Contents

Foreword iii
Introduction v
Healthy Workforce 1
  - Achievements 2004 - 2007 2
  - Our Priorities for 2008 10
Healthy Hospitals 11
  - Achievements 2004 - 2007 11
  - Our Priorities for 2008 21
Healthy Partnerships 22
  - Achievements 2004 - 2007 22
  - Our Priorities for 2008 24
Healthy Communities 25
  - Achievements 2004 - 2007 26
  - Our Priorities for 2008 30
Healthy Resources 31
  - Achievements 2004 - 2007 31
  - Our Priorities for 2008 34
Healthy Leadership 35
  - Achievements 2004 - 2007 35
  - Our Priorities for 2008 38
Appendix 39
Foreword

The health system in Western Australia is facing a number of significant challenges. Like most other health systems in Australia and indeed around the world, WA Health is responding to the effects of a growing and ageing population, increasing incidence of chronic disease, increasing health care costs and workforce shortages.

In an effort to address these challenges, the Health Reform Committee’s (HRC) final report ‘A Healthy Future for Western Australians’ (known as the Reid Report) was published on 29 March 2004. The Government’s endorsement of the HRC report’s recommendations set the framework for the development of public health services in Western Australia over the next decade.

Since the release of the report, WA Health has been focused on delivering improvement in our health system. What sets this reform agenda apart from previous change programs is the fact that the whole system is working together to drive this transformation, within WA Health, with our community partners and other government and non-government agencies, for the common benefit of improved access and standards of care for patients.

These improvements are being achieved through:

- Integrated, system wide, long term planning linked to best practice health care evidence and clinical reform.
- Building leadership capacity and capability at every level of the organisation and aspect of the health care system.
- Developing a greater understanding of those factors that drive our costs in order to deliver better value to the community for the health care dollar invested.
- $4.1billion capital investment plan over the next 10 years which will include the building of new hospitals and the redevelopment and upgrading of existing ones throughout the State.
- Making improvements to health service quality and access in a climate of increasing demand and significant workforce shortages.

The challenge of improving the effectiveness and efficiency of health care services whilst continuing to meet the needs of patients on a day-to-day basis should not be underestimated.
Whilst this report illustrates the dedicated effort invested in a complex and comprehensive health reform agenda over the past three years, from every corner of the system that is WA Health, we understand that we are only at the beginning of what needs to be a long term, sustained approach to change and improvement.

Ongoing improvement must now be viewed as everyone’s responsibility, as a core function of every role within the system in order to really transform the culture and achieve ongoing reform objectives. And the next three years are critical. WA Health will need to ensure the successful implementation of a range of improvement and investment plans from non-inpatient care, workforce supply strategies, information and communication technology and infrastructure development in order to ensure benefits are delivered in a timely manner.

By building on the foundations that have been established throughout the organisation over the past three years, WA Health will continue to drive and deliver the changes needed to ensure a sustainable health care system well into the future.

Dr Neale Fong  
Director General
Introduction

With the focus firmly on implementing health system reform and changing the way we deliver services it is possible to lose sight for a moment about the reasons WHY we needed to undertake such a massive reform program. In fact, many of the challenges facing WA Health are national and global issues:

- An ageing and growing population.
- Widening gaps in health status between the wealthy and the poor, and between the Aboriginal and non-Aboriginal population.
- Escalating demands for emergency care and hospital beds.
- Rapidly changing demographics.
- Increasing levels of obesity.
- Costly advances in medical technology and pharmaceuticals.
- Current and projected workforce shortages.

The health reform program in WA is a fundamental reprioritisation of the public health system based on the recommendations of the Health Reform Committee 2004¹, which is being implemented over a 10-year timeframe. The program draws on the experience and evidence out of other health systems and our own solutions and innovations in attempting to cope with increasing demand, escalating costs and workforce shortages.

The three-year milestone provides an opportunity to stand back and assess the reform journey, what has been achieved, the lessons learned, and what still remains to be done to improve the delivery of services and health outcomes throughout the state.

There is clear evidence that we have made very good progress on health system reform and developing a continuous improvement approach that will guide and direct ongoing change.

The WA Health Strategic Intent 2005-2010 and the six healthy directions of workforce, hospitals, communities, resources, partnerships and leadership provide the organisation with a strategic framework for delivering change. The following summary provides a snapshot of some of the particular issues, the reform strategies and some early outcomes within each of these areas.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Reform Strategies</th>
<th>Outcomes</th>
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</thead>
<tbody>
<tr>
<td>Shortage of General Practitioners, nurses and other clinical workforce</td>
<td>Attraction and retention strategies</td>
<td>Expansion of medical student numbers</td>
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<tr>
<td>Focus on traditional models of health service delivery</td>
<td>Promoting workforce innovation</td>
<td>Successful overseas recruitment drives</td>
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<tr>
<td>Competition for workforce</td>
<td>Establishing a vibrant and positive workplace and system culture</td>
<td>Scope of practice changes with 40 nurses registered as Nurse Practitioners</td>
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<tr>
<td>Ageing workforce</td>
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<td>Overall increase in the number of nurses</td>
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<td>Changing skill requirements due to complexity in care and technological advances</td>
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<td>Work Life Balance policy implemented</td>
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<tr>
<td>Challenges of providing culturally appropriate workforce (such as Aboriginal health care workers, nurses and doctors)</td>
<td></td>
<td>Plan for the demand and supply of workforce aligned to the Clinical Service Framework 2005-2015</td>
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# Healthy Hospitals

<table>
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<tr>
<th>Issues</th>
<th>Reform Strategies</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Existing hospitals not designed to meet today’s needs</td>
<td>Managing demand on traditional services:</td>
<td>Improved access to services including the Healthy@Home Program, After Hours GP Services, Health Call Centre, Chronic Disease Teams, Ambulatory Surgery Initiative</td>
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<tr>
<td>Escalating demand for emergency care and hospital beds</td>
<td>- Increase community based care</td>
<td>Increased access to community based mental health care services</td>
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<tr>
<td>Focus on high cost tertiary care</td>
<td>- Manage length of stay</td>
<td>Improved waiting times for elective surgery and record low numbers of people waiting for surgery</td>
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<td>Need for reduction in length of stay, increased day surgery admissions</td>
<td>- Increase Day of Surgery Admissions</td>
<td>Clinical Services Framework 2005-2015 endorsed</td>
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<td>and increased day procedures to achieve benchmarks</td>
<td>- Increase Day Surgery and Ambulatory Procedures</td>
<td>Clinical Service Plans for Area Health Services aligned to the statewide framework</td>
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<tr>
<td>Unnecessary clinical duplication across tertiary sites</td>
<td>- Improve access to GP services</td>
<td>$4.1billion commitment to Statewide Infrastructure Development Program</td>
</tr>
<tr>
<td>Changing population demographics contributing to poor access to hospital services</td>
<td>- Targets for elective surgery</td>
<td>Range of Infrastructure projects delivered across the metropolitan and country area health services</td>
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<tr>
<td>Outdated and inefficient administrative processes</td>
<td>Improving access to care in the appropriate setting</td>
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<tr>
<td>Need for greater efficiency in hospital services such as pathology, pharmacy, procurement and overall hospital cost structures</td>
<td>- Care Awaiting Placement beds outside tertiary hospitals</td>
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<tr>
<td></td>
<td>- Chronic Disease Management Programs</td>
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<td></td>
<td>Statewide Clinical Services Planning and Infrastructure Development</td>
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### Healthy Partnerships

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<th>Issues</th>
<th>Reform Strategies</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Hard for patient to navigate through the system where public, private and non-government organisations all provide services</td>
<td>Planning for investment in health and medical research</td>
<td>Establishment of Health Networks</td>
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<tr>
<td>Barriers about who ‘owns’ the patient and who is responsible for service provision</td>
<td>Increased role of non-government sector</td>
<td>Establishment of the State Health Research Advisory Council</td>
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<td></td>
<td>Partnerships for improvement</td>
<td>Non-government sector participation in health promotion strategies</td>
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### Healthy Communities

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<tr>
<th>Issues</th>
<th>Reform Strategies</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Population growing and ageing</td>
<td>Increasing emphasis on the importance of health promotion, early intervention and prevention</td>
<td>Improvement in some lifestyle risk factors</td>
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<tr>
<td>Increasing incidence of chronic and complex conditions</td>
<td>Care in the most appropriate setting</td>
<td>Improved life expectancy</td>
</tr>
<tr>
<td>Widening gaps in health status</td>
<td>Improving the management of chronic disease including improved self-management programs</td>
<td>Reduction in infant mortality</td>
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<tr>
<td>More informed consumers</td>
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<td>Reduction in injuries as a result of falls</td>
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<tr>
<td>Increasing requirement for aged care, mental health and rehabilitation services</td>
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- Improvement in some lifestyle risk factors
- Improved life expectancy
- Reduction in infant mortality
- Reduction in injuries as a result of falls
## Healthy Resources

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<tr>
<th>Issues</th>
<th>Reform Strategies</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Government capacity to fund escalating health system costs</td>
<td>Procurement reform</td>
<td>Escalating growth in costs have been stemmed with the delivery of a balanced budget over three consecutive years</td>
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<td>Duplication and poor distribution of services and resources</td>
<td>Integrated clinical service planning and business case development</td>
<td>Significant savings from procurement reform and other efficiencies</td>
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<tr>
<td>Accountability and budget control</td>
<td>Delivering value for the investment in health care</td>
<td>Consolidation and standardisation of services such as HR, payroll, finance and supply services and pathology</td>
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<td></td>
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<td>Increased use of ICT based solutions including HealthDirect call centre, telemonitoring, telepsychiatry.</td>
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<tr>
<td>Healthy Leadership</td>
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<tr>
<td>Issues</td>
<td>Reform Strategies</td>
<td>Outcomes</td>
</tr>
</tbody>
</table>
| - Culture of the system  
- No clear strategic direction  
- Lack of transparency, accountability and governance  
- Little investment in leadership development and the building of capacity and capability throughout the organisation | - Strategic planning  
- Leadership development  
- Capacity building and succession planning | - Institute for Healthy Leadership established  
- Over 450 staff participated in leadership programs building leadership capacity and capability at every level of the organisation  
- Improved governance and management processes and practices  
- Integrated, long term planning processes implemented linking best practice health care evidence and clinical reform  
- Annual WA Health Conferences and Awards showcasing staff achievement and innovation |
Healthy Workforce

Ensuring the adequate supply of health professionals to meet the increasing demand for health care services within WA is a fundamental challenge to the health reform program and one that is greatly affected by the broader workforce issues facing most service industries throughout Australia.

The demand for the health workforce is growing in line with growth for health services. Of concern however, is that the current and predicted supply of the health workforce is increasingly falling behind the levels of demand for services.

A study by the Department of Education, Science and Training\(^2\) shows a shortfall of 40,000 registered nurses by 2010 across Australia. Importantly, there is a growth in allied health professionals, which is a key consideration in the development of future models of care.

The challenge for WA Health is how to attract and retain sufficient workforce numbers to meet the needs of our current and future health services including doctors, medical specialists and nurses.

The Health Reform Committee made a number of recommendations in relation to the enhancement of workforce planning, improving attraction and retention, promoting research, innovation and leadership.

Whilst WA participates in a comprehensive national workforce agenda, a range of local level strategies are being implemented and are already making significant gains in what will need to be a concerted effort over the longer term.

In summary:

- Rapid expansion of medical students increasing from an annual intake of around 170 in 2005 to now over 330 students per year and by 2014, WA will have over 900 undergraduate students requiring clinical training.
- Successful overseas recruitment drives with 120 registered nurses recruited since late 2005, visa sponsorship to an additional 370 across a range of specialty areas and 63 recommended mental health worker applicants.

• 40 nurses registered as Nurse Practitioners and working in a range of locations throughout WA including five remote sites.

• The number of Full Time Equivalent (FTE) nurses employed in the public health system has increased from 7,977 in 2001 to 10,143 in August 2007, an increase of 27%.

Achievements 2004 to 2007

Strategies to increase workforce supply

• The marketing campaign entitled “Never Just Another Day” was developed in 2006 to attract high school students into nursing. The campaign markets 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. This is to counter perceptions identified in research in 2006 that nursing is viewed as predominantly female, hard work, not prestigious and undervalued. Community perception of nursing can be a barrier to people entering the profession.

• WA Health has participated in overseas recruitment initiatives since late 2005 in the United Kingdom, Germany, Asia, Netherlands and New Zealand to promote opportunities available to registered nurses and midwives across the WA public health sector. To date WA Health has recruited 120 registered nurses to Western Australia and has provided visa sponsorship to an additional 370 across a range of specialty areas. This has occurred through targeted advertising campaigns and participation at skilled migration expos in partnership with the Department of Immigration and Citizenship and Small Business Development Corporation of Western Australia - Go West Now expos.

• WA Health provides a central point of contact for overseas trained health professionals to access information regarding job opportunities in Western Australia. The website www.osrecruitment.health.wa.gov.au offers assistance regarding vacancies, visas, online expressions of interest and information on living and working in WA.

• The issues of sustainability and capacity building are central to mental health workforce planning. A Mental Health Workforce Taskforce has been established to identify the immediate issues affecting the attraction, recruitment and retention of mental health professional and support staff in WA. The development of a sustainable Strategic Mental Health Workforce Action Plan is underway. The UK recruitment drive in June 2007 produced more than 93 interviews and resulted in 63 recommended applicants.

The promise of sunshine and a healthy lifestyle is being used to lure much-needed mental health workers to WA in the latest recruitment drive in the UK.
To assist strategic workforce planning, Labour Force Surveys for medical, nursing and midwifery and allied health professions are underway to provide more detailed information to identify future workforce strategies.

Implement job redesign

Work has continued to expand the use of nurse practitioners in the metropolitan area.

- Currently there are 40 nurses registered as Nurse Practitioners (NPs) with the Nurses Board of Western Australia. These NPs may work in a designated area and it should be noted that more than one NP may work in a designated area for example in the ED and given shift work, NPs are rostered over 7 days and 24 hours. The designated areas include:
  - Royal Perth Hospital in wound management, liver services and emergency services
  - Sir Charles Gairdner Hospital in oncology services
  - Joondalup Health Campus in emergency services
  - Rockingham Health Services in emergency services
  - Armadale Health Services in renal health services
  - Princess Margaret Hospital in paediatric oncology
  - Carinya Aged Care Service in residential age care
  - Five remote sites across the WA Country Health Service.

Emergency service nurse practitioners are qualified to take on extra duties in hospital EDs to help reduce patient waiting times and doctors’ workloads.

- To assist this expansion, 75 registered nurses are enrolled in the Curtin University Master Clinical Nurse - Nurse Practitioner Program, making this the largest in Australia. A second focus has been developing a revised framework for clinical protocols/guidelines. This work is being done in partnership with the Joanna Briggs Institute and WA Health.

- Nurse Practitioners focus on quality and their role is about enhancement of service delivery. They work autonomously, but in collaboration with medical practitioners. There are examples of improved efficiency of services and reduced demand on medical practitioners’ time. This is especially the case in emergency services at Joondalup Health Campus, where increased patient throughput has occurred, waiting times have been reduced and there has been a decrease in the number of patients who did not wait for treatment.

- In the country area it is expected that NPs will be used to fill the gaps where no medical practitioners are present. Improvements in efficiency will come through increased service delivery to these areas.
WA is leading the way into research on NPs. The Chief Nursing Office has obtained a $1.7m grant through the Australian Research Council to conduct an Australia-wide research and evaluation into Nurse Practitioners. This large study will survey NPs and analyse their roles and clinical activity. Using case studies, clinical outcomes of NP services will be examined.

Remote area nurse practitioners provide advanced and accessible clinical nursing care to remote and rural residents. They are also able to put in place essential primary health strategies and community education programs.

**Education and training**

*Increase training places for medical, nursing, health professions and other health system staff*

Increasing training places for health system staff is addressed in a number of ways.

**For the nursing workforce**

- A new program will boost the number of nurses and allow some nursing students to work part-time in hospitals while progressing toward their chosen career. Some undergraduate students training at university to become registered nurses, could qualify as enrolled nurses while continuing their studies. The health system will be able to draw on well-trained extra nursing staff and this will have a flow-on benefit for patients. This year, almost 50 students from Edith Cowan University will start working part-time as enrolled nurses in WA's public and private hospitals. The program will eventually be extended to include registered nursing students at Murdoch, Notre Dame and Curtin Universities. This will result in a significant number of student nurses starting part-time work in hospitals each year. Sir Charles Gairdner Hospital, Royal Perth Hospital, Swan Kalamunda Health Service and Osborne Park Hospital will all employ the student nurses.

  The students have to take additional modules midway through their university course to become eligible for registration as enrolled nurses. The program will not reduce the training required to become a registered nurse, but will allow students to work in their chosen field rather than in areas not connected to health.

- WA Health is one the main providers of training (and employers) for re-registration and migrant bridging courses. A project is underway to identify standards and delivery of such training programs being delivered by other providers (such as universities).

- The Aboriginal Enrolled Nurse Program developed an enrolled nurse course to be delivered to Aboriginal people in a manner that suits their learning style and aids their recruitment, retention and completion of the course. The project is in partnership with the Marr Mooditj Aboriginal Health Training College, the Department of Education, Science and Training, the Department of Education and Training, the Office of Aboriginal and Torres Strait Islander Health and WA Health.
The Aboriginal and Torres Strait Islander enrolled nursing graduates will be able to work in hospitals and a range of other health settings. It is hoped the course will encourage nursing as a career choice for Aboriginal people.

- WA Health last year awarded 506 undergraduate and postgraduate nursing scholarships amounting to $1.24 million to help nurses gain clinical specialisation skills required in the workforce.

For the medical workforce

- WA Health is working with the Royal College of Physicians, Area Health Services and clinicians to ensure sufficient training positions are available to meet the projected demand for physicians within WA.
- Collaboration is underway with the Royal Australasian College of Surgeons, Area Health Services, medical directors, clinicians and private hospitals to continue to increase the number of surgical trainees across the State.

A landmark agreement was reached in 2005 with the Royal Australasian College of Surgeons to boost WA Health’s surgical capacity by training 23 additional specialist surgeons, as well as increasing first year basic surgical training positions by 10.

- The Integrated Community Residency Program is increasing placements for junior doctors by providing an option for rotation within the community sector. A pilot is currently being undertaken.
- The Medical Training Network Framework is developing and implementing a training framework to support medical consultant training.
- Approved medical student places at our Universities have recently increased and will impact on the teaching load of the Universities and WA Health personnel. In WA, the growth in student numbers has been enhanced by the development of a second School of Medicine at the University of Notre Dame Australia to complement the school at the University of Western Australia. There will be a rapid increase in the number of medical students in WA, increasing from an annual intake of around 170 in 2005 to now over 330 students per year and by 2014, WA will have over 900 undergraduate students requiring clinical training. This will coincide with a number of hospital redevelopments throughout the metropolitan and rural areas. WA Health is working with the Universities to ensure appropriate teaching places and clinical supervision will be available.
For health professions and other staff

- The Building Health Professions Workforce program aims for specific recruitment, education and training frameworks to increase supply and appropriate distribution of health professionals.

- A Cross-agency Apprenticeship Program is in place to increase the number of apprentices within the traditional trades in consultation with Mains Roads, Public Transport and the Water Corporation.

- A National Competency Standards document for non-degree qualified health workforce is being developed. This will coordinate industry input into the development/revision of national competency standards for the non-degree qualified health workforce such as enrolled nurses, Aboriginal health workers, dental technicians and assistants, which comprise the Health Training Package and form the basis of all VET qualifications across Australia.

- Student numbers have increased in allied health and other health professions to build the workforce supply required to maintain growth in allied health and health science services. New undergraduate and/or graduate entry programs have been established over the past few years in physiotherapy, occupational therapy, pharmacy and clinical psychology.

Implement workforce reconfiguration and retraining initiatives

The task of reconfiguring and retraining the health workforce has been addressed with a number of programs. Some examples are listed below.

For the nursing workforce

- NurseLink provides centralised development and coordination of training for re-entry or up-skilling of the nursing workforce. Its focus is to increase supply through attracting back nurses who have left the workforce and providing skills development and retraining.

- Distance training is a series of distance education programs for renal dialysis, enrolled nursing medication competency and mental health.

- Graduate Nurse Connect provides funding to employ graduates and pay for their professional development for the first 12 months. A Graduate Nurse Connect Working Party ensures that graduates gain the appropriate minimum competencies.

For the medical workforce

- The Overseas Trained Doctors Up Skilling Pilot Program is a Commonwealth initiative to streamlining entry. The Commonwealth contributes funding toward the remuneration package of the medical practitioner.

- The Overseas Trained Medical Practitioners program is aimed at meeting training needs and providing support for those entering into the WA Health system.

Iraqi specialist general surgeon Dr Hazma is one on the high quality overseas trained medical professionals working in the public health system. Currently, overseas-trained doctors make up 14 per cent of all doctors in WA's public health system.
• WA Population Health Training Program is a competency based training program to develop population health practitioners in medical and non-medical fields of public health. The program consists of work placements and also supports further tertiary education and other training for participants.

**For health professions and other staff**

There are currently a number of initiatives in progress including:

- The Health Professions Planning Project that is reviewing current data relating to health professions workforce to better plan for this group.
- The Health Professions Supply Project which is developing a database detailing regulation of health professions, their entry qualifications, registration requirements, restrictions to entry, and requirements for entry for overseas qualified professionals and includes a development survey.
- The Health Professions Clinical Reform Project is evaluating the role of assistants for health professionals, reviewing the implementation for Certificate IV training, evaluation of WA pilots in Extended/Advanced Scope of Practice for Health Professions and the identification of opportunities to meet unmet need through extended scope of practice.
- The WA Population Health Training Program has a two-year, non-medical stream aimed at developing practitioners in public health practice, particularly in areas of anticipated future workforce shortages.

**Promoting workforce retention**

WA Health understands the importance of maintaining work life balance as fundamental to the approach to workforce attraction and retention in the 21st century. In this regard, a number of initiatives have been implemented to promote the work life balance program.

**Establish work life balance as a guiding principle for the WA Health workforce**

A Work Life Balance Policy has been developed to support initiatives in this area and a Work Life Balance Committee and Working Groups have been established to develop and monitor the implementation of relevant strategies. A Work Life Balance Network across WA Health has been established increasing awareness and answering staff questions about work life balance initiatives.

**Introduce family friendly initiatives**

A number of strategies have been put in place to help support family friendly workplaces. These include:

- Child Care Program - A number of WA Health workplaces continue to offer in-house childcare, vacation care and before and after school care programs. A childcare plan has been developed to ensure childcare centres are incorporated into redevelopments and new health services.
- Increasing access to flexible work practices for all employees at all levels. WA Health continues to offer flexible work practices to staff including negotiated flexible starting and finishing times, flexible rostering, fixed shifts, part time work, gradual return from maternity leave, purchased leave and working from home options. Training programs have been provided to managers so that they are able to manage and create flexible workplaces.
The WA Health Breastfeeding and Work Policy & Guidelines were developed and sent to all WA Health staff. The policy increases awareness and options for breastfeeding mothers among staff.

Nursing services at Royal Perth Hospital originally initiated the Vacation Care Program in response to retention and staffing issues. Since then, the service has widened its eligibility criteria to include all RPH staff. During 2007, major refurbishment work was undertaken to enable the number of Vacation Care places to be doubled by October 2007.

There are junior medical staff committees at both Royal Perth and Fremantle Hospitals that allow junior staff to have a positive input into the way the hospital is managed and their work life balance.

WA Country Health Service has put in place a number of work life balance initiatives that enable staff to have home and remote access through telecommuting to promote flexible working arrangements in area offices.

A number of activities are underway to promote work life balance in WA Health. A recent RPH seminar was broadcast to PMH and 16 country health services on the characteristics of, retention and attraction strategies involved in employing Generation Y.

*Promote an inclusive and diversity-friendly culture*

- WA Health developed an equity and diversity plan to provide a strategic framework for achieving equity and diversity across the system. Induction programs ensure new employees are made aware of equity and diversity responsibilities and there is work that actively promotes increased awareness among staff of equity and diversity policies and principles. In addition, there are initiatives such as the Workplace Culture Training provided by the Commissioner for Equal Opportunity across all sites in the Great Southern region to promote inclusiveness and a diversity friendly culture.

- WA Health ranked 9th out of 53 agencies on the EEO Composite Equity Index within WA Government in 2006. This is an excellent result given the size of the organisation and the structure of its workforce (high proportion of high paid professionals such as doctors).

*Develop and implement policies, programs and practices that ensure diversity*

- It is our objective to ensure that people with disabilities are attracted, selected, developed, promoted and retained. As an example, the Health Clerical Support Team continues to provide employment for people with disabilities. In addition, seminars are being delivered across the state to WA Health Disability Access and Inclusion Coordinators to develop WA Health’s Disability Access and Inclusion Plan.
WA Health has prepared a draft Aboriginal and Torres Strait Islander Employment Framework to achieve improved outcomes for Indigenous Australians at all levels of the organisation. The Child and Adolescent Health Service established a Reconciliation Working Party to help improve service delivery and employment of indigenous people. The South Metropolitan Area Health Service, in partnership with the Australian Medical Association, undertook Indigenous school-based traineeships to provide greater opportunities for young Indigenous Australians.

To achieve objectives in relation to the younger workforce, WA Health implemented the Graduate Development Program, combining work experience, training and professional development. In addition, the Department has undertaken other initiatives such as the Generation Y Forum presented to staff and managers to increase awareness of generational implications among managers and staff.

The Graduate Development Program has been underway for three years. The 12-month program is designed to attract, develop and retain outstanding new graduates from a range of disciplines and backgrounds.

WA Health participated in the Retirement Intentions Survey to achieve a greater understanding of the intentions, needs and desires of mature employees. In addition, it established a phased retirement working group and developed a draft Phased Retirement Policy, anticipating improved awareness of, and access to, flexible work options for mature workers.

Provide training and support to deal with difficult working situations

WA Health has actively worked to provide ongoing support and guidance to employees on issues such as grievance and workplace bullying. Contact and Grievance Officer Networks operate across WA Health. For example, the Goldfields region, PathWest and South Metropolitan Area Health Service have appointed and trained new Contact/Grievance Officers to extend already existing networks.

The WA Health Prevention of Bullying Policy was developed to raise awareness amongst managers and employees of what constitutes bullying and harassment in the workplace. Training programs have been conducted for managers and staff across WA Health in line with this policy. As an example, the South Metropolitan Area Health Service has developed an e-learning package for prevention of bullying.
Hospital EDs have received a helping hand to deal with the increasing demand on mental health services with the recruitment of more than 35 new specialist mental health staff. The additional mental health nurses employed at all major metropolitan hospital EDs, Geraldton Health Campus and Bunbury Hospital, assess and treat mental health patients and ease the pressure on ED staff.

Our priorities for 2008

**Healthy Workforce**

The challenge for WA Health to continue to address is ensuring a sustainable workforce to deliver our services into the future.

**Key focus areas**

- Improved workforce planning
- Improved retention and attraction of staff
- New and expanded health service delivery roles
- A more satisfied workforce.
Healthy Hospitals

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

The growing demand for health services is continuing at an unsustainable rate, placing greater pressure on the public health system, particularly hospitals. The causes of the increasing demand include:

- the growing and aging population
- the increasing capability of medical technology
- emerging chronic conditions (e.g. diabetes, obesity)
- shortages in alternative services (e.g. GPs, nursing home beds)
- community expectations.

The challenge for our public health system is how to ease the demand pressure on the system while still providing quality health care and achieving best practice benchmarks in an international environment of significant workforce shortages.

Achievements 2004 to 2007

The Ambulatory Surgery Initiative reduces the time patients have to wait for surgery by increasing the number of minor procedures performed as same-day surgery.
Decrease wait for elective surgery

Patients with less urgent conditions usually have a longer wait for elective surgery. WA Health continues to prioritise the reduction in the number of people waiting for elective surgery in all urgency categories, and the length of time they wait. This has resulted in the wait list reaching an all time low of 12,622 cases at the end of August 2007, from a high of around 20,000 cases at the end of February 2001. The median wait time for people on the WA metropolitan public hospital, Peel and Joondalup Health Campuses wait list has also dropped significantly, reaching a low of 80 days or 2.63 months at the end of August 2007. This is a 49-day decrease in the median wait time compared to the same time two years ago.

Priority to reduce the number of people waiting for elective surgery is also a key goal in the country public hospitals with a low number (2,652) of cases waiting at the end of August 2007. The median wait time for people on the country public hospital wait list has also dropped significantly, going down to 63 days or 2.07 months at the end of August 2007, representing a 50% decrease compared to the same time last year.

The continued investment in programs to decrease waiting times for elective admission has seen a significant drop in the numbers of patients waiting longer than 365 days. At the end of August 2007 there were 562 patients in this group, just one quarter of the number at the same time the previous year. The greatest progress had been made with patients waiting longer than 500 days. This number is down to 8% of what it was 12 months before.

Decrease ambulance diversion

Ambulances go on diversion or by-pass when there are too many patients already waiting in the emergency department (ED), either waiting to be seen or waiting for a bed, or when the ambulance is carrying a patient whose condition is too acute or complex for a facility to treat.

In 2006/07 public adult general hospitals (excluding Joondalup Health Campus) went on ambulance diversion for a total of 389 hours, down from 560 hours the previous year (2005/06) and a significant improvement on 1,866 hours in 2003/04. The decrease in hours on diversion is not due to a decrease in demand for ED services, rather the result of implementing a policy on ambulance diversion related to tertiary facilities, put in place to achieve a more even and manageable flow of patients into EDs.

At Joondalup Health Campus the ED demand continues to experience an average monthly increase of 12% since May 2005. This public/private hospital is unique compared to other groups of public hospitals in that it went on diversion for 2,462 hours in 2006/07, accounting for 75% of diversion hours for the group of hospitals being monitored.
Recognising its special needs, due to factors including large population growth in the region, Joondalup Health Campus has introduced a variety of initiatives to manage pressure on its ED. These include liaison between the ED consultant and the St John Ambulance Network Coordinator in real time to negotiate on a case-by-case basis, extending the Fast Track program, using nurse practitioners to improve flow within the ED, consultant supervision of junior medical staff in ED, incorporating a psychiatric liaison team in the ED and increasing the opening hours of the nearby After Hours GP Clinic. Increased emergency department capacity will be delivered as part of the first stage of a major redevelopment project planned for Joondalup Health Campus.

**Decrease the average length of stay in hospitals**

With recent advances in technology and changes in clinical practice, the length of stay in hospital has reduced for many procedures. Such reductions have occurred without impacting on the safety and quality of services and many patients are now receiving treatment on a same-day basis. The Health Reform Committee recommended further reductions in the length of stay for a number of targeted hospital admissions.

Strong efforts to reduce average lengths of stay in public hospitals have resulted in average lengths of stay coming down for the whole state, when we look at all cases. This means more people can be admitted into hospital.

The length of stay in hospital for the State dropped over the period 2003/04 to 2006/07, from 3.7 days to 3.5 days, a drop of 5.7%. If we exclude those patients treated as same-day cases, the change is from 6.3 days to 5.9 days or a drop of 6.8% over the four years.

SCGH established a project to reduce length of stay for patients undergoing elective cardiac procedures including angioplasty, pacemaker implants and electrophysiology studies. The improved acute bed utilisation was expected to allow flexibility for emergency admissions. In five months they achieved a 31% reduction in length of stay for elective angioplasty patients.

**Increase the number of same-day admissions**

The increasing demand for health services will always include a significant proportion of demand for care that is provided in hospital. The health reform program has focused on decreasing the length of stay in hospital by introducing a variety of short stay options like the 48-hour stay, the 23-hour stay, and the most common same-day stay where a patient is both admitted and discharged on the same date.

In 2003/04 the proportion of same-day admissions in WA was 48.2%, preliminary figures for 2006/07 indicate that this has climbed to 50.3%. Although this is significant progress, work still needs to be done to achieve the national benchmark, which in 2005/06 was 59.6%.
Introducing the Fast Track system to reduce the number of ED patients waiting for admission has earned Joondalup Health Campus’ Shane Coombs a nursing award for leadership.

Clinical process improvement
As part of the effort to improve access to, and timeliness of service delivery in hospitals and more broadly in the health system, a number of process improvement initiatives are being designed and trialled. For example:

- Armadale Kelmscott Hospital has introduced strategies for reducing waiting times in the ED in response to increased demand and a shortage of medical staff, by:
  - trialling nurse ED clinical procedures
  - introducing nurse initiated analgesia/pain pathway resulting in efficient administration of pain relief
  - introducing nurse initiated X-ray requests, reducing delays in examinations and treatment
  - introducing a psychiatric liaison nurse in the ED, improving the care of patients with a mental illness.
- Joondalup Health Campus has implemented a number of strategies to help manage the pressure on their ED including:
  - extending Fast Track program using nurse practitioners to improve flow within the ED
  - using the observation ward for flexible patient care options
  - managing patients between different areas of care to maximise the number of patients that can be assessed at any one time
  - using Patient Liaison Officers in the ED to assist patients.

Invest in capital infrastructure
A key part of achieving a better health system that provides more effective and efficient care is a capital program that invests in building or upgrading health infrastructure and facilities.

The capital investment gives the opportunity to design for best efficiency, whilst integrating flexibility to allow for future changes in models of care.

A major $1.9 million upgrade of the maternity facilities at Swan District Hospital means expectant mothers have access to a modern, high-quality 24-hour service. The refurbishment has significant advantages for midwives and nurses as well as mums and their families. The facilities are expected to lead to more women choosing to give birth at Swan.
The new $8.6 million hospital in Moora has opened, giving local people access to high quality medical care in a modern setting. The new hospital provides a range of health services so people in the region can be treated locally rather than travelling to Perth.

Research indicates that facility design has the capacity to not only improve the quality of patient care and increase patient and staff satisfaction, but also enhance operational efficiency and productivity.

Over $4 billion of capital investments have been earmarked for reform, which includes the development of the new Fiona Stanley Hospital. To date $134 million worth of projects have been completed and a further $1.5 billion is being progressed.

The $5 million Johanna Sewell Adolescent Wing at PMH is Australia’s first specialised oncology wing for teenagers. The wing is specially designed for caring for teenagers in an environment they feel comfortable in.

**Implement non-inpatient care initiatives**

Studying hospital inpatient activity shows that without some intervention, inpatient numbers will grow to levels that would require more services than can be provided by WA Health’s infrastructure and recurrent funding.

WA Health started an active program of providing Hospital in the Home (HITH) services in 2005/06. In July 2005, they provided an average of 66 beds per day. By June 2007, this number was up to 132 beds per day. The Child and Adolescent Health Service cared for more than 300 children in its HITH program since the program was launched in October 2006. This has saved more than 2,150 beddays, freeing up hospital beds for more patients.

During 2006/07 the Hospital in the Home program was started at a number of sites in the country including Albany, Bunbury, Geraldton and Broome. This program will be expanded during 2007/08 across the whole of WA.
PMH’s hospital in the home program enables sick children to be treated in their own homes rather than enduring lengthy stays in hospital. Under the program, experienced nurses visit sick children up to three times a day providing treatments such as administering IV antibiotics, dressings, and clinical assessments as well as offering parental education and support. The program also has a visiting physiotherapist.

**Increase use of GP after hours clinics**

GP After Hours Clinics are joint Commonwealth State initiatives that commenced in winter 2004. The clinics provide an alternative to emergency department services for patients whose conditions can be well managed in non-hospital settings, particularly during hours when private GP services are not in operation. Most clinics are located at or near a hospital. Currently, there are clinics linked to Joondalup Health Campus, Royal Perth, Fremantle, Rockingham-Kwinana, Swan District and Bentley Hospitals. The number of clients treated in these clinics has grown to over 47,300 patients by the end of 2006/07. This is a growth of 139% from its beginning. With total ED activity growing at between 5% and 6% per year in the metropolitan area and metropolitan GP attendances in WA growing at only around 1.6% over the period, the clinics provide an alternative to attending an emergency department.

The WA community have access to six after hours GP Clinics in the metropolitan area. The GP Clinics are designed to increase access to primary care for local residents, taking the pressure off ED staff, enabling them to concentrate on patients with more serious conditions.

**Manage chronic disease outside hospitals**

Patients with chronic conditions frequently attend hospital EDs and often end up being admitted at times when their chronic condition worsens. Chronic Disease Management Teams (CDMT) are mixed teams of clinicians, including the patients’ GPs, who work with people that typically have chronic or complex health conditions.

Starting in April 2006, eight CDMT teams have been established. By June 2007, the CDMTs had received 276 referrals a month, beating the target for the year of 250 referrals a month. Just fewer than 2,900 patients received care through the service in 2006/07.
Chronic disease management - Paul Andrews shares his personal success story:

“I was overweight and spent long periods in bed due to ill health, COPD and heart problems. On advice from my GP I took part in the eight-week Healthy@Home program. I now have an ongoing fitness program and have lost 21kgs and can manage my medical condition and am able to do so many more things that I wasn’t able to do before. My life has changed considerably for the better.”

Increase range of non-hospital services

There has been an increase in the range of services available to provide health care to people in community-based or non-hospital settings, to help with the growing demand for health care.

- A Phone Coaching program has been established to help people with chronic disease attain the best possible self-care, professional care, reduce or delay morbidity, improve quality of life, and reduce costs associated with providing long-term care. There are 753 patients currently enrolled in this program to help people stay well longer and avoid having to go as frequently to hospital.

- The WoundsWest program is improving wound prevention and care in WA. This involves studying current wound care, providing world’s best care guidelines, education, and better access to expert advice for people in remote areas of the state. WoundsWest is working with GPs and other community health care providers to improve the continuity of wound care across different care settings.

- A variation of the WoundsWest program, in partnership with Murdoch University and Indigenous communities in WA, is designed to improve wound management in Indigenous communities through culturally appropriate ways to prevent and manage complex wounds.

The WoundsWest program brings together research, education and clinical practice in wound management. Health professionals can send digital images via mobile phone or computer to a central database, which can then be distributed to the relevant specialist for treatment advice. WoundsWest is a significant step towards providing equality in health care between remote, rural and metropolitan areas.
There are a number of examples of home care initiatives in the country, such as:

- The Geraldton Regional Resource Centre has a clinic in the ED to fast track patients returning for services such as wound care and antibiotics. This is now being further expanded to an evening clinic for the benefit of the working population.
- The Southwest post acute nursing service in the home now sees approximately 300 patients per month.
- The Plantagenet/Cranbrook Multi Purpose Service established in 2005 now has additional home-based services in that region.
- To link new mothers/parents with their nearest Child Health Centre Nurse, the Southwest has additional therapy services from the Disability Services Commission to deliver all allied health and therapy services to clients with disability in the region.

Provide appropriate services closer to home

Where it is appropriate to provide safe services away from traditional settings, the health system has embarked on developing and implementing programs to deliver the services. For example:

- A new community based, metropolitan-wide, mental health emergency service has been established. Two new Community Emergency Response Teams (CERTS) are now fully operational one in the North Metropolitan Area Health Service and one in the South Metropolitan Area Health Service.
- The Mental Health Emergency Response line (MHERL) is also fully implemented and together with the CERTS have doubled the capacity of the previous community based psychiatric emergency service.
- The new Stirling and Cannington renal dialysis facilities bring this treatment option closer to where patients live. The units are a partnership between WA Health and a private company, Gambro Healthcare, providing satellite renal dialysis services. The Stirling clinic provides care for 120 people and 80 patients are catered for at the Cannington Clinic. These two units take the ‘relatively well’ dialysis patients out of the hospital environment, back to the community and closer to where they live and work.
With the completion of the new Geraldton Regional Resource Centre in 2006, a dedicated inpatient rehabilitation unit was established. This unit better meets the need of patients returning from Perth or needing further rehabilitation as an inpatient, but not requiring the acute level of care provided on a general hospital ward.

The new YourZone E-Health network website provides on-line video education and podcasts about health related matters that can be downloaded to an MP3 player, an iPod or computer. YourZone E-Health means people can have the most up-to-date health information at their fingertips.

**Implement clinical governance measures**

Implementation of the Clinical Governance Framework in WA Health services was completed in June 2006. With this implementation, a statewide collection, analysis and reporting of complaints, adverse events and sentinel events was put in place in WA public hospitals.

A complaint management policy has also been implemented. There were 4,330 complaint issues recorded in 2003/04, and 4,228 in 2005/06. Feedback from health consumers via complaints reports is recorded, reported and utilised to improve the delivery of services to customers and to prevent recurring problems.

The Patient First program, launched in November 2006, aims to empower patients to become active participants in their health care, encouraging them to participate in all decisions about treatment - making them the centre of the health care team.

**Invest in quality initiatives**

In July 2006, WA Health established a safety and quality program (SQuiRe) for WA Health services. The SQuiRe program will invest $24 million for safety and quality projects in the Area Health Services between 2006/2007 and 2008/2009.

The SQuiRe program will further develop the comprehensive and sustained clinical governance approach to ensure clinical excellence for health services and the community.

In addition to SQuiRe funding, WACHS has put in place a series of strategies that assist in monitoring and safeguarding safety and quality in the country. These include:

- establishing a risk register and audit committee
- introduction of the Adverse Incident Monitoring System (AIMS)
- putting in place a complaints management system
- engaging medical directors
- developing clinical governance teams.

**Monitor and audit surgical deaths**
A statewide audit of surgical deaths, the WA Audit of Surgical Mortality (WAASM), independently peer reviews every death in WA public hospitals, those that occur within 30 days of discharge, or whilst the patient was under the care of a surgeon regardless of whether they had an operation. As part of the quality improvement cycle, detailed surgical mortality and performance data is analysed and feedback given to individual participating surgeons.

WAASM works in collaboration with Clinical Training and Education Centre (CTEC) at the University of WA to develop new courses for training in areas that contribute to surgical mortality and is able to assess the effects of this education on the frequency of adverse events and surgical mortality.

Despite the fact that WAASM remains voluntary, there is already an excellent participation rate of 85% by WA surgeons.

In 2005/06 improvements in the safety and quality of surgical care included:
- a decrease in the proportion of cases associated with deficiencies of care (25% to 19%)
- an increase in the reported use of appropriate prophylaxis for Deep Vein Thrombosis (61% to 69%)
- a reduction in the number of futile or unnecessary operations

A significant proportion (73%) of participating surgeons confirmed that the Audit had improved their practice.

WAASM produces a published report annually that updates interested parties and the community on the progress in this safety and quality initiative.

Each sentinel event is thoroughly investigated to determine the causes and contributing factors, and prevention strategies are put in place to reduce the occurrence of similar errors in the future.

**Developing Clinical Services Plans**
Each Area Health Service has a program of planning to build on the main Clinical Services Framework for WA Health and to provide further steps in looking at concepts of care delivery.

Clinical Services Plans (CSP) are developed to provide more detail of what services will be provided from particular health care or hospital sites, the model of care, infrastructure including bed configuration, workforce and other items that are needed for a responsive, efficient and quality area health service.
The CSP process closely studies population, service use patterns, service descriptions, projected demand and service flows, clinician input and future hospital or site service descriptions.

Clinical service planning in both metropolitan and regional WA includes specific consideration to the Aboriginal population in the planning of acute care services. Importantly, Clinical Service Plans will be used to inform workforce modelling and transition planning and strategies across all Area Health Services.

Our priorities for 2008

**Healthy Hospitals, Health Services and Infrastructure**

The challenge for WA Health to continue to address is managing demand for services.

**Key focus areas**

- Achieving key service and care activity targets
- Infrastructure developments delivered on time and within budget
- A strong focus on safety and quality improvements
- Improved non-inpatient services.
Healthy Partnerships

WA Health is committed to developing strong partnerships with government agencies, non-government organisations, community groups and private sector providers to improve service delivery, facilitate research and development, and maximise capital investment.

Achievements 2004 to 2007

Increase investment in medical research

The State Health Research Advisory Council (SHRAC) was established in June 2005 to advise on strategic directions and policies for health and medical research in WA. The overall vision of SHRAC is the facilitation of an efficient, productive and sustainable health and medical research sector in WA, with the capacity to drive future health, social and economic development.

Activities include:

- The SHRAC Research Translation Projects are funded projects to provide benefits in areas like Aboriginal health, primary health and country health services.

- WA Health is participating in key areas of the Biotechnology Industry Development Strategy of the Department of Industry and Resources. Initiatives in this program include the construction of a $10 million Clinical Trials facility at the Queen Elizabeth II Medical Centre.

- Two new major medical research facilities are to be constructed at the planned Fiona Stanley Hospital in Murdoch, and the other as part of redevelopment at the Queen Elizabeth II Medical Centre in Nedlands. These facilities will be run under the auspices of the Western Australian Institute for Medical Research (WAIMR).
Establish Health Networks

A number of recommendations in the Reid Report relate to increased integration of service provision and interaction with the community and to address this WA Health commenced the work of establishing a series of Health Networks in 2005/06. Health Networks are collaborative groups of interested people and organisations including health professionals, patients, carers, consumers and others. The key functions of the Health Networks include planning services, developing policy, defining performance measures, developing protocols, investing in people and influencing priorities on how resources are allocated.

During 2005/06, five clinical networks were established and launched including Mental Health, Aged Care, Cancer, Neurosciences and the Senses, and Child and Youth. In 2006/07 the Respiratory Health, Renal Medicine, Infections and Immunology, Musculoskeletal Health, Digestive Health, Endocrine Health, Cardiovascular Health, and Injury and Trauma were established. The Women and Newborn and Acute Services Networks are yet to be launched however planning is well underway.

Importantly, establishment of Health Networks has increased consideration of how clinicians work with Aboriginal people and is creating models of care that are inclusive of Aboriginal needs. This was achieved through a facilitated increase in liaison and information exchange with the Office of Aboriginal Health.

The Health Networks are focusing strongly on developing and implementing new models of care. A model of care broadly says how health services are best delivered for a particular condition, service or population group. It outlines what should be delivered, who should provide it and where it should be provided. It outlines the roles and responsibilities of health services and community partners, such as the primary care and non-government sectors, ensuring patients receive seamless, cost effective, patient-focused care. They emphasise least intrusive care at the earliest intervention point.

The Health Networks provide the opportunity for collaborative clinical management and partnerships with health providers and consumers. The strategic role of the Networks is to provide advice and direction on where and how services should be delivered.

Increase patient satisfaction

Research has shown that patient satisfaction is related to the quality of outcome from the health service encounter. WA has been measuring patient satisfaction as a score out of 100 that indicates how well the service provider has performed over a range of different indicators for a given type of service, e.g. meeting personal as well as clinical needs, residential aspects of the facility or information and communication between the patient and the clinical carers, as these relate to the patient’s experience in ED or in an outpatient clinic or as a patient who was admitted for multiple nights’ stay. The score is a combination of ratings that the patient gives to different aspects of the service, weighted in terms of the importance that the patient gives to these different aspects.
From 2003/04 to 2006/07, the results have been between 75.2% and 79.2%, indicating a consistently high level service through time and across different service groups. A score of 80 out of 100 is the target to be achieved.

*Increase Community Advisory Councils*

Community Advisory Councils have been established in each of the Area Health Services to enhance community input and enable local communities to contribute to decisions about service priorities and policy.

Increasing the number of Community Advisory Councils ensures that there is increased input and monitoring of service provision by members of the WA community. In 2007, there are Councils for Osborne Park, King Edward and Sir Charles Gairdner Hospitals in the North Metropolitan Area Health Service. In the South Metropolitan Area Health Service there are Councils for Bentley, Armadale, Rockingham-Kwinana and Royal Perth Hospitals. There is also a Council for the Child and Adolescent Health Service that includes Princess Margaret Hospital.

In the country, 16 District Health Advisory Councils (DHAC) were established between 2003 and 2006. Another seven were established and orientated in 2007 in the South West. The Annual DHAC Chairpersons Conference provides opportunity to address countrywide and district related health concerns in a collaborative way. Since 2004, DHACs also maintain a contract with the Health Consumers’ Council WA, to support the Councils to achieve consumer related outcomes.

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**Our priorities for 2008**

**Healthy Partnerships**

The challenge for WA Health to continue to address is ensuring effective collaboration and partnerships with key stakeholders in health care delivery.

**Key focus areas**

- Improved primary care in partnership with General Practice
- Integrated models of care to provide the most appropriate care in the most appropriate setting
- Increased consumer participation in care planning and delivery
- Integrating Home and Community Care and non-government organisation sectors in the new models of care.
Healthy Communities

The health reform program gives priority to promoting and protecting the health of the people of Western Australia. WA Health monitors trends over time for chronic health conditions and risk factors as a way of measuring health outcomes and quality of life. Reports such as the Health and Wellbeing of Adults in Western Australia 2006: Overview of Results uses information collected in the Health and Wellbeing Surveillance System 2002-2006, providing the system with evidence to ensure health services and health promotion efforts are most effective.

While there have been improvements in areas such as the prevalence of smoking, which decreased from 20.3 per cent in 2002 to 17.2 per cent in 2006, other areas such as the prevalence of diabetes had shown a negative trend with an increase from 4.4 per cent in 2002 to 6.0 per cent in 2006.

Initiatives to improve the health of Western Australians focus on activities that influence the health of individuals as well as the whole population. Goals include improving lifestyles, the prevention of ill health, and the implementation of long-term, integrated health promotion programs. Initiatives implemented by WA Health follow extensive collaboration with government and non-government agencies, general practitioners and community groups. $15.6 million has been allocated for health promotion campaigns and programs targeted at smoking, nutrition, physical activity and obesity over the next three years to encourage Western Australians to adopt healthier lifestyles.

Although the health status of Aboriginal people is improving, the relative gap between Indigenous and non-Indigenous populations for most health indicators is widening due to the rate of improvement for non-Indigenous people being greater than that for Indigenous people. These disparities in health status are evident from birth and continue throughout the cycle of life.

WA Health is focusing on the provision of effective primary health care as the key to improving health outcomes for Aboriginal people, along with improved coordination and integration of services, working with a range of partners to address the social determinants of health, well defined population based strategies, early investment in child and maternal health, emotional and social well-being, and chronic disease management.
The Western Australian Aboriginal Primary Care Action Plan was released in 2007 and gives service providers and communities a vision for Aboriginal primary care, evidence-based priorities, an approach to culturally secure models of care and achievable health outcomes that strongly emphasise a focus on child and maternal health.

**Achievements 2004 to 2007**

**Increase non-hospital mental health care capacity**

Mental health reform in WA has been underway for a few years through activities funded through the Mental Health Strategy 2004-2007. Each of five key initiative groups approved for funding have some services provided in a non-hospital setting.

The Mental Health Hospital at Home program for mental health patients helps them get the care they need at home, reducing the need for hospital visits. Many of the patients using the program suffer from anxiety-based disorders, so for them the comfort of home-based care is really significant.

Community based mental health services are a key part of providing care and support to people with mental illness in appropriate community settings. In 2006/07 there was an increase of 13% (from 2004/05) in occasions of service (contacts) provided by public community mental health services.

- The Community Mental Health Services initiative is meeting the increased demand for mental health services by providing more capacity in the community. Community-based mental health services have expanded, including the establishment of two Multisystemic Therapy teams for high-risk young people, a specialist community clinic for the treatment of eating disorders, a community outreach team at Mirrabooka, and expanded community day therapy services at Rockingham, Clarkson and at Sir Charles Gairdner Hospital.

- A range of new community accommodation facilities are also being established, in partnership with the Department of Housing and Works, to enable people with a mental illness to live successfully in the community and reduce inpatient admissions. The Community Options program will enable people who are currently residing in long-stay wards at Graylands Hospital to move into community accommodation with in-reach clinical rehabilitation and onsite NGO rehabilitation support staff.
Increase focus on health promotion

To date, achievements of the health promotion program include the development of the WA Health Promotion Strategic Framework 2007-2011 that takes an integrated healthy lifestyle and risk factor approach to the prevention of chronic disease. The framework guides statewide policy and Area Health Service health promotion directions.

Non-government organisations have been contracted to deliver a number of major tobacco control, physical activity, nutrition, diabetes and injury prevention campaigns/programs. Currently work is underway to address obesity in adults and children and to develop targeted Aboriginal health promotion.

A four-year joint national and state Australian Better Health Initiative (ABHI) program is underway which includes a strong emphasis on healthy lifestyles. WA programs include:

- Working with the Department of Education and Training on a healthy school canteen policy and a healthy schools program.
- Working with Child and Adolescent Health Services and the WA Country Health Service to implement nutrition and physical activity policies, plans and activities.
- A national social marketing campaign addressing nutrition, physical activity and obesity, a community based Aboriginal lifestyle interventions and metropolitan healthy lifestyle primary care program.

WA Health, together with Healthway and other organisations has produced a cookbook as part of the FOODcents for Aboriginal and Torres Strait Islander People in WA Program. The Deadly Tucker cookbook features recipes that are easy to prepare, low cost, are healthy and have been rated for people with diabetes.

Multisystemic Therapy (MST) is a family-based mental health program aimed at addressing antisocial behaviour in young people. The program aims to empower parents with new skills and resources to address difficulties in raising teenagers. Clinicians go into the community and treat young people in their own homes, school or community centres. The MST teams run in both Rockingham and Joondalup areas.
Increase awareness of cultural issues and other needs of Aboriginal patients

In line with the Reid recommendations WA Health, through the Office of Aboriginal Health (OAH), has undertaken system-wide policy and planning activities since 2004. Infrastructure and models of care are central to providing health care that is appropriate to Aboriginal people. In a patient-centred approach to providing better services to Aboriginal communities, cultural security has featured in the infrastructure and service plans of the Area Health Services. The approach has also meant that WA Health has dealt more broadly with health services on Aboriginal issues rather than the former more exclusive concentration on the activities of the Aboriginal community controlled sector.

The specific health needs of the Aboriginal population often require specifically designed and focused initiatives to ensure that these patients receive adequate, appropriate and effective services, including:

- In the South Metropolitan Area Health Service around 10% of clients referred to chronic disease management teams identify themselves as Aboriginal. The teams are conducting community led chronic disease self-management groups, established by Aboriginal health workers employed in the teams. Allied health, nursing staff, Aboriginal health workers and other community providers attend the groups where participants learn how to examine and look after feet, also learning about healthy tucker and keeping active.

- In the country a large number of strategies have been put in place to cater for the needs of Aboriginal clients. Some of these activities include:
  - The Aboriginal Liaison Service has been expanded to provide a ‘meet and assist’ service to better support Aboriginal people arriving from remote and regional communities for treatment in Perth.
  - The WA Indigenous healthy lifestyle program is being implemented to assist communities to build capacity locally to undertake a range of strategies to improve lifestyles and reduce risk factors for chronic disease among Aboriginal people.
  - A program of early identification and management of otitis media in Aboriginal children has been approved for Kalgoorlie and Leonora with additional rollout expected to other locations within the Goldfields region.
  - A partnership between Goldfields region and Central TAFE has been formed to develop and employ Indigenous interpreters to address communication problems that arise for Aboriginal health clients for whom English is a second language.
  - A number of Aboriginal teenaged girls from the Goldfields have formed a basketball team. This was to increase self-esteem, resilience and to promote health including sexual health.
  - The Bunbury Health Campus included a co-located Aboriginal Medical Service operated by the South West Aboriginal Medical Service. The service includes a GP bulk billing clinic and an allied health service.
  - The Great Southern developed antenatal programs aimed at encouraging Aboriginal participation in antenatal care including regular visits with General Practitioners.
  - A Young Dads program has been developed in the Great Southern to support young Aboriginal men in their role as fathers and husbands.
An Aboriginal Health Advisory Council has been formed to ensure community input and provide strategic direction of the Great Southern Aboriginal Health Service. The Council raises issues of community concern while providing advice that ensures services are culturally appropriate.

WA Country Health Service provides the Wheatbelt’s only dedicated Aboriginal primary health care service that increases access for Aboriginal people to mainstream health services such as hospitals, community health and GPs. The service provides Aboriginal health professionals in General Practitioners’ surgeries, culturally secure health clinics, health promotion activities and workforce development activities.

The Kimberley region is working closely with Aboriginal medical services to address chronic disease issues.

S100 drugs (highly specialised drugs) are now available in all remote communities free of charge to Aboriginal clients.

The Kimberley region has focused on employing Aboriginal staff in key health positions.

The Pilbara region worked to increase transport and services to Western Desert communities.

A new alcohol awareness kit is being made available to Indigenous communities across the state. The Your Right to Object package offers advice to Aboriginal people about how to control the amount of alcohol in their communities. It is designed to support Aboriginal communities and health professionals reduce alcohol-related problems by dealing with alcohol availability.

Illicit Drug Use

In July 2007, more than 160 experts in drug prevention, treatment and law enforcement, participated in the Illicit Amphetamine Summit jointly chaired by Police Commissioner Karl O’Callaghan and Director General of Health Dr Neale Fong. The summit produced 49 recommendations, all of which will be implemented as part of a $16 million package to assist the community in tackling what has become a real and serious problem in WA.

The priorities in the key areas of treatment, prevention and law enforcement include:

- Employing specialist drug and alcohol workers to cover tertiary hospital emergency departments to provide assessment, appropriate intervention and engagement in treatment.
- Expansion of drug and alcohol treatment services that are effectively engaging amphetamine users across the state.
- Expansion of residential treatment programs particularly for women and children.
- Expansion of prevention campaigns targeting young people who may use amphetamines.
- Streamlining the systems between organisations.
- Expansion of capacity in a multidisciplinary environment targeting unexplained wealth investigations.
- Implementation of a drug diversion system for offenders on bail and a juvenile diversion (education) stream involving family support and improved offender management.

Our priorities for 2008

Healthy Communities

The challenge for WA Health to continue to address is meeting the needs of the vulnerable communities and focusing on health prevention and early intervention.

Key focus areas
- Delivering locally based Aboriginal health services
- Continuing our focus on improving mental health and wellbeing
- Focusing on health promotion and prevention
- Targeted interventions on childhood obesity and illicit drug use.
Healthy Resources

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

Achievements 2004 to 2007

**Consolidate procurement services**

The nature of WA Health and the size and breadth of its spend makes it a focus for the State Government procurement reform. We have introduced new governance arrangements, restructured the organisation, committed additional resources to strategic procurement, reviewed and revised policies and practices, aggregated, standardised and tightened up contract management, and implemented new technology platforms. In the period between 2003/04 and 2006/07, cumulative savings from the initiative have totalled over $101 million.

The creation of a single supply function has enabled WA Health to implement procurement reform across the system. The reform has won a number of WA Treasurer’s innovation in procurement awards in 2006 and 2007.

**Increase use of ICT-based care options**

Information Communication Technology is a growing influence in modern society. This extends to health care where it plays an increasing role in managing the care of people in the health system including directing patients to services other than public hospitals. ICT based services are increasing in number, variety and reach into the community, including:

- The HealthDirect call centre in 2003/04 recorded 197,562 calls providing information and advice to the community. In 2006/07, there were 208,919 calls.
- Extension of Telehealth services to allow greater use of video consultations, reducing travel and providing more timely access to services as well as better use of community resources through shared care plans and referrals.
The Residential Care Line provides support to aged care facilities to help prevent inappropriate presentation to EDs. This program commenced in the South Metropolitan Area Health Service, including the Rockingham area in December 2004. Expansion to incorporate aged care facilities in the Peel area occurred in November 2006 and currently 100% of aged care facilities in this catchment area are engaged in this program.

There are increased clinical consultation links via videoconference, between country and metropolitan health services.

Telemonitoring supports a number of initiatives such as care in the home by allowing remote monitoring of patient conditions, home care and self-care, all of which encourage active patient self-management of chronic disease, improve care co-ordination and facilitate early detection of lifestyle risks and chronic conditions.

There are increased telepsychiatry services that include videoconferencing, web technology and phone communication to deliver high quality, low cost services to consumers and staff in remote and rural areas. ICT is used for clinical supervision, staff education and clinical consultation sessions to provide access to specialist psychiatric staff.

HealthDirect freecall service provides the WA community with round-the-clock access to registered nurses for information and advice. Callers have their symptoms assessed and receive immediate advice on what they should do. Nearly half the calls to HealthDirect are from parents of ill children seeking advice.

**Implement ICT-based initiatives that improve patient experience**

The Clinical Information System (CIS) allows a number of processes that improve the quality of the experience for patients and their treating clinicians. At the same time it contributes to cost efficiencies and workforce satisfaction. The CIS provides:

- increased time available to clinicians for direct patient care activities
- improved, more legible recording of clinical documentation, leading to more accurate and timely clinical decisions
- communication and the sharing of information between service providers, important for the delivery of quality care and prompt service
- an automated patient referral system to decrease the amount of time required by the clinician and related clinical support staff to complete the referral process
- electronic submission of diagnostic and consult requests reduces turn-around time from test results to treatment outcome
- improved service quality at point of care.
**Implement shared services through the creation of Health Corporate Network**

Increasing government investment in the health system means that WA Health is a high priority in the State Government’s reform of corporate services as one method of ensuring the public sector is efficient and effective. Our shared service centre, the Health Corporate Network was established in February 2006 and has achieved the following:

- financial savings of $6.4m a year to 30 June 2007
- introduction of one financial system for all of metropolitan Perth
- standardisation of processes and practices across HR/payroll, finance and supply activities
- freeing up of valuable site space in hospitals for clinical activities
- reduction in the number of warehouses from four to two.

The new Picture Archive Communications System at Rockingham/Kwinana District Hospital allows specialists to view radiological images simultaneously across different sites and provides doctors with immediate on-line support and consultation opportunities. Patients no longer have to travel to other hospitals for specialist assessment.

**Implement pathology cost efficiency strategies**

In response to the Reid Report’s recommendation a single Pathology service, PathWest Laboratory Medicine WA (Pathwest), was established in July 2005. PathWest provides pathology services on hospital sites at Sir Charles Gairdner, Royal Perth, Princess Margaret, King Edward and Fremantle Hospitals as well as in 24 branch laboratories in metropolitan and country hospitals. It also has a network of specimen collection centres around WA. In addition, it provides a comprehensive pathology service to private sector practitioners throughout the State and a referral service for specialised testing to private pathology operators.

PathWest continues to determine the most cost effective distribution of routine and specialised services across its multiple sites. Its achievements include:

- A single database that creates a single laboratory information system across all metropolitan hospitals resulting in efficiencies in referral of specimens between sites and a central data record. It has also enabled greater standardisation of test reporting. The database is being rolled out across 20 country laboratories.
- Electronic order entry in the form of the Traffic Lights Program is being introduced in the Emergency Departments of the metropolitan teaching hospitals to improve test-ordering practice by restricting pathology ordering within clinically agreed limits.
- A single tender process has been established for major equipment replacement, which will lead to significant cost savings.
The Health Corporate Network (HCN) was set up to provide corporate services through a shared services centre. Approximately 600 staff service WA Health’s 36,000 employees. HCN aims to provide a coordinated system for human resources, finance and supply across WA Health.

**Implement food cost efficiency strategies**

WA Health has been researching the most cost efficient method for the provision of food services across public hospitals. It has been reviewing the food service system management, menu, special diets, use of a computerised system and food costs to inform strategies that will improve services and control costs.

A standardised menu system is being implemented will result in superior quality of products and delivery and ease of management. Savings from this have been estimated at $7 million.

**Our priorities for 2008**

**Healthy Resources**

The challenge for WA Health to continue to address is delivering quality services within sustainable resourcing and technologies.

**Key focus areas**

- Achieved budget performance
- Improved information and communication technologies
- Long-term asset management plans developed.
Healthy Leadership

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

Achievements 2004 to 2007

Structure, accountability and governance

The Health Reform Committee made a number of recommendations about the need for improved organisational structures, accountability arrangements and governance throughout WA Health. Accordingly, a range of strategies implemented as part of the health reform program have resulted in significant benefit and will continue to be built upon and improved over time.

Examples of outcomes and improvements to date include:

- **A whole of health planning framework aligning the business to a strategic direction founded on health reform.** For the first time we have articulated a comprehensive strategic direction (WA Health Strategic Intent 2005-2010) incorporating health reform imperatives. As a result, short term planning is now based on the strategic objectives with annual operational planning and budget processes aligned to common goals.

- **Comprehensive Performance Agreements specify targets for designated service priorities and financial outcomes.** Linked to the annual operational plan, budget and associated performance indicators, Area Chief Executives have annual performance agreements in place.

- **Greater devolution of planning and decision making to Area Health Services.** The concept of Area Health Services has been retained and further developed and now consists of the North Metropolitan and South Metropolitan Area Health Services, the WA Country Health Service and the Child and Adolescent Health Service. Improved role delineation between the statewide services, WA Health divisions and the Area Health Services has resulted.
The role of the State Health Executive Forum (SHEF) has been clarified and as a result become a more effective advisory group to the Director General. The SHEF Governance Structure and Operating Procedures were published in 2006. In addition, representation on SHEF has recently changed to be representative of strategic issues facing WA including Workforce, the Office of Aboriginal Health, and Public Health.

Consolidation of WA Country Health Services. The South West joined with the WA Country Health Service to consolidate all country health services into one operating structure. This has resulted in improved management structures, generation of savings and improved quality through centralisation of core functions and key processes such as medical credentialing and recruitment.

An integrated business planning model ensures infrastructure and service planning is influenced by health policy and clinical reform. Planning models are structured to ensure decisions on future service provision are based on health and clinical evidence. The model also recognises that the business of delivering health services requires flexibility of response and constant adjustment over time, within the agreed directions for reform and other policies.

A long-term/10 year clinical plan for the development of health services across WA. Comprehensive and strategic clinical service policy at the whole of state level (WA Health Clinical Services Framework 2005-2015) guides the development of Area Health Service planning, ensuring the recommendations of the HRC in relation to improving access to services and the provision of specific clinical services will be delivered.

In addition to these areas of improvement, a range of continuous improvement mechanisms throughout the health reform program have resulted in the following outcomes:

- Improved availability, reporting and use of information to inform business decision-making.
- Greater collaboration and integration of effort between all WA Health divisions and Area Health Services resulting in less duplication of effort and resources.
- Increased opportunity for staff, clinical and community participation in planning processes.
- Greater understanding of the business by a greater number of staff and stakeholders through the development of comprehensive business cases for infrastructure development.

Implement a comprehensive leadership training program

Healthy leadership is central to improving performance, redesigning services and taking WA Health into the future. This was reinforced by the development and publication of the Healthy Leadership Strategic Framework in November 2006. Since then, a number of front-line management programs have been offered within the system. In addition, there have been a number of successful leadership development initiatives including:

- Vital Leadership
- Leading 100
- Executive Forum
- Graduate Development Program

These leadership training courses have been attended by a total of 450 staff in different disciplines of the workforce including doctors, nurses, allied health professionals, medical support services, administration, clerical and hotel services staff.
Several hundred staff have participated in leadership programs since the first program in 2005. WA Health is committed to ensuring there are effective leaders at all levels of the health system.

**Introduce opportunities to showcase leadership**

The inaugural Achieving Excellence in WA Health Conference occurred in November 2006. The conference, which was held to celebrate innovation within WA Health, was attended by a total of 583 delegates. The conference program was based on the six healthy strategic directions of WA Health. In total, 152 abstracts were received from staff and submitted under each of the six themes. A second WA Health conference was held in October 2007 and followed on from the success of the inaugural event with more than 500 staff attending the two days.

Two Healthy WA Awards events have been staged during the Conferences. The Awards recognise the innovative work being undertaken by staff in providing quality health care to the people of Western Australia.

The range of awards given at the two WA Health Conferences showed that the public health system is full of examples of day-to-day innovation and excellence. Staff attending the conferences discussed accomplishments and emerging challenges in the health sector.

**Establish the Institute for Healthy Leadership**

There is still a need for a more integrated approach to create a stronger pool of leadership talent at all levels throughout WA Health. To assist in this, an Institute for Healthy Leadership has been established to work with senior leaders to help create a stronger culture of management and leadership development. The Institute is aimed at enhancing the way in which services are shaped and delivered in the future. The Institute’s key functions are:

- help build a culture throughout WA Health that encourages the development of high quality management and leadership
- develop a management and leadership capability or competency framework
- build leadership capacity and capability
- act as a resource and research centre for leadership development
- promote the importance of leadership as a key determinant of improving health and the quality, including safety, of care provided.

Our priorities for 2008

Healthy Resources
The challenge for WA Health to continue to address is developing leadership capability and capacity.

Key focus areas
- Identification and development of our future and emerging leaders
- Improved management and leadership within WA Health.

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1 Health Networks Branch Report, September 2007, Department of Health, September 2007
Appendix

Publications

WA Health Clinical Services Framework 2005-2015
Western Australia’s Mental Health Strategy 2004-2007
Western Australian Aboriginal Primary Care Action Plan
WA Health Consumer, Carer and Community Engagement Framework
The Final Report of the Health Reform Committee (HRC) “A Healthy Future for Western Australians” (Reid Report)
Health and Wellbeing of Adults in Western Australia 2006
WA Health Strategic Intent 2005-2010
Healthy Leadership Strategic Framework
Healthy Workforce Strategic Framework 2006-2016
Achieving Work Life Balance
Useful Web Links

Department of Health
www.health.wa.gov.au

Health Consumers’ Council WA
www.hcc-wa.asn.au

Health Networks
www.healthnetworks.health.wa.gov.au

Healthview Magazine

Health Reform Implementation Taskforce

Healthy@Home community based programs

Institute for Healthy Leadership

Office of Safety and Quality
www.safetyandquality.health.wa.gov.au

Patient First Program

State Health Research Advisory Council
www.shrac.health.wa.gov.au

WA Health Performance Reports

WoundsWest
www.health.wa.gov.au/WoundsWest
Notes: