



Significant Issues and Trends

Overview

The 2006-07 year has been another year of progress of the broad-based health reform program. The continuing implementation of WA Health's approved capital works program saw more detailed planning of the Fiona Stanley Hospital, and the redevelopment work at Rockingham Kwinana Hospital and the design work for Swan District and Osborne Park Hospitals commence.

WA Health's disciplined budget management ensures WA Health delivers its services and meets cost and demand pressures within approved budget parameters. The continuing development and progressive implementation of a Resource Allocation Model further assists in the management of Health's budget.

The information and communications strategy is an important focus as WA Health strives to deliver high quality, world-class health services to the people of Western Australia. Many areas of health have been involved in consultation and planning as clinical information systems and financial and workforce systems are integrated.

A number of initiatives were funded through the Mental Health Strategy including the expansion of community-supported accommodation for people with severe mental illness throughout Western Australia including the development of Community Supported Residential Units and community options group homes.

Health protection services including communicable disease control, environmental health, disaster planning and management are also a focus of WA Health. During the year further attention was given to the Western Australian Health Management Plan for Pandemic Influenza. The Disaster Medical Assistance Team was used in the response to Cyclone George. WA Health was a major participator in a three week National Counter Terrorism Exercise and deployed a team to respond to the earthquake in Yogyakarta.

Healthy leadership is a vital factor in the processes that will take WA Health care into the future. The leadership programs

implemented will assist the development of potential leaders in WA Health, and identify and promote strong leadership at all levels across the numerous health service activities. The focus will remain on developing potential leaders and continuing the leadership development program.

With the ever-ageing population the enhancement of community and continuing care programs and the development of health policy to support this sector is a primary activity for WA Health. This is especially applicable in the Home and Community Care (HACC) program where the number of HACC clients continues to grow supported by increased investment allowing HACC funded agencies to expand their client base, and ensure broad and equitable coverage.

Resolution in the disparity in health status between Aboriginal and non-Aboriginal populations remains a priority focus for strategic health care planning and service delivery. A number of initiatives have been progressed during 2006-07 by the Office of Aboriginal Health in partnership with Area Health Services, other government agencies and non-government organisations including:

- establishing a dedicated Health Networks Policy Officer specific to aboriginal health and a WACHS Area Director Aboriginal Health to implement the aboriginal health focus outlined in the WACHS' "Foundations" strategic plan;
- developing mechanisms to enhance aboriginal consumer input;
- working with the WA Drug and Alcohol Office and other stakeholders to provide drug and alcohol programs;
- supporting a number of workforce programs such as Aboriginal scholarships in medicine, nursing and allied health, assisting with the establishment of the Aboriginal Health Worker Association and coordinating the WA Health's 'Cultural Respect Implementation Framework'; and
- participating in numerous community consultative and communication networks such as the Aboriginal Health Council of WA and the Regional Aboriginal Health Planning Forums.



Major Achievements 2006-07

Healthy workforce

The Department of Health is committed to providing an environment that maintains a skilled, healthy and sustainable workforce that will in turn, help the Department to deliver health care services that meet the needs of the people of Western Australia. To support this objective in August 2006, WA Health released its Healthy Workforce Strategic Framework 2006-2016 providing a basis for all health workforce planning and strategy. These achievements reflect some initiatives implemented to address the workforce objectives.

WA Health Conference

The "Achieving Excellence in WA Health" conference was held in November 2006 bringing together health stakeholders in a forum to discuss emerging health sector challenges and showcase accomplishments across WA Health.

Work-Life Balance

The new WA Health Work-Life Balance Policy promotes flexible and responsive work practices. Three supporting initiatives are:

- Training for Managers in Creating Flexible Workplaces for WA Health
- 101 Strategies for Achieving Work Life Balance
- WA Health Child Care Program

A Family Friendly Liaison Officer was appointed to maintain the Family Friendly Network and distribute information on new family-friendly policies and initiatives.

A research partnership has been formed with the University of South Australia's Centre for Work + Life and the South Australian Department of Premier and Cabinet, to identify labour market benchmarks and assist workforce planning.

Office of Aboriginal Health

During 2006-07 the Aboriginal Health Worker Association was established and a review of Aboriginal health worker competencies has been completed. The Commonwealth Government is now determining how to implement proposed competencies to enable a national standard.

An Aboriginal Employment Strategy was also developed during the year to increase the employment of Aboriginal people and improve delivery of a culturally secure service.

Specific workforce initiatives progressed by the Office of Aboriginal Health (OAH) during 2006-07 include:

- continued funding and coordination of the Aboriginal Scholarship program in medicine, nursing, allied Health and post graduate courses;
- facilitating and co-funding establishment of the WACHS Area Director - Aboriginal Health to build Aboriginal health leadership capacity within WACHS
- commencing work on the feasibility of accreditation for Aboriginal health workers;
- delivering presentations of the Cultural Respect Implementation Framework to Area Health Services and the Department of Health. The Framework informs contracting activity with non-government organisations undertaken by the Office of Aboriginal Health
- partnering the Office of Workforce and Professional Development to explore the implementation of university-based training to specifically support public health training for Aboriginal people;
- contributing to data collection on the knowledge of Aboriginal health workers in tobacco use cessation, and to the development of tobacco control initiatives in Aboriginal health settings; and
- implementing initiatives to address responses to the WA Health Climate Survey.

Dementia Support

Funding was provided to continue a training package for hospital staff, family members and carers supporting people with dementia in and beyond the acute care environment.

Healthy workforce (continued)

Cancer and palliative care

The Cancer and Palliative Care Network successfully engaged 18 cancer nurse coordinators across metropolitan and rural areas. These are the first roles of their kind in Australia and an improvement in patient care and treatment plan coordination is evident.

Health Protection Group

The Communicable Disease Control Directorate undertook a number of workforce activities related to immunisation including:

- a review of immunisation provider training;
- provision of training for immunisation service providers;
- formation of a statewide expert advisory committee to assist immunisation policy review;
- provision of a training package for health centre workers following the release of the newly-funded HPV vaccine; and
- a review of the Immunisation Certification Program, resulting in the development of a new model to be implemented from July 2007.

The State Health Coordinator for emergency response endorsed a new command and control structure, including a 24-hour coverage for this position and more streamlined processes for emergency responses.

In the area of disaster preparedness and response:

- medical staff completed Category One training with the Fire and Emergency Services Authority urban search and rescue taskforce; and
- the Introduction to Emergency Management course was successfully piloted and incorporated into the training calendar.

In August 2006, the Sexual Health and Blood-borne Virus Program (SHBBVP) funded the Australasian Chapter of Sexual Health Medicine (ACSHM) to conduct a second three-day course on Sexually Transmitted Infection (STI) Medicine for general practitioners. The SHBBVP also continued funding for the three-month General Practitioner (GP) clinical placement at the Infectious Diseases Clinic at Fremantle Hospital, and at the Sexual Health

Clinic at Royal Perth Hospital. These placements provide GPs with clinical experiences complementing the theory gained at the ACSHM workshop.

The SHBBVP is funding the WA General Practice Network to facilitate delivery of HIV shared-care training for GPs and practice nurses, in partnership with stakeholders. It is working with the WA General Practice Network to develop a sexual health training-program for GP practice nurses. The program aims to improve testing for common STIs and partner notification.

During 2006-07 the SHBBVP awarded a contract to the University of Queensland's School of Medicine to implement a statewide training program in WA for GPs and nurses to participate in hepatitis C shared-care treatment and support.

Professional development in sexual health education for teachers in remote and rural regions continued in 2006-07, and in Warburton training was extended to incorporate Aboriginal community leaders and health workers as well as Department of Community Development officers. Practice guidelines were also developed for a proposed advanced sexual health nursing-role.

Biomedical Engineering

Two Biomedical Engineering technicians undertook specialist training in the Netherlands for the ongoing maintenance of CT scanners in regional locations. Employees continued to undertake a wide range of skill-enhancing training courses from project management and policy writing to workplace bullying, performance development and computer skills.

Office of Safety and Quality in Healthcare

The Office of Safety and Quality in Health Care (OSQ) provided clinical incident investigation and root cause analysis training for hospital and health service staff. The OSQ also:

- held the third Incident Reporting and Management Seminar in March 2007;
- supported the WA Medication Safety Symposium;

Healthy workforce (continued)

- supported the provision of simulation training through the Clinical Training and Education Centre; and
- released the WA policy for Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners.

Falls prevention is an integral part of the OSQs safety and quality evidence-based care program aiming to prevent falls and injuries from falls and the Falls Health Network's "Falls Community Linkage Project" includes a key strategy to increase the number of falls specialists in WA.

Office of the Chief Nursing Officer

The Office of the Chief Nursing Officer continued to build capacity in the nursing and midwifery professions, including:

- awarding \$1.3 million in scholarships for nurses and midwives to continue clinical studies in areas of workforce deficits; and
- establishing seven enrolled nursing post-registration courses to enhance skills in areas of clinical specialisation.

The establishment of nurse practitioner positions was promoted in 2006-07. To date, WA has 46 registered nurse practitioners, 72 registered nurses enrolled in the nurse practitioner program and 16 registered nurse practitioners in full practice.

Office of the Chief Psychiatrist

The Office of the Chief Psychiatrist continued to provide education programs and resource guides regarding the *Mental Health Act 1996*, including the 2006 Supplement to the Clinicians Guide: *Mental Health Act 1996*.

About 800 staff attended education sessions in relation to the legislation - a 40% increase on the previous year, and students from Curtin University were included.

Authorised Mental Health Practitioners are experienced mental health clinicians with a good understanding of mental health issues, the *Mental Health Act 1996* and policies and procedures within their health service. During 2006-07, the Office of the Chief Psychiatrist conducted five three-day courses for these practitioners and 75 practitioners were added to the register.

The Chief Psychiatrist convened an advisory group on electroconvulsive therapy (ECT), involving clinicians, consumers, carers and representatives from stakeholder bodies such as the Royal College of Anaesthetists. As a result, the "Chief Psychiatrist Guidelines for the Use of ECT in Western Australia 2006" were published.

Health reform Implementation Taskforce

The WA Health 'Have Your Say' 2006

Employee Survey was conducted across the organisation to provide a snapshot of the current status of views in our health workforce. It measured the perceptions of satisfaction among our staff at individual, work team and organisational levels. The survey results will be used to drive positive change across the system and represents a unique opportunity for staff to contribute to planning and sustained improvement aligned with WA Health's Strategic Directions.



Healthy hospitals, health services and infrastructure

The Department of Health is committed to ensuring that services that it provides directly to the people of Western Australia or those that it supports that are delivered by the area health services, are accessible, innovative and responsive to community needs, are efficient, and are of the highest quality.

Office of Safety and Quality in Healthcare

The Falls Prevention Network continues to support the 'Stay on Your Feet' program. Education materials and resources are available to aged care providers and a falls resource centre is being established.

Falls prevention is a pivotal part of the Department of Health's safety and quality program aimed at preventing falls in hospitals. Area Health Services must comply with falls-risk assessment and prevention interventions.

Analysis and Performance Reporting

The Analysis and Performance Reporting Directorate has worked extensively to improve reporting consistency and streamline reporting protocols and processes to enable more timely preparation of hospital statistics such as emergency department waiting times and elective surgery wait lists.

Genomics

During 2006-07 the Office of Population Health - Genomics developed a clinical care pathway for the identification and management of individuals with or at risk of familial hypercholesterolaemia.

Cancer and palliative care

The Cancer and Palliative Care Network completed service mapping for 2007-08 to identify areas of need, and establish a data collaborative to guide the Network's vision of a statewide electronic patient record system. The Network also secured funding from Cancer Australia to establish a cancer unit in Albany.

Health Networks

All Health Networks are developing models of care relying less on tertiary care and promoting capacity in the primary and ambulatory care sectors. Models of care include chronic obstructive pulmonary disease, asthma, diabetes, heart failure and chronic kidney disease. Implementation of

these models will commence over the next 12 months.

The Health Networks Branch launched the draft policy - 'Improving maternity choices: Working Together Across WA' in May 2007. Associated workshops and events are planned, with specific meetings for culturally and linguistically diverse and Aboriginal communities.

Australian Better Health Initiative

Under the Australian Better Health Initiative, Western Australia will implement a self management program to encourage active patient self-management of chronic disease.

Mental Health

During 2006 -07 Stage 1 of the statewide mental health consumer participation framework was progressed. The newly appointed consumer coordinator will promote consumer participation in public mental health services across Western Australia.

A number of initiatives were funded through the *Mental Health Strategy 2004-2007* to expand community supported accommodation services for people with severe mental illness, including the Independent Living Program, Community Supported Residential Units, accommodation for homeless people and community options group homes.

Community supported residential units at 10 metropolitan and regional sites are in the design or construction phase.

Planning and design for the Mount Claremont and Osborne Park Community Options group homes has progressed and the Mental Health Division has conducted community briefings. Construction of the Kelmscott group home is almost complete. Plans are also progressing for a site to be selected for Bentley.

Twelve additional adult secure beds and four observation beds at Graylands Hospital were opened in February 2007 and sixteen intermediate beds at Hawthorn House were commissioned in December 2006.

Construction of the eight-bed Mother and Baby Unit at King Edward Memorial Hospital is complete.

Healthy hospitals, health services and infrastructure (continued)

Planning for a new adult intermediate care facility and an acute inpatient facility for adults and older people at Rockingham-Kwinana District Hospital has progressed with the development of an operational plan and a suitable site identified.

Planning and design to accommodate 15 public beds and 15 private beds in the Joondalup Health Campus adult inpatient facility has progressed. Architects were appointed and the design and cost estimates are complete. The construction contract will be awarded in the second half of 2007.

Office of Safety and Quality in Healthcare

During 2006-07 the Office of Safety and Quality (OSQ) completed the eight national patient safety and quality initiatives agreed by Australian Health Ministers in April 2004.

Implementation of Health Reform Recommendation 74 was completed in July 2006. This delivered:

- clinical governance policies;
- standards and health system reporting templates; and
- statewide clinical key performance indicators.

The OSQ worked with Area Health Services to establish a Clinical Governance Network to improve planning, implementation, monitoring and review of clinical governance, and facilitate the system-wide exchange of related information.

The OSQ released and revised a variety of safety and quality resources including:

- revising Clinical Incident Management guidelines to support improved reporting, management and investigation of adverse and sentinel events;
- revising the Sentinel Event Policy;
- producing four quarterly 'SNIPtS' newsletters with coverage of local, national and international patient safety news;
- releasing the WA Process of Pharmaceutical Review Policy;
- producing the second 'WA Sentinel Event Report July 2005-June 2006'; and

- publishing the WA Review of Mortality policy outlining a standardised process for mortality review.

The OSQ also:

- administered the *Health Services (Quality Improvement) Act 1994* and supported Area Health Service quality improvement committees;
- completed implementation of the National Inpatient Medication Chart and evaluated health service compliance;
- developed in conjunction with the State Coroner, a 'Death In Hospital' form to improve reporting of deaths;
- established the Safety and Quality Investment in Reform (SQiRe) program to ensure delivery of safe, high quality, evidence-based health care;
- established the Healthcare Associated Infection Council of WA to oversee a statewide response to healthcare associated infection;
- supported the identification and monitoring of key healthcare associated infections: methicillin resistant staphylococcus aureus (MRSA) and vancomycin resistant enterococcus (VRE);
- implemented a revised 'Consent to Treatment' policy, supported by a suite of procedure-specific patient information sheets; and
- supported implementation of Clinical Practice Improvement (CPI) programs for acute myocardial infarction, venous thromboembolism, pressure ulcers, falls prevention, medication reconciliation, central line associated blood stream infections, surgical site infections and hand hygiene.

The OSQ distributed 100,000 copies of the *Ten Tips for Safer Health Care* booklet to public hospital patients. The booklets were developed by the Australian Council for Safety and Quality in Health Care to educate patients and empower them to become more involved in their own health care to prevent the risk of clinical incidents.



Healthy hospitals, health services and infrastructure (continued)

Office of the Chief Nursing Officer

The Office of the Chief Nursing Officer (OCNO) provided executive sponsorship to WoundsWest, a \$1.6 million project introducing digital wound imaging and wound management consultancy.

OCNO also funded the prevalence survey of pressure ulcers in WA using new generation imaging. This is the first statewide prevalence study of pressure ulcers, providing baseline data to inform clinical practice.

In partnership with Curtin University, the OCNO researched the application of personal digital assistants for nurse practitioners to access clinical information at point of care to guide evidence-based decision-making. The OCNO also established a review process of nurse practitioner clinical pathways with the Western Australian Centre for Evidence Based Nursing and Midwifery.

Office of the Chief Psychiatrist

The Office of the Chief Psychiatrist (OCP) undertook clinical governance reviews for two metropolitan mental health services and one private inpatient facility, with reviews of private mental health facilities scheduled for 2007-08.

The OCP conducted three monthly progress audits on two metropolitan and one rural mental health service. Three 12-month final audits were conducted on two rural and one metropolitan mental health service. These reviews ensure that care of people with a mental illness is consistent with the principles of the *Mental Health Act 1996*, the National Standards for Mental Health Services 1996 and other relevant policies.

The Chief Psychiatrist carried out full care standards monitoring on two licensed psychiatric hostels. A survey of all licensed hostels was also undertaken to determine their capacity to safely care for sexually vulnerable residents.

Project Development

The Project Development Division reviewed interpreter services to highlight key issues and provide recommendations to ensure adequate language support for culturally and linguistically diverse and Aboriginal populations. The recommendations are now being implemented.

Biomedical Engineering

The Biomedical Engineering Branch has assisted the manufacturer of Zoll defibrillators with the upgrades recommended by the Australian Resuscitation Council, in line with International Liaison Committee on Resuscitation recommendations.



Healthy partnerships

The Department of Health is committed to developing strong partnerships with government agencies, non-government organisations, community groups and private sector providers to improve service delivery, facilitate research and development, and maximise capital investment. During 2006-07 DOH instigated or maintained numerous partnership arrangements across numerous fields of health and medicine.

Corporate Governance

State and Commonwealth government funding agencies instigated internal reviews of at-risk non-government Aboriginal health services by the corporate governance unit. The resulting recommendations are distributed to the Board and Executive of the non-government organisation and funding bodies.

Cancer and palliative care

The Cancer and Palliative Care Network established active partnership projects with academic institutions, the Cancer Council WA and Area Health Services, benefiting a variety of areas such as patient participation, General Practitioner education and Telehealth systems.

Genomics

In conjunction with the Telethon Institute of Child Health Research and the Office of Population Health, the Network hosted a visit by Cambridge University's Dr Ron Zimmern. The visit led to an invitation for the Department of Health to be represented on the Genome-based Research and Population Health International Network steering committee. Work is also progressing on the inaugural conference, 'Population Health Genomics - Translating Research into Practice', to be held in November 2008.

The Genomics, Society and Human Health group was re-established providing an interdisciplinary network to increase community awareness of genomics.

Health Networks

The Health Networks Branch has worked to establish executive advisory groups for each Health Network that include a representative from general practice and a consumer.

During 2006-07 the Health Networks Branch established a national committee to forge

links between jurisdictions and facilitate the sharing of information regarding Australian Better Health Initiative (ABHI) activities.

The Branch leads a range of ABHI projects with the Department of Education and Training, the Office of Aboriginal and Torres Strait Islanders, the Department of Health and Ageing, universities, Divisions of General Practice and non-government agencies. An Action and Strategy Framework was finalised between the Office of Aboriginal Health and the Health Networks to ensure representation of Aboriginal interests and improve health outcomes for Aboriginal people.

The Health Networks in conjunction with the Divisions of General Practice are developing pathways for early identification, treatment and specialist referral for renal disease, chronic obstructive pulmonary disease and diabetes.

Service agreements between Health Networks and non-government organisations were finalised in May 2007 for primary injury prevention programs in the areas of falls, child safety and drowning.

The Respiratory Health Network and the Office of Aboriginal Health have facilitated the allocation of funds to the Asthma Foundation to further develop a health promotion program to reduce the effect of foetal and maternal smoking on child health in Aboriginal families.

Communicable Disease Control

The Communicable Disease Control Directorate's Case Management Program (CMP) allows statewide access to HIV services for clients in rural and remote areas. The CMP continues to liaise and when necessary co-manage clients with non-government organisations, other health professionals and with State and Commonwealth Government agencies such as the Department of Housing and Works and the Department of Immigration and Multicultural and Indigenous Affairs.

Healthy partnerships (continued)

Health Protection Group

The Health Protection Group worked with stakeholders to coordinate participation in Western Australia's 'Exercise Cumpston' (a national exercise testing Australia's preparedness for pandemic influenza), and 'Exercise Perinthus' (an exercise to test the model of fever clinics for pandemic preparedness).

The Sexual Health and Blood borne Virus Program (SHBBVP) hosted the Quarterly Sexual Health Forum, attended by key stakeholders. The forums showcase current projects and research findings, and offers updates on sexually transmitted infection (STI) and blood borne virus epidemiology. The forums include videoconferencing to improve access for country health services.

The West Australian Aboriginal Sexual Health Strategy 2005-2008 was developed after extensive consultation with Aboriginal stakeholders and other key groups. It recommends a comprehensive approach to agency and community engagement to reduce the rates of STI.

The SHBBVP undertook an extensive consultation process with key stakeholders from government and community-based organisations and the education, medical, health, scientific and research sectors to develop three State action plans supporting principles of the relevant national strategies:

- the WA Hepatitis C Action Plan
- the WA HIV/AIDS Action Plan
- the WA Sexually Transmitted Infections Action Plan

The WA Viral Hepatitis Committee and the WA Committee on HIV/AIDS and Sexually Transmitted Infections (WACHAS) bring together key stakeholders from across the government and non-government sectors. The committees were instrumental in shaping the aforementioned action plans.

The Health Protection Group convened a workshop with other state jurisdictions, the Department of Health and Ageing and the University of Western Australia to develop an implementation guide for the new National Health and Medical Research Council

guidelines for Managing Risks in Recreational Waters.

Disaster Preparedness and Management

The Disaster Preparedness and Management Unit (DPMU) conducts regular disaster management training for medical and nursing undergraduates at the University of Western Australia and the University of Notre Dame Australia.

The DPMU has strong links with emergency service agencies including St John Ambulance, WA Police and the Fire and Emergency Service Authority through active participation on state-level committees, major event-planning committees and various other working groups.

Licensing Standards and Review

The Licensing Standards and Review Unit (LSRU) investigated opportunities to market its services internationally. The LSRU recently assisted the application of licensing standards and reviewing practices at the Bahrain Ministry of Health, based on the WA licensing model.

Information Collection and Management

The Information Collection and Management Directorate completed linkages between information held by the Departments of Health, Community Development and Education, and the Disability Services Commission. This will aid research to improve the health and wellbeing of children in WA.

Mental Health

Nine training workshops were held to assist non-government organisations implement the new Service Standards for Non-Government Providers of Community Mental Health Services. A mentoring system was established to assist organisations comply and identify areas for improvement.

Office of Quality and Safety in Healthcare

The Office of Safety and Quality (OSQ) strengthened partnerships with Area Health Services to improve planning, implementation, monitoring and review of clinical governance.

The OSQ support the WA Audit of Surgical Mortality (WAASM), for which a forum was conducted on reducing complications related to peri-operative anticoagulation management.

Healthy partnerships (continued)

The OSQ supported the development of recommendations and guidelines for the safe and cost-effective use of medicines through the WA Therapeutics Advisory Group and its subcommittees, the WA Drug Evaluation Panel, WA Psychotropic Drugs Committee and the WA Medication Safety Group.

The OSQ progressed implementation of the WA Strategic Plan for Safety and Quality in Health Care 2003-2008, with the WA Council for Safety and Quality in Health Care.

"Patient First"

The Patient First Program was established to further enable consumers to be active and informed participants in their health care management. A Patient First Project Control Group was convened to guide this initiative and includes representatives from all Area Health Services, Community Advisory Committees and the Health Consumers' Council of WA.

Office of the Chief Psychiatrist

The Office of the Chief Psychiatrist, the University of Western Australia, the Mental Health Division and Carers WA worked together to develop and publish two guides:

- 'Communicating with Carers and Families' - Information sharing for better outcomes; and
- Carers guide to information sharing with mental health clinicians- 'Communicating for better outcomes'.

Health Promotion

Non-government agencies were contracted to deliver a range of health promotion programs during 2006-07. At least 10% of the total budget allocated specifically targets Aboriginal populations.

Office of the Chief Nursing Officer

During 2006-07 the Office of the Chief Nursing Officer continued to develop strong strategic partnerships including:

- the establishment of a network of nursing and midwifery research with Curtin, Edith Cowan, Murdoch and Notre Dame Universities;
- a partnership with Curtin and Murdoch Universities in the development and delivery of a postgraduate diploma in mental health nursing;

- promoting and recognising nursing and midwifery leaders in a partnership with Curtin University;
- establishing the Heads of Schools of Nursing and Midwifery Forum to build a positive relationships between industry and education providers;
- supporting the development and implementation of the pre-nursing course for Indigenous students where the first five students graduated in February 2007 and are now eligible to enter the undergraduate-nursing program; and
- facilitating a partnership between the Commonwealth Government and Hall and Prior in the trialling of nurse practitioners in residential aged care.

Office of Aboriginal Health

The Office of Aboriginal Health (OAH) is a partner in the WA Aboriginal Alcohol and Drug Partnership with the Drug and Alcohol Office (DAO), the WA Network of Alcohol and other Drug Agencies, the Commonwealth Government's Office of Aboriginal and Torres Strait Islander Health and WACHS.

Effective 2006-07 the OAH transferred its drug and alcohol specific contracts to DAO to improve the health outcome and contract management in this complex health discipline as well as reduce duplication. These contracts provide harm minimisation and preventative drug and alcohol services.

The OAH was the lead author of the Aboriginal health component of the 2007-2010 WACHS strategic plan "Foundations for Country Health". The OAH facilitated Aboriginal community and stakeholder consultations and WACHS management meetings aimed at enhancing the WACHS' responsibilities for the health of Aboriginal people. The "Foundations" strategic plan prioritises Aboriginal health and details actions to be undertaken by every region over the next three years.



Healthy partnerships (continued)

The OAH participated in regular partnership meetings with the Aboriginal Health Council of WA, the Australian Government's Office of Aboriginal and Torres Strait Islander Health and with WACHS to ensure coordinated State-wide funding and service delivery. It also promoted and enhanced partnerships across regions by through the Health Networks model.

The OAH is also a participant in each of the State-wide Regional Aboriginal Health Planning Forums (AHPF) and sub-forums that have met during 2006-07 to prioritise and coordinate delivery of health services to Aboriginal people. The OAH provides executive support to the Midwest and Goldfields AHPF.

The OAH during 2006-07 has also progressed partnerships with:

- the Clinical Network Support Unit defining roles, responsibilities and information exchange mechanisms;
- the Commonwealth for joint service reporting for community controlled organisations;
- the Great Southern Aboriginal Health Service Aboriginal Advisory Council which represents Great Southern Aboriginal communities;
- the Office of Aboriginal and Torres Strait Islander Health (OATSIH) and Aboriginal health services to improve staff employment conditions, develop the Nganyatjarra Lands clinical reference group to coordinate and improve health outcomes, implement an ear health program based in Warburton in partnership with Hearing Australia, establish an oral health service in Warburton and engage the Divisions of General Practice to improve allied health services.

In partnership with WACHS, the OAH commissioned a consultancy service to evaluate health services in the Pilbara region to identify opportunities to develop a more integrated and comprehensive model of health care.

The OAH has commenced implementation of the Australian Better Health Initiative (ABHI) across various jurisdictions. Programs will be delivered over the next three years and includes a broad representative community reference group comprising Aboriginal community members, cross-government agencies, local General Practitioners and WA Health staff.

Healthy communities

Initiatives to improve the health of Western Australian people focus on activities that influence the health of individuals as well as the whole population. Goals include improving lifestyles, the prevention of ill health, and the implementation of long-term, integrated health promotion programs. Initiatives implemented by DOH follow extensive collaboration with government and non-government agencies, general practitioners and community groups

Analysis and Performance Reporting

The Analysis and Performance Reporting Directorate conducted a patient satisfaction survey of long-stay hospital patients and the consumer feedback will be used to improve quality of service provided by WA Health.

Cancer and Palliative Care

The Cancer and Palliative Care Network secured Commonwealth funding to support healthcare professionals in delivering culturally appropriate cancer services for Indigenous people. This project is due for completion in March 2008. Commonwealth funding is also being used to support development of general cancer care knowledge among rural health workers.

Genomics

The 'Family Health History' pilot project, an Australian Better Health Initiative was launched in February 2007 and seven community education seminars were undertaken. An allied health professions seminar was also conducted to increase awareness of family health history as an important predictor of chronic disease risk.

A team was established to begin a program of work to describe the burden of genetic disease in WA and associated health service use. The work will initially focus on single gene and chromosome disorders.

Newborn Screening

A framework to determine the addition and/or removal of tests from the suite of diseases tested in newborns was developed based on international genetic assessment tools.

Congenital adrenal hyperplasia is a rare inborn error of metabolism. Over the next

three years, a pilot screening-program will determine the feasibility of screening for this condition as an additional component of the newborn screening program.

Safer Drinking

The Chief Medical Adviser supported the creation of safer drinking settings by intervening in 23 liquor licence applications, either to oppose them outright or to have harm minimisation conditions placed on the licences. Of 16 applications finalised, 13 were decided in favour of the intervention entirely or in part.

Health Networks

Western Australia has been allocated funding for 12 projects across the priority areas of the Australian Better Health Initiative. All projects aim to promote good health and reduce the burden of chronic disease.

Under the ABHI, Health Networks are supporting the development of two new programs in partnership with the Commonwealth Government:

- The 'Indigenous Healthy Lifestyle Program' will help communities build local capacity to improve lifestyles and reduce risk factors for chronic disease. The project will be implemented in one metropolitan and three regional communities over the next three years.
- The 'Healthy Lifestyles Project' will provide practical support for people with or at risk of developing chronic disease. A working group (including members from the cardiovascular and endocrine Health Networks executive advisory groups) was established to develop the scope for this project. The program will target people newly diagnosed with Type 2 diabetes and albuminuria.

Also under the ABHI, the Health Networks developed a proposal to deliver self-management and improved lifestyle activities in remote communities. Memoranda Of Understanding regarding coordination of self-management strategies within area health services are being finalised. The procurement of self-management service providers has also commenced.

Healthy communities (continued)

Consumer and community consultation is a priority for effective Health Networks and consumer groups are represented on all Health Network executive advisory groups. Additional community engagement occurs through stakeholder forums, regular newsletters and consultation processes.

Pesticide Legislation

During 2006-07 the Office of the Chief Medical Adviser put forward 10 key recommendations for the reform of pesticide legislation and policies. Comments from stakeholders and the community were considered in complying the recommendations which call for a comprehensive code of practice to control pesticide use under strengthened state laws.

Health Protection Group

During 2006-07 the Health Protection Group (HPG) focused on emerging (or re-emerging) areas of HIV transmission, including overseas-acquired cases and HIV in newly arrived migrants by enhancing point of entry/contact advertising.

A range of management strategies were developed through the Case Management Program (CMP) to reduce the incidence of HIV positive individuals placing others at risk of HIV infections. Strategies included health promotion, improving access to appropriate health services, referral to services provided by non-government organisations and empowering individuals to be responsible for their own wellbeing through making individual choices. CMP clients come from metropolitan and regional WA, varying socioeconomic backgrounds, differing ethnic origins and may have marginalised psychosocial abilities.

During 2006-07 the Health Protection Group also initiated an evaluation of the state needle and syringe distribution program.

The Disaster Preparedness and Management Unit (DPMU) contributed to major events in Perth, ensuring plans were established for community safety and wellbeing, including:

- Asia Pacific Economic Forum (Mining Ministers Meeting);
- Red Bull Air Race; and
- Lotterywest Australia Day Skyworks

In March 2007, the DPMU provided a state-level health response during Severe Tropical

Cyclone George (which saw the evacuation of 15 casualties to Perth hospitals). In the aftermath of the Yogyakarta air disaster a plan was prepared for mass casualty evacuation to Perth. One injured Australian was transported to Perth for care.

The HPG published two documents funded by the Department of Treasury and Finance from special funds to assist communities and entities proposing developments to engage with the local community to identify possible health impacts. These are titled - 'Health Risk Assessment in Western Australia' and 'Public Health Consultation: a guide for developers'.

Also in 2006-07 the HPG convened a national workshop titled 'Healthy Community Events', which brought a 'whole-of-government' focus to the need for planning and managing large gatherings of people to ensure appropriate fore-planning and preparation, risk minimisation and the protection of public health.

Mental Health

During 2006-07 the Independent Living Program has been expanded with the addition of 23 residential dwellings. A non-government organisation has been awarded a contract to provide metropolitan-wide psychosocial support to 10 young people at risk of homelessness and developing serious and persistent mental illness.

Office of Safety and Quality in Healthcare

The Office of Safety and Quality in Health Care established the 'Patient First' program. The aim of the program is to increase patients' understanding of their condition, awareness of the risks in their health care, their health literacy and their ability to self-manage health issues. Associated pamphlets, posters and DVDs were distributed to all Western Australian public hospitals.

Health Promotion

The five-year *Western Australian Health Promotion Strategic Framework 2007-2011* was developed by the Population Health Policy Branch and endorsed by the Minister for Health in February 2007. The framework outlines key strategic directions to prevent injury and chronic disease through health promotion.

Healthy communities (continued)

During 2006-07, the DOH funded non-government agencies to provide a range of comprehensive health promotion campaigns and programs. These target fruit and vegetable consumption, smoking, physical activity, healthy nutrition, diabetes, obesity in adults and children education, safety in the home, falls among seniors and toddler drowning.

Obesity prevention is identified as a key strategic direction in the *Western Australian Health Promotion Strategic Framework 2007-2011*. A range of health promotion programs with the capacity to impact on adult and childhood obesity have been delivered in 2006-07 by non-government agencies, funded by the Department of Health under the *Plan to Promote Good Health*. These include:

- 'Go for 2&5' fruit and vegetable campaign;
- 'Crunch&Sip' school fruit and water policy;
- parent education programs;
- healthy breakfast programs for schools in disadvantaged areas and remote Aboriginal communities;
- support for school canteens to offer healthier food and drink choices;
- Red Cross 'FOODcents' food budgeting program;
- 'Find thirty. It's not a big exercise' physical activity media campaign, (supported by a range of activities, including encouraging parents to support physical activity in children); and
- a community-based physical activity program in the Kimberley to promote activity in Indigenous communities.

The Department of Health's innovative health promotion campaigns continue to be used by other Australian states and territories, protected by intellectual property agreements and include:

- the 'Go for 2&5' fruit and vegetable education campaign is currently being run in six of the eight Australian states and territories, and the message has been adopted by a range of relevant food industry members; and
- the 'Find thirty. It's not a big exercise' physical activity media campaign has

been adopted by the Department of Health and Human Services, Tasmania

Under the Australian Better Health Initiatives, funding was provided to support the implementation of healthier meals from school canteens and established dedicated school health promotion coordinators in Area Health Services. WA has played an active role in the development of the national social marketing campaign to be run in 2007-08.

Office of Aboriginal Health

Independent feedback on health services from consumers is an important component in service evaluation, which for many reasons, including cultural and socio-economic reasons, feedback from Aboriginal consumers is often limited. The DOH seeks to ensure all consumers have access to meaningful feedback and resolution processes.

In 2006-07 the Office of Aboriginal Health funded the Health Consumers Council of WA (HCC) to establish Aboriginal consumer representative participation in WA hospitals and improve complaints processes through employment of Strategies Advocacy and Complaints Project Officers. The OAH contracts HCC to implement the following strategies:

- Develop respectful collaborative relationship between Health Consumers Council and community controlled health services
- Review current health complaint policies from Aboriginal and non-Aboriginal health services
- Work in partnership with Aboriginal community controlled health services to review and improve complaints processes for Aboriginal patients and their families
- Consult Aboriginal health consumers on their experiences of using health services and difficulties they encounter that could be addressed through a complaints process
- Document the findings of discussions with Aboriginal health consumers about the barriers they face in current complaints processes in health services in WA (primary, secondary, and tertiary services)

Healthy communities (continued)

- Achieve progress towards development and implementation of a standardised best practise complaints policy and protocol for Community Controlled Health services, in collaboration with the Aboriginal health Council of WA
- Work as part of the Health Consumers' Council team in routine operations to provide the Council's services to the WA community
- Recruit Aboriginal people to a small working reference group
- Design an Aboriginal consumer representation training package in consultation with the Aboriginal Consumer Reference Group
- Recruit participants for the training program
- Facilitate and run the training
- Identify committees that are suitable for Aboriginal consumer participation
- Place consumers onto identified committees
- Support consumer representatives in their representative roles
- Determine feasible models for consumer feedback or engagement with Aboriginal Community Controlled Health Services
- Pilot one agreed consumer involvement initiative at one metropolitan health service
- Evaluate training for Aboriginal health consumer representatives
- Work as a part of the Health Consumers' Council team in routine operations to provide Council services to the Aboriginal people.

These initiatives have resulted in better Aboriginal consumer input into WA Health services with the Area Health Services and provider units responding to identified Aboriginal consumer feedback.

The OAH has funded and provided practical support for quality improvement initiatives within the Aboriginal Community Controlled Health Sector through Audit for Best Practice in Chronic Disease (ABCD), which promotes both prevention and management of chronic disease.

During 2006-07 the OAH undertook work to investigate the role of data linkage in improving the identification of Aboriginal status in administrative data collections. This project was facilitated by the OAH by supporting an Aboriginal Masters of Epidemiology student and as a direct result of this research work, the Australian Bureau of Statistics has requested that WA Health's Epidemiology Branch validate the ABS data by applying the methodology that was used to identify unknown cases in the WA Registrar General Mortality data to identify unknown cases in the entire WA dataset

Implemented and promoted the Aboriginal Cultural Respect Framework through Regional Forums and specifically facilitated broad stakeholder presentations across the jurisdictions.

The OAH managed and funded approximately 140 service agreements delivering services in the areas of Primary Health, Environmental Health and Health Promotion throughout Western Australia



Healthy resources

A key priority for WA Health is to deliver sustainable, equitable and accountable health care, providing the best health outcome for the community, in a safe and high quality environment. To achieve this outcome DOH has adopted robust resource administration, planning and management practices to oversee its health service programs as well as providing support to the area health services.

Aged Care Assessment

During 2006-07 the Aged Care Assessment Team (ACAT) training framework was completed. This framework details the core domains of Aged Care Assessment Team practice to enable better configuration of training requirements.

The review of the Aged Care Assessment Team 'Towards Best Practice' manual was also completed. A framework addressing quality issues for Aged Care Assessment Team practice will now be developed and consideration of common referral documentation has commenced as part of the ACAT quality framework.

Analysis and Performance Reporting

In February 2007, Analysis and Performance Reporting prepared a submission for the Outcome Structure Review Group outlining a revised health outcome structure to improve performance and expenditure reporting across WA Health. The proposed structure was endorsed by the Group and the preparation of the 2007-08 Budget Statements and the 2006-07 Annual Reports was aligned to the approved framework.

During 2006-07 the Budgeting and Finance Branch introduced more efficient reporting mechanisms for Royal Street Divisions to better manage their budgets, including more streamlined corporate and internal monthly reports.

Facilities and Operations Branch

The Facilities and Operations Branch developed the Metropolitan Accommodation Rationalisation Plan, which will consolidate accommodation, reassess recommendations of the Accommodation Business Case 2005 and review current accommodation needs for Royal Street and satellite sites.

Cancer and Palliative Care

The Cancer and Palliative Care Network is responsible for \$30 million in election commitments to improve WA cancer services over four years. The network has built a strong foundation of personnel to help support delivery and achievement of the planned reforms for cancer care.

Health Networks

During 2006-07 Health Networks identified opportunities for investment in health and medical research including:

- The Trauma and Injury Health Network in partnership with the Institute for Child Health Research is conducting a study on health service utilisation by children as a result of injury. The outcomes will inform service planning.
- The Endocrine Health Network contracted Diabetes WA to undertake a diabetes services audit.
- The Respiratory Health Network surveyed home oxygen users to inform the model of care for chronic obstructive pulmonary disease.

Biomedical Engineering

During 2006-07, Biomedical Engineering reviewed a number of options for equipment repair and replacement, including second-sourcing, resulting in a number of efficiencies. Equipment repairs and replacement included the repair and proactive replacement of power supplies in eight units of a model of C-Arm mobile fluoroscopy equipment saving of \$700 per machine, second-sourcing of X-ray tubes including a CT Scanner tube with a saving of over \$40,000, and the refurbishment of general X-ray equipment touch-panels saving of over \$1,500 per machine on four machines.

From April 2006 to April 2007, Biomedical Engineering undertook 2,567 occasions of service to rural and metropolitan Area Health Services involving preventative maintenance or repair work on medical equipment assets.

Healthy resources (continued)

Health Protection Group

During 2006-07 disaster preparedness and response activities included:

- updating the Hospital Surge Capacity Plan;
- commenced procurement of stockpiles of syringe drivers and physiological monitors;
- established the Disaster Medical Assistance Team website; and
- created a volunteers Disaster Medical Assistance Team database.

Disaster Medical Assistance Team policy development is progressing well and was used in the response to Severe Tropical Cyclone George.

The Communicable Disease Control Directorate coordinated the Commonwealth Government funded, school-based component of the Cervical Cancer - Human Papilloma Virus Vaccine Program and organised funding of the ongoing school-based immunisation program offered to Year 7 students in WA. Associated resources were distributed across the State to regional public health units.

Information Collection and Management

The Information Collection and Management Directorate finalised consultation and amendments regarding the review of information collected by the Western Australian Cancer Registry and work has commenced on the system to ensure it is able to meet increasing information demands.

The Directorate also began to collect information about outpatient services in WA public hospitals. The Outpatient Data Collection will assist service planning and enable national comparisons of outpatient services.

Community Data Awareness resources have been produced to raise community awareness about data collected by the Department of Health and training for staff distributing the resources commenced in November 2006.

Clinical Information

All WA health clinicians now have access to improved information services through Clinical Information Access Online providing online clinical decision-making information to support delivery of quality health care. The range of products available through this

program was significantly enhanced in 2007 and search features were improved.

Legal and Legislative Services

Pivotal legislative changes and reviews were a focus of the Legal and Legislative Services Directorate this year bringing a number of pieces of legislation into line with contemporary issues/needs, and introducing new legislation where regulatory issues had been identified. These changes included the registration of various health practitioners and providing mechanisms for the management and investigation of complaints and other matters.

The *Nurses and Midwives Act* was assented to in October 2006 and regulations relating to the Act are being drafted. Regulations are also being drafted for the *Chiropractors Act 2005* and the *Occupational Therapists Act 2005*.

The following Acts had new members appointed to their respective Boards and/or regulations gazetted:

- *Medical Radiation Technologists Act 2006*
- *Optometrists Act 2005*
- *Osteopaths Act 2005*
- *Physiotherapists Act 2005*
- *Podiatrists Act 2005*
- *Psychologists Act 2005*

Once regulations and board appointments are finalised these Acts become operational.

The *Alcohol and Drug Authority Repeal Bill 2005* is currently before the Legislative Council which will repeal the *Alcohol and Drug Authority Act 1974*.

The *Dental Bill 2005* and the *Pharmacists Bill 2005* are currently before the Legislative Council. The *Dental Bill 2005* and the *Pharmacists Bill 2005* provide for the registration of the dental and pharmacy professions respectively, and the management and investigation of complaints and other matters.

The *Food Bill 2005* is currently before the Legislative Council. This Bill provides for a standalone *Food Act*, which implements nationally consistent food regulation and is a requirement of the Council of Australian Governments Food Regulation Agreement.

Healthy resources (continued)

The *Human Reproductive Technology Amendment Bill 2007*, the *Medical Practitioners Bill 2006* and the *Surrogacy Bill 2006* are currently before the Legislative Assembly.

The *Chinese Medicine Registration Bill 2006*, the *Mental Health Bill 2006*, the *Poisons and Therapeutic Goods Bill 2007*, the *Public Health Bill 2007* and the *Hospitals and Health Services Bill 2007* are being finalised for introduction to Parliament. The *Radiation Safety Act 1975* is also currently under review.

Several other legislative proposals containing health components are currently being progressed, including: the *Acts Amendment (Consent to Medical Treatment) Bill 2006*, currently before the Legislative Council; the *Information Privacy Bill 2007*, currently before the Legislative Assembly; and the *State Employees Amendment Bill 2007*, currently being drafted.

Mental Health

During 2006-07 a new purchasing framework was implemented for privately licensed psychiatric hostels to link the level of subsidy paid to the level of personal care provided to each hostel resident.

The Armadale Health Service developed a mental health care education package and a model for service delivery for general practitioners.

The Department of Health began to rollout duress alarms for mental health staff in all clinical areas and controlled access within community clinics.

During the year, a range of resources addressing postnatal depression were developed:

- a video/DVD resource for service providers working with Aboriginal women and their families during the perinatal period. This resource is a core component

of training delivered under the auspices of the State Perinatal Mental Health Unit and the State Perinatal Reference Group.

- a video/DVD resource for Aboriginal women and their families experiencing perinatal mental health issues. The working title of this resource is 'Boodjarri Business: Social and emotional wellbeing during pregnancy and after having a baby'.

Requests have already been received for both these resources to be made available throughout Australia.

Other resources produced during the year included:

- A perinatal mental health website for consumers has been developed and includes a statewide database of perinatal mental health services.
- www.yourzone.com.au/perinatalhealth
- Translated versions of the Edinburgh Postnatal Depression Scale (EPDS). These versions have been validated for use in screening to assist health workers detect perinatal depression in both the antenatal and post-partum periods for women whose first language is not English.

In addition, the statewide EPDS 'Train the Trainer' program continued. A total of 26 trainers attended and they in turn provided training to about 230 clinicians across the state.



Healthy leadership

Creating an environment that identifies, nurtures and promotes strong leadership at all levels within the Department of Health is vital to the effectiveness of the health system now and in the future. DOH focuses on recognising, developing and supporting its leaders to create a superior health care service, develop quality management skills, and to ensure that all strategic directions are progressed.

Senior Management Training

The Health Network Master Class program was established to provide tailored learning opportunities. Activities included:

- media training;
- a Health Network leadership seminar with Professor John Ovretveit of the Karolinska Institutet, Stockholm; and
- a master class with Dr Kevin Woods of the National Health Service, Scotland.

Health Networks

Western Australia has led the formation of the Australian Health Network Collaborative to ensure rapid dissemination of information and innovation in the area of health and clinical networks. This collaborative will allow clinicians to engage with colleagues in other states and countries to gain quick access to tested solutions for common issues including primary care partnerships, emergency department access and patient flow.

Health Protection Group

The Health Protection Group gave further focus to the WA Health Management Plan for Pandemic Influenza including:

- contributing to the development of the National and State Action Plans;
- enhancing the protocols underpinning the WA Management Plan for Pandemic Influenza;
- conducting the Western Australian component of 'Exercise Cumpston';
- conducting 'Exercise Perinthus';
- developing the protocols for conducting fever clinics, including a training video; and
- providing monthly public update sessions

The State Emergency Management Committee endorsed the establishment of a State-level Health Services Sub-Committee to oversee health aspects of disaster management. The

sub-committee includes representatives from Area Health Services, the Office of Population Health, the Mental Health Division, WA Police, FESA, the Metropolitan Cemeteries Board, the WA General Practice Network and St John Ambulance.

During the year the Group provided a consultation period in the process to establish a health impact assessment framework including conducting awareness-raising presentations and workshops across WA. An investigation was also completed into requirements for the establishment of monitoring and reporting regimes on future climate change health impacts.

The Disaster Preparedness and Management Unit also contributed a chapter on Acute Care Facilities for a World Association for Disaster and Emergency Medicine publication on international nursing to be published later in 2007.

Chief Nursing Officer

The Chief Nursing Officer has maintained active national and international involvement in the development of policy promoting national consistency for nursing education, regulations and practice. Major areas of interest include:

- active research in the Australia Nurse Practitioner on Reforming Healthcare
- national representation on the Industry Skill Council Reference Committee for Enrolled Nurse Education
- membership of the national Aged Care Workforce Committee
- membership of the Australian and New Zealand Council of Chief Nurses

During 2006-07 a Chief Nurses Forum was established to aid the dissemination of information obtained from national and international sources. The forum (open to the public and private sectors) provides valuable opportunities for information exchange, innovation and debate between State leaders in nursing and midwifery.



Healthy leadership (continued)

Leadership Development

Department of Health staff members have opportunities to participate in the 'Leading 100' and 'Vital Leadership' leadership programs. Participating in external professional development is also supported, such as seminars run by the Australian College of Health Service Executives and courses conducted by the Institute of Public Administration Australia.

Opportunities to participate in performance development courses or workshops such as Myers Briggs assessments, are offered to Department employees to develop better understanding of leadership, diversity and teamwork.

Health reform Implementation Taskforce

Healthy Leadership Strategic Framework was released in November 2006. This Framework builds on the core principles and values of leadership development, outlined in the WA Health Strategic Intent 2005-2010. The implementation of the Framework will be led via the Institute for Healthy Leadership to be established in 2007-08. The Institute will build on existing leadership programs to further develop leadership capacity within WA Health.

Enhancing leadership effectiveness and ensuring that there are excellent leaders at all levels of the health system are fundamental components of healthcare and healthcare improvement. As such, the Institute will be an integral element of the reform process, working closely with those leading service innovation and clinical service redesign.

The Health Reform Implementation Steering Committee met in February 2007 to review progress of the Health Reform Program. The committee concluded that whilst there was more work to be done, progress was significant with the reform program now well integrated throughout the health system. Further priorities for improvement were agreed for 2007-08.

Office of Aboriginal Health

The Aboriginal community in Western Australia is diverse in language, culture and lifestyles and are significant consumers of WA Health services. It is important therefore to ensure that there are a range of opportunities for Aboriginal input into the planning processes undertaken by the Health Networks. Where it has not been possible to secure direct Aboriginal representation on a Health Network the OAH has developed alternate strategies for representation.

In 2006-07 OAH established a dedicated policy position to manage liaison and information exchange with Health Networks with agreed roles and responsibilities. This provides broader representation of aboriginal viewpoints into the work of the Health Networks. The officer liaises very closely and frequently with the Health Network Support office (HNS) and a database has been developed to register requests and responses between HNS and the OAH. The policy officer coordinates regional responses and prepares consolidated submissions to the HNS.

In 2006-07 WACHS established an Area Director Aboriginal Health position which is a joint appointment with the Office of Aboriginal Health. This role seeks to embed Aboriginal health policy and improved service delivery at senior management level within WACHS and consolidate Aboriginal health leadership within the Area Health Service management structure. WACHS has seconded a senior OAH manager to act in the role, and recruitment of a permanent WACHS Area Director Aboriginal Health is being pursued.

WACHS has also established an Aboriginal Health Reference Group and the Office of Aboriginal Health is a member of this body. The group assists the WACHS Executive to plan, develop and evaluate effective models of Aboriginal health service delivery in WACHS and facilitates, coordinates and supports Aboriginal health projects emanating from 'Foundations for Country Health' strategic plan.

Priorities for 2007-08

Healthy Workforce

The Department of Health will face increasing pressure to retain, renew and reform its workforce as the population's median age rises and the workforce pool depletes due to accelerating retirement rates and is responding to these changes by positioning itself as an employer of choice.

The Healthy Workforce Strategic Framework 2006-16 has been developed to provide the basis for all future health workforce planning and strategic deployment.

Workforce priorities for 2007-08 are:

- Family friendly initiatives: the Department's 'Work Life Balance, Creating Family Friendly Workplace' initiatives will be implemented and action will be taken to create family friendly workplaces including implementing the Department's Child Care Strategy.
- Workforce planning: targets have been established to improve workforce attraction and retention. Key targets include achieving a 10 per cent reduction in lost time injuries and ensuring that 80 per cent of employees undergo performance development reviews. Strategies to increase the representation of Aboriginal and Torres Strait Islander people in the health professionals' workforce will also be undertaken
- Workforce satisfaction: strategies will be implemented to address priority workforce satisfaction issues, including work-life balance, improved leadership and management, development of a problem-solving culture, safer work environments and common values for the Department of Health.

Healthy Hospitals, Health Services and Infrastructure

WA Health aims to improve access to, and efficiency in hospitals and health care services, based on defined population needs. The Department of Health is supporting this in progressing the Department's hospital building and infrastructure redevelopment program over the next 13 years in accordance with budget and capital works schedules. This will enable better alignment and integration

between facilities, clinical services and health networks.

Western Australia is progressing the WA Strategic Plan for Safety and Quality in Health Care 2003-2008, and in 2007-08 will commence planning for the next five-year strategy covering the period 2009-2013. The focus on safety and quality will be maintained through implementation of the Safety and Quality Investment in Reform (SQuIRe). SQuIRe aims to promote evidence-based practice and there are eight priority areas for 2007-08, falls prevention, treatment of acute myocardial infarction (heart attack), venous thrombo-embolism prevention, pressure ulcer prevention, accurate medication reconciliation, surgical site infection prevention, central line associated blood stream infection prevention, and appropriate hand hygiene.

Specific initiatives under the Clinical Governance Framework for 2007-08 include progressing the 'Patient First' Program, upgrading the Western Australian incident reporting and management system, developing a state policy framework for Clinical Handover and supporting the implementation of the Western Australian Credentialing and Defining the Scope of Clinical Practice policy.

A new reporting framework is being established to improve and more accurately measure waiting time for outpatient appointments. Access targets have been set to reduce the time between referral and first appointment, determined by the patient's clinical urgency. The framework will consider better scheduling, timelier triaging, and audit and review to ensure patients are seen in the most appropriate place in a timely manner.

Healthy Partnerships

The Department of Health works to create stronger partnerships with other government agencies, non-government organisations, consumers, community groups, private providers, health professionals and the Commonwealth Government - all of whom have an interest and stake in the future of the WA health system.

Priorities for 2007-08 (continued)

Key priorities for 2007-08 include:

- Improving primary care in partnership with General Practice through implementing the Western Australian Directions for Primary Care 2007-2021.
- Implementing integrated models of care developed by the DOH's Health Networks. Models of care define directions for service delivery within individual clinical streams, and are informed by expert clinicians and consumer input. The new models of care recognise the contribution partner organisation's expertise and resources can make to the health system's responses to the challenges of current health care needs.
- Increasing consumer participation in care planning and delivery. The 'Patient First' program will continue to be implemented, involving participation by District Health Advisory Councils and Community Advisory Councils.
- The State Health Research Advisory Council promotes the translation of research results into health and industry outcomes. The focus in 2007-08 will be on working with the Health Networks to achieve better outcomes through the integration of research outcomes into health care service delivery.

Healthy Communities

WA Health will continue its focus on improving lifestyles, preventing ill-health and the implementing a long-term, integrated health promotion program in collaboration with Area Health Services, other government and non-government agencies, general practitioners, and community groups. Priority will be given to community-based management of chronic and long-term health conditions and improving access to services in the community.

Key priorities for 2007-08 for health promotion and prevention programs across Western Australia are outlined in the "Western Australian Health Promotion Strategic Framework 2007-11". These include:

- Health promotion and disease prevention through promotion of good health, wellbeing and healthier lifestyles.

- Delivering effective cancer screening and immunisation programs.
- The prevention of obesity and being overweight among children and adults is a priority area for contracted health promotion programs and campaigns from non-government agencies.
- Targeting illicit drug use with the 'Drug Aware' public health campaign focusing on amphetamines in conjunction with Area Health Services and the Drug and Alcohol Office.
- Improving community-based Aboriginal health services with partnerships involving Area Health Services and Aboriginal community controlled health services developed, to deliver preventative programs reducing the incidence of chronic diseases as well as improving self management.

Healthy Resources

A key focus for reforming Western Australia's public health system is the need to deliver a sustainable, equitable and accountable health care service to all Western Australians.

The Department of Health is working to deliver sustainable resourcing and world-class management of health budgets. The health system's use of resources and performance measurement will be accountable and reported to the community to emphasise accountability.

Key priorities for 2007-08 include:

- the application of disciplined budget management across WA Health to ensure delivery of services in accordance with cost and demand pressures. Improved budget management will be supported by the progressive implementation of the Resource Allocation Model
- progress the Information and Communications Technology Strategy for WA Health
- contributing to the development of long-term asset management planning systems to inform the asset reconfiguration in WA Health by enabling the integration of strategic and operational asset planning and decision processes.



Priorities for 2007-08 (continued)

Healthy Leadership

Healthy leadership is a vital focus in developing leadership capacity and capability and identify and promote strong leadership at every level across WA Health.

Key priorities for 2007-08 include:

- focusing on the development of future and emerging leaders;
- continuing to develop leadership capacity and capability in the Department of Health and across Area Health Services; and
- implementing a comprehensive leadership development program. The Institute for Healthy Leadership will be established in 2007-08 to lead the delivery of the Healthy Leadership Strategic Framework. New strategies will focus on performance development and succession planning to enhance and build upon the leadership development programs conducted by the Department of Health.

The Department of Health through its Health Networks will continue to encourage the participation of clinicians in health system improvement with the aim that 10% of all clinicians employed with the WA Health actively participate in health network activity.