



# Significant Issues and Trends

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# Overview

Progress on the health reform plan and policies for the WA health system implemented by the Government of Western Australia has continued during 2007-08. This reform work continues to be a balancing act against the challenge of providing for the increasing demands on hospitals and other health services.

## New federal partnership

The newly elected Federal Government has identified health reform as a key priority area and has committed to a number of health reform initiatives from its 2007 election platform. A key aim for Western Australia is to ensure maximum integration between State and National health reform agendas. Particular areas of interest for Western Australia include improved cooperative arrangements in the areas of emergency demand management, ambulatory care, elective surgery and improving the interface between public hospitals and aged care. This commitment to improving health outcomes for all Australians and health service delivery is reflected in the architecture of the national reform agenda emphasizing the collaborative approach through the Council of Australian Governments (COAG) and the establishment of the National Health and Hospitals Reform Commission (NHHRC) which has been tasked with developing a long-term health reform plan for Australia by mid-2009.

The current Australian Health Care Agreement (AHCA) for the funding of public hospitals expires on 30 June 2008 and a new health care agreement is to be signed in December 2008, with a commencement date of 1 July 2009. The existing AHCA will continue until the new agreement is in place. However the Commonwealth Government has committed an immediate one-off injection of \$500 million nationally for expenditure in 2008-09 with WA's share being approximately \$45 million.

The Commonwealth Government has also announced a number of other health related election commitments which have benefited WA Health:

- an elective surgery 'blitz' targeting patients who are waiting longer than the clinically recommended guidelines with WA receiving an allocation of \$15.4 million to deliver an additional 2,720 elective surgery cases in 2008;
- the establishment of General Practitioner (GP) Super Clinics as a key element in building a stronger primary care system, including a greater focus on health

promotion and illness prevention with better coordination between GP services, community health and services provided by the State Government. Two GP Super Clinics have been announced in Western Australia at Midland and Wanneroo, with a funding commitment from the Commonwealth Government;

- a Commonwealth Dental Health Program to assist State and Territory Governments to reduce waiting lists for public dental services;
- incentives to increase the nursing and midwifery workforce by encouraging nurses and midwives who have not been employed for at least 12 months to return to the workforce;
- funding for additional transitional care places for older Australians waiting in hospital for a residential aged care bed;
- a program to provide zero interest loans to aged care service providers to enable up to an additional 2,500 permanent places to be created; and
- establishment of a Preventative Health Care Taskforce.

## Aboriginal health

The new Federal Government has also emphasised the priority it is giving to resolving the disparity in health status between Aboriginal and non-Aboriginal populations and has instigated high level strategic health care planning and service delivery with the states to progress the improvement in the health status of indigenous people. During 2007-08 the Office of Aboriginal Health has continued its work to develop close partnerships with area health services, other government agencies and non-government organisations to progress this health outcome.

# Major Achievements 2007-08

## Healthy workforce

The Department of Health is committed to providing and promoting a healthy working environment, providing opportunities for personal and professional development, ensuring a high standard of knowledge and skill and implementing workforce planning tools to address workforce requirements to meet the needs of a diverse population.

### Workforce

The Community Residency Program commenced in 2007 as a pilot program to extend Post Graduate Year 1 (PGY1) and Post Graduate Year 2 (PGY2) rotations into community settings. The program is managed by WA General Practice Education and Training and funded by WA Health. Following a successful evaluation, the program has been fully implemented in 2008. Planning has commenced for the implementation phase at 10 community residency sites across the State providing approximately 50 PGY2 rotations for 2009.

The Expanded Specialist Training Program is a Council of Australian Governments initiative to allow medical specialist trainees to undertake a rotation beyond the traditional teaching hospital setting. Twenty-three positions have been created to date, 16 of which have been funded for 2008.

WA Health has been promoted as a workplace of choice via a marketing and promotional presence within the United Kingdom. In 2007-08 approximately 200 FTE have been attracted by this campaign.

### Aboriginal health

The Office of Aboriginal Health and Workforce Education and Training published the WA Health Aboriginal and Torres Strait Islander (ATSI) Employment Framework and Business Plan. The document provides objectives for attraction and retention, workforce skill development, workforce culture and environment, workforce design and workforce planning and evaluation. The Reconciliation Action Plan (RAP) was also finalised. Initiatives in the RAP are directly linked to the Employment Framework and Business Plan with a focus on three major areas (relationships, respect and opportunities).

Other workforce achievements include the development of pathways into the health workforce for ATSI people:

- an ATSI Primary Health Care vocational education and training (VET) in Schools Program;

- a PathWest Laboratory Technician traineeship for Aboriginal job seekers;
- a Diploma of Nursing program (in conjunction with Marr Mooditj);
- a Cultural Maintenance component of the Department of Health orientation training package;
- a national Scope of Practice model for Aboriginal Health Workers; and
- the incorporation of the national Aboriginal Health Worker Association.

### Mental health

Twenty-nine mental health nurses have been appointed as a result of the nursing recruitment drive held in April 2008.

### Obstetrics

Medical and nursing directors for the state-wide Obstetric Support Unit have been recruited.

### Aged care

The Aged Care Assessment Team (ACAT) quality framework, which identifies and promotes good practice, has been completed and provided to the aged care assessment teams.

In 2007-08 the ACAT Quality and Training Reference Group was formed to implement Western Australian training and quality frameworks. The group met on a quarterly basis to develop and plan the implementation of training. Nine training sessions covering the key clinical, operational and policy requirements of aged care assessment have been completed.

The ACAT Managers Group was developed and met twice in 2007-08 to provide a forum for the development, promotion and implementation of operational management initiatives, particularly in relation to timeliness, quality and consistency of assessments.

## Healthy workforce (continued)

### Health protection

The Disaster Preparedness and Management Unit (DPMU) have amalgamated the various disaster education courses into a single suite with standardised training aims, objectives and delivery methods.

In 2007-08 the DPMU coordinated the delivery of 34 disaster training courses, as well as providing workshops for general practitioners and health support staff, in organisations such as HealthDirect and Silver Chain.

The DPMU also developed and presented a legislative training program to Western Australian Police and to Drug and Alcohol Coordination officers.

### Chief Psychiatrist

The Chief Psychiatrist and staff of the Office of the Chief Psychiatrist (OCP) provided education and training sessions for mental health clinicians, students and other government and non-government agencies. These sessions related to activities of the OCP and the *Mental Health Act 1996*. By conducting education sessions the OCP ensures that clinicians and others are informed and educated about lawful procedures and best practice. Over this period there were 53 education sessions on the Act to more than 800 people.

Two Authorised Mental Health Practitioner three-day training courses were conducted which enable these practitioners to be registered to undertake particular duties under the Act.

In the first half of the year there were 12 education sessions to mental health services in relation to the Chief Psychiatrist's Clinical Governance Review Program. This includes three 2-day training sessions for Clinical Governance Reviewers, seconded from the health services and Consumer and Carer groups.

Towards the end of 2007 the self-assessment pilot project in relation to the monitoring of the Service Standards for Non Government Providers of Community Mental Health Services commenced. Thirteen education sessions were provided in relation to the Chief Psychiatrist's new Non Government standards monitoring program.

### Safety and quality

The Office of Safety and Quality in Healthcare provided education and training to health care workers to support the provision of safe, high-quality health care to the WA community. In 2007-08 the following has been achieved:

- provided training programs for the health workforce in patient safety, clinical investigation and root cause analysis techniques;
- held the 4<sup>th</sup> Annual Incident Management and Reporting Seminar in May 2008;
- supported the WA Medication Safety Symposium to raise awareness of the need for medication safety and for clinicians to share successful strategies for reducing medication error;
- trained Area Health Service staff in change management and quality improvement methodologies to support the implementation of eight Clinical Practice Improvements under the SQUIRE program; and
- implementation and evaluation of a Policy for Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners.

### Corporate governance

The Corporate Governance Directorate has been implementing a range of professional standards strategies. This approach includes:

- ongoing development of a misconduct resistance framework;
- improved integrated risk management strategies;
- a centralised misconduct complaints process; and
- provision of ongoing education to all staff relating to accountability requirements within the public sector.

Corporate Governance Directorate is also responsible for Freedom of Information for the Department of Health, together with undertaking all criminal records screening for new employees.

### Chief Nurse

The Office of the Chief Nurse has implemented a number of initiatives to attract, retain and recruit nurses including:

- Since 2003, WA Health has recruited graduate nurses using a centralised application system called 'Graduate Nurse Connect'. In 2007 for the 2008 recruitment year WA Health recruited 586 graduate registered nurses into graduate transition programs across the WA public health sector. This is an increase of 110 graduates on the previous year;

- Increased the number of undergraduate's places from 350 in 1999 to 775 for the 2008 intake;
  - The Department of Health provides funding support to health services to conduct a number of re-entry, refresher and up-skill programs for registered and enrolled nurses and midwives to re-enter the nursing workforce. In 2007, 137 nurses were supported to undertake these programs;
  - The Department of Health has for many years offered nursing scholarships for undergraduate nursing and postgraduate nursing and midwifery studies. For the 2008 academic year 459 scholarships have been awarded totalling \$1,105,141;
  - Nurse Practitioner Role: The Nurse Practitioner was established in 2003 and today we have 96 areas of practice for a nurse practitioner being designated across the state, 150 nurses are enrolled in Nurse Practitioner Programs and 22.5 FTE Nurse Practitioners in full scope of practice across the Public Health System;
  - International Recruitment - the Department of Health has participated in centralised overseas recruitment initiatives since late 2005 in the United Kingdom, Germany, Asia and the Netherlands to promote opportunities available to registered nurses across the WA Public Health Sector. In 2007-08 WA Health provided temporary visa sponsorship nomination to an additional 311 nurses and midwives and 134 permanent sponsorship visa nominations across a range of nursing specialty areas;
  - The Department of Health maintains a competitive national position in both wages and conditions which is reflected in the industrial awards and agreements covering enrolled nurses, nursing assistants and registered nurses. The 2007 Industrial Agreement includes a rebasing of all pay classifications with further wage increases of 4.5% in July 2007, 4% in July 2008 and 4% in July 2009. Other benefits will include an ongoing qualification allowance, significant increases in shift penalties and increases in parental leave;
  - 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 WA 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. The Western Australian model has since been adopted by other states;
  - Work Life Balance - The Department of Health has taken an innovative approach in introducing work life balance for its 35,000 employees. Nurses working in WA Health can look forward to a workplace that offers them a satisfying job while achieving optimum family, community and leisure time; and
  - Assistant in Nursing Pilot: This initiative is aimed at job redesign /reconfiguration of the workforce to allow assistants in nursing to work alongside registered nurses and provide support. This will allow registered nurses to focus on planning, coordinating and assessing outcomes of care provided to patients. It will also provide career pathways into nursing for unregulated workers. Commencement of the first cohort of Assistants in Nursing Training commenced in February 2008 at Fremantle Hospital.
- Enrolled Nurse (EN) Post Registration Courses have been established and the programs that have commenced are:
- Principles of Emergency Care Enrolled Nursing - 46 ENs have completed the course;
  - Neonatal Certificate Course for Enrolled Nurses - 7 ENs have completed the course;
  - Operating Room for Enrolled Nurses has commenced; and
  - Mental Health course for Enrolled Nurses has commenced.

# Healthy hospitals, health services and infrastructure

The Department of Health is committed to ensuring the services that it provides directly or via contracted services to the people of Western Australia are accessible, innovative and responsive to community needs, are efficient, and are of the highest quality.

## Aboriginal health

The Office of Aboriginal Health, in partnership with the WA Country Health Service and the Department of Defense, replaced the clinic at the Kalumburu community. This improved facility enhanced the clinic's service provision with capabilities for renal dialysis and dental services, as well as providing overnight accommodation for visiting health professionals.

A strategic approach was developed for an Aboriginal Men's Health Program in WA, including a series of practical and responsive solutions at a low cost. The strategic approach identifies ways to reduce the levels of mortality and morbidity among Aboriginal men, including social and emotional wellbeing.

Recognising the importance of providing an effective engagement of Aboriginal and non-Aboriginal men in the process of planning, designing, delivering health programs and services in order to progress Aboriginal men's health and well being, a representative group of Aboriginal men were called together in April 2008 for a two-day Aboriginal Men's Health Forum.

In setting the platform for change for the betterment of Aboriginal men's health and well being in Western Australia the following has been undertaken:

- establishment of a targeted Aboriginal men's health program – portfolio area;
- establishment of an Aboriginal Men's Health Reference Group;
- development of a Pit Stop Training initiative targeting Aboriginal Health Workers in partnership with WACHS;
- progression of an Aboriginal Men's Health Policy Framework / Action Plan; and
- establishment of a Departmental Working Group for the National Men's Health Policy Consultation Process.

## Aged care

The Care Awaiting Placement program provides time limited transition care options for aged care patients who are waiting in a public hospital bed for alternative aged care services to become available. The program has expanded from 114 beds in February 2007 to 223 beds in February 2008.

Transitional care programs were implemented in the South West region in September 2007, MidWest region in February 2008 and Great Southern region in March 2008. This collaborative State and Commonwealth Government funded program provides time-limited, goal-oriented therapeutic care in a non-hospital environment while assisting the patient to make long-term care arrangements.

Aged care services in country areas have been enhanced by the appointment of Aged Care Managers in each region and the implementation of risk screening of all older patients accessing emergency departments.

## Genomics

During 2007-08 the Office of Population Health Genomics developed a clinical care pathway for the identification and management of individuals with, or at risk of of, familial hypercholesterolaemia. The pathway was developed in consultation with peak national and international bodies including Heart UK and the Australian Artherosclerosis Society and has received broad support from the National Heart Foundation.

The Genomics Health Network has been active in addressing issues raised by the National Health & Medical Research Council, the Australian Law Reform Commission and the Australian Health Ministers Advisory Committee in relation to genetic privacy, genetic testing, gene patents, newborn and prenatal screening and a range of technical and social issues arising from genomics technology in healthcare.

The Office of Population Health Genomics is conducting a major project to map the health burden of genetic disease in WA, including the total cost of diagnosis, management and associated treatment of genetic disease. The current focus is on evaluation of the burden associated with single gene and chromosome disorders. The project will provide evidence to guide strategic planning in this health service area that has previously proved too complex to be comprehensively evaluated.

The Office of Population Health Genomics uses a systematic, evidence-based framework to determine the health benefits derived from

testing for specific genetic disorders. This year, a number of tests for a genetic heart condition (long QT syndrome), congenital adrenal hyperplasia in newborns and a number of familial cancer tests have been systematically evaluated. This work will ensure that the technical advances in the area are translated into health benefits in the most clinically effective and cost-beneficial manner.

### **Cancer and palliative care**

An integrated model of care for palliative care was presented to the Health Networks Leads Forum in March 2008 and endorsed by the State Health Executive Forum in April 2008.

A palliative care rural audit was conducted with 100% input from stakeholders. This will inform the development of a Rural Palliative Care Model.

Attention to Australian Palliative Care Standards has progressed with the development of a standard palliative care admission form. The use of forms will be audited.

The Cancer Network has developed a trial to deliver oncology education and clinical services to regional centres via Telehealth. This will facilitate more accessible professional development for clinical staff and GPs, improved access to services for patients in regional locations and enable 'virtual' visiting for social and emotional support of patients and their families during periods of hospitalisation in Perth.

### **Smokefree WA**

On 1 January 2008, WA Health implemented a no smoking policy. This policy applied to all WA Health buildings and grounds including leased premises. The SmokeFree Western Australia Working Party provided guidelines and support services to ensure a smooth implementation of the policy

### **Patient transport**

The St John Ambulance Association has introduced five day-ambulances and an additional four career paramedics in the greater metropolitan area to enable timely responses to emergency calls.

### **Mental health**

Construction of Community Supported Residential Units in Albany, Busselton and Geraldton was completed between November 2007 and February 2008 and residents have commenced moving in.

Construction of the Community Options group homes in Kelmscott was completed in April 2008 and the homes officially opened in June 2008.

Construction of the Bunbury Community Supported Residential Unit was completed in May 2008.

Tenders were awarded in April and May 2008 for the construction of transition accommodation in East Perth for homeless adults with a mental illness and Fremantle for homeless young people with a mental illness.

A call for tenders was announced in April 2008 for the construction of the mental health inpatient facility at Rockingham (30 beds).

The new discharge lounge at Graylands Hospital became operational in June 2008 and is staffed by peer support workers.

The construction of the mental health inpatient facility at Joondalup Health Campus (15 public beds) is underway, with the tender awarded in October 2007.

The eating disorders program at Princess Margaret Hospital is being expanded to provide more places in the intensive day treatment program and in-home therapy programs.

The Bentley rehabilitation unit opened in April 2008. This unit will assist in the overall bed management for mental health services at Bentley Hospital and across the metropolitan area. The unit is operating with eight beds, which will increase to 18 beds following staff recruitment.

Early intervention and mental health promotion programs provided by non-government organisations have been expanded. These programs include support services for children of parents with a mental illness, parenting programs and school mental health promotion programs.

### **Chief Psychiatrist**

The Office of the Chief Psychiatrist (OCP) receives and acts on information provided about standards and issues regarding psychiatric care. During 2007-08 OCP received and managed 539 complaints. The issues raised fell into four main categories access; communication; quality of clinical care; and rights, respect and dignity. The majority of issues were raised by patients themselves (38%) and relatives (29%). Advocacy agencies on behalf of patients and carers were

# Healthy hospitals, health services and infrastructure (continued)

## Chief Psychiatrist (continued)

6% and the rest made up of health professionals and concerned others. Action taken on complaints lodged with the OCP enables services to improve the patient's health care experience.

The Chief Psychiatrist maintains, under the *Mental Health Act 1996*, a register of Authorised Hospitals which are hospitals where patients can be detained to receive mental health assessment and treatment. The *Chief Psychiatrist Standards for the Authorisation of Hospitals under the Mental Health Act 1996* was published to guide health services in establishing a safe environment.

The Chief Psychiatrist is informed, as a matter of first priority, of any death of a patient receiving mental health care and any serious incidents in mental health services (Operational Circular 2061/06). The Chief Psychiatrist also collects reported information on patients whose events or death may have a relationship to mental health issues but have had no contact with mental health services. Serious Incidents may include, but are not confined to, serious assaults on or by staff, other patients or visitors, absconding of any forensic patient, detained involuntary patients or serious medication error in regard to a mental health patient.

The information the OCP receives about deaths and serious incidents is used to act, where appropriate, in early intervention, to prepare data and report, in order to gain an overview of events in WA that may relate to standards of mental health care. The data and reports are used in a number of ways:

- to examine specific incidents or deaths individually as they are reported and where necessary take immediate action;
- to inform the Clinical Governance monitoring processes which will result in recommendations to the service; and
- to inform the Director of General of Health and the Minister for Health;
- to assist with the responses to Parliamentary Questions; and
- to analyse the data gathered over longer periods to enable trend identification and where appropriate, take action.

## Health protection

EmergoTrain is a simulation system which enables health services to test their capacity to function effectively during a major incident (such as a natural or manmade disaster).

The Disaster Preparedness and Management Unit (DPMU) conducted an EmergoTrain simulation exercise, 'Exercise Pegasus', in December 2007. The exercise simulated 500 casualties, the largest number of casualties of any such simulation conducted in Western Australia. 'Exercise Pegasus' was successful in achieving its aim of evaluating WA Health's capacity to handle such a large number of patients in a mass casualty incident. The exercise also identified training needs within the hospital Emergency Control Centres and the improvements required in radio communications.

The DPMU has also developed mini EmergoTrain kits to allow health services to conduct small local exercises for small hospitals or even individual hospital departments.

## Biomedical engineering

During 2007-08 Biomedical Engineering contributed to a wide range of tender submissions, providing technical specifications and support and has been on the tender evaluation panels of the following projects:

- Perth Chest Clinic, where it has maintained the X-ray equipment for more than 30 years. Current equipment will be replaced with a totally digital system, removing the need for film processing and improving work flows.
- Biomedical Engineering has provided technical support for the acquisition of up to 4 new Computed Tomography (CT) scanners. The new machines will replace existing equipment at Kalgoorlie and Geraldton and enable new installations at Nickol Bay (Karratha) and Narrogin subject to funding and clinical need.
- Biomedical Engineering has been involved in establishing a panel contract for Common Use Radiology equipment. This has helped in the tendering for radiology equipment. This new project will provide a wide range of imaging equipment on a pick-and-buy arrangement, which will significantly reduce the time and resources used to purchase in this area. This arrangement is new to radiology and has been successful in purchasing general electromedical equipment for a number of years.

## HealthDirect

High volume specialties at all tertiary facilities are now using WA Health's call centre, 'Outpatient Direct', for cancellation and rescheduling of appointments.

## Safety and quality

The Office of Safety and Quality in HealthCare (OSQ) continues to develop and implement statewide policies, standards and procedures across the four pillars of the WA Clinical Governance Framework. It has:

- coordinated a Statewide response to the Office of the Auditor General's report 'First Do No Harm: Reducing Adverse Events in Public Hospitals' by establishing the Managing Adverse Events project with a governance structure and work plan identifying key milestones and timeframes. Accountable Department of Health divisions and Area Health Services will facilitate the work under the Project Control, Clinical Advisory and Data Advisory Groups;
- continued implementation of the Safety and Quality Investment in Reform program;
- supported Area Health Service teams to implement eight mandated Clinical Practice Improvement programs: Acute Myocardial Infarction, Venous Thromboembolism, Pressure Ulcers, Falls Prevention, Medication Reconciliation, Central Line Associated Blood Stream Infections, Surgical Site Infections and Hand Hygiene;

- continued support of the Healthcare Associated Infection Council of WA to oversee a statewide response to healthcare associated infection, including surveillance, monitoring and policy/procedure development;
- completed the WA Open Disclosure Pilot Project in the South Metropolitan Area Health Service;
- published the third annual Sentinel Event Report for July 2006 to June 2007;
- published *Paving the Way: Promoting Safer Health Care in WA 2002-2007*, a history of safety and quality reforms in WA; and
- revised the 'WA Review of Mortality Policy' to integrate the identification of preventable deaths into the sentinel event management process.

## Epidemiology

The Patient Evaluation of Health Services (PEHS) is in its twelfth year of data collection. This year along with admitted patients, emergency department patients were surveyed. The information from the PEHS surveys are used to support and evaluate initiatives undertaken by hospitals to improve service provision.

## Healthy partnerships

The Department of Health recognises the importance of, and is committed to, developing strong partnerships and co-operative arrangements with government agencies, non-government organisations, community groups and private sector providers. These relationships support improvements in service delivery, facilitate research and development, and maximise the benefits of capital investment.

### Genomics

A partnership between the Western Australian General Practice Network and the Australasian Society for HIV Medicine has been developed to roll out human immunodeficiency virus training for General Practitioners and allied health professionals.

A familial hypercholesterolaemia (FH) (high blood cholesterol) program has been established with the appointment of nurses, a project coordinator and a dietician. More than 60 index cases and more than 50 relatives (cascade screening) have been reviewed by the Familial Hypercholesterolaemia Clinic. Partnerships have been formed with divisions of general practice and the Familial Hypercholesterolaemia Sub-Committee of the Australian Atherosclerosis Society. This project has been funded by the Australian Better Health Initiative (2007-2009).

In collaboration with the Department of Internal Medicine, Royal Perth Hospital and the University of Western Australia School of Medicine and Pharmacology, the Office of Population Health Genomics is leading a pilot program of cascade screening of FH. The program involves the identification of people and families with FH using genetic and clinical criteria so that appropriate treatment can be tailored to reduce the risk of stroke and cardiovascular disease. More than 80 index cases have been assessed and treated. The program provides support to patients and their families as well as to general practitioners. This project has been identified by the Commonwealth Department of Health and Aging, Australian Better Health Initiative funding program, as a flagship project and a model for future health care strategies.

The Genome-based Research and Public Health International Network has recognised a partnership between the Office of Population Health Genomics and the Telethon Institute of Child Health Research as a regional centre. This links WA Health's capacity to translate genetic knowledge into health benefits with international public health genomics enterprise.

In collaboration with Genetic Services WA, the Curriculum Council and the Department of Education and Training, the Office of Population Health Genomics provided professional development to 200 Western Australian teachers on genetics. This was part of the development of the new course of study in Human Biological Sciences that will be implemented in WA schools in 2009.

### Mental health

A total of \$1.5 million over four years has been approved to continue the State's partnership with '*beyondblue*' to support the national depression initiative.

### Refugee health

The refugee health service has been expanded and a pilot integrated service team has been implemented in two primary schools in partnership with the Department for Communities and the Office of Multicultural Interests.

### Health promotion

Implementation of health promotion and prevention programs for childhood obesity has commenced. Five contracts have been awarded to the Cancer Council of Western Australia in partnership with Diabetes Western Australia, Foodbank Western Australia, the Australian Red Cross Western Australia and the National Heart Foundation of Western Australia for the period 2006-07 to 2008-09. This will deliver childhood healthy eating, physical activity and healthy weight programs over the next three years. The program will be delivered in school and community settings and will include healthy weight education strategies for parents.

Childhood obesity is also being addressed through the Western Australian funded component of the Australia Better Health Initiative. Under the Healthy Canteens Project, healthy school canteen guidelines are being implemented by the Department of Education and Training within Western Australian public schools. The Healthy

Schools project has been established and Healthy School coordinators are being recruited and established. These posts will support targeted schools across Western Australia with implementation of school nutrition and physical activity initiatives.

WA Health targeted the advertising of unhealthy foods and drinks to children through participation in the Health Ministers' Food and Drink Advertising and Marketing Practices State and Territory Jurisdictional Working Party. Departmental and joint working group submissions were made to the review of the Australian Communications and Media Authority Children's Television Standards and to the Australian Association of National Advertisers review of the Code for Advertising to Children (December 2007).

### Health protection

Falls prevention network activities have continued with the development of an information resources network across the health sector. Service agreements have been put into place with the Injury Control Council of Western Australia and the Council on the Ageing Western Australia and 'Stay on Your Feet' Western Australia. These agreements promote awareness and communication of the 'Stay on Your Feet' program, volunteer management of programs in falls prevention with older people, and professional development in injury prevention to increase the falls prevention workforce.

A consortium of Divisions of General Practice has been awarded the contract to develop the Metropolitan Healthy Lifestyles Project, a coordinated patient-centred lifestyle and risk modification approach to early stage Type 2 diabetes, microalbuminuria and coronary heart disease.

Over the past three years, \$21.5 million has been provided to non-government agencies for promotion programs and campaigns in line with the Western Australian Health Promotion Strategic Framework 2007-2011. From 2005-06 to 2008-09 a total of \$25.3 million has been allocated for the following programs:

- smoking and related harm prevention;
- healthy diet;
- physical activity;
- healthy weight for adults and children; and
- injury prevention.

Redevelopment of the 'Go for 2 and 5' fruit and vegetable campaign by the Cancer Council of Western Australia, began in late 2007 and is due

for completion by late 2008 as part of the Cancer Council's health promotion service agreement.

### Aboriginal health

Partnership frameworks have been established with the Aboriginal Health Council of WA, Health Network Leads Forum, the Commonwealth Department of Health and Ageing, the Office for Aboriginal and Torres Strait Islander Health and the Aboriginal Health Worker Association to collectively work towards improving the health of Indigenous Australians.

The Western Australian Aboriginal Health Partnership has expanded to include general practitioners. The Clinical Senate meeting in March 2008 focused on strategic directions to close the gap between life expectancy of Indigenous and non-Indigenous West Australians and to improve health outcomes for Indigenous people in Western Australia.

Participation in the Department of Indigenous Affairs Bilateral Senior Officer Groups has commenced. Membership on the Director General's Indigenous Affairs Working Groups and involvement with COAG reforms for Indigenous Affairs has also commenced.

### Aged care

WA Health has participated in national funding programs to provide additional transitional care places for older West Australians waiting in hospital for a residential care bed and to support aged care service providers to create additional capacity with zero interest loans.

In partnership with the Health Consumers' Council Western Australia, a consumer-focused brochure on transitional care options for the elderly has been developed and published.

### Chief Psychiatrist

The Chief Psychiatrist represents Western Australia on a number safety and quality initiatives in mental health. These includes the Steering Group of the Review of National Standards for Mental Health Services; the Safety and Quality in Mental Health Partnership Subcommittee involved in the National Safety Priorities in Mental Health; National Plan for Reducing Harm; Reduction of Restraint and Seclusion; and the Reducing Adverse Medication Events in Mental Health Working Party.

## Healthy partnerships (continued)

### Chief Psychiatrist (continued)

The Office of the Chief Psychiatrist (OCP) continues to undertake a clinical governance review program of public and private mental health services as well as working with the licensed psychiatric hostels to improve the standard of care provided to residents. In 2008 this program has included the North Metropolitan Area Mental Health Service Graylands Hospital, Sir Charles Gairdner Hospital Mental Health Unit, the Frankland Unit of the State Forensic Service and Hawthorn House.

Recommendations from the clinical governance reviews have had 42 per cent of recommendations achieved, with another 51 per cent being actively addressed by mental health services. The Chief Psychiatrist will continue to engage with the mental health services through a series of progress visits until all recommendations have been achieved. The aim of the visits is to work collaboratively with the service to identify and address any challenges that the service may encounter in relation to the recommendations.

### Safety and quality

The Office of Safety and Quality in HealthCare have been strengthening partnerships with Area Health Services to improve the planning, implementation, monitoring and review of clinical governance policy and programs in WA public health services by:

- the Coronial Liaison Team continuing to coordinate communication between the Department of Health, Area Health Services and Office of the State Coroner with respect to action on Coronial Inquest recommendations;
- continued support for the WA Audit of Surgical Mortality (WAASM) in partnership with the Royal Australasian College of Surgeons; and
- continued support for the safe, quality and cost-effective use of medicines through the WA Therapeutics Advisory Group and its associated subcommittees, the WA Drug Evaluation Panel, WA Psychotropic Drugs Committee and the WA Medication Safety Group.

The Office of Safety and Quality in HealthCare worked with the WA Council for Safety and Quality in Health Care to commence the development of the five-year WA Strategic Plan for Safety and Quality in Health Care for 2008-13.

# Healthy communities

The Department of Health provides and supports numerous health promotion and protection programs that focus on both individuals and communities, and provides information to the public about prevention of illness and injury, about healthy lifestyles and the self management of chronic disease. The initiatives implemented by the Department follow extensive collaboration with Area Health Services, other government and non-government agencies, general practitioners and community groups.

## Information management and reporting

The detailed design specifications for the new Western Australian Cancer Registry information system have been completed and development of the new system is being progressed.

The Western Australian Data Linkage Advisory Board has been established and held its first meeting in November 2007. Its membership comprises nominees from the University of Western Australia, Curtin University of Technology, Telethon Institute for Child Health Research, WA Health and the Health Consumers' Council of WA.

In preparation for ongoing monitoring of road safety indicators, a report on the severity of road injury has been produced using hospital diagnoses and death records. A memorandum of understanding has been signed with the Insurance Commission of Western Australia. Data linkage commenced in April 2008. Data from Main Roads WA and WA Health has been linked for the years 2001 to 2006.

A memorandum of understanding with the Department of Corrective Services was signed in September 2007 and demographic data for the Developmental Pathways in Children program has been received for data linkage. This was completed in June 2008.

Monitoring of the health and wellbeing of the Western Australian population continues with the release of reports on time series analysis of the prevalence of chronic diseases and major health risk factors and the health impact of alcohol on the Western Australian population. Health services are also evaluating and reporting on satisfaction levels of admitted patients, including long stay and maternity patients.

## Home and Community Care

The review agreement for the operation of the Western Australian Home and Community Care (HACC) program was signed by the Minister for Health and the Commonwealth Minister for Health and Ageing. The agreement sets out the strategic directions, priorities and allocation of

funds for the HACC program over the next three years.

The first Western Australian HACC Triennial Plan was provided to the Commonwealth Government in March 2008. The Triennial Plan is part of the review agreement for the operation of the Western Australian HACC program.

Access Networks demonstration projects have commenced in Esperance and are due to commence in the Kimberley and the City of Swan in 2008. Access Networks meet Council of Australian Government requirements to simplify client access to HACC services.

## Cancer and palliative Care

The Australian Better Health Initiative has supported the placement of 18 cancer nurse coordinators, in both metropolitan and country areas, to work with service providers in order to improve coordination of care for cancer patients.

## Community health

In 2007-08, a number of initiatives were undertaken to promote breastfeeding including; staff trained in the Breastfeeding Matters Program, a lactation consultant network was established, breastfeeding was promoted through community media and WA Health policy on breastfeeding was promoted to staff.

## Ambulatory care

The Ambulatory Care Service Directory, a searchable online database, is in the final stages of testing and is nearing completion. Details of Ambulatory Care Services across the state, including public, non-government and private providers are listed in the database.

## Genomics

The family history awareness program has been developed for the community, allied health professionals and GPs to identify individuals who are at increased risk of developing common chronic diseases in Western Australia. The project has been funded by the Australian Better Health Initiative (2007-2009) and a project officer has been appointed to progress the work.

## Healthy communities (continued)

### Genomics (continued)

The Office of Population Health Genomics has undertaken extensive community consultation in the areas of birth defects reporting, folate fortification of food and attitudes toward new genomic technologies.

### Tobacco control

Licensing infrastructure has been established and approximately 3,800 licences issued to tobacco retailers and wholesalers. Information regarding the new legislation and display restrictions has been provided to all tobacco retailers across the State.

A Statewide compliance program was implemented, including a legislation education campaign, inspections at retailer and wholesaler premises, investigations of complaints, and joint investigations with the Australian Federal Police and Australian Customs to address illegal tobacco sales activity, particularly pertaining to illegally imported tobacco products.

Following endorsement by the Minister for Health, the WA Tobacco Action Plan 2007-2011 was disseminated to key stakeholders throughout WA in December 2007. The Plan provides a framework for tobacco control activities for five years, outlining public health policy on tobacco control and facilitating the implementation of key recommendations of the National Tobacco Strategy 2004-2009. The Plan is aligned with the WA Health Promotion Strategic Framework 2007-2011.

The legislative training program was developed and presented to the Western Australia Police and Drug and Alcohol Coordination officers.

The Tobacco Control Branch provided advice and assistance to the Respiratory Health Network's Smoke Free WA Health System Working Party in relation to development and implementation of the Smoke Free WA Health System Policy.

### Health promotion

The Human Papilloma Vaccine program for the prevention of cervical cancer commenced for school-based students in Years 10, 11, and 12 and with GPs for 18 to 26 year olds.

The rotavirus vaccine program for newborns commenced in July 2007.

The new Western Australian Sentinel Practitioner Network surveillance was implemented and the weekly Virus Watch publication commenced.

The Paediatric Influenza Vaccine Program for children aged six months to four years in the Perth metropolitan area has commenced.

The revised WA Health Management Plan for Pandemic Influenza has been completed and was reviewed by the Western Australian Influenza Pandemic Advisory Committee in mid-April before general release.

Operational plans for the Communications Plan and the Fluborderplan (International Border Surveillance) have been completed.

The Food and Nutrition Policy for WA Health Services and Facilities was endorsed by the Minister for Health; implementation began in January 2008. The policy aims to increase the availability of healthy foods and drinks and to restrict unhealthy items to less than 10 per cent of overall items for sale. It determines the supply of food and drinks in all health services, hospitals, facilities and other establishments.

### Continence management

The Continence Management and Advice Service was established across Western Australia to provide community-based management and advice on the basis of clinically-assessed need to people with ongoing continence conditions who are financially disadvantaged and unable to access existing assistance schemes. The overall project is managed in association with the Disability Services Commission, which administers the product subsidy component of the scheme. A single non-government organisation provides both the clinical and the product subsidy components of the scheme.

### Residential aged care

A number of initiatives have been implemented to enhance residential aged care:

- stronger links have been made with Royal Perth Hospital emergency department's Care Coordinating Team. This multi-disciplinary team identifies high-risk residential aged care patients over the age of 65 (or 45 for Aboriginal and Torres Strait Islander patients) who might require follow up when discharged back to a residential aged care facility;
- stronger partnerships and links have been established with Divisions of General Practice and Silver Chain; and
- Residential Care Line data collection has been streamlined to ensure all services are reporting information.

The Residential Care Line continues to demonstrate rapid growth since implementation in 2004. Of all referrals in 2007, 56 per cent demonstrated emergency department prevention, which is 20 per cent above target. This service expanded to a seven-days-per-week service.

### Health networks

The Networks have developed evidence based models of care within their speciality area. These models have been developed with wide consultation of all stakeholder groups ensuring that they meet the needs and aspirations of the broader community. At this stage over 20 models of care have been developed across the variety of Networks that outline a patient centred approach to the continuum of care for a variety of health conditions or for a population based health care framework. These include;

- The WA Health Aged Care Network is continuing to work towards the formulation of the service models that specifically include a model of care for dementia. The Western Australian Model of Care for Dementia will provide a framework to incorporate and report on the objectives of the National Action Plan for Dementia;
- The Diabetes Model of Care has been completed by the Endocrine Health Network and endorsed by the State Health Executive Forum. Key stakeholders across health sectors attended a workshop in February 2008 to contribute to service planning for the NMAHS diabetes service;
- A Respiratory Health Network working group has developed a draft model of care for chronic obstructive pulmonary disease. This model builds on the Western Australian Chronic Respiratory Disease Clinical Service Improvement Framework; and
- Falls prevention network activities have continued with the development of an Information Resources Network across the health sector. Service agreements have been put into place with the Injury Control Council of Western Australia, the Council of Ageing and Stay on Your Feet Western Australia. These agreements are to promote awareness and communication of the Stay on Your Feet program, volunteer management, and programs in falls prevention with older people and professional development in injury prevention to increase the falls prevention workforce.

### Preventive health care

In partnership with the Commonwealth and the other States, WA Health has participated in the establishment of a Preventative Health Care Taskforce to develop a plan for the future of

preventative health in Australia that will inform initiatives and programs to increase the health of the population and to improve workforce participation and productivity.

### Health protection

In 2007-08 Health Protection Group undertook a Health Impact Assessment of climate change. The assessment was released to raise awareness about climate change and health and to seek feedback.

The Health Protection Group drafted the new *Public Health Bill* and invited public comment during February-April 2008.

The Health Protection Group continued to deliver sexual health and blood borne virus workforce training in 2007-08. Almost 200 health professionals undertook Hepatitis C training, while social marketing campaigns included a continuation of 'Chlamydia, Most people haven't got a clue', 'Safe Sex, No Regrets' and increased investment in 'Travelsafe'.

Following a desktop review that revealed a lack of sexual health information or dedicated services for culturally and linguistically diverse groups in Western Australia, the Department of Health funded a Murdoch University project to provide peer-based sexual health and HIV education to members of the West African community. An evaluation report was completed and submitted to the Department in May 2008.

The Needle Syringe Distribution Program review was completed. The final report was endorsed by the project reference group and will be submitted for approval for wider distribution.

Disaster preparedness and management arrangements have been enhanced, including a warehouse for the storage and maintenance of equipment and stores, the ongoing procurement of medical consumables, the continuing development of the Disaster Medical Assistance Team model, provision of satellite phones to 74 WACHS facilities and provision of standardised disaster response kits to 29 WACHS facilities.

### Mental health

To help address postnatal depression, the Mental Health Division implemented a number of initiatives. The 'Beyond the Boundaries Perinatal Mental Health Symposium' was held in August 2007 to promote perinatal mental health to the broader WA health sector. A culturally appropriate perinatal mental health training module for Indigenous Health Workers was developed and delivered at the Marr Mooditj Aboriginal Health Training College.

## Healthy communities (continued)

### Mental health (continued)

The Mental Health Division developed new service model frameworks and service agreements to improve postnatal depression services for Iraqi, Sudanese and Ethiopian communities in WA, as well as developing a six-month pilot project to provide perinatal 'hospital at home' services. The aim of this program was to decrease the pressure on the utilisation of beds in the new King Edward Memorial Hospital Mother Baby Unit.

The inaugural Mental Health Community Network Forum was held in April 2008. Almost 50 participants attended with more than 60 discussion topics addressed throughout the day. A second Mental Health Community Network Forum was held in June 2008 in Broome. It is expected that further forums will facilitate community input into WA mental health planning and public policy development.

In collaboration with local mental health services, the Mental Health Division held the National Outcomes and Casemix Collection forum in November 2007 with over 100 attendees. The forum is held annually to highlight issues relating to the collection, recording and reporting of the mandatory consumer outcome measures in mental health.

Commonwealth funding of \$650,000 provided under the 'Quality through Outcomes in Mental Health Care 2006-2008' initiative was utilised to conduct three projects in mental health services. The aim of the projects was to better integrate consumer outcome measurement in clinical practice and to further improve consumer participation in outcome measurement. Clinicians and consumers have indicated that there is increased awareness of consumer outcome measures used in mental health services.

### Aboriginal health

The Australian Better Health Initiative program has been progressively implemented in Halls Creek, Jigalong, Norseman and Kwinana. Program coordinators have been appointed and a program management forum for the teams to share best practice methodologies, develop a project management and evaluation framework to assist with the need to focus on the unique elements for each site has been developed. Community engagement is a priority for all teams and coordinators.

The program has been expanded to include Mandurah to address the identified health needs that focus initially on the early years and ultimately the chronic care needs of adults.

### Biomedical engineering

The Royal Society for the Protection of Cruelty to Animals established a new shelter in Malaga and required some basic imaging equipment. Biomedical Engineering was able to assist with the donation of obsolete and surplus equipment including a mobile x-ray machine, film processor, fixed x-ray table, diagnostic ultrasound and other minor items.

### Safety and quality

The Office of Safety and Quality in Health Care continued to fund the Health Consumers' Council to undertake recruitment, training and support for consumer representatives in metropolitan and rural health services.

The Office of Safety and Quality in Health Care supported the continued implementation of 'Patient First' program (use of identified strategies and resources developed) in WA hospitals and commenced extensions and customisation to the priority populations.

## Healthy resources

The provision of health care services in a sustainable, equitable, efficient and accountable manner, in a safe working environment (that will deliver the best health outcome possible) is a priority for all WA Health services.

### Genomics

WA has a long history in the area of developing research and clinical biobanks to better understand disease and develop new medical treatments. The established biobanks, and the associated data that attend these collections, are a result of successful collaborations between WA Health and academia. Biobank stakeholders have met to develop security measures for these valuable resources and ensure appropriate governance practices are implemented. The Office of Population Health Genomics conducted an inventory of the biobanks and biobanking activity across the public and tertiary sectors in WA and has used the information to the governance and storage of these resources.

### Health protection

Disaster preparedness and management arrangements have been enhanced, including;

- a warehouse for the storage and maintenance of equipment and stores;
- the ongoing procurement of medical consumables;
- the continuing development of the Disaster Medical Assistance Team model;
- provision of satellite phones to 74 WACHS facilities; and
- provision of standardised disaster response kits to 29 WACHS facilities.

Emergency Communications development, including extension of internal and external radio networks and provision of satellite phones to the rural hospitals that can deploy medical teams to the site of a disaster, has been undertaken.

The medical equipment stock pile has been enhanced with the purchase of cardiac monitors for the treatment of critically injured casualties.

Chemical, biological and radiological (CBR) incident response enhancements have included commencement of hospital perimeter security upgrades at Princess Margaret Hospital and Fremantle Hospital. Responsibility for the provision of personal protective equipment for

medical teams to wear in the event of a CBR event has been allocated.

### Information management and reporting

The *WA Health Performance Quarterly Web Report* was first published in June 2007. During 2007/08 the scope of the report has increased to include 26 quantitative indicators. This report can be accessed on the Department of Health's Internet website and provides the public with information on trends in health service activity.

BedState is a new web-based system that was implemented in March 2008 to enable daily capture and reporting of bed information, including specific details on mental health beds.

The Department of Health established the Human Research Ethics Committee (HREC) to replace the Confidentiality of Health Information Committee. The HREC has been registered with the National Health Medical and Research Council (NHMRC) and held its inaugural meeting in April 2008. The committee will provide advice about the ethics of research and on requests for release of identified information from WA Health data collections.

### Mental health

Video-conferencing equipment has been installed in an additional 58 centres across the state to expand telepsychiatry services. These services include specialist mental health services to clients and professional development opportunities for staff within country mental health services. A two-month project in three sites trialled the provision of specialist mental health services to clients in their own homes utilising video-conferencing.

### Home and Community Care

Western Australian Home and Community Care (HACC) program funding has increased by \$13 million from 2006-07 to 2007-08. This increase has supported people who live at home and whose capacity for independent living is at risk of premature or inappropriate admission to long term residential care.

## Healthy resources (continued)

### Epidemiology

The Health and Wellbeing Surveillance System (HWSS), an ongoing data collection system is in its seventh year of continuous collection. For the first time, a report on the trends of significant indicators of health and wellbeing was produced. This report has been used throughout the Department to support and underpin health promotion activities and to inform the Operational Plan.

Information from the Patient Evaluation of Health Services surveys are used to support and evaluate initiatives undertaken by hospitals to improve service provision and results are being used to support the Clinical Redesign Project.

The Epidemiology Branch published a report describing the impact of alcohol consumption on the WA population by quantifying alcohol-related deaths and hospitalisations. The analysis used local information to improve estimates previously based on national data. A series of regional reports utilising local information were released in conjunction with the State report. The data in the reports supported the launch of the 'Rethink Drink' campaign, assessment of alcohol-related issues in local areas and the planning of interventions in regional areas.

A standard health profile was developed and prepared for each health district in collaboration with WACHS for inclusion in the regional clinical service plans.

The following reports published during 2007/2008 can be accessed on the Epidemiology Branch intranet site:

- Health and Wellbeing Surveillance System Questionnaire 2008 (Jan 2008);
- Health and Wellbeing of Children in Western Australia, July 2006 to June 2007, Overview of Results (Dec 2007);
- Chronic Disease and Quality of Life (Nov 2007);
- Health and Wellbeing of Adults in Western Australia 2006, Overview of results (Oct 2007);
- Health and Wellbeing of Adults in Western Australia 2006, Trends over Time for Selected Chronic Conditions and Risk Factors (Oct 2007);
- Impact of Alcohol on the Population of Western Australia (Feb 2008);
- Impact of Alcohol on the Population of Western Australia: Regional Profiles (Feb 2008); and
- Population Health Profiles for each district in the Western Australia Country Health Service (March 2008).

### Legal and Legislative Services

The Minister for Health is responsible for the Health portfolio's extensive legislative reform program. The Department of Health supports the Minister in the administration of 40 Acts and 101 sets of subsidiary legislation. The Legal and Legislative Services Directorate at the Department of Health provides and co-ordinates the necessary support for this program. As at 30 June, staff was involved in over 18 separate legislative review and development initiatives.

# Healthy leadership

Establishing and maintaining an environment that develops and provides strong leadership at all levels is a priority for WA Health. The Department of Health focuses on recognising, developing and supporting its leaders in delivering superior health care service, with quality management and ensuring all strategic directions are progressed.

## Public health

The Public Health Division is conducting a review of both medical and non-medical public health training, which commenced in May 2008. The review will outline future public health training, including integration with and support for the broader Healthy Leadership programs.

## The Institute for Healthy Leadership

The Institute for Healthy Leadership was established in July 2007 to recognise, develop and support emerging leaders to deliver a superior health care service in Western Australia.

Over the past year, the Institute has worked with area health services to ensure there is organisation-wide support for staff participation in leadership programs. The Institute has adopted the United Kingdom National Health Service's Leadership Qualities Framework for all development and assessment activities.

In December 2007 the Institute commissioned the following leadership programs:

- *Service Improvement Workshops*  
Places in these workshops are offered to alumni of leadership programs run previously by WA Health. The workshops provide basic training in health service improvement principles and methods. The Institute for Healthy Leadership also provides further support to participants to implement service improvement activities in their workplaces.
- *Emerging Leaders Development Program*  
This program, designed for 100 senior managers within WA Health, is run jointly by Curtin University of Technology and Edith Cowan University.
- *Delivering the Future Leadership Development Program*  
This program for 22 senior staff identified as potential successor directors and executive directors within WA Health is delivered by University of Western Australia Business School in partnership with a commercial management training organisation.

In addition to six two-day workshops over 18 months, participants have undertaken a leadership assessment to assist them in forming a personal development plan. Participants also are required to undertake an alternative action-oriented learning experience. Each participant receives support and mentoring from the Director General and a State Health Executive Forum leader throughout the program.

The Institute of Healthy Leadership is also responsible for the following programs:

- *Graduate Development Program*  
The Institute assumed responsibility for the Graduate Development Program from the Workforce Division in February 2008. Nine graduate officers commenced in February 2008. A full program of management training sessions based on action learning will be undertaken by these graduates. Up to 10 graduate officers will be recruited from health and social science, business and finance and IT disciplines to commence within WA Health in February 2009.
- *Executive Development*  
The Director of the Institute for Healthy Leadership has met with more than 70 executive directors throughout WA Health to assist with their leadership development needs and to obtain feedback for future development programs.
- *Masterclasses*  
The Institute has commenced a series of Leadership Masterclasses, which are presentations to various leadership groups within WA Health such as participants in the Health Network Leads and Graduate Development programs.

In addition to the focus on personal development, the Institute for Healthy Leadership is assisting a number of groups within WA Health with improving team and organisational effectiveness.

# Priorities for 2008-09

WA Health's Strategic Directions 2005-10 provided by the Health Reform process to deliver a 'Healthy WA' will continue to drive health care in 2008-09. Priorities for 2008-09 for each of these strategic directions are detailed below.

## Healthy workforce

Department of Health Divisions and area health services continue to face pressures in the recruitment and retention of their workforces to meet the changing population demographics, accelerating retirement rate, workforce sustainability and to position as an employer of choice. The Healthy Workforce Strategic Framework 2006-16 continues to inform future health workforce planning and strategic deployment.

Workforce strategies for 2008-09 continue to focus on:

- delivering a family friendly work environment through the Department's 'Work-Life Balance' and the 'Creating Family Friendly Workplace' initiatives including implementing the Department's Child Care Strategy;
- workforce planning to improve attraction and retention strategies, promote workforce innovation, improve the employment of Indigenous health professionals and develop workforce strategies to meet future needs; and
- assessing workforce satisfaction with work-life balance strategies, leadership and management, workplace values and culture, and the provision of a safe work environment.
- A Marketing Campaign entitled "Never Just Another Day" was developed in 2006 to attract high school students into nursing. The aim of the campaign was to market the profession as a positive career choice, which offers flexibility, diversity and opportunities to travel and work across a range of industries and specialty areas. A further marketing campaign is planned for September 2008.

## Healthy hospitals, health services and infrastructure

The increasing demand for health services remains the critical challenge for WA Health.

During 2008-09 WA Health will continue to work to achieve optimum performance in the delivery of elective surgery category targets especially for Category 1 and to provide timely care in emergency departments and services. Other initiatives will include increasing activity levels at GP after-hours clinics and in the Ambulatory Surgery and Hospital in the Home (HITH) and Rehabilitation in the Home (RITH) programs.

WA Health's strong focus on safety and quality will continue through implementation of the Safety and Quality Investment for Reform (SQulRe) and Patient First programs.

Implementation of WA Health's approved capital works program will be further progressed during 2008-09, especially the Fiona Stanley Hospital and hospital developments in Busselton, Broome, Port Hedland, Rockingham-Kwinana, Joondalup, stage two of the State Cancer Centre and the PathWest development at the QE II Medical Centre.

Drafting, enactment and implementation of a new Mental Health Act is planned for 2008-09 and the Office of the Chief Psychiatrist will continue to play a vital role in this process especially when the Act comes into force. The implementation of the Act will include a major education programme throughout WA for clinicians, patients, carers and the general community.

## Healthy partnerships

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

Key priorities for 2008-09 include:

- progressing the Health Networks, which bring together relevant clinical expertise and

consumer input to plan the future development and delivery of services for major disease conditions. The focus of the Networks in 2008-09 will include both developmental work on new models of care and implementation of recommendations for improving service design and delivery;

- implementing a second round of Research Translation Projects under the Strategic Plan for Health and Medical Research in WA;
- strengthening the framework for the Western Australian Aboriginal Health Partnership promoting collaborative work to improve program service delivery, efficacy of resources allocated to improve Indigenous health outcomes and policy and planning processes;
- establishing formal partnering arrangements inclusive of Indigenous people. These arrangements will be established at all levels of government and within the health sector to address the health priorities of Indigenous people in Western Australia; and
- the Commonwealth Department of Health and Ageing, the Office for Aboriginal and Torres Strait Islander Health and the Office of Aboriginal Health will form a partnership to deliver health services to Indigenous Australians including a shared website detailing programs and services offered by each agency.

## Healthy communities

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

Key priorities for 2008-09 include:

- The Office of Aboriginal Health will continue implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Health specifically the provision of counselling services for Indigenous children at risk, and antenatal and postnatal care;
- The recommendations of the Anaphylaxis Expert Working Committee report will be implemented;
- A bereavement package for the family members of recently deceased patients will be developed to be available to all hospital wards;

- The Office of Population Health Genomics will develop and implement professional education for allied health staff and GPs to increase awareness of family health history in chronic disease, develop the engagement between professional and community stakeholders to ensure the appropriate protection and health benefits of deoxyribonucleic acid (DNA) sample collections held in Biobanks and develop the Genetic Burden of Disease program to monitor the impact of hereditary and genetic diseases on the services provided by WA Health;
- The familial hypercholesterolaemia (high blood cholesterol) program will continue to identify index cases and to cascade screen relatives. Patients identified with the conditions are to be treated appropriately to reduce their risk of cardiovascular disease and then returned to their GP for ongoing care;
- A model of care for screening adults and children at risk of familial hypercholesterolaemia will be developed and the project extended to regional areas;
- Implementation of a metropolitan area Indigenous newborn notification process will ensure all families of newborn Indigenous babies are offered available health services. An early years 0-5 health assessment program for Indigenous children will be implemented across the metropolitan area;
- Development of a state-wide Stay on Your Feet Western Australia Resources Information Centre to provide a single access point for information and tools on falls prevention;
- Implementation of the Metropolitan Healthy Lifestyles Project to identify and manage care for a minimum of 2,000 patients newly diagnosed with type 2 diabetes, microalbuminuria or risk factors for coronary heart disease;
- The Human Papilloma Vaccine program for the prevention of cervical cancer will expand to school-based Years 7, 8 and 9;
- Enhance linkages from the Emergency Department surveillance, inpatient data and laboratory notifications to the Western Australian Sentinel Practitioner Network Surveillance;
- The Public Health Division will audit hospital planning to determine readiness in case of a flu outbreak, purchase personal protective equipment for health employees and liaise with the Department of Corrective Services and the Mental Health Division to expedite their pandemic influenza business continuity plans;

# Priorities for 2008-09 (continued)

## Healthy communities (continued)

- The Health Protection Group will carry out a health impact assessments of resource development around the Swan River. Guidelines for specific mosquito-borne disease will be drafted and the Group will complete a review of the funding for health related Local Government mosquito management programs;
- The Health Protection Group will establish a climate change steering group to identify priorities for action and implement strategies to address climate change;
- Development of a new *Public Health Bill 2008* is near completion and the Health Protection Group will develop the regulations, policies and guidelines to support the implementation of the new Act;
- In September 2008, the Australasian Sexual Health Conference and Australasian Society for HIV Medicine will be held in Perth; and
- Sexual health and blood-borne virus workforce training will continue, including funding for the Hepatitis Council of Western Australia to provide multi-disciplinary seminars on Hepatitis C. The Council will also develop a training program and resources for the pharmacy sector.

The school dental program will continue its focus on providing enrolled school children with an annual oral health check. Approximately 250,000 school children are targeted to be enrolled and under care in the school dental program in 2008-09.

HACC service providers in Western Australia, including those managed by the WA Country Health Service (WACHS), will adopt the Wellness Approach to Community Homecare that promotes an enabling model rather than a maintenance model.

New services will be provided by non-government organisations to provide expanded support services for children of parents with a mental illness and to provide physical health and other health promotion programs for people with chronic mental health conditions.

The work of *Healthright* identified that the physical health care of patients with a mental illness requires particular attention. The Chief Psychiatrist will increase the focus on physical

health care in all monitoring activities including the Clinical Governance Review program.

## 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.

Key priorities for 2008-09 include:

- continued implementation of the Information and Communication Technology Strategy;
- progressing the implementation of a population and output-based resource allocation model for WA Health; and
- finalising transition planning for the expansion of the Rockingham-Kwinana District Hospital and develop a transition plan for the Fiona Stanley Hospital.

Data linkage to deliver an enhanced road safety information resource that will be expanded from 2001- 2006 to 2007 data from Main Roads Western Australia to that of WA Health. Additionally, data for the years 1996 to 2000 will be linked to provide an expansive archive. This linked data will be used as a resource by agencies in researching programs to reduce road trauma.

The Disaster Preparedness and Management Unit will develop and implement a process for the rotation and maintenance of stock. The Unit will also procure medical consumables for the Australian Medical Assistance Teams and Urban Search and Rescue team and develop distribution processes for surge events and the Australian Medical Assistance Teams. Further operational data will be added to the generic pandemic plans by each hospital, including human resource, service reduction plans and other responses.

Care provision standards specific to Care Awaiting Placement (CAP) will be developed to implement a consistent framework across Western Australia.

Capital works for Community Supported Residential Units in Bentley, Stirling (Osborne Park) and Middle Swan are scheduled for completion between July 2008 and April 2009 and planning for community supported

residential units in Armadale, Kalamunda and Peel will be progressed.

Capital works for Community Options group homes in Mount Claremont, Bentley and Osborne Park are scheduled for completion during 2008-09.

An implementation strategy for the diabetes model of care will be developed and the chronic obstructive pulmonary disease model of care will be completed.

The Ambulatory Care Service Directory is to be embedded as a fully sustainable information service with regular information updates. Partnerships will be developed with other directory providers such as Diabetes Western Australia, Perth Primary GP Network and the Cancer and Palliative Care Network to optimise links and information sharing to the benefit of consumers and service providers.

The WoundsWest project will continue with the investigation of methods to audit implementation and effectiveness of evidence-based wound management, development and 'go live' of online satellite wound education modules 2-6, the completion of the Indigenous wound management improvement initiative (State Health Research Advisory Council grant in association with Murdoch University), associated report recommendations and the evaluation of a pilot wound imaging and documentation system producing recommendations for Statewide implementation.

## Healthy leadership

It is vital in the development of leadership capacity and capability that WA Health provides opportunities to its staff to develop their leadership skills across all levels of service delivery.

Key initiatives in the area of healthy leadership include:

- continuing the delivery of leadership development programs for senior staff;
- implementing the Graduate Development Program for up to 10 graduates from diverse disciplines;
- continuing Service Improvement Workshops to provide basic training in health service improvements with support for implementation in their areas; and
- ensuring governance, transparency and accountability at all levels of management.