents. The presenters are Residents, Registrars, Consultants, or other relevant staff with practical and interactive topics. The tutorials are filmed and available on video for those who are unable to attend the presentation.

#### *Orientation Programs*

Conducted for all medical staff. Interns attend a three day program prior to the commencement of their clinical work. Residents and Registrars attend a half day session on their first day. Consultants, and all other staff, receive an Orientation Manual.

#### *Medical Education Programs*

Post Graduate Medical Education (PGME) coordinate the distribution of the medical education programs from across the hospital via a mail out and the intranet, to ensure all medical staff are aware of the hospital's entire program.

#### *Skills Week Program*

Interns spend one week of their first year participating in Skills Week. This week is designed to ensure Interns are competent in Life Support, both basic and advanced, and they have the opportunity to participate and /or observe many other procedural skills throughout

the hospital, which is planned at the beginning of the week with the Resuscitation Coordinator.

#### *Train the Trainer Program*

The PGME is available to provide advice and assistance for medical staff who are developing education sessions. As well as equipment PGME provides expertise and resources to assist in training.

#### *Bedside Teaching Program*

There is also a lot of bedside teaching that occurs, which, along with all the formal sessions, is evaluated to ensure the education is valuable and relevant. Both teachers and students are consulted as part of this process.

### **Computer Training**

Health Services provide comprehensive computer training programs starting from an *Introduction to Computers* course and covering all aspects of the Microsoft suite of software. These are presented in a variety of formats, including classroom based sessions and e-learning options and monthly 'troubleshooting' sessions which enable users to bring current issues to a 'drop in' classroom where practical help and coaching is provided.

### **Professional Development**

#### *Certificate IV in Assessment and Workplace Training (BSZ40189)*

This nationally recognised qualification teaches the skills associated with workplace learning and assessment so workplace learning is able to occur in a constructive way that is meaningful to both individuals and the organisation.

#### *Medical Terminology*

This course is designed for administrative staff to enable them to communicate in a medical environment using appropriate medical terminology. Successful completion of this course results in a nationally recognised Statement of Attainment (BSBMED201A).

#### *Public Speaking*

Presentation and Public Speaking is designed to support those staff who are required to deliver presentations to small and large groups.

### WORKER'S COMPENSATION AND REHABILITATION

The Metropolitan Health Service endeavours to provide a safe workplace by having in place active Occupational Safety and Health (OS&H) programs throughout its areas of responsibility. The table below shows the number of workers' compensation claims made through the Metropolitan Health Service.

**Table 9: Worker's Compensation and Rehabilitation**

CATEGORY	2001-02	2002-03	2003-04
Nursing Services/Dental Care Assistants	376	361	432
Administration and Clerical*	67	80	85
Medical Support*	35	65	120
Hotel Services*	117	233	234
Maintenance	36	48	39
Medical (salaried)	9	6	8
Other	13	19	-
<b>TOTAL</b>	<b>653<sup>#</sup></b>	<b>812</b>	<b>918</b>

\* Note: These categories include the following:

1. **Administration and Clerical** – administration staff and executives, ward clerks, receptionists and clerical staff.
2. **Medical Support** – physiotherapists, speech pathologists, medical imaging technologists, pharmacists, occupational therapists, dietitians and social workers.
3. **Hotel Services** – cleaners, caterers and patient service assistants.

# Note: 2001-02 figures in this table exclude the Graylands Selby-Lemnos and Special Care Health Services, the Swan Health Service, King Edward Memorial Hospital and Princess Margaret Hospital.

#### Summary of OS&H Activities

In order to achieve better outcomes, all Health Services within the Metropolitan Health Service implemented improvements to their OS&H programs.

##### *Dental Health Service*

Injury management policy has been developed to provide employees with information and education and to assist injured employees to return to work as soon as possible. An injury management team has been established incorporating medical management.

Evaluation forms have been developed to allow the process to be regularly reviewed to ensure ongoing development and feedback to management.

##### *South Metropolitan Health Service*

Staff in the Occupational Safety and Health Department have developed a program for the introduction of 'Unit Based Occupational Safety and Health Focus Groups' to identify and assess hazards and develop management strategies to reduce the risk potential.

Unit based occupational safety and health focuses on the prevention of incidents/accidents using the risk management process.

##### *Women's and Children's Health Service*

The WCHS endeavours to provide and maintain a working environment in which employees, contractors and patients/visitors are not exposed to hazards.

The WCHS actively promotes its occupational safety and health program. Through hazard identification programs such as workplace inspections, task analyses and workstation assessments, hazards are identified and control actions implemented.

Elected Safety and Health Representatives and the WCHS Occupational Safety and Health Committee contribute to the development of policies and programs to improve staff safety.

Managers and supervisors are responsible and accountable for ensuring that safety programs are implemented and that policies and procedures are followed.

Improvements in 2003-04 have occurred in the following areas:

- The recording and monitoring of Occupational Safety and Health performance.
- The expansion of manual handling training.
- The safe handling of dangerous goods and hazardous substances.
- Exposure to the risks presented through passive smoking by the implementation of a Smoke-free Environment Policy.
- Safety improvements to work areas as a result of the extensive major and minor works projects.
- Improvements in the follow up of issues raised from hazard reports and accidents.

### *East Metropolitan Health Service*

- Structured OS&H training for managers/supervisors.
- Safety Representative training.
- OS&H Performance Indicator.
- Workplace inspections.
- Occupational Safety and Health committees.
- Mandatory safety training for staff eg: aggression, fire safety, manual handling
- Ongoing safety initiatives.
- Programs in place in 2003-04 include: DrinkSafe, Healthy Foods, Heart Week, Fluvax, Infectious diseases immunisation, Hand Care, Stress, Fatigue, specialist training.
- Manual handling task force developed to oversee introduction of new procedures and guidelines for “safe handling” at RPH.
- Zero tolerance initiative implemented at RPH.
- BHS developed and implemented proactive bi-monthly hazard inspections, with training for OS&H Representatives, inspection checklists and control strategies to prevent work place injuries. Categories include fire and electrical, workplace aggression, manual handling etc.

### *North Metropolitan Health Service*

The NMHS has an integrated risk management approach to OS&H underpinned by a policy on occupational safety and health, and includes:

- Consultative processes involving safety and health representatives, safety and health committees, local OS&H groups and management.

- Resolution of issues processes.
- Workplace hazard and incident reporting and investigation system.
- Monitoring of hazard and incident data.
- Hazard control programs and strategies.
- Pre-placement health assessments.
- Provision of information, education and training.
- Contractor safety programs.
- Review of systems of work to minimise risk of injury.
- OS&H input into purchasing of equipment and facilities planning.

### **Employee Rehabilitation**

In the event that an employee sustains a work-related injury, the MHS provide injury management and vocational rehabilitation services. It is recognised that early intervention in the management of an injury, with appropriate support and assistance, facilitates a safe return to work.

Return to work programs are completed through the use of external injury management services coordinated by the Human Resources Department. Where an employee is unable to return to their original position due to an injury, efforts are directed to identifying suitable alternative positions both within and external to the organisation.

The Department of Health Internal Auditors completed an Injury Management Audit at WCHS in 2003. A satisfactory rating was achieved. The WCHS has promptly responded to the recommendations of this audit to improve in this area by:

- Clearly allocating Executive responsibility for the Injury Management program.
- An agreement to the establishment of an Injury Management Coordinator position.
- The establishment of performance indicators for injury management.
- The revision of policies and procedures for injury management.

### INDUSTRIAL RELATIONS

The MHS adopts a consultative approach to the management of industrial relations. Awards and agreements specify consultative arrangements and these are implemented to ensure consultation occurs on an ongoing basis and that, in particular, employee and union perspectives are sought in regard to major change issues.

Industrial relation issues arising across the health sites during 2003-04 included the following:

- The implementation of several new Enterprise Agreements covering Engineering staff, Hospital Salaried Officers and Medical Practitioners.
- Enterprise Agreements being negotiated for Support Workers, Health Workers, Enrolled Nurses and Registered Nurses.
- The consolidation of all metropolitan and rural Plant Operators under a single set of employment conditions under the WA Government Health Services Engineering and Building Services Award 2004.
- New classification structure for Clinical Psychologists implemented.
- Change to Hospital Salaried Officers Level 1 classification structure.
- Reclassification of Anaesthetic Technicians across Health Services impacting on the salary rates of Enrolled Nurses performing the same duties at Fremantle Hospital. (A previous Commission decision links the Enrolled Nurses salary rates to salary rates for Anaesthetic Technicians.)
- Ten hour roster trial agreement introduced for registered nurses in the Emergency Department at Fremantle Hospital.
- Clinical coders reclassification application.
- Implementation of Senior Nurses work value assessments.
- Loss of provision of Meals on Wheels function at Armadale/Kelmscott Memorial Hospital.
- Successful redeployment of staff following restructuring of roles at Murray Districts Hospital.
- The introduction of a smoke free environment campaign which has progressively banned smoking across WCHS sites.
- The restructuring and closure of the Family Early Intervention Programme.
- The payment of Clinical Academics according to the AMA Agreement rates of remuneration.
- The restructuring of Diagnostic Imaging and Radiology into a single department across both sites.
- The finalisation of the Australian, Liquor, Hospitality and Miscellaneous Workers Union (ALHMWU) reclassification process.

## Governance – Reports on other Accountable Issues

### EQUITY AND DIVERSITY

The MHS is committed to managing its Human Resources in compliance with the 'Whole of Government's Equity and Diversity Plan for the Public Sector Workforce 2001-2005'. The MHS aims to promote equal opportunity for all persons, according to the *Equal Opportunity Act 1984*, and has in place, strategies to achieve the equity and diversity desired outcomes.

Activities undertaken in 2003-04 to support equity and diversity include:

#### OUTCOME 1

**The organisation values Equal Employment Opportunity (EEO) and diversity and the work environment is free from racial and sexual harassment.**

#### WCHS

- EEO has been incorporated within the organisation's Diversity Management Plan to achieve an efficient and coordinated approach that addresses diversity outcomes in the areas of Employment and Service Delivery.
- The Diversity Management Group (DMG) has been established to coordinate and implement diversity management strategies and outcomes.
- Policies pertaining to Diversity, Equal Opportunity, Prevention of Harassment, Grievance Resolution, and Disability Services were reviewed and endorsed by the Area Chief Executive and Health Service Executive Group to renew WCHS's commitment to diversity management principles.
- In conjunction with the Office of the Public Sector Standards Commission a survey of Human Resource Standards, Ethics and EEO was conducted to identify areas for improvement.

#### EMHS

- The policies for the EMHS in relation to Diversity, Harassment and Workplace Bullying are incorporated in the EMHS Human Resource Policies and Procedures Manual for Managers, and are available on the Intranet.
- The EMHS has an established grievance resolution procedure for complaints of harassment and discrimination. A trained Grievance and Contact Officers Network exist within the EMHS and new members are

trained to ensure that a wide variety of occupational groups are represented.

- The Human Resources page of the intranet site has a section devoted to equity and diversity issues aimed at increasing employees awareness and understanding of equity and diversity Issues.
- In addition, the EMHS Equity and Diversity Committee provides an efficient and coordinated approach to equity and diversity initiatives within the EMHS and ensures compliance with Equal Opportunity legislation.

#### SMHS

- All new employees are kept informed of current EEO and diversity trends. An introduction to EEO and diversity policies and principles is presented during orientation to all new employees and during the Patient Care Assistant Training Course. Sixteen sessions relating to the new policy on Prevention of Bullying and Harassment in the Workplace have been conducted.
- All relevant policies, procedures, forms, and brochures have been reviewed and are current and up to date. All documents are available in hard copy throughout SMHS and electronically via the intranet site.
- The SMHS continues to be represented on the Equity and Diversity Working Group that provides ongoing support, dissemination of new initiatives and information sharing throughout the State.

#### NMHS

- Policies and associated practices are in place to ensure the work environment is inclusive and free from harassment and discrimination.
- All policies on EEO are available to be viewed on NMHS intranet site or in departmental manuals.
- A Family Services Co-ordinator is available to provide advice and information on childcare to all staff. A school holiday program for children aged 5-15 is run at the SCGH site.

#### Dental Health Service

DHS ensures that EEO practices are maintained and that workplaces are free from racial and sexual harassment and reflect diversity continues as a high priority.

## Governance – Reports on other Accountable Issues

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### OUTCOME 2

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

#### SMHS

- All job description forms are continually reviewed to eliminate potentially discriminating criteria, are written in plain English and include gender neutral language.
- Recruitment and Selection, policies, procedures and forms are reviewed to ensure no discriminatory language or practices exist and comply with the Public Sector Standards. Recruitment and Selection training which encompasses EEO/Diversity principles is available to all staff via Corporate Staff Development.
- Part time, job share and flexible working arrangement policies and practices are supported and available to all staff.
- The SMHS has a network of Contact and Grievance Officers whose role is to provide information to employees and to mediate on EEO/Diversity issues.

#### NMHS

- Workplace policies and practices are regularly reviewed to ensure there is no evidence or potential for bias or discrimination.
- NMHS has a representative on the health system wide Policy Working Group.
- Policy on part-time work and job sharing has been introduced to support the needs of employees and encourage diversity and flexibility in the workplace.
- Awareness raising sessions on Workplace Bullying for managers and staff were undertaken across NMHS.
- The NMHS Recruitment and Selection Manual contains direction on employment equity practices.
- A network of Equity Contact Officers has been established across NMHS. Contact officer training has been held and regular networking meetings have been introduced.

#### EMHS

- Recruitment and Selection Courses encompass merit-based selection and EEO, which is offered regularly to new and existing staff to update their skills.
- The EMHS has implemented a number for flexible working arrangements. For example, staff returning from maternity leave have been offered flexible working hours, and part time

work. Telecommuting (home based work) has been introduced in a number of departments.

- Nurses at Royal Perth Hospital are now offered free childcare during school holidays as part of the State Government's commitment to a family friendly public health sector. The Jewel House Child Care Centre at RPH opened in January 2003. Children aged from five to 12 years of age are able to access the program which operates during school holidays.
- The program will be extended to include all hospital staff, and increased places will be available in September 2004 vacation period.

#### WCHS

- A survey of recruitment and selection practices was conducted to identify areas for improvement and any potential discriminatory practices.
- New staff are informed of their rights and responsibilities and are encouraged to participate in achieving diversity outcomes which include the elimination and prevention of any form of discrimination and harassment.
- A Work and Family survey was conducted to determine staff needs and identify initiatives that could be taken to improve the ability of staff to balance work and family responsibilities.
- In-house childcare is available to staff with children aged from birth to five years. Approval has been given to extend these services from 47 places to 65.
- A trial vacation care program was conducted in September 2003 and two more subsidised trial programs are scheduled for the July and October 2004 school holidays.
- All staff have access to six weeks paid parental leave. New enterprise agreements are being implemented to increase this entitlement to eight weeks in January 2006. Provisions also allow for the pay out of Long Service leave entitlements on termination after parental / maternity leave.

#### Dental Health Service

Employment policies and practices are regularly reviewed to ensure that no evidence of bias or discrimination occurs during the recruitment process and that job description forms are written in non-discriminatory language.

## Governance – Reports on other Accountable Issues

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### OUTCOME 3

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

#### NMHS

- NMHS has an executive member as a representative on the State Health Advisory Committee on Family Friendly Initiatives.
- The project sponsor of the Equity and Diversity Working Group to HRMC is an executive member of NMHS.
- Knowledge of EEO/Diversity principles and practices are included as essential criteria in all managerial and supervisory job specification forms.
- Equity index for NMHS is regularly monitored to identify areas in which performance needs to be improved.

#### EMHS

- The EMHS has continued to liaise with placement agencies representing persons from non-English speaking backgrounds, Aboriginal and Torres Strait Islanders and people with disabilities. Opportunities have been provided to members of these groups under work experience programs.
- The EMHS Employment Strategy has been endorsed by the EMHS Executive, and includes the participation in the Indigenous Cadetship Program, Indigenous School Based Traineeships, and development of a marketing strategy aimed at attracting Indigenous employees to the EMHS.
- An analysis of all sites EEO data on Lattice revealed the response rate to the EEO survey is quite variable as a result a number of strategies have been implemented to ensure new staff are completing the data collection forms, and this data is accurately being entered into Lattice.

#### SMHS

- The SMHS has established an Aboriginal Traineeship within its Public Health Unit. Opportunities for Traineeships are promoted. SMHS has a number of positions that specifically target diversity groups.
- Recruitment processes support diversity and EEO. Interview panel members are appointed to reflect the diversity group for whom they are recruiting.

#### WCHS

- Data is now captured from client / patient systems to produce diversity profile information. This is compared with the staff diversity profile to identify areas where workforce planning could better reflect the diversity of the communities we serve.
- The organisation has identified a need to increase representation of indigenous staff and those with disabilities. Methods used to advertise positions externally have been reviewed and initiatives taken to distribute advertisements to agencies that can make the vacancies known to potential applicants from these groups.
- Approval was granted to establish an Aboriginal Liaison Officer within the Sexual Assault Referral Centre. This position will help address issues identified as a result of the Gordon Inquiry.
- Under the National Indigenous Cadetship program, WCHS is providing a six year placement for an indigenous Registered Nurse who is studying to become a doctor.

#### Dental Health Service

Employment programs and practices aim to achieve diversity and quality of employment opportunity for the four EEO groups within the technical qualification requirements for the majority of positions.

### EVALUATIONS

As part of the Western Australian Health System the MHS is subject to a range of evaluation programs to ensure good governance in accordance with the *Public Sector Management Act 1994*.

The major evaluation activity conducted across all of health during 2003-04 was conducted the Health Reform Committee (HRC) led by Professor Mick Reid. A major underlying principle of the reform agenda was the need to improve both the quality and effectiveness of clinical services and ensure expenditure growth is sustainable within the fiscal restraints set by government.

The Committee undertook its work in full consultation with major stakeholders, recognising the need to engage stakeholders to ensure ownership and support for long term system reform.

## Governance – Reports on other Accountable Issues

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The Western Australian public health system currently operates within a number of guiding principles. These include:

- ensuring value for money;
- ensuring care is provided in the most appropriate setting;
- promoting ease of access and affordability for consumers;
- promoting a single unified health system;
- promoting clinical best practice, safety and quality; and
- ensuring long term financial and clinical sustainability of the system.

The Health Reform Committee aimed to support and drive a reform agenda over 12 months which aligned with these underlying principles and supported and enhanced the system's fundamental mission.

The Committee reported to the Expenditure Review Committee through the Minister for Health and the Treasurer. The initial report to the Ministers was submitted early June 2003. The final report of the Health Reform Committee was released in late March 2004.

The final report of the HRC review is available at <http://www.health.wa.gov.au/hrc/finalreport/index.cfm>.

Within the overarching evaluation framework across all of Health the individual Health Services conduct their own suite of evaluations. The cornerstone of evaluations within the MHS is the Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQulP) and accreditation system. The ACHS is an independent authority on the measurement and implementation of quality improvement systems for Australian health care facilities.

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation that provides a review and report of performance, assessment and accreditation. The ACHS is an independent authority on the measurement and implementation of quality improvement systems for Australian health care facilities. Standards for evaluation, assessment and accreditation are determined by a council drawn from peak bodies in health and representatives of the Commonwealth Government, State Governments and consumers.

Apart from the ACHS and other accreditation programs which form the major part of MHS evaluations, the Health Services conducted numerous other evaluations and service reviews.

An evaluation to assess the adequacy of the lending and rental operations of appliances and provide an objective assessment of the adequacy of the overall internal control was conducted. A policy and procedures manual is to be developed with input from all metropolitan public hospitals to ensure consistency in the management of appliances.

Consumer evaluations of Health Services are regularly undertaken to survey satisfaction levels of consumers. The patient groups surveyed from the during 2003/04 were:

- short stay adult,
- short stay child, and
- community.

The results of the surveys are presented to the relevant Quality and/or Consumer Committee within the health service and items are actioned as appropriate.

A review of Hospital Food Services was conducted by an external consultant to identify efficiencies, analyse alternative service models and provide a foundation for reforms in hospital food services. Site specific and system wide standardisation recommendations were made and ongoing collaboration and performance monitoring was recommended across the metropolitan region. The report and implementation strategies were forwarded to the Health Reform Committee.

### **SMHS**

#### *Fremantle Hospital & Health Service*

In response to review recommendations, various improvements have been implemented.

Examples include:

- A specialised Fractured Neck of Femur Unit created following an evaluation of the care of patients with this condition to ensure optimal care is provided to patients resulting in decreased length of stay in hospital and better clinical outcomes.

## Governance – Reports on other Accountable Issues

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- An audit of the patient medication process to determine the incidence, severity, and nature of actual harm caused by medications was conducted in May 2004. Two new protocols to standardise and simplify the management of chronic pain and constipation have been developed as a result. It is expected that the change in practices will result in a reduction in falls, constipation, nausea, hypotension, over-sedation, and gastrointestinal bleeds. This project has also resulted in improved legibility of handwritten prescriptions. There are plans to extend the audit to other wards.
- A review utilising a telephonic incident reporting system into occurrences, treatment and prevention of hospital acquired pressure ulcers has resulted in a greater awareness of their incidence. As a result, preventative and treatment options are already being improved by staff awareness and training and use of protective equipment.
- Evaluation of the pathology business processes resulted in the introduction of a new automated system (PADLOCK) for requesting and receiving pathology results has resulted in efficiencies by increasing the service turnaround and reducing the duplication of requests and tests.
- Internal Audit Review of Highly Specialised Drugs (HSD) to review the administration and management of the program under which the Commonwealth Government provides a subsidy for the use of HSD in public hospitals. As a result a more effective information system has been introduced and the program is being more actively promoted to clinicians. Improvements are continuing to be made in the areas of claims procedures and certification, checking patients' HSD status, usage analysis and record keeping.
- Evaluation by the Australian College for Emergency Medicine of criteria for accreditation of the Trauma and Emergency Department which as a result is now accredited to 2006 for Advance Training. The hospital was also accredited for intern and resident rotations by the Postgraduate Medical Council of WA.

### *Rockingham/Kwinana Health Service*

- Peel and Rockingham organisational and committee structures were evaluated and formalised to support the Area Health structures.
- Evaluation of all new services or activities is monitored through the development and monitoring of performance indicators and the quality improvement program.

- An evaluation by the Australian College Emergency Medicine resulted in the accreditation of the Emergency Department for adults and paediatrics.

### *Armadale Health Service (AHS)*

- The establishment of a Pharmacy and Therapeutics Committee at AHS has enabled it to be one of the first secondary health services to implement the Pharmaceutical Benefits Scheme. Patients now receive 30 days of prescription drugs when they are discharged from hospital instead of five days at the same cost as going to their local pharmacy. The scheme also improves the quality of medication administration and information to patients for ongoing care on discharge.
- Clinical governance of pharmaceutical management has been improved with the establishment of an area South Metropolitan Health Service Drug and Therapeutics Committee with senior representation from the AHS.
- AHS was accepted into the Commonwealth National Safety and Quality Council Medication Safety Breakthrough Collaboration Program. Armadale Health Service's project is focusing on reducing patient harm by 50% by introducing guidelines and processes that promote safe anticoagulation therapy using Warfarin and ongoing community management.
- An evaluation of antibiotic use for hospital inpatients was undertaken in conjunction with the WA Drug and Therapeutics Committee, which identified a high prevalence of variations in antibiotic prescribing in medical and surgical patients. This evaluation has led to an action plan being developed by the AHS Pharmaceutical and Therapeutics Committee.
- In conjunction with the National Institute of Clinical Studies, an evaluation of processes involved in the pain management of patients attending the Emergency Department was undertaken. The introduction of a pain pathway and medical standing orders for analgesic administration has resulted in reduced time for pain relief from 30 to 17 minutes.
- Participated in the National Demonstration Hospital Project Wave 4 focusing on "Improving Care Options for Older Australians", in collaboration with the lead hospital - Ballarat Health Service, Victoria. This resulted in implementing a systems approach to patient management enabling the examination of whole of health episode.

## Governance – Reports on other Accountable Issues

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### WCHS

The WCHS progressed work on the Quality Action Plan based on recommendations from the Organisation Wide Survey and the In-Depth Mental Health Review (March 2002). In addition, the WCHS completed a Pre-Periodic Review Report and had a Periodic Review. There is ongoing monitoring of 10 ACHS Clinical Indicators.

WCHS services participated in or contributed to the following system wide reviews:

- review of Hospital Food Services;
- review of Public Pathology Services;
- review of Clinical Engineering Services in Public Hospitals in WA;
- review of Hospital Pharmacy Departments; and
- Health Reform Committee Review.

Specific WCHS services reviewed included:

- Risk management review; and
- independent review of obstetric cases.

### EMHS

Other external evaluations of specific services to meet licensing requirements or compliance standards were undertaken using some of the following bodies listed below:

- National Association of Testing Authority (NATA);

- American Society of Histocompatibility & Immunogenetics (ASHI);
- SAI Global Ltd;
- International Standards Organisation (ISO);
- Clinical Colleges, including:
  - ANZCA Hospital Accreditation Program Anaesthetists;
  - ANZCEM – Australasian Trauma Verification Program; and
  - ANZCR – Radiology Quality & Accreditation & Mammography QA Programs.
- Breast Screen Australia;
- Worksafe;
- Foodsafe;
- FESA; and
- The Office of the Chief Psychiatrist conducted an evaluation of Swan Hospital to identify performance, clinical care and compliance with National and State Mental Health Standards. RPH and BHS undertook periodic and indepth evaluations of their mental health services as part of the ACHS accreditation.

### Dental Health Service

Both the School Dental Program and the Subsidised Dental Care Program are benchmarked to provide data on the dental health status and access levels to service for these groups. The two major treatment programs are evaluated on an ongoing basis and programs modified as required.

## Governance – Reports on other Accountable Issues

### FREEDOM OF INFORMATION

For the year ending 30 June 2004, the MHS received 3,380 formal applications for access to information in accordance with the *Freedom of Information Act 1992*.

**Table 10: Freedom of Information**

Applications	Number
Total received 2003-04	3,380
Carried over from 2002-03	103
Granted – full access	2,971
Granted – partial or edited access <sup>1</sup>	252
Withdrawn by applicant	49
Refused	22
Other <sup>2</sup>	12
In process	74

1. Includes the number accessed in accordance with section S28 of the Act.
2. Includes exemptions, deferrals or transfers to other departments/agencies.

The contact details for these officers are provided below:

#### Dental Health Service

Coordinator Freedom of Information  
 Locked Bag 15  
 BENTLEY DELIVERY CENTRE  
 WA 6983  
 ☎ (08) 9313 0555

#### South Metropolitan Health Service

Armadale Health Service  
 Health Information and Clerical  
 Rostering Officer  
 PO Box 460  
 ARMADALE WA 6112  
 ☎ (08) 9391 2060

Peel & Rockingham/Kwinana  
 Health Service  
 Freedom of Information  
 Coordinator  
 PO Box 2033  
 ROCKINGHAM WA 6967  
 ☎ (08) 9592 0600

Fremantle Hospital and Health  
 Service  
 Freedom of Information Officer  
 PO Box 480  
 FREMANTLE WA 6959  
 ☎ (08) 9431 3333

#### East Metropolitan Health Service

Royal Perth Hospital  
 Freedom of Information Office  
 GPO Box X2213  
 PERTH WA 6847  
 ☎ (08) 9224 2244

Swan Health Service  
 Freedom of Information  
 Coordinator  
 PO Box 195  
 MIDLAND WA 6936  
 ☎ (08) 9347 5244

Kalamunda Health Service  
 Freedom of Information  
 Coordinator  
 PO Box 243  
 KALAMUNDA WA 6076  
 ☎ (08) 9293 2122

Bentley Health Service  
 Freedom of Information  
 Coordinator  
 PO Box 158  
 BENTLEY WA 6982  
 ☎ (08) 9334 3666

#### North Metropolitan Health Service

Graylands Hospital  
 Private Bag 1, Post Office  
 CLAREMONT WA 6910  
 ☎ (08) 9347 6475

Osborne Park Hospital  
 Patient Information Officer  
 Osborne Place  
 STIRLING WA 6021  
 ☎ (08) 9346 8000

Sir Charles Gairdner Hospital  
 Freedom of Information  
 Coordinator  
 Hospital Avenue  
 NEDLANDS WA 6009  
 ☎ (08) 9346 3333

#### Women's and Children's Health Service

Medical Administration  
 GPO Box D184  
 PERTH WA 6840  
 ☎ (08) 9340 1444

Applicants who were unhappy with the Hospital or Health Service's decision regarding their FOI request were able to lodge a further application in writing within 30 days.

The types of documents held by the Metropolitan Health Service included:

- Patient medical and dental records.
- Patient information brochures and instruction sheets.
- Policy and Procedure manuals.
- Human Resource records.
- Financial and Accounting records.
- Administrative records, for example committee meeting minutes and business correspondence.

A number of FOI Officers have appointments across the Metropolitan Health Service, with a role to receive FOI applications and to assist the public with their queries.

## Governance – Reports on other Accountable Issues

### 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.
- 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:

- Wheatbelt Health Region: Mr Mark Hazelgrave.
- North Metropolitan Health Region: Mr Jon Frame.
- South Metropolitan Health Region: Ms Tracey Bennett and Ms Diane Barr.
- 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 emails, 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*.

## Governance – Reports on other Accountable Issues

### ADVERTISING AND SPONSORSHIP

In accordance with Section 175ZE of the *Electoral Act 1907*, the Metropolitan Health Service incurred the following expenditure in advertising, market research, polling, direct mail and media advertising:

Total expenditure for 2003-04 was \$961,031.

**Table 11: Advertising and Sponsorship – Expenditure by Category for 2003-04**

Expenditure Category	Person, Agency or Organisation Name	Amount \$	Total \$
Advertising Agencies	Marketforce Productions	623,840	<b>\$626,938</b>
	Seabreeze Communication	561	
	Price Advertising and Consulting	90	
	Bowerbird Information Services	2,413	
	Media Monitors Australia Pty Ltd	34	
Market Research Organisations	Nil	Nil	Nil
Polling Organisations	Nil	Nil	Nil
Direct Mail Organisations	Nil	Nil	Nil
Media Advertising Organisations	ANZ Business Card Service	2,693	<b>\$334,093</b>
	Australink Pty Ltd	304	
	Baptist Union of WA Inc	1,158	
	Bowerbird Information Services	8,679	
	Churches of Christ in WA Inc	99	
	Community Newspaper Group	6,214	
	Curtin University of Technology	3,960	
	Davies Brothers Ltd	59	
	Engineers Australia	330	
	Gem-Star Marketing	1,925	
	Marketforce Productions	259,522	
	Media Monitors Australia Pty Ltd	19	
	OT Australia	120	
	Pelican Graphics Pty Ltd	1,401	
	Pilbara Gascoyne Health Region	96	
	Post Newspapers Pty Ltd	288	
	Price Advertising and Consulting	99	
	Promaco Conventions Pty Ltd	2,200	
	Richard Nolan	385	
	The Department of the Premier and Cabinet	903	
The Perth Diocesan Trustees	550		

## Governance – Reports on other Accountable Issues

Expenditure Category	Person, Agency or Organisation Name	Amount \$	Total \$
Media Advertising Organisations cont.	The Record	660	
	The Royal Australian College of Physicians	275	
	The Royal College of Pathologists of Australia	275	
	The University of Western Australia	3,283	
	The West Australian	8,104	
	Uniting Church Synod of WA	594	
	WA Local Business and Community Services	795	
	Wildmoon	2,997	
	South African Dental Journal	1,564	
	Australian Dental Association	250	
	The Royal Australasian College of Physicians	500	
	Sensis Pty Ltd	4,140	
	Initiative Media	550	
	Post Newspapers Pty Ltd	1,073	
	The Examiner Newspaper (WA)	512	
	The Sunday Times	1,067	
	Wright Media	1,430	
	APN Newspapers Pty Ltd	1,500	
	Cockburn Business Directory	275	
	Quantim Human Resources Pty Ltd	13,180	
	South West Printing and Publishing	41	
	Speech Pathology Australia	24	

## Governance – Reports on other Accountable Issues

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### **PUBLIC RELATIONS AND MARKETING**

The Metropolitan Health Service played a key role keeping the public informed on health issues. The Public Relations departments of the Health Services used a variety of strategies to ensure that the public of Western Australia received information on both the health services available and innovations in clinical practice. They also played an important role in the dissemination of disease prevention and health promotion information.

Information was disseminated in the following ways:

- publication of pamphlets and information sheets;
- newsletters;
- video and CD-ROM;
- websites;
- community forums;
- displays at fairs and doctors' surgeries; and
- through the media.

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

#### **Dental Health Services**

The Dental Health Service web site continued to be developed providing improved access to information relating to oral health including training instructions and teaching materials for educators to provide information for school children in Year 4 and Year 7. The Dental Health Service web site can be viewed at <http://www.dental.wa.gov.au>.

The Dental Health Service assisted the Australian Dental Association in Oral Health Promotion Week and also assisted the Health Consumers' Council to produce and distribute a Health Consumer Brochure on oral health issues for consumers.

The Dental Health Service also developed and distributed a training program for carers and nursing staff to assist in the oral health care of residents of registered nursing homes.

#### **SMHS**

The Public Relations Department based at Fremantle Hospital looks after all media inquiries, special events and Ministerial visits at Fremantle Hospital, Woodside Maternity Hospital, Rottneest Island Nursing Post, Armadale-Kelmscott

Memorial Hospital, Rockingham/Kwinana District Hospital, Murray District Hospital, the South Metropolitan Public Health Unit and community nursing and the South Metropolitan Health Service's Mental Health Service.

This saw the unit involved in such diverse matters as:

- winter flu vaccines;
- new senior appointments across the SMHS;
- accreditation;
- visits by the Fremantle Dockers and promotion of their annual Bravery Awards to special children;
- new research and services;
- conferences;
- fundraising; and
- social club activities and staff achievements.

A significant event for the SMHS in 2003-04 was the promotional and public relations campaign celebrating the 50<sup>th</sup> anniversary of Woodside Maternity Hospital, including production of a 12-page full colour booklet on its history. SMHS public affairs implemented a number of strategies to keep the public informed on major changes to the Rockingham-Kwinana District Hospital's new emergency department during 2003-04.

A very successful marketing campaign was conducted in Armadale to attract more nurses to the AKMH.

#### **EMHS**

The annual Trauma Registry figures were released during 2003-04. This release was published on *The West Australian* front page.

Telstra and the State Government launched the new Telstra Burns Reconstruction Centre at RPH, which resulted in wide media coverage for this leading edge facility.

During 2003, RPH promoted the progress of Filipino burns victim Salvador Digan, whose life was saved by RPH specialists. The story received extensive coverage through the ABC Dimensions program, *The West Australian* and the major television news services.

The Bentley Health Service award of a National Safety Council of Australia Award for its *Zero Tolerance to Aggression* initiative received community recognition through the *Canning Times* newspaper.

## Governance – Reports on other Accountable Issues

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The art therapy at RPH featured in The West Australian's Health and Medicine lift-out while in February 2004 the Sunday Times magazine featured RPH's cardiac transplant team and patient Jeff Hunt.

In May 2004 the *Women on Wellness Week* was launched in front of wide media coverage at Kings Park.

### NMHS

Public relations and other staff within the NMHS provided internal and external communications, including local, national and international media liaison on a variety of hospital-related issues, events management for launches, official openings and presentations, promotion of the hospital's services through various means and the facilitation of official visits and tours.

Numerous proactive approaches to the media resulted in positive coverage of NMHS events, issues and initiatives.

Public relations staff assisted in the compilation and publishing of a number of documents, including pamphlets; reports and information for patients, staff newsletters, staff bulletins and other documents were produced.

### WCHS

In 2003-04 the WCHS implemented a wide range of PR and marketing initiatives including extensive television and radio coverage of educational and informative topics (over 100 electronic media stories) and numerous front page print media stories in statewide and national publications in addition to hundreds of general news articles (over 300 print media stories). The WCHS contributed articles to Healthview magazine (including two page one stories); ANF magazine; Women's Day; Clowning A-Round and Bear Facts.

The opening of the \$3.2 million MRI unit at PMH received extensive media coverage detailing the significant benefits the facility would provide to patients whilst the new endosuite at PMH via Channel 9 News Healthwatch segment.

The public launch of WCHS as a smoke free organisation received a significant amount of publicity given the impact that the decision was intended to have on both patients and staff of the Health service.

The promotion of women's and infant health at Dowerin Field Day and Perth's Parent's, Babies

and Children Expo received considerable media coverage.

Three years of pre-production and one year onsite filming has resulted in a five part series on the science of paediatric medicine aired during June 2004 for five consecutive weeks on the National ABC TV *Catalyst* program. Two episodes have been nominated for a prestigious Australian Teachers of Media (ATOM) Award.

Australia-wide coverage in all media forms was received of a lifesaving technique developed at PMH for the world's only diabetic triplets.

The WCHS involvement with Telethon 2003 was a major task for the WCHS public affairs staff, including selection of the Telethon Child, compilation of advertisements both for television and print media and live crosses to PMH during the Telethon weekend. A special inhouse photographic display celebrating the 95<sup>th</sup> birthday of PMH was produced in June 2004.

### PUBLICATIONS

In 2003-04 the MHS produced a range of resources for patients and the wider community through various publications. Presentation types included pamphlets, brochures, newsletters, journal articles and electronic publications.

The MHS ensures hard copy and electronic publications produced meet quality and governance guidelines, including that they:

- are appropriate and useful to audiences;
- contain accurate, evidenced-based information;
- are cost and resource effective; and
- contain contact and disclaimer material.

Notable publications were:

- annual reports – in hard copy and electronic forms;
- patient information brochures, including charters of patient rights and responsibilities;
- hospital newsletters;
- brochures on specific conditions, procedures and treatments;
- departmental newsletters and brochures;
- informational posters;
- research and publications reports;
- published journal articles;
- customer feedback brochures; and
- other electronic publications including intranet and internet sites regarding hospitals, departments and online education for tertiary institutions and the community.

## Governance – Reports on other Accountable Issues

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Health Service websites continued to develop to provide easy and quick access to a range of publications including a WCHS site providing procedure manuals and an area specifically for GPs to obtain up-to-date Health Service information.

### RESEARCH AND DEVELOPMENT

The South Metropolitan Health Service has continued to pursue an active and diverse biomedical research program throughout 2003-04. Research teams have been successful in attracting grants from numerous national and international funding bodies and organisations, and many of its researchers are considered international experts in their fields, travelling the world to present their findings. The new state-of-the-art laboratory facilities in the University Departments of Surgery and Medicine at Fremantle Hospital and Health Service have contributed significantly to the pursuit of important research in many different areas of medicine, and the ongoing support of the Fremantle Hospital Medical Research Foundation through its annual seed grants has continued to provide junior researchers with many opportunities to advance their learning. Fremantle Hospital's recent full membership of the WA Institute for Medical Research, joining SCGH and RPH, will continue to strengthen collaborative research efforts throughout the state. A Human Research Ethics Committee provides oversight for the research program. More information on the research institutions that FHHS are affiliated or collaborating with is available at [www.fhhs.health.wa.gov.au](http://www.fhhs.health.wa.gov.au), Research and Education.

Royal Perth Hospital continues to conduct clinical, epidemiological, preventative and laboratory-based research into numerous diseases. The work is performed within the Hospital Departments, as well as the purpose-built Medical Research Foundation building, which houses several University Schools and the Western Australian Institute for Medical Research (WAIMR). Areas of particular research interest include cancer, heart disease, stroke, immunology/blood disorders, hormones/diabetes, neuroscience and genetics of multiple disorders, including HIV, pneumonia and malignant hyperthermia. Researchers at Royal Perth Hospital attracted several million dollars last year from several major funding bodies - National Health and Medical Research Council (NHMRC), National Heart Foundation, Cancer Foundation of

WA, National Breast Cancer Foundation, the Raine Foundation and the National Institutes of Health (NIH) in the US. This success in attracting funding strengthened the Hospitals' established reputation as a centre of excellence for research and evidence-based practice.

The Population Health Program collaborated with the local District Education offices to explore the use of the Canadian Early Development Instrument (EDI). The EDI is a questionnaire designed for teachers of five year olds to gauge children's development. The EDI indicates that of the 4,300 children that were observed in the NMHS, 26% are vulnerable and 13% are at high risk of having learning difficulties. This study is a further step towards improving the outlook for children in WA, but is also proving influential in deciding on a national measure of children's development across the remainder of Australia.

Osborne Park Hospital Program has completed a Gestational Breast Cancer Project by Angela Ives, MSc, Research Associate, WA Safety and Quality of Surgical Care Project, Centre for Health Services Research, The School of Population Health, and The University of Western Australia. This project was approved in 2002 and completed July 2003.

Completed research and development activities for Sir Charles Gairdner Hospital (SCGH) are as follows:

- Development of a research based website for researchers at the Queen Elizabeth II Medical Centre (QEII MC) to share medical research information and expertise.
- Development of a research network linking almost all researchers in the QEII MC.
- Development of an educational resource for good clinical research practice for clinical trials in SCGH.
- Completion of needs analysis and development of a planning process for a major research facility on the QEII MC site.
- Completion of a detailed report on all research activity, resources and researchers on the QEII MC site.
- Development of an agreement for establishment of the QEII MC facility of the WA Institute of Medical Research (WAIMR).
- The SCGH Research Advisory Committee supported research by hospital staff and encouraged participation in a large number of research projects. Fourteen research projects including one PhD research applicant were funded in the 2003 round of grants.

## Governance – Reports on other Accountable Issues

- SCGH was successful in securing two 2003 NHMRC grants. In addition, there are a number of UWA administered NHMRC grant recipients located on site.
- 117 applications were submitted by QEII MC researchers to the Human Ethics Committee during 2003-04.
- SCGH research has produced \$6.3 million for the 2003-04 period, most of which was provided by pharmaceutical companies, as well as many other external sources who continue to support research at the SCGH site.

More information on the research conducted by SCGH can be found at [www.scgh.health.wa.gov.au/departments/medical\\_research/index.html](http://www.scgh.health.wa.gov.au/departments/medical_research/index.html).

This year several departments in Princess Margaret Hospital (PMH) have continued their internationally recognised research. The Respiratory Medicine Department has continued projects on the measurement of lung function in infants and preschool children, the role of infections and environmental pollutants on the development of asthma, the pathological changes to epithelium in asthma and the detection of lung inflammation in cystic fibrosis. The Department of Haematology and Oncology remains a member of the Children's Oncology Group and as a result approximately 85% of eligible patients are enrolled in clinical trials run by the group. The Endocrinology Department has expanded its programme of diabetes research with particular emphasis on hypoglycaemia, obesity and genetics. Many other departments have had very active research programs this year running a range of clinical trials.

King Edward Memorial Hospital's (KEMH) research program conducted under the auspices of the UWA School of Women's and Infants' Health and the Women and Infants Research Foundation is multi-disciplinary and encompasses a broad range of topics in obstetrics, gynaecology and newborn medicine. International and national project grants support studies investigating the prevention of pre-term birth and ways of reducing the dangers of early delivery; foetal origins of health and disease in child and adult life; promotion and management of breastfeeding; and causes and treatment of dysfunctional uterine bleeding in women. Each of these studies includes valuable collaborations between our research groups and other major centres in USA, Canada and UK. Studies are also in progress investigating novel approaches to foetal surgery

and prenatal intervention; better care for babies in neonatal intensive care; improved methods of contraception; more effective methods of pain relief in labour and for surgery; and management of menopause. The research output in terms of publications and profile at national and international meetings, and success in competitive grant funding, are increasing dramatically. Findings from these studies underpin advances in health care in many areas of the campus.

More detail of the research conducted by the WCHS can be found at [www.wirf.com.au](http://www.wirf.com.au).

### Dental Health Services - completed and continuing research

Ongoing demographic data analysis, measurement and analysis of disease prevalence, treatment outcomes and trends, and clinical productivity will be maintained. An example is the survey and analysis of child oral health in the Kimberley (2004).

Please refer to the appendix for more information on research and development.

## 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 were conducted. Under the direction of the Director, Corporate Governance, external consultants 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 included:

### 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.

## Governance – Reports on other Accountable Issues

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### *FAAA Health Checks*

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

### **Payroll Audits**

- Department of Health (Royal Street Divisions).
- Fremantle Hospital and Health Service.
- NorPay.
- Drug and Alcohol Office.
- EMHS (Bentley Health Service).
- NMHS (Graylands, Osborne Park and Sir Charles Gairdner Hospital).
- WCHS.

### **Operational Audits**

- Call Centre (Poisons Information Centre, Health Direct and Drug & Alcohol Information Centre).
- 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).

### **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.

Dental Health Services utilises fees based on the Department of Veterans' Affairs Schedule of Fees with patients charged:

50% of fee if holder of a Health Care Card or Pensioner Card.

25% of fee if holder of one of the above cards and in receipt of a near full pension or benefit from Centrelink.

## Governance – Reports on other Accountable Issues

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### RISK MANAGEMENT

The MHS aims to achieve best possible practice in the management of all risks that threaten to adversely impact upon the overall health service, its customers, staff, assets, function, objectives, operations, and on members of the public.

South Metropolitan Health Service has a comprehensive Clinical Risk Management Framework established to deal with clinical risks identified through their Adverse Incidents Monitoring System (AIMS) reporting process, Clinical Audits, Standards Assessments and Patient Safety Indicator analysis. The existing model provides a structured approach ensuring appropriate activities and upward reporting is undertaken based on data collection and initial risk analysis. To achieve the required upward reporting pathway, a peak Clinical Practice Review Committee has been established with the support of four clinical sub committees. A Clinical Practice Support Unit has been established to further the assessment and implementation of appropriate risk treatment and system improvement plans utilising root cause analysis methodologies.

A regional Human Resources Risk Management Committee has also recently been established to initially focus on human resources and OS&H risks, and then progress to corporate and organisational risks identified by department heads, standards assessments, and audit reports.

A platform was established three years ago with a detailed assessment of the organisations risk profile. These risks are being reviewed, and together with newly identified risks through AIMS, Customer Complaints, Standards Assessments, Clinical and Internal Audit reporting etc, are progressively being entered into a Risk Register (SafeCode). Regular reports will be produced from this register and provided to the relevant Governance Committee, Area Executive and Departmental Heads for ongoing assessment and treatment options.

This approach provides for the incorporation of risk management principles into systems and involves staff in the identification, analysis and treatment of risks through the use of reference groups, departmental assessment, and analysis of data.

Royal Perth Hospital is committed to achieving best practice in the area of risk management, and

will apply its principles and practices throughout the organisation. This facilitates the

optimal distribution of resources and thus contribute to achieving the hospital's overall vision of providing a service of excellence to all our clients. It also provides an integrated and sustainable risk management operational process to meet Royal Perth Hospital's business needs and all relevant statutory requirements, codes of practice and Australian Standards.

The risk management process is consistent with directives outlined in Treasurer's Instruction 825 and the recommendations detailed in AS 4360:1999.

The hospital has commenced the implementation of a comprehensive risk identification and management system that enables risk to be categorised, prioritised and managed within the strategic and planning processes.

WCHS has a range of policies, procedures and training programs in place to address specific risk areas across both corporate and clinical services.

A review of risk management policies and practices was completed in 2003. Key recommendations of the review include establishment of a more integrated risk management framework across the WCHS. Planning is under way to implement recommendations.

The NMHS risk management involves identifying, analysing, assessing, treating and monitoring risks, which are inherent in the operation of hospital and health services. Employees of the North Metropolitan Health Service are required to participate in actively managing those risks on a day to day basis. The NMHS established committees also contribute to the comprehensive risk management function that is integrated within the corporate and clinical governance structures of the organisation.

Dental Health Services have established, maintained, operated and demonstrated an appropriate framework of business controls, to cover all its operational, technical, commercial, financial and administrative activities. To ensure these measures satisfy the requirements of the act a Risk Register has been established which is used as part of the day to day risk management of Dental Health Services. A Risk Management Committee has responsibility for monitoring risk.