



Operations

Advertising

In accordance with section 175ZE of the Electoral Act 1907, the Department of Health incurred the following expenditure on advertising agencies, market research, polling, direct mail and media advertising. Total expenditure for 2006-07 was \$2,206,302.

Table 35: Total expenditure for Advertising

Summary of Advertising	Amount (\$)
Advertising Agencies	347,393
Media Advertising Organisations	1,267,525
Polling	Nil
Market Research Organisations	591,181
Direct Mail Organisations	203

Advertising Agencies	Amount (\$)
Beilby Corporation Pty Ltd	143,182
Porter Novelli (Perth)	87,879
Compac Marketing Pty Ltd	1,025
Fresh Finesse	162
Gatecrasher Advertising Pty Ltd	38,998
Porter Novelli	69,697
The Brand Agency Pty Ltd	6,450
Total	347,393

Media Advertising Organisations	Amount (\$)
Media Decisions WA	42,100
303 Advertising Pty Ltd	204,428
Convenience Advertising (Aust) Pty Ltd	20,232
Curtin Student Guild	1,818
ETN Communications Pty Ltd	3,300
Go West Handbook Pty Ltd	1,560
Guild of Undergraduates University of WA	1,000
Initiative Media Australia Pty Ltd	117,491
Marketforce Express	42,941
Marketforce Productions	164,466
Media Decisions WA	656,540
Mount Magnet Race Club Inc	600
Murdoch University Guild of Students	1,350
Notre Dame Student Association Executive Committee	300
Picton Press	70
Sensis Pty Ltd	1,331
State Law Publisher	5,283
The West Australian	96
Travellers Information Radio 88FM	2,618
Total	1,267,525



Advertising (continued)

Market Research Organisations	Amount (\$)
University of Western Australia	591,181
Total	591,181

Direct Mail Organisations	Amount (\$)
Templar International	113
Hermes Precisa Pty Limited	90
Total	203

Corruption prevention

The existence of an effective accountability mechanism is fundamental to good corporate governance. This year the Corporate Governance Directorate carried out a total of 121 investigations of alleged misconduct.

Strategies introduced in 2006-07 to assist in preventing corruption include:

- A Fraud and Corruption Control Plan was established, to set an appropriate strategic framework that defines management and staff responsibilities and to ensure the implementation of robust practices for the effective detection, investigation and prevention of fraud and corruption of any description associated with WA Health.
- Approval was given for the establishment of a Fraud and Corruption Control Committee to consider system-wide initiatives, monitor and review fraud and

corruption risk assessments and monitor fraud prevention development. The committee will have representatives from all areas of WA Health.

- The Corporate Governance Directorate commenced an education awareness program, with a number of presentations already having been made to the Department of Health, North Metropolitan Area Health Service, Child and Adolescent Health Service and WA Country Health Service. These will continue next year, and will also include South Metropolitan Area Health Service. Presentations were developed in consultation with appropriate external oversight agencies such as the Corruption and Crime Commission and the Office of the Public Sector Standards Commissioner.



Disability access and inclusion plan

The Disability Services Act 1993 was introduced to ensure that people with disabilities have the same opportunities as other West Australians. A 2004 amendment to the Act required the Department of Health to fully develop and implement a Disability Access and Inclusion Plan (DAIP). During 2006-07, the Department of Health provided a range of programs and initiatives to meet disability access outcomes.

In line with the Act, WA Health submitted DAIPs to the Disability Service Commission from the following health entities:

- Sir Charles Gairdner Hospital
- Royal Perth Hospital
- Fremantle Hospital
- King Edward Memorial Hospital
- Princess Margaret Hospital
- Department of Health (a collective DAIP incorporating all health areas other than teaching hospitals)

An extensive statewide consultation process was conducted to inform WA Health DAIPs. The process included:

- analysis of previous Disability Service Plans, DAIPs, subsequent review reports and other relevant DOH documents and strategies;
- investigation of contemporary trends and good practice in access and inclusion;
- consultation with the Disability Services Commission; and
- consultation with the community and staff.

The DOH has a well-established practice of community consultation in all of its programs. For the development of the DAIP an advertisement was developed for state-wide and local newspapers and the radio, advising the community that the DOH was progressing the development of its DAIP to address the barriers that people with disabilities and their families experience in accessing DOH functions, facilities and services, and inviting feedback from the community. In addition to information received from this process, community and employee e-mail distribution lists were also used to invite feedback on improving services and access.

During 2006-07, the Department of Health provided a range of programs and initiatives to meet Disability Access and Inclusion Plan key outcomes, as detailed below.

Outcome 1: People with disabilities have the same opportunities as other people to access the services of, and events organised by, the relevant public authority.

- The Department of Health is committed to equity of access for people with disabilities to attend all public events in appropriate venues.

Outcome 2: People with disabilities have the same opportunities as other people to access the buildings and other facilities of the relevant public authority.

- Disabled access is available at Royal Street and Grace Vaughan House, including disabled parking spaces. There are also flat access ramps at the entrances, lifts and disabled toilets.
- Local corridor access is reviewed as part of Occupational Safety and Health biannual reviews.
- Verbal announcements of floor levels operate in the elevators at Royal Street. Control panels in elevators at Royal Street are in line with current regulations.
- There is improved access to Royal Street offices with the inclusion of a ramp from the forecourt carpark to the front of the building.

Outcome 3: People with disabilities receive information from the relevant public authority in a format that will enable them to access the information as readily as other people are able to access it.

- All contracts for non-government organisation health promotion programs must comply with the Department of Health Disability Services Plan (e.g. television advertisements to be closed captions).
- The WA Health Communication Style Guide has been reviewed by the Organisational Development Directorate and the Disability Services Commission and the implementation of recommended changes is ongoing.
- Publications are produced using the standards provided in the Department's Communications Style Guide.



Disability access and inclusion plan (continued)

- During the year the Department of Health's Standards Advisory Group prepared a preliminary framework of Internet publishing standards with appropriate compliance with World Web Consortium guidelines including disability access requirements. Consultation is occurring with stakeholders on web publishing standards and their implementation prior to formal acceptance via the Project Steering Group.
- Web sites are continuously reviewed or updated in accordance with the standards. The Department of Health provides web-based material in formats which enable people with sight impairment to change presentation styles in such areas as font size and colour.

Outcome 4: People with disabilities receive the same level and quality of service from the staff of the relevant public authority.

- Policy units of the Department of Health address disability access and inclusion when developing policy.
- The Case Management Program (CMP) has clients with disabilities and acts as an advocate to ensure that they have access to all appropriate facilities and services.
- *The WA HIV/AIDS Action Plan 2006-2008* and the *WA Sexually Transmitted Infections Action Plan 2006-2008* recognise that people with a disability have particular education, prevention, treatment and care needs and that disability workers, carers, and families require appropriate training and support.
- The Sexual Health and Blood borne Virus Program (SHBBVP) funds 'secca' (Sexuality Education Counselling and Consultancy Agency) to provide education and training programs to health care professionals, staff, carers, and families of people with disabilities in the areas of human relationships and sexuality. Subjects include HIV/STIs and BBVs and related support/counselling and referral services, planning and implementing health promotion programs to enhance the health and wellbeing of people with disabilities and educate the wider community, and providing a consultancy service to agencies, health and human

service professionals, and carers, families and work colleagues.

- As part of the SHBBVP contract management process, all non-government agencies are required to provide information related to access for people with disabilities as part of the due diligence checklist.
- It is a condition of employment that DOH employees have knowledge of disability services. All staff members are given opportunities to attend seminars and information sessions on providing services to people with disabilities.

Outcome 5: People with disabilities have the same opportunities as other people to make complaints to the relevant public authority.

- The Department of Health has in place complaints procedures suitable for disabled clients who are unable to make written complaints and grievance mechanisms to allow people with disabilities to participate without impediment. For example, the Quit WA program accommodates complaints lodged in writing, by telephone, in person or via a "contact us" facility provided on the Quit WA website.
- The Department of Health is committed to equity of access for people with disabilities and conduct all public events in appropriate venues.
- Where members of the public attend seminars in the theatre at Royal Street, an audio loop has been installed to assist people with hearing difficulties if such assistance is required.

Outcome 6: People with disabilities have the same opportunities as other people to participate in any public consultation by the relevant public authority.

- WA Health Disability Access Committees include community representatives who have a disability, and who can provide input on their behalf.
- The DOH consults extensively with the community and staff to gain information and feedback about its services and access issues via media and electronic distributions inviting submissions on issues affecting service delivery to people with a disability.



Employee profile

The table below shows the number of full-time equivalent staff employed by the Department of Health year-to-date June 2007 by category.

Table 36: Total Department of Health FTE by category

Category	Definition	2005-06 FTE	2006-07 FTE
Admin & clerical	Includes all clerical-based occupations together with patient-facing (ward) clerical support staff.	861	1,215
Agency	Includes FTE associated with the following occupational categories: administration and clerical, medical support, hotel services, site services, medical salaried (excludes visiting medical practitioners) and medical sessional.	0	16
Agency nursing	Includes workers that are engaged on a 'contract for service' basis. Does not include workers employed by NurseWest.	0	0
Dental nursing	Includes registered dental nurses and dental clinic assistants.	0	0
Hotel services	Includes catering, cleaning, stores/supply laundry and transport occupations.	3	79
Medical salaried	Includes all salary-based medical occupations including interns, registrars and specialist medical practitioners.	8	9
Medical sessional	Includes specialist medical practitioners that are engaged on a sessional basis.	0	0
Medical support	Includes all Allied Health and scientific/technical related occupations.	31	26
Nursing	Includes all nursing occupations. Does not include agency nurses.	12	28
Site services	Includes engineering, garden and security-based occupations.	0	0
Other categories	Captures Aboriginal and ethnic health worker related occupations.	0	0
Total		915	1,373

DOH includes HSS, Health Finance, Health Policy & Clinical Reform, DG's Office & HCN



Equity and diversity

The Department of Health is committed to achieving an equitable and diverse workforce that is representative of the WA community at all levels of employment and enables employees to combine work and family responsibilities.

The WA Health Equity and Diversity Plan 2007-2009 provides a strategic framework for achieving equity and diversity outcomes and promotes a diverse culture, free from harassment and discrimination. A consultative and collaborative working group has been established to progress the initiatives and strategies contained within the plan.

The plan includes strategies to ensure Equal Employment Opportunity (EEO) groups (women, people with disabilities, indigenous Australians, people from culturally diverse backgrounds and youth) are attracted, selected, developed, promoted and retained. Examples of specific initiatives include the employment of people with disabilities to undertake clerical duties as part of a clerical support team and the development of an Aboriginal Employment Framework, which underpins the implementation of long-term strategies to increase the number of Aboriginal employees within the Department of Health.

The 'Prevention of Bullying in the Workplace' policy was reviewed during 2006-07, and education programs were implemented across the Department of Health to reduce workplace harassment and bullying.

The Department of Health recently undertook a system-wide survey of employees to establish and maintain accurate and up-to-date information on workforce diversity and to assist in diversity planning processes.

Equal opportunity standards are consistently applied in the recruiting of staff. Managers and staff participating in interview panels are provided with appropriate skills and awareness of EEO principles. New employees are provided with copies of the Codes of Ethics and Conduct, and information on EEO, which establish the standard of behaviour expected of all staff.

The Work/Life Balance - Creating Family Friendly Workplaces Advisory Committee was established by the Minister for Health to advise the Director General of Health on policies, plans and initiatives to help employees balance their working lives with their broader interests and commitments. The committee's role includes assisting health services develop and implement work/life balance initiatives and to actively support and promote such initiatives. A Family Friendly Network was also established to advocate work/life balance initiatives to all employees.

During 2006-07, the committee's achievements included development of a WA Health Work Life Balance Policy and the launch of the 'Training for Managers - Creating Flexible Workplaces' course, both designed to facilitate flexible work practices including part-time work, job share, telecommuting, purchased leave, deferred salary scheme, family/carers leave and paid parental leave. The committee also developed the 101 Strategies for Achieving Work Life Balance publication as a resource for managers and supervisors. The strategies aim to complement the range of flexible work practices already provided in relevant industrial awards and agreements.

The development of a Childcare Program is a central feature of Department of Health policy to assist health service employees to balance their work and family commitments. The childcare model will encompass a flexible range of childcare services reflecting the diverse needs of employees. Facilities provided to support parents include:

- vacation care programs
- before and after-school care
- family rooms
- breastfeeding rooms

In 2006-07, the Workplace Policy and Guidelines for Breastfeeding were developed to create conditions within the Department of Health that were conducive to new mothers returning to the workplace with greater ease, including the provision of flexible lactation breaks, breastfeeding facilities and resources.



Equity and diversity

The Office of the Chief Nursing Officer (OCNO) established a project in partnership with the Office of Women's Policy, Department for Communities to review migrant nursing registration for linguistically diverse nurses. The OCNO also established two key projects in partnership with the State Health Advisory Committee on Family Friendly Initiatives:

- pre-exit interviews pilot study of nurses and midwives to determine factors leading to resignation from the public health system
- a survey of staff on maternity leave and factors that would influence or inhibit their return to work

The Department of Health continues to promote, encourage and support all employees to achieve a better work life balance and aims to retain and attract a diverse workforce.

Industrial relations

The Health Industrial Relations Service provides advisory, representation and consultancy services on significant Human Resource Management and Industrial Relations issues effecting health services. Key activities for 2006-07 included the conduct of Industrial Agreement negotiations for all categories of health employees.

During the reporting period, replacement Industrial Agreements were settled for engineering and building trades employees, health professional, administrative, technical and clerical staff.

As at the end of the reporting period negotiations for doctors, nurses and support workers were ongoing.



Internal audit controls

The Corporate Governance Directorate (Internal Audit) has the role of accountability adviser and independent appraiser, reporting directly to the Director General. Audits undertaken were generally planned audits, however on occasion, management initiated audits or Corporate Governance Directorate initiated audits were also carried out. Audits were of a compliance, performance or information system nature. The audits were conducted to assist senior management in achieving sound managerial control. External consultants were utilised to complete some audits.

WA Health has an overarching Audit Committee that considers matters of strategic importance and system-wide issues. This committee is informed by a number of sub-committees, which consider operational issues as they relate to specific areas. Sub-committees have been established for the North Metropolitan Area Health Service (including the Child and Adolescent Health Service), the South Metropolitan Area Health Service, the WA Country Health Service, the Department of Health and Health Corporate Network.

Fifty audits were completed during 2006-07.

Table 37: Completed Audits

Audit	Area audited
Accounts Payable, Supply & Finance	Health Corporate Network
Accounts Receivable	Health Corporate Network
Asset Governance	Health Corporate Network
Audit Log Integrity	WA Health
Clinical Governance	North Metropolitan Area Health Service; Child & Adolescent Health Service; South Metropolitan Area Health Service; WA Country Health Service
Control Review	Drug & Alcohol Office; WA Country Health Service (x 2)
CPOE Project Review	South Metropolitan Area Health Service
Email Management & Admin	Department of Health
Employment Services	Health Corporate Network
Financial Returns	Volunteer Organisations with the Metropolitan Health Service
FMA Compliance	Drug & Alcohol Office
Follow-up Review	Dept of Health & Aging (Office of Aboriginal & Torres Strait Islander Health)
FSCP & Annual Report Preparation Plan	Health Corporate Network, Metropolitan Health Services; WA Country Health Service
Governance Review	Department of Health
IM & ICT Governance	Department of Health
I-Procurement	Health Corporate Network
Nursing Hours Per Patient Day	North Metropolitan Area Health Service, Dept of Health, WA Country Health Service
Occupational Safety & Health	North Metropolitan Area Health Service
Patient Handover Procedures	North Metropolitan Area Health Service, Child & Adolescent Health Service; South Metropolitan Area Health Service
PATS Processing	WA Country Health Service
Purchasing & Accounts Payable	South Metropolitan Area Health Service
Remuneration/Billing	Department of Health
Review of Audit Log	North Metropolitan Area Health Service; South Metropolitan Area Health Service; WA Country Health Service
Risk Management	Department of Health; North Metropolitan Area Health Service; Child & Adolescent Health Service; South Metropolitan Area Health Service; WA Country Health Service



Major capital works

The following tables show major capital works in progress and works completed during 2006-07.

Table 38: Major capital works in progress

Project	Expected completion date	Approved cost 2006-07 budget (\$000)	Estimated total cost (\$000)
Armadale-Kelmscott Hospital - Development	January 2009	200	15,970
Broome Regional Resource Centre - Redevelopment Stage 1	January 2009	2,591	42,000
Bunbury - Replacement Dental Clinic	November 2007	896	3,186
Busselton Integrated District Health Service - Replacement	July 2011	930	65,000
Carnarvon Integrated District Health Service - Redevelopment stage 1	June 2009	143	2,300
Carryover - Various	June 2011	196	1,857
Community Health Facilities Expansion Statewide	December 2007	555	6,202
Corporate & shared services reform - Health Corporate Network	June 2008	3,024	12,813
Country Staff Accommodation- Stage 3	June 2012	4,520	24,068
Denmark Multi Purpose Centre - Planning and Upgrade	September 2007	30	500
Denmark Multi Purpose Centre - Replacement	August 2008	1,757	18,000
Equipment Replacement Program	June 2015	3,9081	24,1400
Fremantle Hospital - Holding	June 2012	465	15,000
Graylands Hospital - Redevelopment Planning	June 2008	66	600
Hedland Regional Resource Centre - Replacement Stage 2	March 2010	1,780	11,4000
Hedland - New accommodation	August 2007	106	745
Information and Communication Technology	June 2017	2,000	33,5000
Infrastructure Planning	June 2012	2,666	11,700
Joondalup Health Campus - Development Stage 1	July 2012	2,000	122,672
Joondalup Health Campus - Inpatient Mental Health Unit Expansion	September 2008	810	8,650
King Edward Memorial Hospital - Holding	December 2015	200	20,000
Kimberley - Various Health Project Developments	July 2008	12,009	45,300
Kununurra Integrated District Health Service - Development (inc new dental clinic)	August 2007	4747	6,800
Land Acquisition	January 2008	858	5,720
Mental Health Initiatives	August 2007	7,580	11,900
Minor Buildings Works	June 2015	18,701	253,430
Morawa & Perenjori - Multi Purpose Centre - Replacement	September 2008	279	9,130
Morawa Multi Purpose Centre - Fees and Initial Works	September 2007	653	890
Murray Districts Health Centre	November 2008	170	5,470
North Perth Dental Clinic Extension	June 2008	10	300
Pathways Home Program	September 2009	3,000	23,000
Peel Health Campus - Emergency Dept expansion	February 2008	512	3,000
Picture Archive and Communication System - Stage 1	December 2007	831	6,500
Princess Margaret Hospital - Holding	December 2010	600	15,000
Rockingham-Kwinana Hospital - Redevelopment Stage 1	June 2009	3,000	92,136
Royal Perth Hospital - Holding	June 2010	2,325	10,000
RPH & Shenton Park Hospital - Developments	January 2008	5,062	24,500
SCGH - Neurosciences Centre - Radiological Services	July 2007	4000	5505
South West Health Campus - Inpatient Mental Health Unit Expansion	October 2007	3,183	7,604
South West Health Campus - New Mental Health Clinic	October 2007	1,886	3,754
Southern Tertiary Hospital - New Stage 1(Fiona Stanley Hospital)	December 2011	3,836	1,092,421
WACHS Picture Archive Computerised System	June 2009	500	6,500
Wyndham Multi Purpose Centre - Development	July 2008	196	4,500



Major capital works (continued)

Table 39: Major capitals works completed

Project	Project commencement date	Project completion date	Approved cost 2006-07 budget (\$000)	Final cost (\$000)
Albany Regional Resource Centre - Rehabilitation Day Centre - Refurbishment	November 2005	September 2006	781	820
Fremantle Hospital - Developments	July 2001	February 2007	987	5,400
Hedland Regional Resource Centre - Replacement Stage 1 (Residential Care)	June 2005	January 2007	4,664	14,650
Margaret River Hospital - Upgrade	January 2005	October 2006	925	3,430
Moorra Multi Purpose Centre - Redevelopment	January 2005	November 2006	1,125	8,687
SCGH - State Cancer Centre Stage 1	April 2005	July 2006	1,192	12,271
Swan Health Campus - Land	May 2005	August 2006	7,925	11,300
Communication Infrastructure	December 2004	June 2007	3,452	11,000
Geraldton Regional Resource Centre - Redevelopment	December 2003	August 2006	1,555	49,000
Joondalup Dental Clinic	November 2005	August 2006	591	2,200
Port Hedland Regional Resource Centre - Interim Works	August 2002	December 2006	511	2,505
South Metro Obstetrics (Woodside)	November 2005	May 2006	830	830
Statewide Condition Audit - Stage 2	July 2002	June 2007	883	18,032

Notes

- The above information is based upon the 2006-07 published budget papers.
- Minor projects forming part of internal funds and balances have not been included.
- Commencement year for the completed projects is the year when planning and documentation commenced.
- The estimated total cost for the projects in progress, is based upon the current figures as per 2007-08 budget papers.
- Some project naming conventions for the project names are still being developed from one year to the next.
- New works commencing with funding cashflow in outyears have not been included.
- Completion timeframes are based upon a combination of known dates and financial closure.

Pricing policy

The majority of WA 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, or compensable patients (i.e. patients for whom a third party is covering the costs, such as patients covered by worker's compensation or third party motor vehicle insurance). Where fees are charged, the prices are based on legislation, government policy, or on a cost-recovery basis.

Health Finance 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 Australian Government Department of Veterans' Affairs Schedule of fees, with patients charged:

- 50% of the treatment fee if holder of a Health Care Card or Pensioner Concession Card
- 25% of the treatment fee if holder of one of the above cards and in receipt of a near full pension or benefit from Centrelink or the Australian Government Department of Veterans' Affairs.



Recordkeeping

The Department of Health has continued to progress the Recordkeeping Plan. During 2006-07 the State Records Commission approved the Department of Health's Records Retention and Disposal Schedule.

Within the Department of Health the Records Services section administers the requirements of the State Records Act 2000, including the Department of Health Recordkeeping Plan. The Business Classification Scheme (Thesaurus) and Records Retention and Disposal Schedule are key components of the Recordkeeping Plan.

The section is responsible for creating, managing and providing access to administrative and functional records for the Department of Health Royal Street offices and related functions and for system administration of the TRIM electronic document and records management system.

All new employees are reminded of their obligations in regard to recordkeeping through the induction program. The Electronic Documents and Records Management System (EDRMS) support officer provides additional training as required.



Recruitment

The Department of Health uses a multi-level approach to attract nurses to, and retain them within, the WA public health system.

Since 2003, the Department of Health has recruited graduate nurses using a centralised application system called 'Graduate Nurse Connect'. In 2006 the Department of Health recruited 479 graduate registered nurses into graduate transition programs for 2007 across the WA public health sector.

A marketing campaign entitled 'Never Just Another Day' was developed in 2006 to attract high school students into nursing. The aim was to market the profession as a positive career choice offering flexibility, diversity and opportunities to travel. Initial evaluation of the first phase of the campaign indicated a positive response by school leavers and an increased level of interest in nursing as a career. Further development of the campaign is underway. The website is: www.neverjustanotherday.com

The Department of Health provides funding support to health services to conduct a number of re-entry, refresher and up-skilling programs for registered nurses, enrolled nurses and midwives. In 2006, 153 nurses were supported to undertake these programs. The areas funded for up-skilling courses included midwifery, renal, high dependency and paediatric nursing, which are designated areas of high need for recruitment initiatives. The courses provide theory and practical application for nurses to improve their skills and knowledge in a clinical area of need.

International recruitment

The Department of Health has participated in centralised overseas recruitment initiatives since late 2005 in the United Kingdom, Germany, the Netherlands, China, Hong Kong and the Philippines to promote opportunities for registered nurses in the WA public health sector.

The Department of Health has recruited 70 registered nurses to WA and provided visa

sponsorship to an additional 341 across a range of specialty areas. This occurred through targeted advertising campaigns and participation at skilled migration exhibitions in partnership with the Department of Immigration and Citizenship.

The Department of Health provides a central point of contact for overseas trained health professionals to access information regarding job opportunities in WA. The website www.osrecruitment.health.wa.gov.au offers assistance regarding visas, online expressions of interest and information on living and working in WA. Further participation at 'expos' is planned in partnership with the Small Business Development Corporation of Western Australia and Department of Immigration and Citizenship.

The Department of Health maintains a competitive national position in both wages and conditions, reflected in the industrial awards and agreements covering enrolled nurses, nursing assistants and registered nurses which can be found online: www.health.wa.gov.au/AwardsAndAgreements.

In addition, the awards and agreements incorporate a number of provisions to attract and retain nurses, particularly in regional WA where nursing turnover is often higher and replacements difficult to find. These attraction and retention initiatives include providing the payment of gratuities to nurses under the registered nurses agreement who remain employed in remote and rural settings.

The management of nursing workloads assists in the retention of nursing staff for the public health system. The 'Nursing Hours per Patient Day' model developed for the Department of Health in 2002 is now a feature of both the registered and enrolled nurses industrial agreements, and promotes and monitors reasonable workloads for all nurses and midwives working in inpatient areas.



Staff development

The Department of Health has a strategic goal to promote and fully utilise the skills, knowledge and attributes of all staff. Training and development is the single most important mechanism for developing individual effectiveness consistent with the aims of the department.

Through continuous learning and development, Department of Health staff are able to:

- understand the department's core business goals
- understand their contribution to the work of the department, as well as the contributions of their colleagues
- undertake current duties with maximum effectiveness
- deal positively and productively with change
- develop skills and expertise in order to progress their own career development
- develop new areas of expertise which allow the most recent work practices and technology to be easily assimilated into the work of the Department

Staff development programs focus on developing skills for effective government business. These programs include:

- Performance development training: The Healthy Workforce Strategic Framework 2006-16 set a target of conducting performance development interviews with 80 per cent of Department of Health staff before 30 June 2007.
- Microsoft Project training: Staff from many areas of health, including the Office of Safety and Quality in Health Care, Cancer and Palliative Care, Information Collection and Management and the Mental Health Division have undertaken training in using this software to improve project management.
- WA Health Graduate Development Program: This program, conducted by Workforce Development for the past three years, provides opportunities for the best and brightest graduates of Australia's universities to work in the Department's corporate business arm. Fourteen graduates are participating in 2007.

- Prevention of bullying in the workplace: This program provides employees and managers with information on how to manage or resolve incidents of bullying behaviour and reinforces the department's policy of non-tolerance.
- Ministerial writing and policy writing

The Department of Health also supports and participates in the two leadership programs sponsored by the Director General: 'Leading 100' and 'Vital Leadership':

'Leading 100' is a six-month development opportunity for emerging leaders. Under the program, participants are assisted in developing a broad understanding of leadership roles and responsibilities within the complexities of the health care environment through exposure to a range of inspiring community, business and health leaders, and the sharing of learning experiences with colleagues.

The 'Vital Leadership' program enables experienced managers to explore their leadership style and recognise the skills and strengths they require to lead and inspire others. The program assists in realising opportunities for growth and helps to progress long-term personal development plans in collaboration with the support of managers and mentors.

The following significant staff development programs have been conducted within the Department of Health in 2006-07.

Disaster training

The Disaster Preparedness and Management Unit conducts comprehensive training in health aspects of emergency management. Training is offered to health service staff across WA (both public and private health facilities) as well as other emergency responders including St John Ambulance, the Fire and Emergency Services Authority and WA Police. Training offered includes:

- Introduction to Emergency Management
- Disaster Medicine
- Courses in Chemical, Biological, Radiological Health
- Bombs, Blasts and Bullets
- Regional Disaster Management



Staff development (continued)

- Major Incident Medical Management and Support (MIMMS)

The Disaster Preparedness and Management Unit also conducts exercises to validate hospital disaster response plans, train staff and identify gaps in response arrangements. The Swedish-based Emergotrain system has been used extensively.

Incident management training

The Office of Safety and Quality in Healthcare (OSQ) holds an annual Clinical Incident Management Seminar to enable its staff and other health care employees from across WA Health to update themselves on emerging national and state safety and quality issues and to share ideas on improving the safety and quality of health care in WA hospitals.

Root cause analysis training

The OSQ provided training to health service staff in the use of the Root Cause Analysis methodology for investigating the root causes of adverse events.

Change management training

The OSQ also provided regular development opportunities for OSQ staff members, including seminars, workshops and training days throughout the year and a whole-of-office training day in change management facilitated by the Australian Institute of Management.

Myers Briggs Type Indicator

The Analysis and Performance Reporting Directorate actively seeks opportunities for individual and group development of staff. A significant example has been the use of the Myers Briggs Type Indicator as a leadership training-tool promoting understanding of different personal leadership types and their use to gain the most from skills of team members.

Nursing forums

The Office of the Chief Nursing Officer established a series of Senior Nursing Forums. The purpose of the forums is to provide professional development opportunities for nursing leaders. This year 12 forums were

conducted including clinical education for the future, midwifery in focus, models of care, nursing research and leadership. Three key national nursing leaders were invited to provide strategic directions to the forum on the National Review of Nursing and Nursing Education, Nurse Practitioners and Nursing Leadership.

Contract management

The Statewide Contracting Division conducted a five-day contract management course. The main objective of the course was to provide participants with a detailed understanding of the framework within which contracts for the delivery of health services provided by non-government organisations are formed, monitored and managed. Particular emphasis was placed on the post award phases of contract performance monitoring, reporting and management in order to achieve cost-effective contractual outcomes. The course is followed by a series of one-day workshops where specific issues can be addressed and contract managers can form a supportive network across the health system.

Mental Health Strategy 2004-2007 Key Initiative 5

The Mental Health Division has completed the Clinical Supervision project under Mental Health Strategy 2004-2007 Key Initiative 5: Workforce, standards and safety. Achievements included:

- implementation of the Clinical Supervision Framework for WA mental health services and clinicians 2005
- promotion of the clinical supervision framework through information sessions in mental health services
- delivery of a training program to support the implementation of the clinical supervision framework
- launch of the Mental Health Clinical Supervision database of clinicians available to provide clinical supervision to other clinicians. This is located on the Mental Health Division website.



Substantive equality

The Department of Health is committed to providing services in a fair and non-discriminatory manner, with improved access to services to meet the different needs of its client groups.

In December 2004 the Western Australian Government released the Policy Framework for Substantive Equality. The Policy Framework recognises the principles of the WA Charter of Multiculturalism and is underpinned by the objectives of the Equal Opportunity Act 1984.

The Policy Framework encompasses 5 Stages:

1. Commitment to implementing the Policy Framework for Substantive Equality
2. Identifying clients and their needs
3. Setting objectives/ targets and developing strategies to address needs
4. Monitoring strategies
5. Review and evaluation

The following provides details about the progress of implementation of the Policy Framework for Substantive Equality within the Department of Health and more specifically, BreastScreen WA.

Level 1 - Commitment to Implementing the Policy Framework for Substantive Equality

For 2006-07, the Department of Health has completed two of the required outcomes:

- the scope of implementation of the Framework for each year is negotiated annually with the Commissioner for Equal Opportunity; and
- identified the policy framework objectives for the year.

Level 2 - Identifying Clients and Their Needs

During 2006-07 the Department of Health chose BreastScreen WA as the first area of implementation. The principal outcome for Level 2 is the assessment of policies that impact on service delivery to identify unmet need and any adverse impact on different Indigenous and ethnic groups. This assessment is referred to as a Needs and Impact Assessment. BreastScreen WA is currently undergoing a Needs and Impact Assessment, and the policies and practices that have specifically been assessed for impact on different groups are:

- BreastScreen WA Policy and Procedures Manual
- BreastScreen WA Health Promotion Plan 2005-07
- Client data, particularly participation rates (screening and re-screening)
- Minutes and reports from the BreastScreen WA Consumer Reference Group, and BreastScreen WA/WA Cervical Cancer Prevention Program Indigenous Women's Reference Group
- Interviews with key staff including Health Promotion and Recruitment Staff, Senior Medical Imaging Technologist, Data and Information Management
- Visit to BreastScreen WA Clinic sites

The next stage of implementation of the Framework for Substantive Equality will involve development of an organisational structure that can lead and champion the implementation of the Policy Framework across WA Health and specifically outline the next areas to undergo needs assessment.



Sustainability

The Department of Health's Sustainability Action Plan 2005-2007 (SAP) was endorsed by the Acting Director General in December 2004. The plan outlines an approach to addressing economic, social and environmental sustainability in the WA health system.

Since the release of the SAP, further work has been undertaken to support the commitments and targets identified in the plan:

Strategic planning

WA Health has incorporated sustainability, principles and actions into setting goals and determining strategic plans, consistent with *Better Planning: Better Services - A Strategic Planning Framework for the Western Australian Public Sector*.

Sustainability assessments

Sustainability assessments were incorporated into some business case proformas and project plans. In particular, the North Metropolitan Area Health Service (NMAHS) is envisaging formulation of a sustainability matrix for the QEII redevelopment, Joondalup Health Campus redevelopment and the new Midland Health Campus.

Legislation

A new *Public Health Act* is being developed to better protect and promote public health and prevent illness and injury in WA.

Consulting citizens

There has been ongoing consultation across WA Health around policy development and decision-making with stakeholders and the public. For example, in March 2007, WA Health began working with the Health Consumers' Council and the Ethnic Communities Council of WA to identify health consumers' perceptions of interpreter services and gaps in service provision in the metropolitan and rural areas. The results of this consultation will inform future planning of interpreter services throughout the State.

Procurement

WA Health complies with all State Supply Commission policies and Common Use Agreements for purchasing. The Health Corporate Network Supply Directorate is now responsible for these purchasing functions.

Service delivery

The key area where sustainability principles have been endorsed and implemented is in the provision of health services. The NMAHS developed an area Clinical Services Plan detailing service provision for the next decade and beyond. At Royal Perth Hospital (RPH) the Trauma Service implemented the Prevent Alcohol and Risk Related Trauma in Youth (PARTY) program. RPH is the first Australian trauma hospital to bring teenagers into the hospital system to see, first hand, the consequences of alcohol-related behaviour. Local schools are also bringing class groups to RPH to take part in this program.

Environmental performance

WA Health has reported energy consumption as required by the Energy Smart Government Program for the past five years. In accordance with this, the South Metropolitan Area Health Service (SMAHS) progressed several projects to the design, documentation and tender stage for potential energy-saving projects totalling \$1.716 million in capital advance funding from the Sustainable Energy Development Office. Ninety eight percent of Dental Health Service facilities have energy efficient air conditioning systems and all have energy-efficient lighting.

Vehicles and travel

All Area Health Services complied with the WA Health fleet policy requirements including a carbon neutral fleet, use of 4 cylinder vehicles where appropriate, and use of LPG on 6 cylinder vehicles where possible.

The QEII Medical Centre (QEII MC) Trust and Sir Charles Gairdner Hospital are committed to managing travel through implementation of the new QEII MC Travel Plan. It is the first public hospital site in WA to take such proactive steps towards managing travel.

Government buildings, built assets and land

WA Health has incorporated sustainability into the design and management of buildings and other assets. These principles will also be applied to the planning for new facilities being procured, such as the Fiona Stanley Hospital.



Sustainability (continued)

Volunteering for community development

Staff from across the health system volunteered in a range of community-based initiatives, emergency/disaster response and relief teams.

Sustainability through diversity

A Child and Adolescent Health Service Reconciliation Action Plan was developed as proposed by Reconciliation Australia in recognition of the 40th anniversary of the 1967 Referendum. These action plans are being developed by organisations across Australia to address ongoing disparity in health and wellbeing between Aboriginal and non-Aboriginal people.

WA Health participates in the inter-government Cultural and Linguistically Diverse Networking Committee, which shares information regarding key developments within each agency and discusses matters relating to diversity and multiculturalism.

Occupational health and safety

WA Health has policies and procedures in place to effectively manage workplace safety as advocated in Occupational Health and Safety Legislation. Princess Margaret Hospital and King Edward Memorial Hospital established the minimal lift project in October 2006. The project aims to implement a minimal lift approach to patient handling in all clinical areas.

State sustainability strategy actions

As required by the Sustainability Code of Practice, the following describes how WA Health has progressed health related actions:

- The Mosquito-Borne Disease Control Branch and the University of Western Australia Arbovirus Laboratory continued their collaborative program to monitor and provide early warning for mosquito-borne viruses of public health significance. The program accurately predicted outbreaks of Ross River virus in the Kimberley in March-June 2007 and detected activity of Murray Valley encephalitis virus, resulting in a number of media warnings and the escalation of mosquito control programs.
- Officers from the Mosquito-Borne Disease Control Branch provided a 2-day training course to local government environmental health officers in the Wheatbelt region, a

4.5-day mosquito management course for WA health personnel, the Northern Territory and East Timor, as well as seminars to several state government departments.

- Field assistance, expertise and specialised equipment for control of disease vectors were made available to local governments affected by severe flooding from cyclones in the north and south of WA.
- The Health Impact Assessment in Western Australia Discussion and Summary Papers were completed and released.
- The new Code of Practice for the design, construction, operation, management and maintenance of public aquatic facilities throughout WA is now on-line and will be incorporated into the Health (Aquatic Facilities) Regulations 2007.
- The Aged Care Policy Directorate has implemented initiatives to provide care, support and services to the elderly and long-term strategies to enhance the health and wellbeing of older people. These include the Wellness Approach to Community Home Care, the Home and Community Care Program and the Alliance for the Prevention of Elder Abuse.
- WA Health and the Commonwealth Government, through the Department of Health and Ageing, have entered into a joint partnership and funding arrangement to address transitional short-term support and care issues, and the active management of older people at the interface between the acute and residential aged care sectors. This partnership assists in the timely transfer of elderly patients from the metropolitan public acute care sector to a more appropriate rehabilitation environment.
- The WA Indigenous Healthy Lifestyle program has been implemented to assist communities build capacity to undertake a range of strategies to improve lifestyles and reduce risk factors for chronic disease among Aboriginal people.
- The 'Foundations for Country Health' strategy prioritises Aboriginal health and articulates specific actions to improve Aboriginal health. The strategy aims to ensure health services for Aboriginal people are accessible, culturally appropriate, integrated and coordinated.



Workers' compensation and rehabilitation

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

Table 40: Workers' compensation and rehabilitation claims 2006-07

Employee category	Number of claims in 2006-07
Nursing Services/Dental Care Assistants	Nil
Administration and Clerical	15
Medical Support	Nil
Hotel Services	Nil
Maintenance/ Supply (HCN)	2
Medical (salaried)	Nil
Total	17

Occupational injury and illness prevention

Programs provided in 2006-07:

- Occupational Safety and Health (OSH) induction for all new staff, including ergonomic advice.
- Preventative training programs for manual handling, ergonomic seating and stress management
- On-site workstations ergonomic advice on request
- Website with interactive program on office-based ergonomics
- OSH training for management
- Risk assessments and site inspections for various worksites as requested

Employee rehabilitation

Programs provided in 2006-07:

- Active injury management policy and program to facilitate early return to work
- Injury management coordinator facilitating injury management, contact with injured worker and medical practitioner, provision of alternative duties and amended duties as required.
- Collaboration with medical practitioners, injured worker, rehabilitation provider and Insurer RiskCover
- Liaison with vocational rehabilitation providers to assist in the graduated return to work program for injured worker.



Health Overview

Patient evaluation of Health Services 2006-07

Background

Patient satisfaction gives an indication of the perceived quality of the service provided and research has shown that satisfaction is related to better health outcomes (Ostir, Simonsick et al. 2002; Staiger 2005). Every year since 1997, the Patient Evaluation of Health Services (PEHS) surveys thousands of patients and asks about their experiences in the health system. Since 2004-05, the surveys are usually completed as a telephone survey, which attract excellent response rates (over 85% with participation rates over 90%). Within a three-year cycle, every patient group is surveyed. Older patients and special groups are interviewed face-to-face or by a postal survey.

This year, as part of the annual Patient Evaluation of Health Services, 6,833 admitted patients and 1,772 metropolitan outpatients were interviewed about their experience in the health system. The surveys were conducted between February and June 2007.

What aspects of health care are important to patients

A review of the literature and a series of focus groups determined that there were seven stable aspects of health care that are related to patient satisfaction. However, the relative importance that patients attribute to each aspect of health care may change in response to circumstances. To determine the relative importance of the aspects of care, each year respondents are asked to rank the seven aspects from most important to least important.

For admitted patients, the two most important aspects of health care are time and attention given to care, and being kept informed. The least important aspect of health care relates to the residential aspects of the health facility.

For outpatients the two most important aspects of health care are time and attention paid to care, and meeting personal as well as clinical needs. The least important aspect of health care relates to the residential aspects of the health facility.

The 2006-07 Admitted Patient Survey: Scale Scores, Overall Indicator of Satisfaction and Outcome Score

Patients respond to questions asking about their satisfaction with the seven aspects of health care related to patient satisfaction. Scale scores represent the average level of satisfaction (out of 100) for each aspect of health care. A score of 80 is considered average, while a score of 90 or above is considered a best practice standard. An overall indicator of satisfaction is calculated from the seven scale scores, weighted by ranked level of importance (done by patients annually).

Patients also rate their satisfaction with the outcome of their hospital stay, based on expected versus actual recovery time and a rating of how beneficial the hospital stay was in relation to the patient's initial health/condition.

Comparison of 2006-07 with 2005-06

Last year, patients who stayed in hospital from 2 to 34 nights were surveyed. Results from 2006-07 for this same patient group have been calculated and are compared with the results from 2005-06 in Table 41.

Table 41: Mean Scale Scores, Overall Indicator of Satisfaction and Outcome Score 2006-07 compared with 2005-06 for patients admitted 2 to 34 nights

Scales, Overall Indicator of Satisfaction and Outcome Score	Admitted	
	2006-07	2005-06
Access to Hospital Scale	↓ 69.9	71.7
Time and Attention Given to Care Scale	88.3	88.1
Information & Communication Scale	82.0	82.1
Meeting Personal as well as Clinical Needs Scale	89.9	89.8
Continuity of Care Scale	75.9	74.7
Involved in Decisions about Care & Treatment Scale	72.8	72.0
Food and Residential Aspects Scale	63.4	62.4
Overall Indicator of Satisfaction	79.3	79.3
Outcome Score	↑ 84.2	81.5

The statistically significant differences are indicated on the table by an arrow, and the direction of the arrow indicates the direction of the change.

In 2006-07, patients scored the outcome of their hospital stay significantly higher compared with 2005-06 (84.2 compared with 81.5). For six of the seven aspects of health care scale scores the level of satisfaction is equal compared with 2005-06. The only exception is the *Access to Hospital Scale* Score, which showed a significant decrease in satisfaction in 2006-07 compared with 2005-06 (69.9 compared with 71.7).

The 2006-07 Results for Admitted Patients

Table 42 shows the comparison of the Scales Scores, *Overall Indicator of Satisfaction* and *Outcome Score* of patients admitted for elective surgery compared with patients admitted for other reasons. Every difference between the Scales Scores, the *Overall Indicator of Satisfaction* and the *Outcome Score* between patient groups is statistically significant.

Table 42: Mean Scale Scores, Overall Indicator of Satisfaction and Outcome Score by admitted patient group, PEHS 2006-07

Scales, Overall Indicator of Satisfaction and Outcome Score	Patients Admitted for Elective Surgery	Patients Admitted for Other Reasons
Access to Hospital Scale	69.5	66.4
Time and Attention Given to Care Scale	92.7	89.9
Information & Communication Scale	84.0	81.9
Meeting Personal as well as Clinical Needs Scale	92.7	90.9
Continuity of Care Scale	80.0	77.0
Involved in Decisions about Care & Treatment Scale	74.4	73.2
Food and Residential Aspects Scale	65.3	64.0
Overall Indicator of Satisfaction	81.8	79.6
Outcome Score	86.3	84.9

These scores (out of 100) represent how patients rated particular aspects of service.



Comparison across hospital peer groups

Each year, hospitals are given information about how their hospital performed compared to others within their peer group. Results for the state are presented in Table 43.

Table 43: Mean Scale Scores, Overall Indicator of Satisfaction and Outcome Score for admitted patients by hospital peer groups, PEHS 2006-07

Scales, Overall Indicator of Satisfaction and Outcome Score	All Admitted Patients	Tertiary hospitals	Non tertiary hospitals	Regional Resource Centre	Integrated	
					District Health Service	Other Service Location
Access to Hospital Scale	67.0	67.1	68.9	67.3	64.6	65.2
Time and Attention Given to Care Scale	90.4	88.8	92.4	90.1	90.2	91.4
Information & Communication Scale	82.3	80.6	83.2	82.1	82.4	84.9
Meeting Personal as well as Clinical Needs Scale	91.2	89.4	92.3	90.9	91.5	93.6
Continuity of Care Scale	77.6	74.8	79.3	76.6	78.0	81.4
Involved in Decisions about Care & Treatment Scale	73.4	72.5	73.9	73.7	73.8	73.4
Food and Residential Aspects Scale	64.3	59.2	65.7	64.0	67.1	69.9
Overall Indicator of Satisfaction	80.0	78.2	81.4	79.9	79.9	81.6
Outcome Score	85.2	82.8	86.6	85.2	85.7	87.1

Across most scales hospital size is inversely related to satisfaction. This year, unusually, all peer groups show low levels of satisfaction with the *Access to Hospital* Scale with no score reaching 70 out of 100. The only other scale with such low levels of satisfaction is the *Food and Residential Aspects* Scale.

Conclusions and Implications of Results for the Admitted Patient Survey

For admitted patients, satisfaction exceeds the average level of 80 for three of the seven scales, indicating high levels of satisfaction with these areas of health service provision. These best performing scales are also among the most important as indicated by patients.

Patients admitted for elective surgery are more satisfied with their hospital stay and outcomes than patients admitted for other reasons. This finding could be the result of many factors, including an older patient group, being admitted for less serious conditions (Kroenke, Stump et al. 1999), choosing to be admitted and other, as yet unidentified, factors.

Across both metropolitan and regional areas hospital size is inversely related to satisfaction levels. This is consistent with previous years results, and again may reflect many factors, including the severity of health problems patients present with, the length of stay, the time staff have to pay to patients, and other unidentified factors.



The 2006-07 Results for Outpatients

This is the first year that a telephone survey has been conducted with people who attended a metropolitan Outpatient Department. Table 45 presents the Scales Scores, *Overall Indicator of Satisfaction* and *Outcome Score*.

Table 44: Mean Scale Scores, Overall Indicator of Satisfaction and Outcome Score by outpatient group, PEHS 2006-07

Scales, Overall Indicator of Satisfaction and Outcome Score	Outpatient Department Patients
Access to Hospital Scale	56.8
Time and Attention Given to Care Scale	76.2
Information & Communication Scale	78.4
Meeting Personal as well as Clinical Needs Scale	88.6
Continuity of Care Scale	75.0
Involved in Decisions about Care & Treatment Scale	65.0
Food and Residential Aspects Scale	58.1
Overall Indicator of Satisfaction	73.1
Outcome Score	77.7

The three highest scores align with the three most important aspects of health care; *Time and Attention Given to Care* ranked most important (with an average score of 76.2), *Meeting Personal as well as Clinical Needs* ranked second most important (with an average score of 88.6) and *Information and Communication* ranked third most important (with an average score of 78.4). The *Access to Hospital Scale* and the *Food and Residential Aspects Scale* show the lowest levels of satisfaction.

Comparison across hospital peer groups

Each metropolitan Outpatient Department was given information about how their hospital performed compared to others within their peer group. Results for the state are presented in Table 45.

Table 45: Mean Scale Scores, Overall Indicator of Satisfaction and Outcome Score for metropolitan outpatients by hospital peer groups, PEHS 2006-07

Scales, Overall Indicator of Satisfaction and Outcome Score	All OPD patients	Tertiary hospitals	Non tertiary hospitals
Access to Hospital Scale	56.8	55.3	63.1
Time and Attention Given to Care Scale	76.2	74.9	81.7
Information & Communication Scale	78.4	78.0	80.0
Meeting Personal as well as Clinical Needs Scale	88.6	87.9	91.4
Continuity of Care Scale	75.0	73.8	79.7
Involved in Decisions about Care & Treatment Scale	65.0	65.0	64.8
Food and Residential Aspects Scale	58.1	57.3	61.3
Overall Indicator of Satisfaction	73.1	72.2	76.5
Outcome Score	77.7	77.3	79.3

Non-tertiary hospitals score significantly higher across all seven scales as well as the *Overall Indicator of Satisfaction* and the *Outcome score*.



Outpatient ratings of satisfaction only reached what is considered an average score on the *Meeting Personal as well as Clinical Needs* Scale, and for non-Tertiary hospitals, on the *Information and Communication* Scale.

Data Source

WA Patient Evaluation of Health Services Survey 2007

References

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