

AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

Workplace Relations Act 1996
s.99 notification of industrial dispute
s.120A application for orders of Commission on exceptional matters

Australian Nursing Federation and Others

and

The Honourable Minister for Health and Others
(C2001/1910)

Various employees

Health and welfare services

JUSTICE MUNRO
SENIOR DEPUTY PRESIDENT O'CALLAGHAN
COMMISSIONER O'CONNOR

SYDNEY, 11 FEBRUARY 2002

EXCEPTIONAL MATTERS ORDER

A. Further to the decision issued by the Commission on 17 December 2001 [Print PR912571], and the supplementary decision issued on 11 February 2002 [Print PR914192], the following order is made:

1. TITLE

This Order shall be known as the Nurses (WA Government Health Services) Exceptional Matters Order 2001.

2. PARTIES

The parties to this order are the Minister for Health in the State of Western Australia, (the Minister), the Australian Nursing Federation, (the ANF), and the employer respondents corresponding to those listed in Appendix 2 of the Nurses (WA Government Health Services) Agreement 2001, (the employer respondents), as identified in Attachment 1 to this Order.

3. APPLICATION

This Order applies to the employment in Western Australian Government Health Services by the Minister or by the employer respondents of employees, who are eligible to be members of the ANF and engaged within a classification provided for in clauses 9, 10, 11 and Appendix 1 of the Nurses (WA Government Health Services) Agreement 2001, and to work performed for each such employer that is work within the scope of the definitions for those classifications in clause 31 of the Nurses (ANF - WA Public Sector) Award 1994, (the Award), being work performed by an employee of the respondent employers.

4. PERSONS BOUND

This Order is binding upon the parties, and upon the officers and employees of each of the parties and upon employees who are the members of the ANF, or eligible to be members of the ANF.

5. DUTY TO PREVENT SUSTAINED UNREASONABLE WORKLOAD

5.1 Each respondent employer shall ensure that the work to be performed by an employee to whom this Order applies:

5.1.1 is of a nature that is reasonably consistent with the performance, over the ordinary time hours of a regular periodic roster, of duties and tasks within the employee's classification description at the standard required for observance of the Nurses' Code of Conduct requirement that the nursing care provided or about to be provided to a patient shall be adequate, appropriate, and not adversely affect the rights, health or safety of the patient client; and,

5.1.2 constitutes a workload that is not a sustained manifestly unfair or unreasonable workload having regard to the skills, experience and classification of the employee and the period over which the workload is imposed.

Provided that this clause shall not operate in respect of work that a respondent employer directs in order to meet emergency or extra-ordinary circumstances of an urgent kind so long as such work is not work regularly added to the employee's weekly or daily roster.

6. DUTY TO ALLOCATE AND ROSTER NURSES IN ACCORDANCE WITH PROCESS CONSISTENT WITH REASONABLE WORKLOAD PRINCIPLES

6.1 The respondent employers shall, from no later than 1 April 2002, implement in the allocation and rostering of nurses a developed form of the staffing model described as the "nursing hours per patient day model" (NHPPD), the main premises of which are set out in Attachment 2 to this Order.

6.2 Subject to clause 6.3, the premises of the NHPPD model shall be developed to include criteria and benchmarking measures for nursing work in wards or units not covered by a ward category and associated criteria specified in Attachment 2 and in particular for:

6.2.1 intensive care units;

6.2.2 surgical operating theatres;

6.2.3 cardiac/coronary units;

6.2.4 mental health units; and

6.2.5 emergency and accident departments.

6.3 The implementation of the NHPPD model by the respondent employers shall be undertaken in a way that allows for ongoing development and refinement of the model

consistent with overall allocation and rostering outcomes determining nursing staff resources to meet estimated workloads in accordance with the following key principles:

- 6.3.1** clinical assessment of patient needs;
- 6.3.2** the demands of the environment such as ward layout;
- 6.3.3** statutory obligations including workplace safety and health legislation;
- 6.3.4** the requirements of nurse regulatory legislation and professional standards; and
- 6.3.5** reasonable workloads.

7. DUTY TO CONSULT, COMMUNICATE AND CONSTRUCTIVELY INTERACT ABOUT HEALTH SERVICE PROVISION TO PATIENTS

7.1 General duties

- 7.1.1** Each respondent employer and the ANF shall together constitute and participate in a process for consultation and communication at industry level and at hospital level about overall nursing workload issues as an element in the provision of health services to patients.
- 7.1.2** The ANF shall not unreasonably oppose the best use being made of all available and appropriately skilled staff to bring about the most effective team for the optimal provision of health services to patients at general and ward level, without unnecessary conditions or task demarcations.

7.2 Nursing Workloads Consultative Process Committee

- 7.2.1** For the purpose of complying at industry level with the duties in clause 7.1, the Minister acting generally for Western Australian Government Health Industry (the WAGHI) respondent employers shall establish a Nursing Workloads Consultative Process Committee (the NWCP Committee). The founding membership of the NWCP Committee shall be four senior level representatives of the WAGHI respondent employers, including a chairperson, and two representatives from the ANF; plus a representative each from the Australian Liquor, Hospitality and Miscellaneous Workers Union (the LHMU), and the Health Services Union of Australia (the HSUA), if those organisations elect to nominate a representative for the purposes of representation on the NWCP Committee only in relation to that part of their memberships that deal with nursing and/or nursing care related issues directly. The NWCP Committee may by agreement increase or decrease its membership.
- 7.2.2** For the duration of this Order, every six months the Minister on behalf of WAGHI employers shall provide a detailed report to the NWCP Committee in relation to the steps being taken and the evaluation of progress in minimising adverse effects on workloads or patient service capacity in public hospitals. Such reports shall:
 - 7.2.2.1** provide available data about levels and changes in levels of workloads of employees eligible to be members of the ANF, the LHMU or the HSUA;

- 7.2.2.2 outline measures the employers have taken to address and/or relieve the workload of the relevant employees, including specific steps taken;
- 7.2.2.3 provide information as to the progress achieved in implementing these or other similar steps, or to generally relieve or alleviate the workload of these employees, and
- 7.2.2.4 provide information as to future plans or intentions in relation to proposals to address the question of workloads of these employees.

7.2.3 As far as practicable, the reports made under clause 7.2.2 shall be provided in writing. The first such report shall be provided to each member of the NWCP Committee on 22 March 2002. Reports shall be provided every six months after that date for the duration of this Order.

7.2.4 A meeting of the NWCP Committee shall be held on 29 March 2002 and thereafter meetings shall be held at the discretion of the NWCP Committee timed in broad conformity with the provision of reports.

7.3 Hospital Nursing Workload Consultative Committees And Area Nursing Workload Consultative Committees

7.3.1 For the purpose of complying at metropolitan hospital level with the duties in clause 7.1, the respective respondent employer for each metropolitan hospital (as set out in Attachment 3 to this Order) shall establish a Hospital Nursing Workload Consultative Committee (the HNWC Committee) to have an advisory role in reviewing, assessing and making recommendations to the Executive Nursing Team of each respective metropolitan hospital, on an as needs basis, regarding:

- nursing workloads generally;
- admissions, discharges and patient movements generally, including transfers;
- bed usage and management generally; and
- planning for bed or ward closures during downtimes or other exigencies (including a refusal by the Executive Nursing Team for the hospital to ratify the level of nursing care for a given patient load against nursing professional standards).

In establishing HNWC Committees, the respondent employer shall allow for the participation of up to 6 ANF representatives on each HNWC Committee and a corresponding number of WAGHI representatives.

7.3.2 For the purposes of complying at regional and rural hospital and health care facility level with the duties in clause 7.1, the respective respondent employer for each Area Health Authority shall establish an Area Nursing Workload Consultative Committee (the ANWC Committee) to have an advisory role in reviewing, assessing and making recommendations to the Executive Nursing

Team of each hospital or health care facility for which each respective Area Health Authority has responsibility, on an as needs basis, regarding:

- nursing workloads generally;
- admissions, discharges and patient movements generally, including transfers;
- bed usage and management generally; and
- planning for bed and ward closures during downtimes or other exigencies (including a refusal by the Executive Nursing Team for the hospital to ratify the level of nursing care for a given patient load against nursing professional standards.

In establishing the ANWC Committees, the Area Health Authority shall allow for the participation of one ANF representative per health care facility for which it has responsibility and a corresponding number of WAGHI representatives.

7.3.3 If there is no Area Health Authority in existence that is responsible for a hospital or health care facility, the respective respondent employer for each such hospital or health care facility shall establish an appropriate NHWC Committee, with the same membership and role as that detailed in clause 7.3.1 of this Order.

7.3.4 If an Area Health Authority comes into existence and becomes responsible for a hospital or health care facility, the individual HNWC Committee at all of the hospitals or health care facilities for which that Area Health Authority has responsibility, will cease, and an ANWC Committee, with the same membership and role as that detailed in clause 7.3.2 of this Order will be established for that Area Health Authority.

7.4 Each of the consultative processes established under this clause shall operate as far as practicable without formality with a view to reaching a consensus about matters to be considered. By agreement of the relevant Committee, the matters to be considered may also include issues such as patient transfers to or from hospital through liaison with community health services units, the trauma service and the ambulance service, the refinement of the admissions and discharge policy for a hospital, and measures necessary to bring about the most effective team for the optimal provision of health services to patients at general ward level. Unless otherwise provided by this Order, the processes established under this clause are advisory. A respondent employer in relation to a particular matter referred to a committee may elect to be bound by any agreement reached at the relevant committee in respect of the matter referred.

8. VISIBILITY OF IMPLEMENTATION OF NHPPD MODEL AT WARD OR UNIT LEVEL

In giving effect to the duty in clause 6, each respondent employer shall ensure for the duration of this Order that the implementation of the NHPPD model, and any other mechanisms that may be in place to manage the workloads of nurses, shall be made clearly visible to and readily understood by, nurses at the ward or unit level. The precise mechanism for ensuring that this visibility and/or understanding is achieved may

vary from site to site, health service to health service, but will result in the NHPPD being applied to identify a work roster that may be clearly understood by nurses at the ward or unit level.

9. MEASURES TO ENCOURAGE RE-ENTRY TO THE NURSING WORKFORCE

For the purpose of giving effect to the duties created by this Order, the parties shall take into account a commitment by the Department of Health of Western Australia and the respondent employers to continue to provide for the duration of this Order, free re-registration and refresher courses for nurses seeking to re-enter the nursing workforce; and for the Department of Health to continue to co-ordinate statewide recruitment for nurses to enter into these courses. The ANF shall encourage use of such courses.

10. GRIEVANCE PROCEDURE

10.1 Notwithstanding clause 30 of the Award and clause 19 of the Nurses (WA Government Health Services) Agreement 2001, the following grievance procedure shall apply to a workload grievance under this clause.

10.2 A workload grievance is a grievance stated in writing by an employee bound by this Order performing work to which this Order applies, by the ANF, or by a respondent employer, as a person aggrieved, about the nursing workload that a nurse is required to undertake, on the ground that:

10.2.1 an unreasonable or excessive patient care or nursing task work load is being imposed on the nurse other than occasionally and infrequently;

10.2.2 to perform nursing duty to a professional standard, a nurse is effectively obliged to work unpaid overtime on a regularly recurring basis;

10.2.3 the workload requirement effectively denies any reasonably practicable access to the nurse's quota of time for professional development, within 12 months of the entitlement arising;

10.2.4 within a workplace or roster pattern, no effective consultative mechanism and process is available in respect of the determination of bed closures or patient workload for the available nursing resources in the workplace or roster pattern;

10.2.5 a reasonable complaint to the appropriate hospital authority about capacity to observe professional mandatory patient care standards has not been responded to or acted upon within a reasonable time; or

10.2.6 a particular member or set of members of a patient care team are being consistently placed under an unreasonable or unfair burden or lack of adequate professional guidance because of the workload or the staffing skill mix of the team.

10.3 Before initiating the formal grievance process under this clause, the person aggrieved shall attempt to resolve with the appropriate and responsible employee, employer or organisation the matter giving rise to the grounds of the grievance. After such an attempt has failed, or if the attempt is manifestly likely to be unproductive of a

resolution of the matter, the person aggrieved shall lodge a statement setting out details of the grievance with the Director of Nursing at the work location, and in the case of an aggrieved employee, with the ANF.

- 10.4** Where the grievance is not resolved within five working days, the Director of Nursing shall inform the Chief Executive Officer (CEO) of the Area Health Authority (or if one has not been established, the CEO or General Manager of the relevant hospital of health service as the case may be) responsible for the work location of the grievance and supply as soon as practicable a statement outlining the grievance and setting out the principal reasons why it has not been or cannot be resolved. Thereupon, the CEO of the Area Health Authority and one person nominated by the ANF, shall form a conciliation committee to attempt to resolve the grievance.
- 10.5** Where the grievance is not resolved within five working days of being brought to the Area Health Authority's CEO, the CEO of the Area Health Authority shall inform the Director General of Health of the grievance and supply as soon as practicable a statement outlining the grievance and setting out the principal reasons why it has not been or cannot be resolved. Thereupon, the Director General of Health or one person nominated by the Director General of Health and one person nominated by the ANF, shall form a conciliation committee to attempt to resolve the grievance.
- 10.6** A grievance shall be resolved where the parties to the grievance reach agreement. Where agreement is reached the parties at the work location shall be informed of the grievance resolution in writing including an implementation timetable and method of implementation.
- 10.7** The implementation of these procedures shall take place without delay and be completed as soon as practicable. The employer and the ANF shall each as far as practicable avoid action which may exacerbate the dispute or predetermine the outcome of an attempt to resolve the grievance.
- 10.8** A grievance that remains unresolved for a period of more than 15 working days Monday to Friday may be referred by the ANF or a respondent employer to a Board of Reference.
- 10.9** A Board of Reference under this clause shall be constituted comprising two nominees of the ANF and two nominees of the employer, and a member of the Australian Industrial Relations Commission as Chairperson.
- 10.10** The function of the Board of Reference shall be to resolve the grievance if practicable, without making a formal determination. If the Board of Reference is:
- 10.10.1** unable to resolve the grievance, but,
 - 10.10.2** is satisfied that the ground for the grievance has been established; and
 - 10.10.3** is satisfied that a determination on the basis of the grievance is necessary;
- the Board of Reference may make a determination in conformity with clause 10.11.
- 10.11** Subject to clause 10.10, a Board of Reference may determine:

- 10.11.1** in relation to a grievance under clause 10.2.1, 10.2.5, or 10.2.6, a principle to be applied for determining the workload relevant to the ground of the grievance being a principle capable of remedying the ground of grievance if applied by the responsible employer;
- 10.11.2** in relation to a grievance under clause 10.2.2 or 10.2.3, a right for the employee or employees affected to, or a duty on the employer to grant an entitlement which, if granted or enforced, would remedy in part or whole the ground of the grievance;
- 10.11.3** in relation to a grievance under clause 10.2.4, a process for consultation and reporting upon management decisions about patient workload or bed closures, not being a process inconsistent with clause 7 of this Order, that if introduced, would be appropriate to remedy the ground of the grievance.

10.11 In the event of representative members of the Board being equally divided in opinion, the Chairperson will cast his or her vote to give a majority decision.

10.12 A determination by the Board shall be binding upon the parties and the parties shall abide by any such determination as though it is a provision of this Order having a term co-extensive with the duration of this Order.

11. COMMENCEMENT DATE OF ORDER AND PERIOD OF OPERATION

This Order commences on 1 March 2002 and shall expire on 28 February 2004.

BY THE COMMISSION:

JUSTICE P.R. MUNRO

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RESPONDENT EMPLOYERS

1. Minister for Health
2. Avon Health Service
3. Central Great Southern Health Service Board
4. Beverley District Hospital Board
5. Bruce Rock Memorial Hospital Board
6. Corrigin District Hospital Board
7. Cunderdin District Hospital Board
8. Quairading District Hospital Board
9. Kellerberrin Health Services Board of Management
10. Kununoppin and Districts Health Service
11. Merredin Health Service
12. Mukinbudin Health Service
13. Narembeen Health Services Board
14. Southern Cross District Health Service
15. Wyalkatchem-Koorda and Districts Hospital Board
16. Gascoyne Health Service
17. Geraldton Health Service
18. Lower Great Southern Health Service Board
19. Dongara Health Service
20. Morawa and Districts Health Service
21. Mullewa Health Services
22. North Midlands Health Service
23. Northampton Kalbarri Health Services
24. Yalgoo Health Service
25. Murchison Health Service
26. Kalgoorlie-Boulder Health Service
27. Laverton and Leonora Health Service
28. Dundas Health Service
29. Esperance Health Service
30. Ravensthorpe Health Service
31. Varley Nursing Post
32. Boddington District Hospital Board
33. Brookton Health Service
34. Upper Greater Southern Health Service
35. Ashburton Health Service
36. Western Health Service

AND

<p>The Board of Management Albany Health Service PO Box 252 ALBANY WA 6330</p>	<p>The Board of Management Collie Health Service Deakin Street COLLIE WA 6225</p>	<p>The Board of Management Gascoyne Health Service PO Box 417 CARNARVON WA 6701</p>
<p>The Board of Management Ashburton Health Service PO Box 56 TOM PRICE WA 6751</p>	<p>Corrigin District Hospital Board Kirwood Street CORRIGIN WA 6375</p>	<p>The Board of Management Geraldton Health Service PO Box 22 GERALDTON WA 6530</p>
<p>Augusta Health Board Donovan Street AUGUSTA WA 6290</p>	<p>Commissioner of Health 189 Royal Street EAST PERTH WA 6004</p>	<p>Gnowangerup District Hospital Board Yougenup Road GNOWANGERUP WA 6335</p>
<p>The Board of Management Avon Health Service PO Box 312 NORTHAM WA 6401</p>	<p>Cunderdin District Hospital Board Cubbine Street CUNDERDIN WA 6407</p>	<p>The Board of Management Goomalling Health Service PO Box 107 GOOMALLING WA 6640</p>
<p>Beverley District Hospital Board PO Box 142 BEVERLEY WA 6304</p>	<p>Dalwallinu District Hospital Board PO Box 115 DALWALLINU WA 6609</p>	<p>Harvey District Hospital Board 45 Hayward Street HARVEY WA 6220</p>
<p>Boddington District Hospital Board Hotham Road BODDINGTON WA 6390</p>	<p>The Board of Management Denmark District Hospital PO Box 95 DENMARK WA 6333</p>	<p>Hon. Minister for Health Dumas House Havelock St West Perth</p>
<p>The Board of Management Boyup Brook Health Service PO Box 147 BOYUP BROOK WA 6244</p>	<p>The Board of Management Dongara Health Service PO Box 175 GERALDTON WA 6531</p>	<p>Jerramungup Hospital Board PO Box 53 JERRAMUNGUP WA 6337</p>
<p>Bridgetown District Hospital Board PO Box 136 BRIDGETOWN WA 6255</p>	<p>The Board of Management Donnybrook/Balingup Health Service Bentley Street DONNYBROOK WA 6239</p>	<p>The Board of Management Kalgoorlie – Boulder Health Service Locked Bag 7 KALGOORLIE WA 6433</p>
<p>The Board of Management Brookton Health Service PO Box 58 BROOKTON WA 6306</p>	<p>Dumbleyung District Memorial Hospital Board PO Box 138 DUMBLEYUNG WA 6350</p>	<p>The Board of Management Katanning Health Service Clive Street KATANNING WA 6317</p>
<p>Bruce Rock Memorial Hospital Board Dunstall Street BRUCE ROCK WA 6418</p>	<p>The Board of Management Dundas Health Service PO Box 155 NORSEMAN WA 6443</p>	<p>Kellerberrin Memorial Hospital Board 51 – 63 Gregory Street KELLERBERRIN WA 6410</p>

<p>The Board of Management Bunbury Health Service PO Box 301 BUNBURY WA 6230</p>	<p>The Board of Management East Pilbara Health Service PO Box 63 PORT HEDLAND WA 6721</p>	<p>The Board of Management Kimberley Health Service PMB 930 DERBY WA 6728</p>
<p>Busselton Health Board Locked Bag 3 BUSSELTON WA 6280</p>	<p>The Board of Management Esperance Health Service PO Box 339 ESPERANCE WA 6450</p>	<p>Kojonup District Hospital Board Spring Street KOJONUP WA 6395</p>
<p>Kukerin Nursing Post Board PO Box 19 KUKERIN WA 6325</p>	<p>The Board of Management Murchison Health Service PO Box 82 MEEKATHARRA WA 6642</p>	<p>Kondinin District Hospital Board PO Box 2 KONDININ WA 6367</p>
<p>The Board of Management Kununoppin and Districts Health Service Leake Street KUNUNOPPIN WA 6489</p>	<p>Nannup Health Service Carey Street NANNUP WA 6275</p>	<p>Quairading District Hospital Board Harris Street QUAIRADING WA 6383</p>
<p>The Board of Management Lake Grace and Districts Health Service PO Box 189 LAKE GRACE WA 6353</p>	<p>Narembeen Health Services Board Ada Street NAREMBEEN WA 6369</p>	<p>The Board of Management Ravensthorpe Health Service PO Box 53 RAVENSTHORPE WA 6346</p>
<p>The Board of Management Laverton and Leonora Health Service PO Box 21 LAVERTON WA 6440</p>	<p>Narrogin Regional Hospital Board PO Box 336 NARROGIN WA 6312</p>	<p>The Board of Management Roebourne District Hospital PO Box 81 ROEBOURNE WA 6718</p>
<p>Margaret River Health Board Farrelly Street MARGARET RIVER WA 6285</p>	<p>Next Step Specialist Drug and Alcohol Services Board 7 Field Street MOUNT LAWLEY WA 6050</p>	<p>Southern Cross District Hospital Board Coolgardie Road SOUTHERN CROSS WA 6426</p>
<p>The Board of Management Merredin Health Service PO Box 241 MERREDIN WA 6415</p>	<p>The Board of Management Nickol Bay Hospital PO Box 519 KARRATHA WA 6714</p>	<p>Tambellup Nursing Post Board PO Box 123 TAMBELLUP WA 6320</p>
<p>Metropolitan Health Service Board Ground Floor 1 Havelock Street WEST PERTH WA 6005</p>	<p>Northampton/Kalbarri Health Service Board PO Box 400 NORTHAMPTON WA 6535</p>	<p>The Board of Management Wagin Health Service PO Box 222 WAGIN WA 6315</p>

<p>Moora District Hospital Board PO Box 154 MOORA WA 6510</p> <p>The Board of Management Morawa and Districts Health Service PO Box 229 MORAWA WA 6623</p> <p>The Board of Management Mukinbudin Health Service Cnr Ferguson and Maddock Street MUKINBUDIN WA 6479</p> <p>Mullewa Health Services Board of Management PO Box 167 MULLEWA WA 6630</p> <p>Yalgoo Nursing Post Board Lot 26 Stanley Street YALGOO WA 6635</p> <p>The Board of Management Yarloop Health Services Barrington – Knight Road YARLOOP WA 6218</p>	<p>Northcliffe District Hospital Board Wheatley Coast Road NORTHCLIFFE WA 6262</p> <p>North Midlands District Hospital Board PO Box 138 THREE SPRINGS WA 6519</p> <p>Peel Health Services Board McKay Street PINJARRA WA 6208</p> <p>Pemberton District Hospital Board Hospital Avenue PEMBERTON WA 6260</p> <p>Pingelly District Hospital Board PO Box 63 PINGELLY WA 6308</p> <p>Plantagenet District Hospital Board PO Box 21 MOUNT BARKER WA 6324</p>	<p>Warren District Hospital Board PO Box 179 MANJIMUP WA 6258</p> <p>The Board of Management Wickepin Health Service PO Box 117 WICKEPIN WA 6370</p> <p>The Board of Management Wickham District Hospital PO Box 103 WICKHAM WA 6370</p> <p>Williams Medical Centre Board PO Box 42 WILLIAMS WA 6390</p> <p>Wongan Hills District Hospital Board PO Box 250 WONGAN HILLS WA 6603</p> <p>Wyalkatchem – Koorda and Districts Hospital Board Honour Avenue WYALKATCHEM WA 6485</p>
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NHPPD GUIDING PRINCIPLES

Ward Category	NHPPD	Criteria for measuring diversity, complexity and nursing tasks required
A	7.5	<ul style="list-style-type: none"> • High Complexity • High Dependency Unit @ 6 beds within a ward • Tertiary Step Down ICU • High Intervention Level • Specialist Unit/Ward Tertiary Level 1:2 staffing • Tertiary Paediatrics
B	6.0	<ul style="list-style-type: none"> • High Complexity • No High Dependency Unit • Tertiary Step Down CCU/ICU • Moderate/High Intervention Level • Special Unit/Ward including extended secure Mental Health Unit • High Patient Turnover⁽¹⁾ > 50% • FHHS Paediatrics⁽²⁾ • Secondary Paediatrics • Tertiary Maternity
C	5.75	<ul style="list-style-type: none"> • High Complexity Acute Care Unit/Ward • Moderate Patient Turnover > 35%, OR • Emergency Patient Admissions > 50% • Psychogeriatric Mental Health
D	5.0	<ul style="list-style-type: none"> • Moderate Complexity • Acute Rehabilitation Secondary Level • Acute Unit/Ward • Emergency Patients Admissions > 40% OR • Moderate Patient Turnover > 35% • Secondary Maternity
E	4.5	<ul style="list-style-type: none"> • Moderate Complexity • Moderate Patient Turnover > 35% • Sub Acute Unit/Ward • Rural Paediatrics
F	4.0	<ul style="list-style-type: none"> • Moderate/Low Complexity • Low Patient Turnover < 35% • Care Awaiting Placement/Age Care • Sub Acute Unit/Ward
G	3.0	<ul style="list-style-type: none"> • Ambulatory Care including: • Day Surgery Unit & Renal Dialysis Unit

(1) Turnover = Admissions + Transfers + Discharges divided by Bed Number.

(2) FHHS Paediatrics additional formulae: Birth; Neonates; ED; OR.

Source: Evidence of Allan Jones: Paragraphs 30-31, Attachment 1.

METROPOLITAN GENERAL & MENTAL HEALTH HOSPITALS

Alma Street Centre	Alma Street, Fremantle
Armadale-Kelmscott Memorial Hospital	3056 Albany Highway, Armadale
Bentley Hospital	Mills Street, Bentley
Fremantle Hospital	Alma Street, Fremantle
Graylands Selby-Lemnos & Special Care Health Services	Brockway Road, Mt Claremont 6 Lemnos Street, Shenton Park
Kalamunda District Community Hospital	Elizabeth Street, Kalamunda
King Edward Memorial Hospital for Women	Bagot Road, Subiaco
Osborne Park Hospital	Osborne Place, Stirling
Princess Margaret Hospital for Children	Roberts Road, Subiaco
Rockingham-Kwinana District Hospital	Elanora Drive, Rockingham
Royal Perth Hospital	Wellington Street, Perth
Royal Perth Rehabilitation Hospital	Selby Street, Shenton Park
Sir Charles Gardiner Hospital	Hospital Avenue, Nedlands
Swan District Hospital	Eveline Road, Middle Swan