



Contracted care supplementary information

This document is supplementary to the [Patient Activity Data Policy](#) and should be read in conjunction with related and supporting documents of that policy.

Contracted care is an episode of care for an admitted patient whose treatment and/or care is provided under an arrangement between a health service purchaser of care (contracting hospital), and a provider of an admitted service (contracted health service/hospital). The provider of the health care services must be a hospital or a private day facility.

Contracted care can be categorised into two groups:



- The patient is admitted directly to the contracted health service/hospital, which provides the whole episode of admitted care.*
- The patient is admitted at both the contracting and contracted health service/hospital who each provides components of the admitted episode of care (part of the care is contracted to another health service/hospital).*

For care provided entirely by the contracted health service/hospital, where the patient is not admitted to the contracting hospital (for example, same day dialysis):

- The contracting hospital does not record an admission.
- The contracted health service/hospital will record the admission.

Where components of care during an admission at the contracting hospital are provided by a contracted service (for example, a current inpatient is sent to the contracted hospital for a procedure and returns for aftercare):

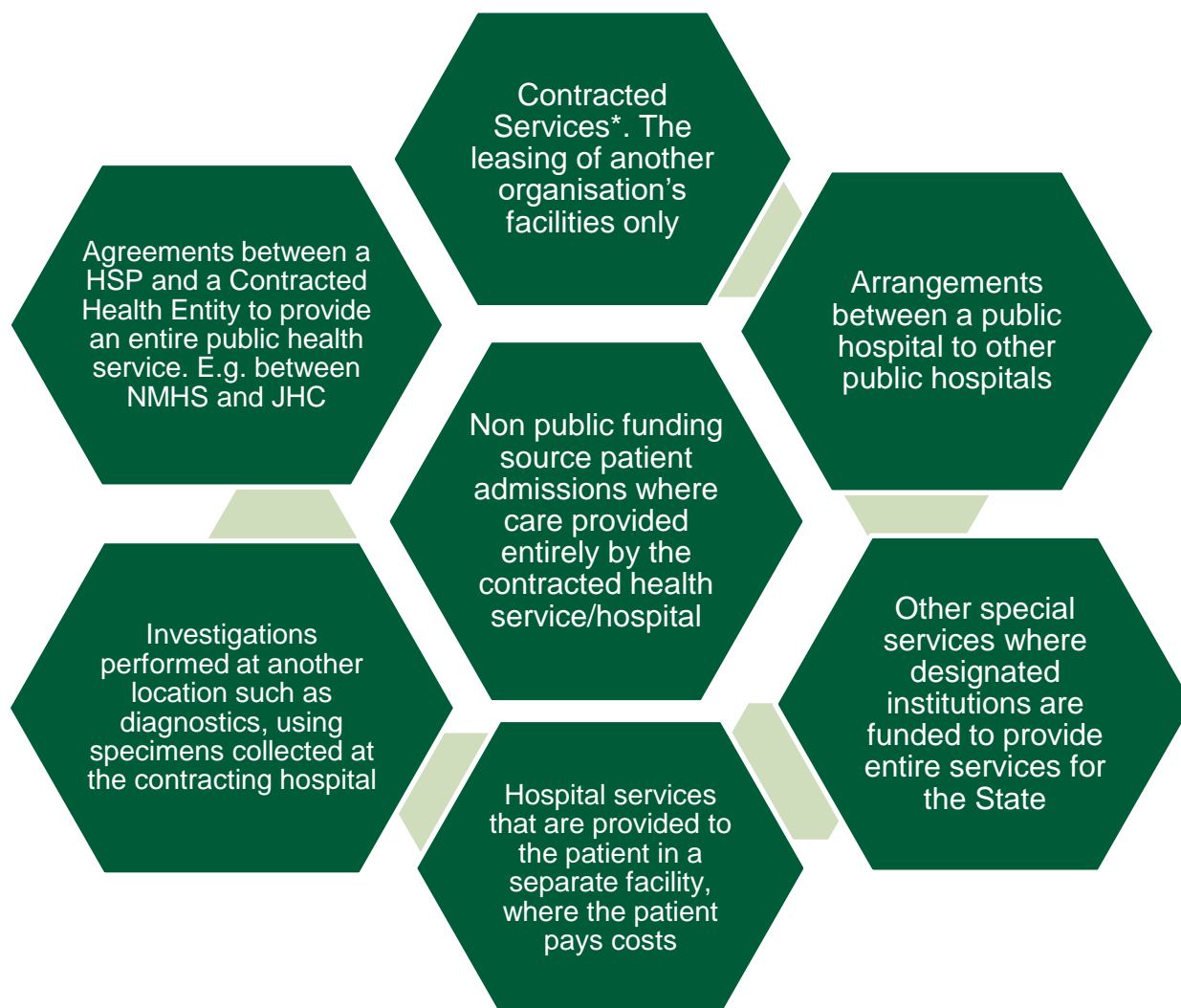
- The contracting hospital records a single admission to cover the duration and all care provided by both hospitals.
- The contracted health services/hospital records only the components of care provided by them.

Scope

Applicable to contracted care arrangements between public hospitals and private hospitals/health services. Contact DoH.AdmittedDataCollection@health.wa.gov.au for a list of current contracted care arrangements.

Out-of-scope for Contracted Care

This supplementary information is not applicable to the following scenarios:



*Contracted Services are where the Contracting Hospital A is providing the clinical care under an arrangement with the Contracted Hospital B to provide non-clinical services. For example, accommodation only, use of operating theatres or equipment, or other goods and services. This service would not be considered 'Contracted Care' for activity data recording purposes

Contract roles

The role of each hospital/health service is identified as:

- Hospital A \longrightarrow contracting hospital (funding/purchaser)
- Hospital B \longrightarrow contracted health service/hospital (provider)

Contract type



Contract type describes the contracted care relationship between Hospital A and Hospital B and demonstrates the patient's journey during the care. This is a concept and not a data element recorded in the Patient Administration System (WebPAS).

Table 1 provides a description for each contract type with basic data recording requirements. Refer also to [‘frequently asked questions’](#) and [‘Data elements to be recorded for contracted care’](#).

Table 1: Contract Types

Contract Type	Definition and Description	Example(s)
(A)B Public patients only	<p>Hospital A contracts with Hospital B to provide a whole episode of care.</p> <ul style="list-style-type: none"> The patient does not attend Hospital A for any part of the admitted episode of care. Hospital A is not to record an admitted care episode for the contracted care provided at Hospital B. Hospital B will report the admission to the Department of Health where it will be allocated to Hospital A's activity. <p>Please note: This Contract Type is only applicable to 'Public Funding Source' admissions.</p>	<ul style="list-style-type: none"> A patient attends Fresenius Dialysis Service for haemodialysis under contract to Fiona Stanley Hospital. A patient receiving care at Bunbury Hospital is transferred to St John of God Bunbury to commence subacute care. Patient is to be discharged from Bunbury Hospital and commence a new admission as an (A)B contract type. Patient attended Emergency Department (ED) at Bunbury Hospital and is then transferred to St John of God Bunbury for admitted care as an (A)B contract type.
AB Same care type continuing	<p>Hospital A contracts with Hospital B to provide an admitted service.</p> <ul style="list-style-type: none"> The patient first attends and is admitted to Hospital A prior to transfer to Hospital B for ongoing contracted care. The patient does not return to Hospital A. Hospital A records one admitted episode covering the care and duration of time at both hospitals A and B, with a patient type of Funding Hospital. Hospital A places the patient on contract leave while receiving care at Hospital B. Patient is discharged from Hospital B upon completion of care. In Hospital A's record, patient will be returned from contract leave and subsequently discharged. Discharge from Hospital A is to be recorded to match the separation date, time, mode and destination from Hospital B. 	<p>A patient is admitted to Geraldton Hospital and then is transferred to St John of God Geraldton Hospital for a procedure and/or ongoing care.</p> <p>Please Note: This contract type excludes patients transferred to commence a new care type of subacute/non-acute/mental health. See (A)B.</p>

Contract Type	Definition and Description	Example(s)
BA Same care type continuing	<p>Hospital A contracts with Hospital B to provide an admitted service.</p> <ul style="list-style-type: none"> On completion of care at Hospital B, the patient transfers to Hospital A for further care. Hospital A records one admitted episode covering the care and duration of time at both hospitals A and B, with a patient type of Funding Hospital. Hospital A places the patient on contract leave while receiving care at Hospital B. When patient transfers to Hospital A, patient is returned from contract leave. Admission date, time, source etc. recorded by Hospital A is to match the data recorded on admission at Hospital B. 	<p>A patient admitted at St John of God Geraldton for a procedure and then is transferred to Geraldton Hospital for after care.</p>
ABA	<p>Hospital A contracts with Hospital B to provide an admitted service.</p> <ul style="list-style-type: none"> The patient first attends and is admitted to Hospital A prior to transfer to Hospital B for ongoing contracted care. Hospital A places the patient on contract leave while receiving care at Hospital B and changes the patient type to Funding Hospital. The patient then returns to Hospital A for ongoing care. Hospital A records one admitted episode covering the care and duration of time at both hospitals A and B, with a patient type of Funding Hospital. Discharge date at Hospital A is the date the patient is discharged from Hospital A after returning from Hospital B. 	<p>A patient is admitted to Bunbury Hospital for elective lower segment Caesarean section. The patient is then transferred to St John of God Bunbury for the Caesarean procedure and returns to Bunbury Hospital for aftercare.</p> <p>A current multi-day inpatient at Kununurra Hospital receives Dialysis under contract at the Kununurra Dialysis Unit during their admission.</p>
BAB	<p>Hospital A contracts with Hospital B to provide an admitted service.</p> <ul style="list-style-type: none"> On completion of care at Hospital B, the patient transfers to Hospital A for care. The patient then transfers back to Hospital B for further contracted care. Hospital A records one admitted episode covering the care and duration of time at both hospitals A and B, and a patient type of Funding Hospital. Admission and Separation Data; date, time, source, separation, destination etc recorded by Hospital A is to match the data recorded at the initial admission and final discharge by Hospital B. Hospital A places the patient on contract leave while receiving care at Hospital B. 	<p>A patient is admitted to St John of God Bunbury Hospital for a cardiology procedure. After the procedure, the patient is transferred to Bunbury Hospital for ongoing care. The following day the patient is transferred to St John of God Bunbury again for further care and is discharged from there.</p>

Key principles

Readmission of contract type (A)B

- Dialysis
 - Patients are admitted to Hospital B for same day dialysis as contract type (A)B.
 - If the patient subsequently requires admission at Hospital A, they must be discharged from Hospital B and commence a new admission at Hospital A.
- Subacute/Maintenance/Mental Health
 - Patients who are admitted at Hospital B as contract type (A)B and subsequently require care at Hospital A will become a BA contract type.
 - For example,
 - palliative patient who returns to Hospital A for chemotherapy
 - rehabilitation patient who returns to Hospital A for a day procedure
 - Patient must be placed on 'Hospital Leave' if they are expected to return to Hospital B to continue their care.
 - Hospital A must now record the admission as a contract type BA.
- Acute
 - Patients who are admitted at Hospital B for acute care as contract type (A)B and subsequently require care at Hospital A will then become a BA contract type.
 - Patient must be placed on hospital leave if they are expected to return to Hospital B to continue their care.
 - Patient who is transferred to Hospital A with no expectations of returning must be discharged from Hospital B.
 - Hospital A must now record the admission as contract type BA.

Dialysis patients transferred from a hospital that is not the contracting hospital

- Current inpatients attending dialysis under contract to another hospital. For example, an inpatient at Midland Hospital is transferred to Midland Dialysis Centre for treatment. The dialysis contract is between Royal Perth Hospital (Hospital A) and Midland Dialysis Centre (Hospital B).
 - Midland Dialysis Centre will record this activity as (A)B.
 - Midland Dialysis Centre will record 'Admitted From' as Midland Hospital.
 - Midland Dialysis Centre will record 'Contract/Funding Establishment' as Royal Perth Hospital.
 - Midland Hospital will place the patient on leave while they are receiving dialysis.

Data elements to be recorded for contracted care

The following data elements and recording requirements are essential in identifying contracted care activity and including or excluding contracted care admissions for activity allocations and funding. Refer also to Appendix A - Data Recording Matrix.

Admitted from

The data element 'Admitted From' records the location which a patient was admitted from, at time of admission to the hospital. Refer to table 2 below for the data recording requirements for each contract type. Do not record Hospital A if the patient was admitted directly from another location.

Table 2: Admitted from data recording requirements

Scenario	Hospital A	Hospital B
(A)B Acute	Hospital A does not record an admission	Establishment ID of the location the patient came from
(A)B Commencing/care type change Subacute, Non-acute, or Mental Health	Hospital A does not record an admission	Establishment ID of the location the patient came from
AB	Establishment ID of the location the patient came from	Establishment ID of Hospital A
ABA	Establishment ID of the location the patient came from	Establishment ID of Hospital A
BA	As per Hospital B	Establishment ID of the location the patient came from
BAB	As per Hospital B	Establishment ID of the location the patient came from

Admission status

If a patient is admitted directly from an Emergency Department attendance, the admission status must be 'Emergency- Emergency Department Admission'. Do not record Emergency Direct.

Care Type

Care type refers to a phase of treatment and is designed to reflect the primary clinical intent and purpose of the treatment being delivered. If a patient is transferred from Hospital A to Hospital B to commence a **new** care type the patient is discharged from Hospital A. Care type change recording requirements in the [Admitted Patient Activity Data Business Rules](#) apply to contracted care transfers between Hospitals A and B.

Client status/Patient type

The Client Status/Patient Type data element defines the type of hospital service being provided for the patient.

Where the patient is admitted to Hospital A and receives contracted care at Hospital B as part of that admitted episode of care, it will be necessary to update the Patient Type as follows.

Hospital A records:

- funding hospital
- funding qualified newborn
- funding unqualified newborn

Hospital B records:

- contracted service

Contracted care flag

A Contracted Care Flag is assigned to ICD10/ACHI codes to identify procedures and diagnoses that are associated with the contracted care provided by Hospital B.

Please Note:

- Contracted Care Flag is assigned on all procedures performed at Hospital B.
- Contracted Care Flag is assigned to diagnoses treated at Hospital B.

Please see 'Clinical Coding' section below for further information.

Contract/Funding establishment ID

The contracted/funding establishment ID is recorded to link the activity of Hospital A and Hospital B.

Hospital A would record the establishment code for Hospital B.

Hospital B would record the establishment code for Hospital A.

Contract leave

Contract leave refers to a type of leave recorded by Hospital A only, for the duration of time an admitted patient is receiving contracted care at Hospital B.

Contract leave only applies where both Hospital A and Hospital B are providing components of the admitted episode of care.

A patient cannot be recorded as admitted to both hospitals at the same time, unless the patient is on contract leave at Hospital A.

Contract leave is recorded through the 'Leave Type' data element with the following rules:

- contract leave is only reported by Hospital A for the duration of the contracted care at Hospital B.
- a person receiving a contracted care service at another establishment can be placed on contract leave for more than 7 days.

If there is a change in Client Status while on contract leave, for instance if a newborn changes from qualified to unqualified while on contract leave, this needs to be reflected in the movement history for the episode. Due to system limitations with webPAS, the newborn will

need to be returned from leave administratively, have the Client Status changed, then sent back on leave 1 second later.

Patient leave recording requirements in the [Admitted Patient Activity Data Business Rules](#) apply to contracted care transfers between Hospital A and B.

Discharged to

The data element 'Discharge To' records the location a patient was discharged or transferred to when they leave the hospital. For contracted care, this field must be recorded as per below:

Scenario	Hospital A	Hospital B
(A)B Acute	Hospital A does not record an admission	Establishment ID of the location the patient is being discharged to
(A)B Commencing/care type change to Subacute, Non-acute, or Mental Health	Hospital A does not record an admission	Establishment ID of the location the patient is being discharged to
AB	As per Hospital B	Establishment ID of the location the patient is being discharged to
ABA	Establishment ID of the location the patient is being discharged to	Establishment ID of Hospital A
BA	Establishment ID of the location the patient is being discharged to	Establishment ID of Hospital A
BAB	As per Hospital B	Establishment ID of the location the patient is being discharged to

Mode of Separation

The data element 'Mode of Separation' records the Status at separation of a patient (discharge/transfer/death) and type of facility to which a patient is transferred (where applicable).

Source of referral- Professional

If a patient is admitted directly from an Emergency Department attendance (not admitted at the preceding hospital), the source of referral must be recorded as 'Emergency Department Clinician' only not Specialist Clinician or other code.

Source of referral- Location

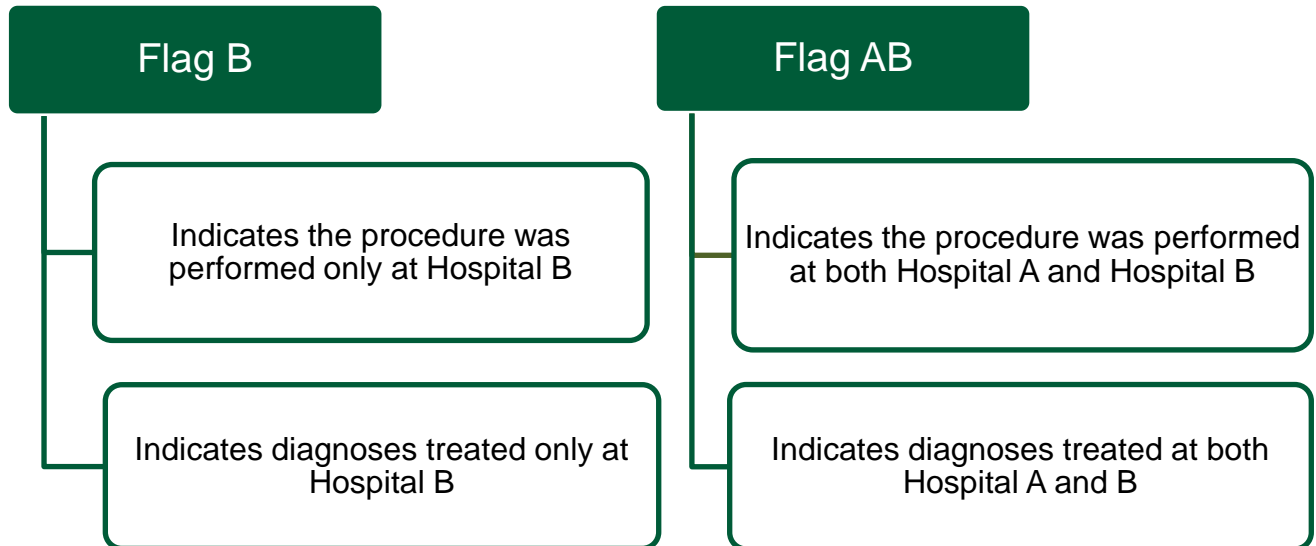
The source of referral location is essential to distinguish direct admissions versus transfers from Hospital A (admitted or ED) or other acute hospital.

Clinical coding



There are 2 types of Contracted Care Flags assigned to procedure and diagnosis codes:

- Flag B
- Flag AB



Contract type	Hospital A assigns	Hospital B assigns
ABA AB BA BAB	<ul style="list-style-type: none"> • All diagnosis, procedure codes and COFs applicable to the care provided for the entire admitted care episode in both hospitals A and B • Contracted care flag for all procedure codes that were provided by Hospital B • Contracted care flag for Diagnoses that are treated during care at Hospital B 	Only diagnoses, procedure codes and COFs related to the care provided at Hospital B.
(A)B	Nil - Activity is not recorded by Hospital A	

Refer to [Clinical Coding Guidelines: Contracted Care](#) for further information.

Responsibilities

Where the patient is admitted at both the contracted and contracting hospitals (Contract Type AB, BA, ABA, and BAB), Hospital A is responsible for ensuring that Hospital B provides them with required clinical documentation and information necessary to enable ongoing patient care and data recording at Hospital A.

It is recommended that the contractual agreements include the following:

- Compliance with the mandatory policy requirements of the Department of Health's Policy Framework with specific reference to the WA Health Information Management Policy Framework, - *Patient Activity Data Policy*.

To the extent that the requirements contained in this Policy are applicable to the services purchased from contracted health entities, WA health system entities are responsible for ensuring these requirements are reflected in the relevant contracts and managed accordingly.

- Provision of administrative information/clinical documentation to:
 - Inform of changes to Qualified Newborn status change at time of the change (to inform the correct calculation of Qualified Newborn Days)
 - Ensure clinical assessment scores for subacute, non-acute, or mental health care are recorded accurately
 - Inform accurate clinical coding of diagnoses and procedures
 - Inform recording of mandatory data elements
 - Inform contract management processes
- Expected time frame for provision of information/data between hospitals and to the Department of Health.
- Manage data quality issues and facilitate audits carried out by the Department of Health - Information and Performance Governance Unit by providing information and resources to the Health Information Audit team.
- Ensure a secure method of information exchange between the Contracted and Contracting Hospitals.

Frequently asked questions

Is the rule for contract leave contrary to the current admission policy that states leave has a limit of 7 days?

Yes, the 7-day limit does not apply to contract leave as this has no duration limit. However, it is unlikely that the patient will be on extended contract leave.

If the patient is commencing a subacute admission, the patient is not placed on contract leave and is discharged from Hospital A. A new contracted care admission is commenced as contract type (A)B.

Does contract leave affect length of stay (LOS) and total leave days?

Contract leave is excluded from the calculation of leave days. Therefore, days where patient is on contract leave are to be included in the calculation of length of stay and qualified newborn bed days.

How are the patient type values of 'Funding Qualified Newborn' and 'Funding Unqualified Newborn' used to calculate qualified newborn bed days?

Qualified Newborn Days for contracted care will be calculated the same way non-contracted Qualified Newborn Days are calculated. Note that Hospital B must notify Hospital A of any change in newborn status at the time of change to allow accurate Qualified Newborn Days calculation.

Should patients be admitted into virtual wards while they are on contract leave?

Virtual wards will no longer be necessary, and the patient is to be placed on contract leave for the duration of contracted care. The hospital may choose to hold a virtual bed for the patient in WebPAS if required for operational reasons.

In contract type AB, if a patient is put on contract leave while receiving care at Hospital B, how will we know when to return the patient from leave and discharge them?

The patient will be returned from leave and subsequently discharged from Hospital A at the same date and time the patient is discharged from Hospital B. This will be dependent on the timely provision of information by Hospital B.

How will Hospital B supply Hospital A with information on the care provided under contract?

The requirement to provide adequate health information to Hospital A to inform accurate coding must be a mandatory requirement included in the contractual agreement with Hospital B.

If Hospital A requires information on (A)B contract type activity, the Department of Health can assist through the provision of Hospital Morbidity Data Collection (HMDC) data. Alternatively, Hospital A can make arrangements with Hospital B for this information to be provided. A virtual or administrative admission must not be recorded by Hospital A in WebPAS for contract type (A)B.

How are Elective Surgery Waitlist (ESWL) affected by contracted care? Should we record ‘treated privately’ for reason for removal from the waiting list?

If a patient from ESWL is transferred to another hospital under contracted care, the value for ‘reason for removal’ is ‘transfer to other hospital’ and not ‘treated privately’. The activity is still the public hospital’s activity even though the patient is treated in a private establishment.

What happens when a patient attends Emergency Department (ED) and then transfers to another hospital as contracted care?

The patient will be transferred to Hospital B and commence contracted care as (A)B contract type. Only Hospital B will record the admitted activity for that episode.

If the patient subsequently requires admission at Hospital A, they must be discharged from Hospital B and commence a new admission at Hospital A.

Will the contracted care flag on Diagnoses and Procedure coding impact upon the assignment of the DRG?

The contracted care flag is recorded in a separate data field and not a part of the ICD-10-AM or ACHI codes. It will not impact upon the assignment of the DRG.

The contracted care flags allow Hospital A to distinguish diagnoses/procedures that are associated with the care provided under contract.

How will the funding for (A)B activity reported by Hospital B be allocated by the Department of Health?

The following data elements recorded by Hospital B will identify the activity that is provided for Hospital A.

- Contracted/Funding Establishment ID
- Admitted from Establishment ID
- Discharged to Establishment ID
- Patient Type

How do we ensure information provided by Hospital B to Hospital A and the Department of Health is accurate and reported in a timely manner?

HSPs are responsible for ensuring that contractual arrangements include requirements for provision of timely, quality information. Refer also to ‘Responsibilities’ section above.

Are there any implications for patient level costing due to the split of care across two hospitals?

Hospital A records an admitted episode covering the care and duration of time at both hospitals A and B. The contracted care cost will be allocated to this admission.

For costing purposes, the time spent at Hospital B will be recorded as ‘contract leave’ in WebPAS.

How does each hospital receive funding for their component of care?

Payment to the contracted care provider-Hospital B will continue in the current form as per contractual arrangements.

For (A)B contract type the activity reported by Hospital B will be allocated to Hospital A by the Department of Health for subsequent funding purposes.

For AB contract type the admission and funding will be allocated to the contracting hospital for a single admission.

Is the WA recording methodology aligned with other jurisdictions?

We have consulted with other jurisdictions and the new process is aligned with other public health services across the country.

Are there private/billable patient under contracted care? What are the implications of these patients?

If a private/billable patient at Hospital A is transferred to Hospital B for care, Hospital B must admit the patient as a public patient in their system. During admission, they must select 'public'/ 'Australian Healthcare Agreements' as the value for Funding Source. This eliminates the risk of Hospital B generating an invoice for private health insurance or payer.

For contract type (A)B private/billable patients receiving admitted to Hospital B only who provide a whole episode of care. Hospital A is not to record an admitted care episode for the contracted care provided at Hospital B. Hospital B must admit the patient as a public patient in their system. They must select 'public/Australian Healthcare Agreements' as the value for Funding Source.

In contract types AB, BA, BAB and ABA, which hospital completes the discharge summary?

As Hospital A is recording the admission for the entire care, Hospital A must provide a discharge summary for the care. Hospital B could provide a discharge summary to Hospital A for the care provided in their hospital.

Appendix A - The data recording Matrix

LEGEND	Contract Type/Patient Journey	Hospital	Admission Date	Admitted From	Admission Status	Source of Referral – Location	Source of Referral – Professional	Patient Type/Client Status	Care Type	Contracted/ Funding Establishment ID	Leave Type	Diagnoses/ Procedure Code	Contracted Care Flag	Discharge Date	Mode of Separation	Discharged To
Hospital A = contracting hospital (funding/purchaser) Hospital B = contracted health service/hospital (provider) [A] = No admitted care provided at Hospital A	(A)B Acute	(A)	Hospital A does not record an admission													
	Direct admission to Hospital B. (not transferred from Hospital A)	B	Date admitted at B	As applicable (not hospital A)	As applicable (not ED admission)	As applicable	As applicable (not ED clinician)	Contracted Service	21, 26	Funding Hospital A	Nil	Diagnoses/ Procedures occurring at B	Nil	Date separated from B	As applicable	As applicable
Highlighted data elements essential to ABF -Admitted from -Admission Status -Source of Referral -Patient Type/Client Status -Care Type -Contracted/Funding Establishment ID -Mode of Separation -Discharged to	(A)B Emergency Department	(A)	Hospital A does not record an admission													
	Direct admission to Hospital B referred from an attendance at Hospital A's Emergency Department	B	Date admitted at B	Hospital A	Emergency Department Admission	Acute Hospital	Emergency Department Clinician	Contracted Service	As applicable	Funding Hospital A ID	Nil	Diagnoses/ Procedures occurring at B	Nil	Date separated from B	As applicable	As applicable
CARE TYPES 21 - Acute 22 - Rehabilitation 23 - Palliative 24 - Psychogeriatric 25 - Maintenance (non-acute) 26 - Newborn 29 - GEM 32 - Mental Health	(A)B Subacute, Non-Acute or Mental Health	(A)	Hospital A does not record an admission													
	Direct admission or transfer to Hospital B to commence/change care type to Subacute, Non-Acute or Mental Health	B	Date admitted at B	As applicable	As applicable	As applicable	As applicable	Contracted Service	22, 23, 24, 25, 29, 32	Funding Hospital A	Nil	Diagnoses/ Procedures occurring at B	Nil	Date separated from B	As applicable	As applicable
* Note the care type is not to be changed for a transfer to the contracting or contracted hospital for a same day procedure/treatment or ED attendance	AB Transfer to Hospital B from an admission at Hospital A (same care type*). Discharged from Hospital B (no return to Hospital A)	A	Date admitted at A	As applicable	As applicable	As applicable	As applicable	Funding: hospital/Q Newborn/ UQ Newborn	As applicable	Contracted Hospital B	Contract Leave for duration of care at B	Diagnoses/ Procedure occurring at both A and B	Flag procedures performed at Hospital B. Flag diagnoses treated at B.	Date separated from B at the end of patient care	As per Hospital B	As per Hospital B
	ABA Transfer to Hospital B from an admission at Hospital A (same care type*) and discharged back to Hospital A	B	Date admitted at B	Hospital A	As applicable (not ED admission)	Acute Hospital	As applicable (not ED clinician)	Contracted Service	same as Hospital A	Funding Hospital A ID	Nil	Diagnoses/ Procedures occurring at B	Nil	Date separated from B	As applicable	As applicable (not)
	BA Admitted directly to Hospital B and discharged to Hospital A (same care type*)	A	Date admitted at A	As applicable on admission to Hospital A prior to transfer to Hospital B	As applicable	As applicable	As applicable	Funding: hospital/Q Newborn/ UQ Newborn	As applicable	Contracted Hospital B	Contract Leave for duration of care at B	Diagnoses/ Procedure occurring at both A and B	Flag all procedures performed at Hospital B. Flag diagnoses	Date separated from A at the end of entire	As applicable	As applicable
		B	Date admitted at B	Hospital A	As applicable (not ED admission)	Acute Hospital	As applicable (not ED clinician)	Contracted Service	same as Hospital A	Funding Hospital A ID	Nil	Diagnoses/ Procedure at B	Nil	Date separated from B	Transfer to acute hospital	Hospital A
		A	Date admitted at B	As per Hospital B admission (not Hospital B)	As per Hospital B admission	As per Hospital B admission	As per Hospital B admission	Funding: hospital/Q Newborn/ UQ Newborn	As applicable	Contracted Hospital B	Contract Leave for duration of care at B	Diagnoses/ Procedure occurring at both A and B	Flag all procedures performed at Hospital B. Flag diagnoses	Date separated from A at the end of entire	As applicable	As applicable
		B	Date admitted at B	As applicable	As applicable	As applicable	As applicable	Contracted Service	As applicable	Funding Hospital A ID	Nil	Diagnoses/ Procedure at B	Nil	Date separated from B	Transfer to acute hospital	Hospital A

For all queries regarding this information please email: DoH, Admitted Data Collection
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