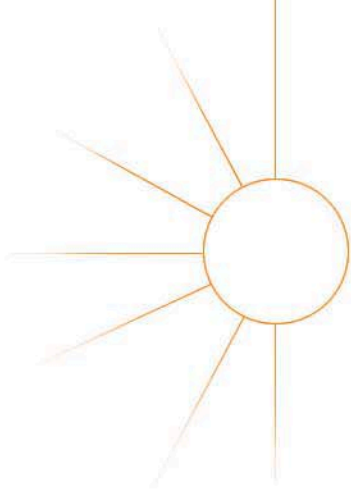




Department of Health (Royal Street)



Annual Report 2002/2003



Statement of Compliance

To the Hon Jim McGinty MLA
MINISTER FOR HEALTH

In accordance with Section 62 of the *Financial Administration and Audit Act 1985*, I hereby submit for your information and presentation to Parliament, the Report of the Department of Health for the year ended 30 June 2003.

This report has been prepared in accordance with the provisions of the *Financial Administration and Audit Act 1985*.

Michael Daube
Director General of Health

August 2003



Director General's Overview

The 2002-2003 financial year was both eventful and challenging. What began as a busy year, with the Department in the midst of a major restructure of its operations, quickly became frenetic when several unforeseen events were thrust upon us, including the SARS epidemic and the aftermath of the Bali bombing incident.

It was testimony to the high quality of our staff, systems and infrastructure that the State's health service rose to meet these and many other challenges, and performed so well in the process.

During the year, a major restructure of the entire health system has been successfully completed, which brought together all parts of a previously fragmented system in terms of organisational reporting arrangements. This has resulted in a single health system with a State Health Management Team providing a solid basis for system-wide coordination, reporting and accountability. This has clearly been a time-consuming process, the outcome which ensures that our system is much better placed to address all the challenges that inevitably face health systems.

An important and successful development was the establishment of the WA Country Health Service, which has brought together the regional health services into one unified country system with six new administrative regions. This has led to greater coordination for country services, with the Executive Director also holding a place on the State Health Management Team.

District Health Advisory Councils have been established. Drawn from the community, consumers, agency providers and health services, their members will play a very important role in influencing health policies and developments. These councils will take us into a new era in community participation and ensure that country people are in a better position to influence policy and health developments.

The State's first Clinical Senate was established, with representation from a broad range of health sector professionals – including doctors, nurses and allied health professionals from the public and private sectors, and from metropolitan and rural areas. The Senate will provide advice to the Director General of Health and the State Health Management Team on the coordination and development of clinical planning, clinical and resource decision-making and other relevant clinical issues for health service delivery in Western Australia.

The new Health Reform Committee, which was established in March 2003, has provided the system with a tight focus on improving clinical services and ensuring expenditure growth remains sustainable. The committee has an ongoing role, with its final report due in March 2004.

In acknowledgment of the steady ageing of the Australian population a statewide consultation process was undertaken, drawing on the expertise of key health and aged care stakeholders and the wider community. This culminated in the release of the State Aged Care Plan in March 2003, which provides clear objectives for future services that will be diverse while at the same time sensitive to individual client preferences.

Director General's Overview

In August 2002 existing arrangements to improve quality care processes and patient outcomes in the WA health system were strengthened by the establishment of the WA Council for Safety and Quality in Health Care. This Council has a leadership and strategic management role in Safety and Quality and focuses on developing strategies and programs to support consumer focussed health care, clinical practice improvement, risk management and system improvement and accountability.

In May 2003 the Council, in conjunction with the Department's Office of Safety and Quality in Health Care finalised the 2003-2008 Strategic Safety and Quality Plan for Western Australia which provides a unified platform for an improved system approach to better meet the care needs of consumers and patients using WA health services.

A capital works program totalling almost \$100 million was undertaken, including the provision of new facilities and major equipment upgrades and purchases. These ranged from state-of-the-art CT scanning facilities and a MRI scanner, to a \$10.3 million expansion at Osborne Park Hospital.

Several milestones were reached: Royal Perth Hospital's Cardiac Transplant Unit undertook its 50th heart transplant operation and Osborne Park Hospital, which celebrated 40 years of operation, saw the delivery of its 50,000th baby. All health campuses that sought re-accreditation by the Australian Council on Healthcare Standards were successful, with many receiving bonus commendations.

The Centre for Nursing Research – a collaborative project between Sir Charles Gairdner Hospital and Edith Cowan University – was launched and will focus on acute care nursing, aged care nursing, and cancer care nursing.

The Department made a major effort to reduce the reliance on agency nursing staff. A high profile media campaign for attracting former nurses back to the profession was very successful. At Fremantle Hospital, for example, agency staff numbers were able to be reduced from 70 per day to an average of 15, resulting in both significant savings as well as improved productivity.

Throughout the year, the calibre of Department of Health services was acknowledged with awards and public accolades. For example:

- Fremantle Hospital and Health Service won the National Industry Award for Excellence in Training in Community Services and Health;
- The Department's State Forensic Mental Health Service Community Program and the Oral Health Centre (University of WA-Health Department joint project) were both finalists in the 2002 Premier's Award for Excellence in Public Sector Management category;
- Royal Perth Hospital's Shenton Park Campus received a Road Safety Council award for commitment to patients; and
- The Health Promotion Directorate's "Go for 2&5" nutrition education campaign won the Campaign Effectiveness Award at the major advertising and media industry awards event for WA. Quit WA won the award for Best Print Campaign.

Acknowledgments of excellence were also received by individual staff members. For example, the Indigenous Nurse of the Year award went to Ms Teresa Peucker,

Director General's Overview

a community nurse with the East Metropolitan Population Health Unit; while in January 2003 Professor Assen Jablensky accepted an invitation to join the Prime Minister's Science, Engineering and Innovation Council as a member of its Neuroscience Working Group.

The Department is also proud to be associated with colleagues in the system who have achieved wide National recognition; Professor Fiona Stanley – Australian of the Year, and Professor Linda Kristjanson, named Telstra's 2002 Business Woman of the Year (community and government category).

I want to pay a special tribute to the efforts of the army of volunteers and service sponsors. Their selfless contributions are greatly appreciated by patients, families and staff alike.

The significant progress that was made in service provision and administrative improvements during the year was punctuated by several unusual events that tested the system's resilience and capacity.

A unique infectious disease threat emerged in the form of the SARS epidemic (Severe Acute Respiratory Syndrome), which arose in East Asia. The Department's Communicable Disease Control Directorate worked closely with other Departmental staff and the Commonwealth in developing and implementing a National response, the result of which is that we are now in a high state of readiness should SARS cases emerge in Western Australia.

The Bali bombing incident in October 2002 was another test of the State's emergency preparedness. From the outset, there was excellent coordination and cooperation across the entire health system, within both Government and non-government agencies. Fremantle Hospital Disaster Response Team staff were on the tarmac to meet all aircraft carrying casualties. They set up an airport triage and stabilised all incoming casualties before sending them to various hospitals. The Royal Perth Hospital Burns Unit, assisted by the Princess Margaret Hospital Burns Team and staff from the entire system, received and treated over 34 badly injured victims, including some Balinese patients. A Bali Mental Health Disaster Management Strategy Group was formed and provided counselling for in-patients and their relatives. The experience was the impetus for establishment of a State Mental Health Disaster Response Plan.

The coordinated effort and rapid action taken in WA to address the SARS epidemic and the Bali bombing incident is a testimony to the professionalism and dedication of all of the staff involved.

The public health risks associated with international terrorism were acknowledged in a review of the State health system's chemical, biological and radiological response capabilities. In collaboration with other State and Commonwealth agencies the Department participated in Exercise New Horizon and Exercise Raw Horizon, which included a testing of Fremantle Hospital's decontamination procedures. In April 2003 the Emergency Management Service coordinated medical supplies from Perth to the Middle East, as part of Operation Baghdad Assist.

Contents

Statement of Compliance	i
Director General's Overview	ii
About Us	
Address and Location.....	5
Mission Statement.....	5
Broad Objectives	5
Compliance Reports	
Enabling Legislation	6
Ministerial Directives	7
Statement of Compliance with Public Sector Standards	8
Management Structure	
Accountable Authority	10
Pecuniary Interests.....	10
Senior Officers.....	10
Department of Health Structure.....	12
Royal Street Division Structure.....	13
Achievements and Highlights	
Corporate and Finance.....	14
Health Care	34
Population Health	47
WA Country Health Service.....	64
Major Capital Works	
Major Capital Works	65
Customers	
Demography.....	69
Disability Services	69
Equity and Diversity.....	71
Cultural Diversity and Language Services.....	73
Youth Services	75
Human Resources	
Employee Profile	77
Recruitment.....	77
Staff Development.....	77
Workers' Compensation and Rehabilitation.....	78
Industrial Relations.....	79



Reports on other Accountable Issues

Freedom of Information	81
Advertising and Sponsorship.....	84
Public Relations and Marketing	86
Publications	87
Research and Development.....	88
Evaluations.....	89
Internal Audit Controls.....	95
Pricing Policy.....	96
Risk Management	96
Energy Smart Government Program	97
Waste Paper Recycling	100

Health Overview

Introduction.....	101
Contents	101
Self Reported Health Status of Western Australians	102
Long Term Health Conditions Reported by Western Australians	105
Life Expectancy of Western Australians	107
Changes in All-Causes Mortality in Western Australia	111
Changes in Specific Causes of Aboriginal Mortality	116
Risk Factors for Disease	121
Accessibility of Services	124
Patient Evaluation of Hospital Services.....	126

Key Performance Indicators

Certification Statement	128
Performance Indicators Audit Opinion.....	129
Performance Indicators	130

Financial Statements

Certification Statement.....	188
Financial Statements Audit Opinion	189
Financial Statements.....	190

Tables

Table 1:	Senior Officers.....	10
Table 2:	Major Capital Works - Projects in Progress.....	65
Table 3:	Major Capital Works - Projects Completed during the year.....	68
Table 4:	Demography.....	69
Table 5:	Employee Profile.....	77
Table 6:	Workers' Compensation and Rehabilitation.....	78
Table 7:	Freedom of Information.....	81
Table 8:	Advertising and Sponsorship.....	84
Table 9:	Publications - Health related websites.....	87
Table 10:	Energy Smart Government Program.....	97
Table 11:	Prevalence of self-reported long term health conditions of Western Australians by sex – March 2002 to June 2003.....	105
Table 12:	Risk factors by locality – March 2002 to June 2003.....	123
Table 13:	2002-2003 mean scale scores for patient groups with outcome score and overall indicator of satisfaction.....	126
Table 14:	List of Effectiveness (Outcome 1) and Efficiency (Output 1) Indicators.....	134
Table 15:	Person-years of life lost due to preventable diseases and injury.....	136
Table 16:	Suicide rate per 100,000 population, WA and Australia.....	138
Table 17:	Suicide rate per 100,000 population by Aboriginality.....	139
Table 18:	Crude notification rates (per 100,000 population) of enteric infectious diseases in Western Australia.....	141
Table 19:	Participation rate in the target age group of women aged 50-69 years.....	146
Table 20:	BreastScreen WA small invasive cancer detection rate.....	147
Table 21:	Cost per woman screened for provision of breast screening services.....	148
Table 22:	Average cost per vaccine distributed – WA (childhood immunisation and adult influenza vaccination).....	149
Table 23:	Average cost per public health microbiological and chemical sample testing.....	150
Table 24:	Average cost per inspection of commercial food preparation and processing environments.....	151
Table 25:	Average cost per Aboriginal Health priority program.....	152
Table 26:	Average cost per priority health promotion program.....	153
Table 27:	Average cost per Child Health and Community Health priority area.....	155
Table 28:	Average cost per cervical screening test monitored.....	156
Table 29:	List of Effectiveness (Outcome 2) and Efficiency (Output 2) Indicators.....	158
Table 30:	Patients on OHCWA waiting list on 1 July 2002 and the percentage removed from the list during the year.....	160
Table 31:	Unplanned readmission rate for the same or related condition of privately managed public patients.....	161
Table 32:	Rate of post operative embolism for privately managed public patients.....	162

Tables





Table 33:	The survival rates for sentinel conditions of privately managed public patients.....	163
Table 34:	Response times for St John Ambulance Priority 1 calls	164
Table 35:	Call volumes and average cost per call	165
Table 36:	Average cost of admitted patient episodes for privately managed public patient services	166
Table 37:	Average cost for renal dialysis treatment at privately managed facilities.....	167
Table 38:	Average cost of non-admitted patient attendances for privately managed public hospital services	168
Table 39:	Average cost per admission of cases facilitated by Central Wait List Bureau (CWLB)	169
Table 40:	Average cost per blood donation.....	170
Table 41:	Average cost of patient transfers by Royal Flying Doctor Service Western Operations.....	171
Table 42:	Average payment for Priority 1 Call	172
Table 43:	Average cost of support per organ donation.....	173
Table 44:	Cost per type of dental treatment provided by OHCWA	174
Table 45:	List of Effectiveness (Outcome 3) and Efficiency (Output 3) Indicators	175
Table 46:	Number of persons with acquired brain injury resident in rehabilitative care accommodation and the proportion of persons discharged to home or community care	177
Table 47:	Rate per 1,000 population who receive HACC services.....	178
Table 48:	Rate of return to acute in-patient care of patients receiving rehabilitative care	179
Table 49:	Rate of patient access to admitted care relative to cancer related deaths.....	180
Table 50:	Percentage of population targeted by special support services.....	181
Table 51:	Average cost of HACC services per person with long term disability.....	182
Table 52:	Average cost of providing oxygen to metropolitan patients in their own homes	183
Table 53:	Average cost per client for community based palliative care	184
Table 54:	Yearly service cost per client receiving specific support services from non-government organisations providing services for chronic health conditions.....	185
Table 55:	Average cost for an admitted palliative care day in a privately managed facility	186
Table 56:	Average subsidy per episode of care and per bedday for people living in psychiatric hostels between 1998/1999 to 2002/2003	187



ADDRESS AND LOCATION

Department of Health
189 Royal St
EAST PERTH WA 6004

PO Box 8172
Perth Business Centre
PERTH WA 6849

 (08) 9222 4222
 (08) 9222 4046
 prcontact@health.wa.gov.au
 www.health.wa.gov.au

MISSION STATEMENT

Our Mission

The Department of Health is dedicated to ensuring the best achievable health status for all of the West Australian community.

BROAD OBJECTIVES

The vision of the Department of Health is to ensure the health status of the West Australian population leads the world and the standard of health care is acknowledged as international best practice.

In particular, the mission of the health system is to deliver:

- Strong public health and preventative measures to protect the community and promote health.
- First class acute and chronic health care to those in need.
- Appropriate health, rehabilitation and domiciliary care for all stages of life.
- A continuing and cooperative emphasis on improving the health status of our Indigenous, rural and remote, and disadvantaged populations.

ENABLING LEGISLATION

The Department of Health is established by the Governor under section 35 of the *Public Sector Management Act 1994*. The Director General of Health is responsible to the Minister for Health for the efficient and effective management of the organisation. The Department of Health supports the Minister in the administration of 42 Acts and 104 sets of subsidiary legislation.

Acts Administered

- *Acts Amendment (Abortion) Act 1998*
- *Alcohol and Drug Authority Act 1974*
- *Anatomy Act 1930*
- *Animal Resources Authority Act 1981*
- *Blood Donation (Limitation of Liability) Act 1985*
- *Chiropractors Act 1964*
- *Co-opted Medical and Dental Services for the Northern Portion of the State Act 1951*
- *Cremation Act 1929*
- *Dental Act 1939*
- *Dental Prosthetists Act 1985*
- *Fluoridation of Public Water Supplies Act 1966*
- *Health Act 1911*
- *Health Legislation Administration Act 1984*
- *Health Professionals (Special Events Exemption) Act 2000*
- *Health Services (Conciliation and Review) Act 1995*
- *Health Services (Quality Improvement) Act 1994*
- *Hospital Fund Act 1930*
- *Hospitals and Health Services Act 1927*
- *Human Reproductive Technology Act 1991*
- *Human Tissue and Transplant Act 1982*
- *Medical Act 1894*
- *Mental Health Act 1996*
- *Mental Health (Consequential Provisions) Act 1996*
- *Nuclear Waste Storage (Prohibition) Act 1999*
- *Nurses Act 1992*

Acts Administered cont.

- *Occupational Therapists Registration Act 1980*
- *Optical Dispensers Act 1966*
- *Optometrists Act 1940*
- *Osteopaths Act 1997*
- *Perth Dental Hospital Land Act 1942*
- *Pharmacy Act 1964*
- *Physiotherapists Act 1950*
- *Podiatrists Registration Act 1984*
- *Poisons Act 1964*
- *Psychologists Registration Act 1976*
- *Public Dental Hospital Land Act 1934*
- *Queen Elizabeth II Medical Centre Act 1966*
- *Radiation Safety Act 1975*
- *Tobacco Control Act 1990*
- *University Medical School Act 1955*
- *University Medical School Teaching Hospitals Act 1955*
- *Western Australian Bush Nursing Trust Act 1936*

Acts Passed During 2002-2003

- *Hospitals and Health Services Amendment Act 2002*
- *Nurses Amendment Act 2003*

Acts in Parliament at 30 June 2003

- *Cannabis Control Bill 2003*
- *Human Reproductive Technology Amendment Bill 2003*

Amalgamation and Establishment of Boards

There were no Boards amalgamated or established during 2002-2003.

MINISTERIAL DIRECTIVES

The Minister for Health did not issue any directives on Department of Health operations during 2002-2003.

STATEMENT OF COMPLIANCE WITH PUBLIC SECTOR STANDARDS

In the administration of the Department of Health I have complied with the Public Sector Standards in Human Resource Management, the Western Australian Public Sector *Code of Ethics* and our *Code of Conduct*.

I have put in place procedures designed to ensure such compliance and have undertaken appropriate internal processes to satisfy myself the statement made above is correct.

Such processes include:

- Conducting regular reviews of human resource policies and procedures to ensure consistency with public sector standards, and to promote best practice and quality assurance.
- Incorporating broad consultation and employee input into policy development, and ensuring these policies are widely communicated and accessible via the Department's Intranet. This process provides all employees with an awareness and ownership of human resource policies.
- Providing a comprehensive induction and orientation program that raises staff awareness of the *Code of Ethics*, the *Code of Conduct* and other relevant human resource policies and practices. Compliance with the codes is monitored through an analysis of employee grievances and complaints.
- Providing relevant training programs to managers and employees to ensure those in attendance have a knowledge and understanding of human resource processes and compliance requirements.
- Providing human resource staff - through their attendance at appropriate training workshops and seminars - with skills enabling them to provide accurate advice and support to managers and employees in all areas of human resource management.
- Periodic reviews of employee grievances, complaints and breach claims to identify public sector standard related issues.
- Audit of the grievance resolution process and a revision of policy and procedures to further assist compliance with the Grievance Resolution Standard.

The applications made to report a breach in standards and the corresponding outcomes for the reporting period are:

- | | |
|---|------|
| • Number of applications lodged | 8 |
| • Number of claims withdrawn | 2 |
| • Number of claims referred to the Office of the Public Sector Standards Commissioner | 6 |
| • Number of material breaches found | None |
| • Applications under review | 2 |

Management Structure

ACCOUNTABLE AUTHORITY

The Director General of Health, Mike Daube, is the Accountable Authority for the Department of Health.

PECUNIARY INTERESTS

Senior officers of the Department of Health have declared no pecuniary interests other than those reported in the Financial Statements section of this report.

SENIOR OFFICERS

The senior officers of the Department of Health and their areas of responsibility are listed below:

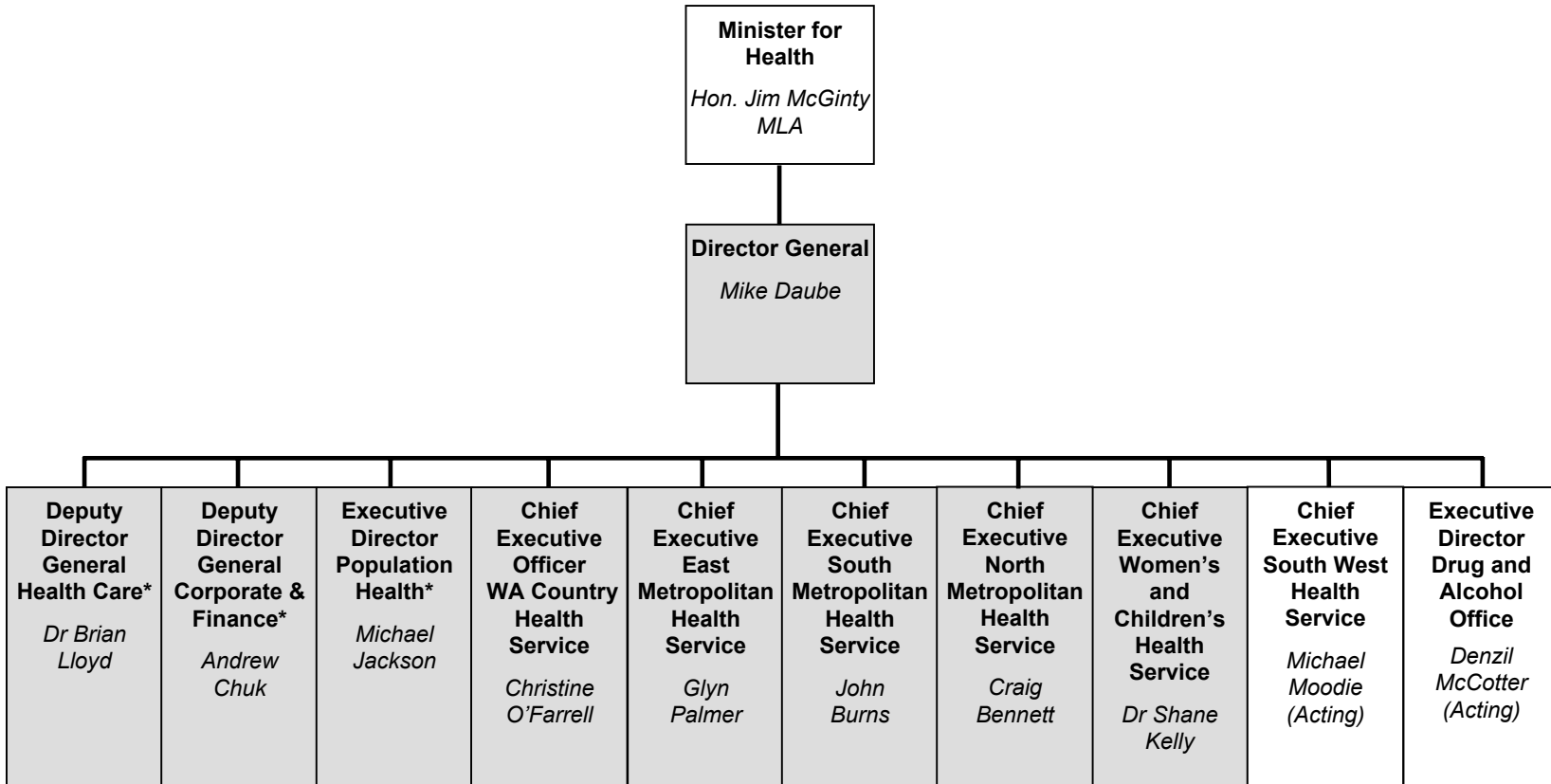
Table 1: Senior Officers

Area of Responsibility	Title	Name	Basis of Appointment
Health Care	Deputy Director General, Health Care	Dr Brian Lloyd	Contract Term 5 Years
Corporate and Finance	Deputy Director General, Corporate and Finance	Andrew Chuk	Contract Term 5 Years
Population Health	Executive Director, Population Health	Michael Jackson	Contract Term 5 Years
WA Country Health Service	Chief Executive Officer, WA Country Health Service	Christine O'Farrell	Tenured
East Metropolitan Health Service	Chief Executive, East Metropolitan Health Service	Glyn Palmer	Contract Term 5 Years
North Metropolitan Health Service	Chief Executive, North Metropolitan Health Service	Craig Bennett	Contract Term 5 Years
South Metropolitan Health Service	Chief Executive, South Metropolitan Health Service	John Burns	Contract Term 5 Years
Women's and Children's Health Service	Chief Executive, Women's and Children's Health Service	Dr Shane Kelly	Contract Term 5 Years
South West Health Service	Chief Executive Officer, South West Health Service	Michael Moodie	Seconded
Drug and Alcohol Office	Executive Director, Drug and Alcohol Office	Denzil McCotter	Acting

Management Structure

Senior officers of the Department of Health, as shown above, form the members of the State Health Management Team (SHMT), excluding the Chief Executive Officer South West Health Service and the Executive Director Drug and Alcohol Office. The Director General of Health, Mike Daube, is also a SHMT member.

Senior Management including State Health Management Team

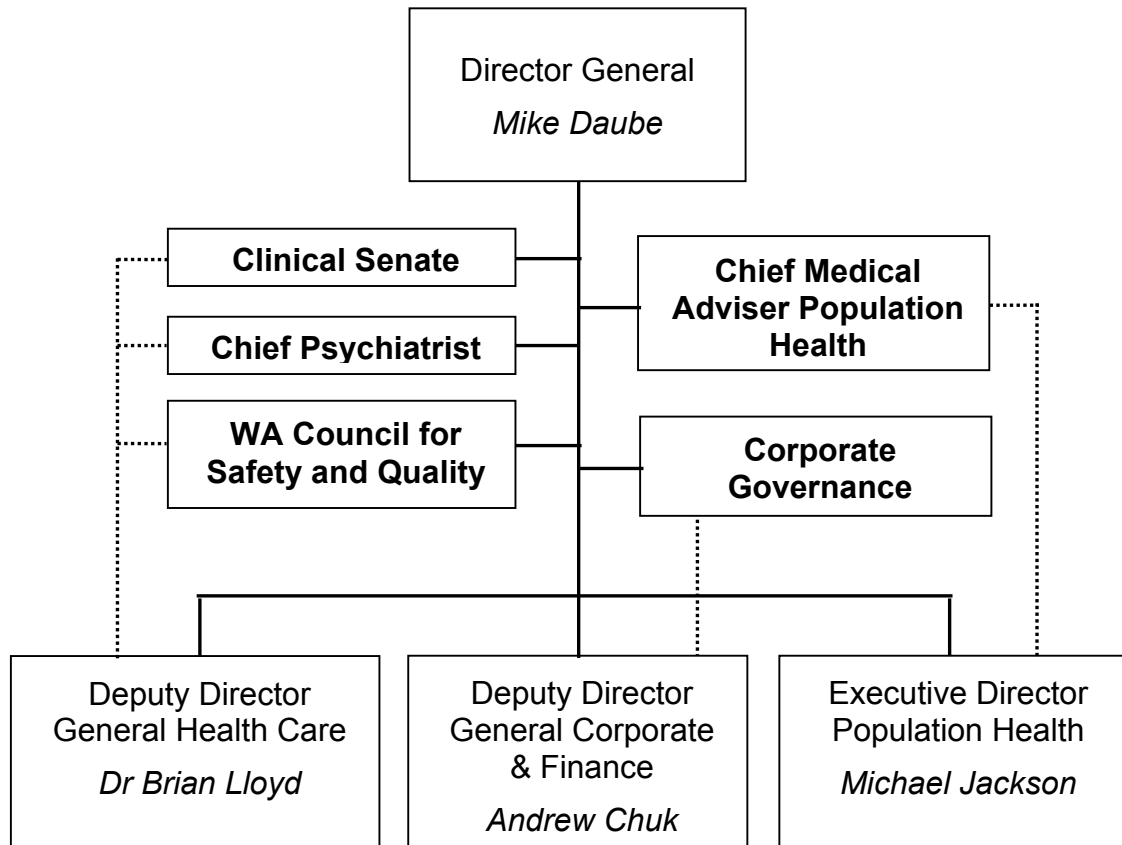


Form the State Health Management Team, responsible for the overall management of the health system.

* The activities of the Divisions for which the Deputy Director Generals, Health Care and Corporate & Finance, and the Executive Director Population Health take responsibility are reported within the Department of Health Royal Street Annual Report. Organisational structures for these three Divisions (to Tier 3) are outlined over the next four pages.

Management Structure

ROYAL STREET DIVISION STRUCTURE AT 30 JUNE 2003



..... Administrative reporting only

CORPORATE AND FINANCE

The Corporate and Finance Division provides leadership for high level policy development, data and planning for the health system's four key supporting functions: workforce, finance, infrastructure and information.

The Division's responsibilities are distributed to six operating areas:

- Planning and Workforce Group
- Finance and Information Group
- Biomedical Engineering
- Corporate Governance (administrative reporting only)
- Legal and Legislative Services
- Public Affairs Branch

Corporate and Finance Planning and Workforce Group Asset Management

The Asset Management Directorate provides governance and policy frameworks for the management and development of the Department of Health's physical assets.

Key Achievements

- Development and implementation of a \$97.9 million capital works program
- Long term planning for hospital infrastructure and equipment requirements
- Standardisation of works instructions/maintenance programming

Capital Works Program and Planning

A capital works program of \$97.9 million was developed and implemented, consisting of both metropolitan and statewide projects. An important aspect of the capital works program was the provision of additional and improved staff accommodation in rural and remote areas. This will assist the attraction and retention of essential health personnel to these areas.

In 2002-2003 the Directorate commenced a project addressing long-term planning for hospital infrastructure and equipment requirements, with the aim to promote better integration of health service and asset planning, and performance-based management of health care facilities. A review of existing proposals and strategic plans for the rural health regions was commenced. There was substantial progress with the development of a strategic plan for the Kimberley region.

Asset Management and Works Instructions

The standardisation of works instructions for the maintenance of Department of Health physical assets was finalised. The instructions form part of an electronic asset maintenance information system to assist in minimising critical breakdowns and disruptions to services.

The program for identification and disposal of surplus assets, such as Heathcote, Perth Dental and Sunset sites (incorporating health facilities and staff accommodation) continued. Proceeds from the sale of obsolete staff accommodation was reinvested into new and replacement accommodation.

Other

The introduction of accrual accounting and reporting by the Finance Directorate has assisted Health Services to better determine the effects of capital works on the total value of assets. Also, in 2002-2003, the Directorate oversaw the implementation of the Government's Energy Smart program throughout the health system and consulted with the Environmental Protection Authority in regard to the *Contaminated Sites Bill 2002*.

Corporate and Finance Planning and Workforce Group Strategic Planning

The Strategic Planning Directorate provides strategic planning for the health system and manages major projects endorsed by the State Health Management Team.

Key Achievements

- Completion of the Country Health Service Review
- Development of health system capacity model
- Expansion of hospital in-patient demand model
- Strategic planning to support the work of the Health Reform Committee

Reviews Conducted

The findings of the Country Health Service Review were released in early 2003 and will guide future development of health services throughout rural and remote Western Australia. The review team, comprising the executive of the Department's previous Strategic Planning and Evaluation Division, reviewed all public health system services for non-metropolitan Western Australia, excluding the South West.

Planning and Modelling

During 2002-2003, the Directorate commenced the development of a process for modelling various infrastructure and service scenarios that might be applied in the health system up to 2016. This process will guide future hospital infrastructure investment. A demand model of the in-patient system was also developed for projecting future supply and cost of health services.

Strategic planning to support the work of the Health Reform Committee

The Strategic Planning Directorate will continue to support the work of the Health Reform Committee, through health system level planning, data analysis, evidence based reviews and the development of discussion papers in key reform areas.

Corporate and Finance Planning and Workforce Group Strategic Development

The Strategic Development Directorate was created in late 2002 and has responsibility for development, facilitation and management of major projects for reform of the health system.

Key Achievements

- Trial of three new services within HealthDirect
- Review of neurosurgical services

Health Call Centre

Since its establishment in 1999 the centre has received more than 760,000 calls. During 2002-2003 the majority of calls were to HealthDirect, the nurse telephone advice line. In June 2003 an independent survey showed an overall client satisfaction rate of 98%.

Three new trial services were developed and implemented in early 2003:

- Residential Care Line – support for residential care facilities, providing technical nursing support and access to alternative services, with the aim of reducing inappropriate emergency department presentations;
- Rural Link – operating in the Midwest health area, providing after hours follow up and support to patients by experienced mental health professionals; and
- South West 24 – operating in the South West area providing around-the-clock support and service coordination for mental health service clients.

These trial services rely on a close relationship with the respective local health services and are providing valuable insights into the Health Call Centre's potential for improving coordination and integration of overall health services.

Review of Neurosurgical Services

In February 2003 the Directorate commenced a review of neurosurgical services in the metropolitan area, with a focus on the costs and benefits of the principal neurosurgical site being at either Royal Perth Hospital or Sir Charles Gairdner Hospital. An advisory committee, comprising neurosurgeons and representatives from other clinical specialties, was established to coordinate and advise on the new single service and develop an integrated service plan.

Corporate and Finance Planning and Workforce Group Workforce

Key Achievements

- Support for the establishment of positions under the new Department of Health structure
- Trial of innovative recruitment strategies, including appointment pools
- New salaried medical practitioners industrial agreement
- Development of framework for workforce planning and development
- Establishment of a State Health Advisory Committee on Family Friendly Initiatives

Human Resources

The primary area of focus for the Human Resources (Royal Street) Branch in 2002-2003 was restructuring of the Royal Street Divisions. To facilitate the filling of new positions the Department established consultancies to:

- Fast track the creation and classification of positions in the new structure for the Royal Street Divisions; and
- Assist with the recruitment and selection process.

The use of these consultancies provided opportunities to consider new and innovative ways of recruiting, including the use of applicant pools, and to build internal expertise via participation in the recruitment and selection process. Other benefits included consistency in quality and process, improved efficiency and the transfer of specialist knowledge to Departmental employees.

Staff development during this period focussed on programs designed to assist employees and managers develop or refresh skills that would prepare them to manage the impact of organisational change on both themselves and the Department.

Labour Relations

The Labour Relations Branch provides advice and support to the health system on industrial issues. Key activities for 2002-2003 included:

- A new salaried medical practitioners' industrial agreement;
- Ongoing development of nursing workload (Nursing Hour per Patient Day) model and support for the implementation of the Senior Nurses' Work Value Review; and
- Negotiation and registration of a new enterprise agreement for engineering and building service employees.

Workforce cont.

Planning and Development

A workforce planning system, "Ranking of Clinical Workforce Priorities", has been developed and implemented to support the planning and development of strategies to better align workforce supply with service demand. The system has been designed to determine the extent of clinical skill shortages (ie shortages in supply of clinical staff) across the public health system and prioritise these skill shortages in line with service demand. It will provide the framework for all workforce planning and development (ie short, medium and long term initiatives), in particular:

- The strategic development of skill sets (eg occupational skill needs due to changing technology) and career paths; and
- Projecting future labour market needs.

At the national level the Workforce Directorate has input into the strategic planning of the health workforce including:

- A national survey of jurisdictional workforce initiatives aimed at dealing with clinical workforce shortages (eg nursing and medical officers); and
- Coordinating State input into specific medical workforce initiatives (eg AHMAC review of accident and emergency services and feasibility study relating to medical specialist training outside of teaching hospitals, and the Commonwealth initiative "More Doctors for Outer Metropolitan Areas").

Workplace Policy and Standards

A State Health Advisory Committee on Family Friendly Initiatives was established. It is tasked with the role of advising and making recommendations on policies, plans and practices relating to family friendly initiatives within the WA public health system (eg flexible work practices) and promoting and assisting health services develop and implement these initiatives. A Departmental Web site for Family Friendly Initiatives was developed as an online resource for all family friendly initiatives, publication of family friendly policies and related documents.

As a part of the overall plan to reduce corporate service costs within the health system, the Human Resource Management Committee developed a proposal to reform Health's human resource services.

The Department of Health Equity and Diversity Plan 2002 – 2005 was developed in line with the objectives established by the WA Government's Equity and Diversity Plan for the Public Sector Workforce 2001 – 2005. Developed in consultation with representatives across the health industry, the Plan provides the equity and diversity objectives for the Department along with the strategies for achieving those objectives.

Corporate and Finance Planning and Workforce Group Health Reform

The Health Reform Branch has been established to provide project and administrative support to major reform initiatives across the Health system, and also provides executive and project support to the Health Reform Committee. In 2002-2003, the Branch provided project and administrative support for reform initiatives such as the Pharmaceutical Benefits Scheme, Nurse West and the Obstetrics Services Review.

Key Achievements

- Establishment and support for the Health Reform Committee
- Support for health reform agenda
- Monitoring and reporting health reform initiatives including the Pharmaceutical Benefits Scheme, Nurse West and Obstetric Services Review

Health Reform Committee

In response to a recommendation of the Functional Review Taskforce, the Health Reform Committee (HRC) was established in March 2003 to oversee and drive reform within the health system. Membership includes:

- Professor Mick Reid (Chair);
- Mike Daube, Director General, Department of Health;
- John Langoulant, Under Treasurer Department of Treasury;
- Rita Saffioti, Director Economic Policy Unit, Department of the Premier & Cabinet; and
- David Inglis, Principal Policy Adviser, Minister for Health's Office.

The committee agreed that an underlying principle of the reform agenda should be improvement to both the quality and effectiveness of clinical services, while ensuring expenditure growth is sustainable. The HRC presented its inaugural report to the Minister for Health and the Treasurer in early June 2003. The final report is due in March 2004. The Health Reform Branch provided executive and project support for the Committee, including facilitating the Committee's statewide reform agenda.

Corporate and Finance Finance and Information Group Information Policy Directorate

The Information Policy Directorate manages and develops policies and standards for ensuring effective information management (IM) across the health system.

Key Achievements

- Development of Information Management (IM) capital investment plan (2004-2013)
- Establishment of an enterprise IM governance structure
- Successful bid for Network WA – a State Government consortium project aimed at rural communications infrastructure enhancement
- Web-based clinical information service
- Patient information sharing policy

A 10-year information management capital investment plan (2004-2013) was developed. Features of the plan include alignment of current and future business requirements; standardisation of business practices, systems, equipment, data and information; and automation of business functions to improve productivity.

The Directorate continued with development of a unified enterprise-wide approach to information management services and support. An enterprise IM governance structure was established, ensuring that new IM technology supports the strategic direction of health services in WA.

The InfoHealth Alliance contract arrangement was continued, providing IM and technology services for the Department's clinical and business applications and associated technical infrastructure.

During 2002-2003, there was continued development of the State's Telehealth network, which utilises State and Commonwealth funding to provide improved access to clinical services and education. Telehealth now has 83 videoconference sites and 19 tele-radiology locations, statewide. There were over 30,000 tele-radiology transmissions and 1,350 videoconferences during this period. Tele-education provided services to over 4,000 rural staff over the same period.

The Directorate also played a key role in a successful bid by a State Government consortium for \$8 million from the National Communications Fund for the development of rural communications infrastructure. The Network WA project aims to improve health and education services by upgrading telecommunications infrastructure for selected sites in the Gascoyne, Goldfields-Esperance, Great Southern, Kimberley, Mid-West, Peel, Pilbara, South West and Wheatbelt regions. Delivery of the upgraded infrastructure is planned to commence in early 2004.

Achievements and Highlights

Information Policy Directorate cont.

Policy was developed for governing the sharing of patient information, with a particular focus on continuity of patient care within both the State and private health sectors. Privacy, confidentiality and security of patient information are fundamental components of the policy.

Corporate and Finance Finance and Information Group Funding and Reporting

The Funding and Reporting Directorate provides strategic management of funding arrangements for the health system and the annual budget process, undertakes high level strategic, economic and financial analysis of key issues relating to funding and performance of the health system, and coordinates the provision of system-level data, information and reports to external stakeholders. The Directorate also takes responsibility for the State's relationship with the Commonwealth on health policy and funding.

Key Achievements

- Coordination of the annual budget cycle and reviews of tariffs, fees and charges
- Negotiated Commonwealth funding for the purchase and installation of a Magnetic Resonance Imaging (MRI) scanner at Princess Margaret Hospital
- Developed a Public Hospital Public Patients' Charter
- Developed systems to enhance the health system reporting process
- Produced the health section of a State submission to the 2004/05 Commonwealth Grants Commission Major Review of Relativities

Budget and Revenue Strategy

The Directorate provides expert policy advice and assistance on budgets, revenue and costing matters and takes a lead role in the preparation of various financial status reports to the Department of Treasury & Finance, Expenditure Review Committee and Cabinet. During 2002-2003, the Directorate undertook a lead role in the management and coordination of the Department of Health's annual budget cycle including the preparation of the: mid-year review; review of tariffs, fees and charges; 2003-2004 and out years budget and the annual Estimate Committee briefing papers.

State/Commonwealth Relations

The State/Commonwealth Relations Branch provides advice and support to the Department in relation to State/Commonwealth health policy and funding, and coordinates the preparation of advice to the Minister for Health and Director General for the Commonwealth/State Health Ministers' and chief executives' meetings. Throughout 2002-2003, the Branch undertook the following activities:

- Significant work towards the renegotiation of the Australian Health Care Agreements and the development of an associated health reform agenda;
- Produced the health section of a State submission to the 2004-2005 Commonwealth Grants Commission Major Review of Relativities;

Funding and Reporting cont.

- Finalised and gained Commonwealth approval for a strategic plan for the use of monies available under the 1998-1999 - 2002-2003 Australian Health Care Agreement National Health Development Fund;
- Negotiated an agreement with the Commonwealth for funds to assist with the purchase and installation of a Magnetic Resonance Imaging (MRI) scanner at Princess Margaret Hospital;
- Participated in national negotiations to develop new national arrangements for the management and supply of blood and blood products; and
- Developed a Public Hospital Public Patients' Charter.

System Reporting

The System Reporting Branch was established to lead and coordinate the Department of Health's reporting activities in order to demonstrate accountability for its performance. Throughout 2002-2003, the Branch worked toward the objective of producing Annual Reports that illustrate the single unified health system as recommended by the Health Administrative Review Committee (HARC).

To improve the periodic reporting process and ensure it becomes an integral part of the business of the public health system, the Branch:

- Established ongoing liaison with the Office of the Auditor General, the Department of Treasury and Finance and various other stakeholders with which the government health system has reporting arrangements;
- Worked with the Department and its health services to implement processes for ensuring accurate and comprehensive reports which are submitted in a timely manner; and
- Developed strategic plans and projects that will map out the future for whole of system accountability monitoring.

Corporate and Finance Finance and Information Group Resource Management

The Resource Management Directorate provides policy advice, coordinates resource allocation processes and management systems to ensure value for money in health service delivery. The Department of Health was a finalist for the Premier's Awards for Excellence in Public Sector Management, in recognition of the Oral Health Centre of WA (joint recognition with the University of WA – Education and Skills Development category), and its contribution to the Small Grants Scheme – International Year of Volunteers.

Key Achievements

- Finalist for the Premier's Awards for Excellence in Public Sector Management, for two categories
- Statewide review of renal services launched
- Development of a satellite renal unit operating from the Broome Regional Aboriginal Medical Service
- Launch of a strategic framework for the primary prevention of diabetes and cardiovascular disease in Western Australia
- Development of resource allocation and service and financial plan framework

Portfolio Management Branch

The Portfolio Management Branch provides advice and project management for the resource allocation and budget process for the health system, particularly in terms of planning for the range, mix, volume and the quality of services for the health system. As part of its functions, the Branch:

- Monitors and reports on activity and performance against service agreements with health service providers;
- Negotiates and manages privately contracted public hospital services;
- Provides contracting advice; and
- Advises on value-for-money investment strategies to improve health outcomes.

Key achievements for 2002-2003 for the Branch include:

Peel Health Campus

New rehabilitation facilities commenced operations and day surgery facilities were upgraded. Services were also expanded for renal dialysis and oncology.

Resource Management cont.

Output Policy and Reporting Branch

The Output Policy and Reporting Branch provides output policy evaluation and advice to the health system and develops pricing models and econometric tools for specified services and contracts. As part of its functions, the Branch:

- Coordinates the access, cost management and monitoring of Veteran's health services;
- Evaluates and provides advice on health service activity and cost;
- Provides expert advice on clinical activity classification; and
- Audits and reports on medical records clinical coding audits.

Key achievements for 2002-2003 for the Branch include:

Medical Account Assessment System (MAAS)

Development of the Medical Account Assessment System (MAAS) continued. This system aims to ensure the correct application of fees, business rules and contract conditions to accounts presented from more than 1,000 accredited private medical practitioners who provide fee-for-service treatment to public patients in government non-teaching hospitals.

Framework for Department of Health funds

A resource allocation and service and financial plan framework was developed for more effective management of Department of Health funds.

Contracts and Statewide Programs Branch

The Contracts and Statewide Programs Branch leads the development of Non Government Organisation (NGO) policy and programs for the health system and the development of statewide models of care in chronic disease priority areas such as dental, palliative care, blood products and pathology. As part of its functions, the Branch:

- Provides advice to the budget and contract management process regarding health services to the public by NGO, and not-for-profit sectors;
- Determines the range, mix, volume, and quality of services and service outputs for the non-government sector; and
- Negotiates and contract manages a range of NGO service providers.

The Branch manages a large number of contracts with non-government and not-for-profit organisations, including funding for partnership projects in areas of hospital and primary care. Examples of contracts and achievements for the Branch are outlined below.

Oral Health Centre of WA (OHCWA)

The OHCWA provides general and specialist dental care to approximately 10,000 public patients and achieved significant reductions in waiting lists in most disciplines. Major achievements for 2002-2003 included the placement of the first group of pre-graduation interns in clinics across the State, enabling final year students to provide dental services to the WA public – a national first.

Resource Management cont.

The Centre for Rural and Remote Oral Health (CRROH)

The CRROH provides a focus for rural and remote oral health services within four key areas: research, education, oral health promotion and service delivery. Major achievements over the past year included:

- Implementation of an online accredited dental assistant training program (Level IV Certificate) - a national first;
- Indigenous health worker training;
- Provision of the Kalgoorlie and Carnarvon Aboriginal Medical Service (AMS) dental clinics and extension of the service to Wiluna; and
- Planning and establishment of new Government dental clinics.

Renal dialysis services

The statewide review of renal services was launched in April 2003. Implementation of the recommendations for service development will occur over the next five years. In addition, a satellite renal unit operating from the Broome Regional Aboriginal Medical Service was established, providing renal dialysis services for the region.

Strategic framework for diabetes program

In May 2003, the Department held a WA Diabetes Strategy Conference, focussing on partnerships and integrated care. A strategic framework for the primary prevention of diabetes and cardiovascular disease in Western Australia was launched (available at www.diabetes.health.wa.gov.au/).

Health care arrangements for children with Lady Lawley Cottage

Contract arrangements were made with the Australian Red Cross Lady Lawley Cottage to provide health care to children who are likely to require institutional care for the rest of their lives. The arrangement released some Women's and Children's Health Service intensive care beds for new patients, while providing a more suitable environment for care for these children.

Patient transport services

A five-year agreement (to June 2006) with the Royal Flying Doctor Service (RFDS) Western Operations was finalised in 2002-2003. Services provided include aero-medical inter-hospital transport of patients and medical services at Meekatharra District Hospital. In addition, a review of funding of St John Ambulance services was commenced, to provide information on future service delivery requirements.

Major advisory and working groups

A number of Advisory and Working groups, such as the Palliative Care Advisory Group, were established throughout the year to involve key stakeholders in the research and prioritisation of key issues, study resource allocations and consider current and required service provisions.

Resource Management cont.

Support for young women released from prison

An independent evaluation of the Ruah Women's Support Service, a program designed to support young women who have been recently released from prison with health and related issues, was completed during 2002-2003. The review confirmed that the service delivers health gain and reduces the number of parole breaches and return to prison orders.

Continence management

Western Australia chairs a cross-jurisdictional working party of the Australian Health Ministers' Advisory Council (AHMAC), which aims to recommend a more integrated national approach to continence management. The working party's report is expected in December 2003.

Corporate and Finance Finance and Information Group Finance

The Finance Directorate provides financial control, policy and reporting for the health system, as well as accounting services for Royal Street divisions. In 2002-2003, a Statewide Finance Sub-Committee was established to improve management of the Department's budget. This Sub-Committee comprises senior finance and budget managers from across the health system.

Key Achievements

- Financial system realignment
- Consolidated monthly whole-of-department financial reporting

Accounting and Administration Branch

This Branch provides administrative and accounting services to Royal Street divisions. During 2002-2003, as a result of the Royal Street realignment process, the cost centre/branch structures within the Oracle financial system were restructured to reflect the new reporting hierarchies for divisions, directorates, branches and cost centres. In addition, accrual budgets were loaded to the Oracle system – at account code level within each cost centre – thereby enhancing management of allocated budgets against actual costs incurred.

Client Relations Branch

This Branch was formed in 2002-2003 to develop and strengthen relationships and reporting between the Finance Directorate and budget holders. It provides financial support and advice to health services, and detailed financial analysis for the State Health Management Team.

Key achievements for the Branch for 2002-2003 include the:

- Development of an out-turn based budget model for apportioning of the 2002-2003 budget to budget holders. This model provides a more equitable and transparent system, identifying expenditure patterns for individual budget holders and providing flexibility for adjustments to suit new expenditure requirements; and
- Development of a consolidated financial reporting system which provided monthly outlines of the financial performance of individual budget holders.

Financial Reporting Branch

A new Financial Reporting Branch was created to enhance the Department's reporting systems. The Branch's responsibilities include preparation of the monthly financial report, which reports the whole of health system expenditure; maintaining quality data collection systems; contributions to the development of budget processes; and preparation of Commonwealth reports, as required.

Corporate and Finance Biomedical Engineering

Biomedical Engineering (BME) is the Department's medical equipment asset management and maintenance arm, with responsibility for over 12,300 items of electro-medical, X-ray and imaging and associated equipment located at over 100 health units across the State. The Branch also provides a statewide 'help desk' service, which provides rapid access for staff to advice and information about their medical equipment.

Key Achievements

- Replacement of imaging equipment in tertiary hospitals
- CT Scanners at Swan District and Rockingham/Kwinana Hospitals

In 2002-2003 the Branch assisted with significant imaging equipment replacements in tertiary hospitals, as well as with new CT scanner projects at Swan District and Rockingham/Kwinana Hospitals. This was in addition to routine replacement projects for metropolitan secondary and rural hospitals.

Corporate and Finance Corporate Governance

The Corporate Governance Directorate provides internal audit and other associated services for improved accountability and sound management of the Department's operations and resources.

Key Achievements

- Establishment of audit committee
- Development of an audit plan for 2003-2005
- Public health sector compliance reviews and audits
- Revised and updated delegations manual
- Development of risk management strategy 2003-2005

In July 2002 an audit committee was established to provide advice to the Director General on corporate governance (clinical and non-clinical), management, operations, planning, reporting, and risk management practices of statutory authorities within the public health sector. The committee, chaired by Ms Christine O'Farrell, Chief Executive Officer, WA Country Health Services, comprises five internal members and five external members.

A Strategic Audit Plan (2003-2005) was developed, providing both long-term strategic directions for the Internal Audit Branch and details of its work progression over the first 12 months. The Branch adopted a strategic approach for internal audits, resulting in comprehensive reviews and audits within the State health system, including the WA Country Health Service, South West Health Service, and payroll services across metropolitan hospitals, for compliance with policies and procedures for the purchase of goods and services.

Other key achievements for 2002-2003:

- The Department's Delegations Manual was updated to clearly identify levels of responsibility and decision making; and
- A new risk management strategy (2003-05) was developed to provide a systematic approach to the identification and management of risks to the achievement of the Department's objectives.

Corporate and Finance Legal and Legislative Services

The Legal and Legislative Services Directorate provides broad-based legal and legislative services (including medico-legal matters) to the Director General, Minister for Health and the WA Government health system. The Directorate's activities include management of the legislative program and the 42 Acts and 104 sets of subsidiary legislation that fall within the Minister for Health's portfolio.

Key Achievements

- Development of medical indemnity cover for non-salaried medical officers
- Redrafting and progression of key legislation

Medical indemnity for non-salaried medical officers

In response to the withdrawal of the private sector from critical areas of the medical indemnity insurance market, a system of agreements for providing medical indemnity cover for non-salaried medical officers treating public patients in public hospitals was developed. Under the agreements, the Government provides comprehensive medical indemnity cover, without charge.

Legislation

Redrafting of the *Medical Act 1894* was commenced, following State Government approval to replace the Act, which is the oldest medical practitioner legislation in Australia. Other legislation progressed included:

- *Cannabis Control Bill 2003*;
- *Human Reproductive Technology Amendment Bill 2003*;
- *Nurses Amendment Act 2003*; and
- *Hospital & Health Services Amendment Act 2002*.

A discussion paper arising from the National Competition Policy review of practices for regulated Western Australian health practitioners was released in March 2003. Legislative amendments in response to the review are scheduled for implementation in 2004.

Corporate and Finance Public Affairs

The Public Affairs Branch is responsible for the Department's external communications, particularly in relation to media liaison, event management, and the development and distribution of corporate publications such as the quarterly magazine, Healthview (circulation of 6000).

Key Achievements

- 2,424 media inquiries and 266 media statements prepared and released; 170 speeches prepared
- Media liaison support for the WA health system involvement in caring for the victims of the Bali bombings

Throughout 2002-2003, advice and assistance was provided to senior staff on communication strategies for a range of complex and important media issues, with the Branch providing a liaison role between senior staff and the office of the Minister for Health on these issues.

Media liaison was an area of high activity for the Branch during the year, with 2,424 media inquiries and 266 media statements prepared and released on a wide range of issues. A dominant issue for 2002-2003 was the involvement of the WA health system in caring for victims of the Bali bombings, and their families.

The Branch also assisted in the preparation of 170 speeches for the Director General, the Minister for Health, the Premier and senior departmental staff.

HEALTH CARE

The Deputy Director General Health Care reports to the Director General of Health and is the principal adviser on clinical matters. The Health Care Division provides oversight and leadership on clinical practice, health care policy, processes and systems, and has responsibility for leading and supporting:

- Efficient systems and processes for the delivery of high quality clinical services;
- Reviewing and advising on clinical service models;
- Health research across a range of issues;
- Development of a State program of continuous clinical improvement and improved quality and safety; and
- Nursing practice improvement and nursing workforce development and training.

These responsibilities are fulfilled through the activities of six directorates:

- Clinical Policy and Programs;
- Office of Safety and Quality;
- Office of the Chief Nursing Officer;
- Office of Mental Health;
- Rehabilitation, Aged and Continuing Care; and
- Dental Health Services (reported in the Metropolitan Health Services Annual Report 2002-2003).

Health Care

Office of the Chief Psychiatrist

This year marked the Chief Psychiatrist's ability to function independently in his role under the *Mental Health Act 1996*. The Chief Psychiatrist reports directly to the Director General, whilst the Office is administered under the Department's Health Care Division. The Office of the Chief Psychiatrist has three core functions:

- Mental health service standards monitoring;
- Education about the *Mental Health Act 1996*; and
- Policy development.

Key Achievements

- New independent role of the Chief Psychiatrist
- Statewide education program
- Further development of policy underpinning the Act
- Improved monitoring of service delivery particularly in the area of medication used in psychiatry
- Conducting of clinical reviews at Graylands Hospital and other mental health services
- Establishment of a complaint management process

Education activities

Education activities regarding the application of mental health legislation were increased by 50% on the previous year and included:

- Education on mental health legislation for clinicians, consumers, carers and the general public;
- Authorised mental health practitioner training programs;
- Education on community treatment orders, in line with the publication of a practitioner's guide; and
- General education sessions for universities and non-government agencies, and presentations at various conferences and forums.

Policy development

A number of policies and publications were developed throughout 2002-2003, including:

- Community Treatment Order Practitioner Guide;
- Standards for Licensed Psychiatric Hostels;
- Restructuring of the Clinical Review Program of Mental Health Services, under a clinical governance framework; and
- Distribution of eight operational circulars that included delegations and notifications to the Chief Psychiatrist.

Office of the Chief Psychiatrist cont.

Mental health service standards monitoring

The office undertook extensive monitoring of medication used in psychiatry in WA. The Psychotropic Drugs Sub-Committee of the WA Drugs & Therapeutics Committee agreed to provide information regarding drugs used in WA, so as to assist the Chief Psychiatrist in providing advice to medical practitioners and clinicians.

A number of clinical reviews were undertaken by the Chief Psychiatrist during 2002-2003, including:

- Targeted clinical reviews of the Smith Ward and Frankland Unit at Graylands Hospital;
- A clinical review of Success Hill Lodge, a licensed private psychiatric hostel; and
- A whole-of-service clinical review of the North West Mental Health Service, including site visits by a review team to Broome, Port Hedland and Karratha.

Clinical audits, which finalise the cycle of a review, were completed at the Peel, Rockingham and Kwinana Mental Health Service and the South Metropolitan Child and Adolescent Mental Health Service.

The number of complaints to the Chief Psychiatrist increased, with the most likely reason being increased publicity of the Chief Psychiatrist's role. A complaint management database, consistent with the complaints management processes of the Metropolitan Health Service, was implemented in order to better track and analyse complaints.

Health Care

Clinical Policy and Programs

The Clinical Policy and Programs Directorate was established in January 2003 to provide direction for statewide health care delivery and leadership and clinical input into clinical planning and reform activities.

Key Achievements

- Establishment of the Directorate and associated administrative systems
- Facilitated treatment of 2,196 elective surgery cases through private hospitals
- Development of demand strategy for metropolitan health services
- Facilitation and support for reviews of clinical services and processes
- Establishment of the Clinical Reform Committee for clinical input into health reforms
- Establishment of the Clinical Senate
- Increased organ and tissue donor registrations by 24,400 + registrations
- Review and implementation of a number of King Edward Memorial Hospital Inquiry recommendations
- Allocation of \$4 million in medical research infrastructure grants

Central Wait List Bureau

Provides management of elective surgery waiting lists in public hospitals. In 2002-2003, the Bureau facilitated treatment for 2,196 elective surgery patients through the Peel and Joondalup Health Campuses, and 1,000 dental patients through dental services. The main areas of activity for elective surgery were in orthopaedic and general surgery procedures.

The Patient Electronic Analysis Referral Liaison System (PEARLS) was introduced for assisting with patient management. Development of an acute emergency demand reporting system commenced and 'clinical priority access criteria' were developed, in consultation with the General Practice Divisions of WA.

Clinical Development Branch

The Clinical Development Branch aims to provide project coordination and administrative support to clinical project committees and initiatives. In 2002-2003, the Branch undertook the following activities:

- Development of a WA Demand Strategy aimed at improving the management of patient demand across metropolitan health services, particularly for emergency, in-patient services, continuing care and primary health care;
- Facilitating or supporting service reviews in the areas of intensive care, neurosurgery, paediatrics, pharmacy and obstetrics; and
- Establishment of the Clinical Reform Committee to provide a mechanism for clinicians to actively participate in policy development and change management processes.

Clinical Policy and Programs cont.

The Directorate's clinical advisers made significant contributions to: the development of the National Burns Plan, national standards for clinician training, the State diabetes performance indicators, the paediatric service review, and the creation of the Critical Care Council.

Clinical Senate

In response to a recommendation of the HARC, the Clinical Senate was established as an independent advisory body to the Director General and State Health Management Team on matters relating to:

- Coordination and development of clinical planning;
- Clinical and resource decision making; and
- Other relevant clinical issues in health service delivery.

DonateWest

DonateWest provides a statewide framework for policy and practice for organ and tissue donations in the State. In 2002-2003, the Department strongly supported Australian Organ Donor Awareness week activities (February 2003), helping boost Western Australian organ and tissue donor registrations to 620,636 (June 2003), compared with 596,170 the previous year.

Research and Policy

Provides health care policy development and support, and facilitates the development and implementation of health research through the provision of research infrastructure grants. In 2002-2003, the following activities were undertaken:

- **King Edward Memorial Hospital (KEMH) Inquiry**
An Implementation Group, consisting of senior clinicians and administrators, oversaw the implementation of recommendations from the Report of the Inquiry into Obstetric and Gynaecological services at King Edward Memorial Hospital 1990–2000. By 30 June, 233 of the 237 recommendations had been reviewed and formally signed off.
- **Non-coronial post mortem examinations**
The Non-Coronial Post Mortem Examinations Code of Practice 2002 (under the *Human Tissue and Transplant Act 1982*) came into operation on 1 August 2002. The Code, reflecting best practice in post mortem examinations, was implemented in response to recommendations of the report: *Removal and Retention of Organs and Tissue Following Post Mortem Examinations* (October 2001).
- **Medical and Health Research Infrastructure Fund**
A total of \$4 million was allocated to 79 of WA's top medical and health researchers in Round 6 of the grants from the Medical and Health Research Infrastructure Fund. In addition, six new medical and health researchers were awarded \$15,000 each in the 2003 New Independent Researcher Infrastructure Support Awards.

Health Care Office of Safety and Quality

The Office of Safety and Quality in Health Care was established in early 2002 with a mandate to develop and promote strategies to enable and support high quality and safe service delivery in the Western Australian health system.

Key Achievements

- Establishment of WA Council for Safety and Quality in Health Care and development of 5 year strategic plan
- Development of guidelines and framework for Clinical Governance
- Development and implementation of health service clinical governance programs
- Support programs for safety and quality developed and implemented
- Integration of Licensing Standards and Review Unit into the Office of Safety and Quality
- Development of new audit tools for private psychiatric hostels

Clinical Governance Program Branch

The Clinical Governance Program Branch provides strategic direction for the development of policy, standards and education support for clinical governance across the WA health system. During 2002-2003, the following activities were conducted:

- Development and implementation of clinical governance programs for application throughout the Metropolitan Health Services and South West Health Service. This was done in conjunction with leading clinicians;
- Development of a systematic framework for clinical governance in public hospitals, focussing on quality control and patient and staff safety; and
- Rollout of the Australian Incident Monitoring System (AIMS) was completed across all public hospitals, together with staff training in use of the AIMS analyser.

Programs and Policy Branch

The Programs and Policy Branch facilitates the development and monitoring of nationally consistent policies and standards for safety and quality. This Branch also provides support to the WA Council for Safety and Quality in Health Care. Throughout 2002-2003, support was provided for:

- Development and implementation of audit systems for clinical procedures, including the audit of surgical mortality;
- Skills training for medical, nursing and allied health staff who use surgical and medical simulators;
- Attendance by clinicians at national root cause analysis training workshops; and

Achievements and Highlights

Office of Safety and Quality cont.

- The organisation of the inaugural Australian Conference on Safety and Quality in Health Care (held in Perth in July 2003).

Licensing Standards and Review Unit

The unit oversees the regulation of private hospitals under the *Hospitals and Health Services Act 1927*. In 2002-2003, the Unit was integrated into the Office of Safety and Quality, a move that helps to ensure an ongoing safe and appropriate care environment.

Key achievements

- Licensing of health care facilities, including 183 existing facilities, and 10 new licensing and 30 building applications;
- Implementation of an audit tool for the private psychiatric hostel industry to ensure compliance with legislation and licensing conditions;
- Development of draft licensing standards for private psychiatric hostels;
- Development of a new model of practice for pre-licensing inspections;
- Presentations to the Fifth Australasian Day Surgery Conference (July 2002) and inaugural meeting of the private health sector's Commonwealth-State-Territory Officer Group (April 2003); and
- Development of a staff orientation and education program.

WA Council for Safety and Quality of Health Care

A Council for Safety and Quality of Health Care, chaired by Professor Bryant Stokes and with representation from the private and public health sectors and the aviation industry, was established in August 2002. The role of the Council is to advise the Department on system-wide safety and quality issues and to provide strategic direction and leadership for quality improvement. It produced an updated five-year strategic plan for safety and quality (copy available at: www.health.wa.gov.au/safetyandquality/docs/WASQ-Plan2003-2008.pdf).

Health Care Office of the Chief Nursing Officer

The Office of the Chief Nursing Officer was created in December 2002 and a Chief Nursing Officer, Dr Phillip Della, appointed in May 2003. The office is responsible for strategic nursing policy and direction and for the development and support for statewide nursing issues.

Key Achievements

- Creation of the Office of the Chief Nursing Officer
- Marketing programs to attract more student nurses and to attract nurses back into the WA public health system through 'Are you Good Enough To Be A Nurse', 'Nurse Link' and 'You are the One'
- Launch of NurseWest in March 2003
- Legislative change for nurse practitioners

Recruitment and Retention

This Branch develops and implements marketing activities to promote the nursing profession to school leavers to establish nursing as a career of choice and to those in the nursing profession to improve retention of nurses in the WA public health system.

Key activities for 2002-2003 included:

- Continuation of the 'Are you Good Enough To Be A Nurse' campaign, promoting nursing as a career to high school students, resulting in an increase in the interest of students demonstrated by the filling of all first preferences for undergraduate nursing positions in the State's universities; and
- Commencement of 'Nurse Link' in October 2002, a major recruitment drive aimed at encouraging former nurses to return to work in the government health sector.

The number of inquiries received from both initiatives totalled 3007. The success of both programs saw the Department of Health commit additional funding for follow-up re-entry programs.

Strategic Development

The Strategic Development Branch establishes programs and supports the development of the nursing profession, including coordination of major change initiatives. During 2002-2003, the Branch undertook the following activities:

- Development of the *Nurses Amendment Act 2003*, which came into force on 9 April 2003. The Act has allowed for nurse practitioners to operate in Western Australia. Nurse Practitioners within the required scope of practice will be legally able to prescribe schedule 4 medications and other routine diagnoses.

Office of the Chief Nursing Officer cont.

- Continuation of the implementation of recommendations from the 'New Vision, New Direction' study of nursing and midwifery in Western Australia (2001). To date, 53 of the report's 61 recommendations for improving the professional lives of nurses have been acted upon, including:
 - Recruitment and retention ('Nurse Link' and 'You Are The One');
 - Discussion papers on family-friendly initiatives and workplace aggressive behaviour and bullying;
 - Education initiatives such as enrolled nurse education review, graduate nurse transition, undergraduate nurse scholarship, postgraduate clinical specialisation scholarship;
 - Inaugural Nursing Leadership course (commenced May 2003);
 - Professional practice initiatives – nurse practitioner legislation (April 2003) and education program; and
 - Enhanced Role Midwife program.

NurseWest

Launched in March 2003, NurseWest provides a government nursing pool that aims to reduce public hospital reliance on nurse agencies and provides a coordinated approach to nursing recruitment for temporary positions. The Branch provides nurses with flexible employment opportunities both in hours worked and in clinical specialties. NurseWest offers a direct link between public hospitals and nurses looking for work, while providing nurses the same opportunities to develop and improve skills as current public hospital staff.

Health Care Office of Mental Health

The Office of Mental Health has responsibility for leading the development of a mental health system to improve the quality of life and care of West Australians with mental illness.

Key Achievements

- Development of the State Mental Health Strategic Plan
- Planning for new mental health facilities at Osborne Park Hospital and Inner City Mental Health Service
- Provision of funds for remodelling at Bentley Mental Health and a new child and adolescent facility in the western suburbs
- Improvement to mental health services, particularly in support services for homelessness
- Bali victim support and development of a State Mental Health Disaster Response Plan

Mental Health Strategic Plan

The mental health reform process continued during 2002-2003 with the development and implementation of a State Mental Health Strategic Plan to direct the provision of services over the next five years.

Mental health facilities and service developments

The Office of Mental Health provided funds during 2002-2003 for the remodelling at the Bentley Mental Health in-patient unit and for the development of a new facility for child and adolescent services in the western suburbs. In addition, planning commenced for a new adult in-patient unit at Osborne Park Hospital and for an outpatient clinic for the Inner City Mental Health Service. The Kalgoorlie in-patient unit and the Ursula Frayne Unit at Mercy Hospital (for the elderly) both commenced operations.

New and improved services provided during the year included:

- Planning for an intensive family and community-based treatment program aimed at youth with extreme behavioural problems;
- Continuation of housing support for long-stay patients with acute psychiatric conditions and for the Independent Living Program (support for people with complex needs);
- Development of new services for the homeless, including youth at risk of developing serious mental illness;
- Expansion of support services to families and carers, and the children of parents with mental illness; and
- Funding for Carers WA (peak carer body).

Office of Mental Health cont.

Bali victims support

A mental health disaster management strategy group was established to support victims of the Bali incident. A State Mental Health Disaster Response plan has been developed as preparation for future similar disasters.

Support and information services

Key support and information initiatives developed or implemented over 2002-2003 were:

- Continuation of a three-year, multi-million-dollar program for improving the mental health clinical information system (joint State and Commonwealth funding);
- Establishment of policies and guidelines for mental health prevention and promotion; unexpected deaths in psychiatric in-patient facilities; and services directed at children of parents with mental illness and children with attention deficit hyperactivity disorder;
- Planning for a statewide quality assurance system in the non-government sector; and
- Launch of Australia's first state government mental health web site, providing online assistance and information.

Health Care Rehabilitation, Aged and Continuing Care

The Rehabilitation, Aged and Continuing Care Directorate (RACCD) has responsibilities in both the government and private sectors.

Key Achievements

- Inaugural State Aged Care Plan released in June 2003
- Rehabilitation initiatives
- Enablement packages
- Transitional care service
- State Government nursing home restructure project

State Aged Care Plan

The State Aged Care Plan was released in June 2003. It was the result of an extensive statewide consultation strategy that drew on the expertise of health and aged care stakeholders, and the wider community. The plan provides a strategic framework for services that are diverse, sensitive to individual preferences and adaptable to the challenges of Western Australia's size and population.

Rehabilitation initiatives

A number of key initiatives for rehabilitation have been progressed over 2002-2003:

- Development of a strategy for the coordinated delivery of rehabilitation services for complex medical conditions;
- Development of a model for providing equitable statewide access to rehabilitation services (drawn up in January 2003); and
- Work commenced on a statewide 'falls' policy, aimed at better education, prevention, and management of falls injury amongst elderly people.

Home and Community Care Program (HACC)

In January 2002 an 18-month 'interim care' pilot program was begun across the metropolitan area to address issues associated with the interface between the acute and community care sectors. Throughout 2002-2003 the program provided support for clients in optimising their independence, particularly in the areas of personal care and assistance at home. Over time, a reduction in the demand for HACC resources is expected.

Transitional care service

A 'transitional care' pilot service began in November 2002, aimed at easing the demand for residential aged care places. The service will run for two years and provide 50 flexible, aged care places in the area of transitional care/step down rehabilitation. The Commonwealth contributed funding for the accommodation and care services, while the State contributed funding for the rehabilitation services.

Achievements and Highlights

Rehabilitation, Aged and Continuing Care cont.

Nursing Home Restructure Project

Under the Nursing Home Restructure Project, Brookton Nursing Home was closed in October 2002. A new, integrated and purpose-built 30-bed nursing home was co-located with the Brookton nursing post facility, owned and operated by the Shire of Brookton.

POPULATION HEALTH

The formation of the Population Health Division in 2002 reinforced the philosophy that promotion and prevention have a vital role in the health system. The Division aims to protect, promote and restore individuals' health through the combined use of science, skills and beliefs, and to improve the health of whole populations through collective action.

The new Division's structure incorporates the directorates of:

- Office of the Executive Director Population Health
- Office of the Chief Medical Adviser Population Health
- Cancer Prevention and Detection
- Child, Community and Primary Health Care
- Communicable Disease Control
- Environmental Health
- Genomics
- Health Information Centre
- Health Promotion
- Office of Aboriginal Health

Population Health

Office of the Executive Director & Office of the Chief Medical Adviser

Key Achievements

- Response to community concerns about the Brookdale Liquid Waste Treatment Facility
- Emergency Management Services response to SARS, Bali bombing incident, Middle East war – development of protocols and procedures
- Continuation of implementation of outcomes from Gordon Inquiry
- Transfer of the enHealth Council secretariat
- Partnership with Department of Justice for prison health services
- Establishment of expert panel to advise on the Kimberley Chemical Use Review

Brookdale Liquid Waste Treatment Facility

The Department responded to community concerns regarding potential health effects of the Brookdale plant by working with the Department of Environment to identify any toxic emissions, assess health complaints, screen for lead levels in blood and provide additional health services.

Blood lead tests revealed the lowest levels ever recorded in Western Australia and showed that there was no point-source exposure to lead. Testing was also undertaken for heavy metals in urine. Persons with levels outside the reference range were assessed by their GP, with the support of a clinical toxicologist.

Other activities undertaken in relation to the Brookdale Liquid Waste Treatment facility include:

- Communication with the community, establishment of a local community nurse, and liaison with local GPs. An expert panel was convened to review health risks at the Brookdale school and any potential risks associated with the subsequent plant fire. The panel concluded it was highly unlikely that the fire caused an increased risk to health.
- Further monitoring for Brookdale, Forrestdale and Armadale under the Health and Wellbeing Surveillance System was initiated. In addition, an analysis of leukemia data obtained over a 20-year period suggested there had been no abnormal incidence or clustering in the area. These assessments did not identify any public risk from the plant.
- The Department supported the establishment of an appropriate hazardous waste site and the State Government has decided that the Brookdale plant will be closed by the end of 2003.

Emergency Management Service (EMS)

The Emergency Management Service (EMS) responded to some unique challenges in the past year and was also responsible for initiating several new projects, as per below.

Office of the Executive Director & Office of the Chief Medical Adviser cont.

Bali bombing incident

The Bali bombing incident in October 2002 had a widespread impact on the community of Western Australia. The EMS coordinated the initial response, made difficult by a lack of both formal notification and scarcity of accurate information until almost 22 hours after the event. The Service's pre-existing networks ensured that coordination and collection of necessary resources became more focused as time went by. The incident served to clarify the need for notification of major incidents to go through the State Health Coordinator.

Chemical, biological and radiological Issues

Chemical, biological and radiological issues attracted much media and community interest, with the Department participating with other State and Commonwealth agencies in two significant exercises – Exercise New Horizon and Exercise Raw Horizon. A testing of Fremantle Hospital's decontamination procedures was undertaken as part of one of those exercises.

Middle East war

In April 2003 the EMS coordinated medical supplies from Perth to the Middle East, in relation to Operation Baghdad Assist. Royal Perth Hospital staff played a key role in the rapid assembly of supplies.

SARS

Please refer to the Communicable Disease Control Directorate's section later in the Division's report.

New initiatives

- Development of a memorandum of understanding between the Department and the Fire and Emergency Services Authority for provision of priority assistance to frail-aged people and persons with disabilities whose homes are affected by natural disasters. The Department of Health received a FESA Community Safety Award in recognition of its efforts.
- Establishment of an internal emergency management web site, which provides ready access for staff to a variety of information, including the State Health Emergency Management Support Plan and the State Human Epidemic Emergency Management Plan. The site has links to other emergency-related sites.

Gordon Inquiry

The Department had a leading role in the State Government's response to the report of the Response by Government Agencies into Allegations of Child Abuse and Family Violence in Aboriginal Communities Inquiry (Gordon Inquiry). The inquiry was generally supportive of work already undertaken by the Department and was strongly supportive of its service development proposals. Redevelopment and expansion of the Child Protection Unit (based at Princess Margaret Hospital) and enhancement of statewide sexual assault resource centres was commenced.

Office of the Executive Director & Office of the Chief Medical Adviser cont.

Other activities related to the Inquiry include:

- Update of the 1991 Child Abuse Guidelines. The new health-specific draft guidelines (Guidelines for Responding to Child Abuse, Neglect, and the Impact of Family and Domestic Violence) are currently under consultation; and
- Draft amendments to the Health Act – enabling mandatory reporting by the Department to the WA Police Service and Department of Community Development of sexually transmitted infections (STIs) in children under the age of 13 and reporting requirements for pathology laboratories to notify cases of communicable diseases.

Wagerup Health Concerns

The installation of a liquor burner at Alcoa's Wagerup Refinery in 1996 led to claims of health effects on the surrounding community. Alcoa has since reduced emission levels and intensive sampling programs have not identified any linkage for health complaints. Individual compound levels have been found to all fall within acceptable levels.

During 2002-2003, stakeholders continued to work towards identifying any causal agent/s, with a State Government inquiry due to report late in 2003. In addition, a medical practitioners' forum is providing medical advice to government and a specialist nurse has been placed at the Yarloop Hospital to gather data, make referrals to specialists and record patient symptoms.

enHealth Council

In September 2002 the Executive Director of the Population Health Division, Mr Michael Jackson, was appointed Chair of the enHealth Council, a committee of the National Public Health Partnership. In May 2003, the enHealth Council secretariat was re-located to WA. The Council provides national leadership on environmental health, sets priorities, coordinates national policies and programs, and strengthens international relationships. It is responsible for implementation of the National Environmental Health Strategy.

Population Health Leadership and Training

The WA Population Health Training Program recruits and trains future population health leaders. Trainees undertake three to five month placements at the Population Health Division, aligned non-government organisations or Commonwealth departments. The program was extended in 2003 and now enables public health medical registrars to complete fellowship training with the Australasian Faculty of Public Health Medicine.

Office of the Executive Director & Office of the Chief Medical Adviser cont.

Bellevue waste fire

The Department maintained an ongoing review of the medical register established for residents with concerns about future health impacts arising from the fire at the Bellevue waste control chemical recycling plant (February 2001). Property assessment and sampling programs have been developed and endorsed by the Bellevue Community Consultative Committee (BCCC) to determine the extent of any residual materials from the fire. Analysis indicated no health risk to residents and the Department does not consider it necessary to undertake further sampling.

Kimberley Chemical Use Review

The State Government established an expert medical panel to advise it on a response to six of the Kimberley Chemical Use Review's recommendations and related issues. The Panel will evaluate whether the pattern of symptoms reported by former Agriculture Protection Board workers – who claim to have been exposed to herbicides with high levels of dioxin – is consistent with known health effects. The Derby Aboriginal Health Service was contracted by the department to provide nursing and medical support to the former workers.

Prison health

The Prison Health Service is provided through a partnership between the Departments of Justice and Health, which supports the service in areas as diverse as nutrition, blood-borne virus education, drug harm minimisation, environmental health, acute care and mental health. At a joint planning forum in September 2002 the partners agreed that the goal is to optimise available resources to provide prisoners with the same quality and range of health care services provided to the general public. The Departments are collaborating on a number of projects, including an Aboriginal health policy, a strategic plan and a mental health taskforce.

Population Health Office of Aboriginal Health

The Office of Aboriginal Health manages the development of statewide policy and planning and contracts the delivery of health services to Aboriginal people, to improve physical, social, emotional, spiritual and cultural well-being.

Key Achievements

- Construction of new purpose-designed community clinics at Balgo and Warburton
- Employment of five Aboriginal health coordinators in regional areas
- Extension of Environmental Health (Aboriginal Communities) Network project
- Completion of first round of coordinated care trials at Derbarl Yerrigan and the South West Aboriginal Medical Service
- Development and implementation of the Western Australian Framework Agreement on Aboriginal and Torres Strait Islander Health

Remote clinics

Construction commenced on new purpose-designed community clinics at Balgo and Warburton, with completion expected early in the 2003-2004 financial year. Additional facilities include oral health and audiology services. Some services for the Warburton clinic project are being provided by the Ngaanyatjarra Services company, providing local employment, training and capacity building opportunities within the Ngaanyatjarra lands.

Aboriginal health staff

Five Aboriginal health coordinators were employed in the Midwest/Murchison, Goldfields/South-East, Wheatbelt/Great Southern and Kimberley regions. The newly established positions will assist mainstream health services in improving the level and quality of care to Aboriginal people, and in developing and maintaining stronger links with Aboriginal organisations.

Development of an Aboriginal Health Workers' training package on breast cancer was begun in consultation with the Indigenous Women's Reference Group and Aboriginal Health Workers. In addition, a new set of Indigenous resources developed in consultation with Aboriginal communities was launched in March 2003.

The Environmental Health (Aboriginal Communities) Network project was further extended to include the Pilbara, Kimberley and Eastern Goldfields and now provides complete coverage of the State. A total of 62 appointments have been made under this initiative.

Achievements and Highlights

Office of Aboriginal Health cont.

Coordinated care

The first round of coordinated care trials was completed at Derbarl Yerrigan and the South West Aboriginal Medical Service (SWAMS). At Derbarl Yerrigan the coordinated care model is being incorporated into the primary health care service.

Improving Aboriginal health

The Western Australian Framework Agreement on Aboriginal and Torres Strait Islander Health underpins Aboriginal health strategies, programs and services. This agreement establishes a partnership between the State and Commonwealth governments and the non-government sector. The partners coordinate their efforts in Indigenous health through a Joint Planning Forum and associated Regional Aboriginal Health Forums.

Key priorities for the Department are: further development of regional forums; identification of areas where the State and Commonwealth might undertake joint contracting of primary health services; and development of other arrangements for pooled funding of services.

Population Health Cancer Prevention and Detection

The Cancer Prevention and Detection Directorate provides statewide policy and planning on cervical and breast cancer screening initiatives, and assessment services following screening for breast cancer via BreastScreen WA.

Key Achievements

- Participation of 70,000+ women in the BreastScreen Program
- Relocation and expansion of the Fremantle Screening Service
- Commencement of a new interactive data matching process within the State's Cervical Cytology Register
- Formation of an Indigenous Women's Reference Group

BreastScreen WA

BreastScreen WA provides free screening and assessment services statewide. BreastScreen WA continues to have one of the highest detection rates in Australia and substantially exceeds national accreditation standards. Key activities for 2002-2003 included:

- Participation of over 70,000 women in the BreastScreen Program;
- Relocation of the Fremantle Screening Service in February 2003 to facilitate installation of a second mammography X-ray machine, which has doubled the clinic's capacity; and
- Appointment of a project officer to implement the NHMRC guidelines for screening of women with familial risk of breast cancer and to develop a policy for determining their optimum screening frequency.

WA Cervical Cancer Prevention Program

The WA Cervical Cancer Prevention Program manages and promotes statewide recruitment and follow-up of women for cervical screening. In 2002-2003, the Department commenced design and implementation of a new interactive data matching process within the State's Cervical Cytology Register (CCR) and the development of proposed guidelines for best practice in data matching. A pilot project of automated secure data transfer between the PathCentre laboratory and the CCR was successfully trialed and will be extended to other WA pathology laboratories.

Indigenous Women's Reference Group

During the year the WA Cervical Cancer Prevention Program and BreastScreen WA formed the Indigenous Women's Reference Group, which aims to increase awareness in Indigenous communities of the need for regular cervical and breast cancer screening, and acts as a point of reference for Indigenous Program Officers.

Population Health

Child, Community and Primary Health Care

The Child, Community and Primary Health Care Directorate has statewide leadership for community based health and primary care strategies, general practice integration and allied health services.

Key Achievements

- Development of a partnership with the Telethon Institute for Child Health Research and development of an Aboriginal child health policy framework
- Implementation of a bilateral agreement in primary health and community care between the State and Commonwealth departments of health
- Development of partnerships for developing integrated primary care services to people with chronic and complex health problems

Early years

The Directorate developed a strategic partnership with the Telethon Institute for Child Health Research, which focuses on the development of an Aboriginal child health policy framework and program evaluations, including newborn hearing screening and Birth to Aged Two Years programs. New services to be provided under the Birth to Aged Two Years policy include increases in home visits and nurses working with families, and more work with groups of families to support prevention programs. A Statewide Community Health Advisory Group was established to provide expert input into this area of policy development.

Multicultural Access

The Multicultural Access Unit was integrated into the Population Health Division, ensuring stronger statewide emphasis on the needs of culturally and linguistically diverse families, especially in prevention and early intervention. The Unit's services include policy and program advice to health professionals, cross-cultural education and resource provision, translations for public and private health sectors, and health interpreter education.

Bilateral agreement

For the first time, a bilateral agreement in primary health and community care between the State and Commonwealth departments of Health was developed and is being implemented. The aim of the agreement is to enhance the coordination, quality and effectiveness of primary health and community care services in WA.

Primary Health Partnerships

Ten Primary Health Partnerships (three in metropolitan and seven in rural WA) were developed between the State and Commonwealth Departments of Health and the General Practice Divisions of WA. The partnerships are the basis for developing integrated primary care services to people with chronic and complex health problems.

Population Health Communicable Disease Control

The Communicable Disease Control Directorate is responsible for statewide surveillance, coordination of awareness and education programs for the general public and health professionals, and development of policy and strategies for the control and prevention of communicable diseases. The Directorate also provides a direct response to outbreaks of communicable diseases, including coordination of the response to human epidemic emergencies.

Key Achievements

- Coordination of WA response to Severe Acute Respiratory Syndrome (SARS)
- Implementation of National meningococcal (Group C) vaccination program within WA
- Promotion of influenza vaccination with 80% vaccination rate for the 65+ age group
- Publication of a report on the epidemiology of sexually transmitted infections and blood-borne viruses in WA in May 2003

Severe Acute Respiratory Syndrome

The emergence of Severe Acute Respiratory Syndrome (SARS) tested the State's planning and preparedness for unexpected infectious disease threats. The Department worked closely with the Commonwealth and other States and Territories in developing and implementing a national response, which included:

- Public information and travel advice;
- Clinical management and infection control guidelines for health care providers;
- Border control measures, such as placing nurses at international airports for screening passengers and providing SARS health alert information;
- Prioritising hospital isolation facilities and protective equipment for health care workers; and
- Adding SARS to the list of notifiable and quarantinable diseases.

Immunisation

Significant immunisation achievements during the year included:

- The National meningococcal (Group C) vaccination program was successfully implemented in 2003, with WA initially targeting children aged 1-5 years, school students in years 7-12, and 15-19 year old teenagers who do not attend school. The remaining school children in years 1-7 will be targeted in 2004;
- The promotion of influenza vaccination for people aged 65 years or over was boosted by a statewide media campaign by the Department in May 2003. Eighty per cent of Western Australians in this age group were vaccinated in 2002, one of the highest coverage levels in the world for this cohort; and
- Elimination of endemic measles and rubella transmission was sustained in WA.

Communicable Disease Control cont.

Sexual health and blood-borne viruses

Key activities in the area of sexual health and blood-borne virus monitoring and prevention continued in 2002-2003, and included:

- Publication of a report on sexually transmitted infections and blood-borne viruses ('The Epidemiology of Notifiable Sexually Transmitted Infections and Blood-Borne Viruses in Western Australia 1990 to 2000' - published May 2003);
- Continuation of the Department's advocacy and liaison with other government and community-based agencies in relation to persons infected with the Human Immunodeficiency Virus (HIV) who put other persons at risk of infection, and require active case management;
- Consultation with key stakeholders in relation to the development of new strategies to respond to continuing high rates of sexually transmissible infections in Aboriginal people; and
- Termination of funding for the Phoenix project (health education and promotion to female, male and trans-gender sex workers and their clients) in June 2003. The Department is currently arranging an alternative contract to deliver this essential service.

Population Health Environmental Health

The Environmental Health Directorate aims to protect people from environmental hazards that pose a health risk, including support for issues such as food safety reforms.

Key Achievements

- Extension of the mosquito control program in the Peel region
- Finalisation of a memorandum of understanding for drinking water between the Department of Health and the Water Corporation and information about alternative water supplies
- Investigation of groundwater acidity and heavy metal contamination in two Perth suburbs
- Establishment of the Environmental Health Foundation
- Convening of the Kwinana Environmental Health Forum in response to community concern regarding potentially unsafe emissions from Kwinana industrial sites

Mosquito control

The program of installing runnels (shallow channels along the natural contours of salt marshes), which make conditions less suitable for larval mosquitoes, was extended within the Peel region. The Department provided input to recommendations developed through the Development in Mosquito-Borne Disease Risk Areas Working Group for managing residential development in high-risk areas.

Water management

A memorandum of understanding for drinking water was finalised between the Department of Health and the Water Corporation. The first annual audit of the Corporation identified no public health risks from its drinking water management system. The Corporation's current program of water restrictions prompted considerable community interest in alternate water supplies, such as rainwater and reuse of grey water. A pamphlet entitled 'Urban Rainwater and Draft Guidelines for Greywater Reuse in Western Australia' was developed to promote the safe use of these alternatives and to encourage general conservation of ground and surface water reserves.

Groundwater contamination

The Department of Health, in collaboration with the Department of the Environment and the City of Stirling, sampled over 500 groundwater bores in the Balcatta area as part of an investigation of groundwater acidity and heavy metal contamination. The Department provided a telephone information service, public information sessions and personal written advice to all residents whose bore water was tested.

Environmental Health cont.

The Department also investigated groundwater pollution in the Bayswater area, assisting with bore sampling and following up with concerned residents.

Health impact assessment

As part of the response to the Bellevue (Waste Control) Fire Parliamentary Inquiry, the Government committed to health impact assessments for new industrial, commercial and residential developments, enabling assessment of a project's potential health impact by allowing Departmental input into planning. A Health Impact Assessment Unit is now being established.

Environmental Health Foundation

The Government approved establishment of the Environmental Health Foundation, an independent reference group for providing expert advice on the health effects of exposure to hazardous or potentially hazardous substances. Issues will be referred to the Foundation by the Ministerial Council on Health, Environment and Industry Sustainability, with the Foundation reporting back to the Council and making its findings public.

Kwinana Environmental Health Forum

The Department responded to community concern regarding potentially unsafe emissions from Kwinana industrial sites by convening the Kwinana Environmental Health Forum to advise on these issues. The forum comprises community and State and local government representatives. It reports regularly to the Ministerial Council for Health, Environment and Industry Sustainability.

Stimulant drug regulation

The use of stimulant drugs (dexamphetamine and methylphenidate) in WA is 2.5 times the national average. In response to the Attention Deficit Hyperactivity Disorder Policy (December 2002) a new regulatory scheme was developed, to assist in understanding the State's high usage.

Population Health Genomics

The Genomics Directorate provides policy development, research and evaluation of projects relating to human genetics and facilitates the consideration of genomics in all aspects of public health research, policy and public health programs.

Key Achievements

- Contribution to local and national strategies for improved delivery of genetic services
- Improved public awareness of the impact of genetics on health through interaction with community groups

Throughout 2002-2003, the Genomics Directorate contributed to local and national programs. Notable contributions included:

- National strategies for ensuring gene patents do not restrict or unnecessarily increase health care costs;
- Regulatory frameworks for the development of genetic technology in clinical testing and biological therapy; and
- Development of a strategic plan in conjunction with the WA Genetics Council, focussing on equitable delivery of clinical, diagnostic and other support services to the community.

Screening

Screening initiatives for 2002-2003 included:

- Funding secured for a tandem mass spectrometer, expanding the scope of the WA Newborn Screening Program and aligning it with national and international best practice;
- Establishment of a statewide foetal anomaly screening database to improve monitoring for Down's syndrome and other chromosomal anomalies; and
- Commencement of an economic evaluation of screening programs for individuals at risk of developing breast or bowel cancer as a result of a genetic mutation.

Education

A variety of education programs for health professionals, schools and the wider community were undertaken in 2002-2003, including:

- Professional development sessions for Aboriginal Health Workers, regional General Practitioners and allied health workers on the advances of genetics in community medicine;
- Professional development sessions on genetics for science teachers;
- An industry seminar promoting fortification of food with folate to reduce the incidence of birth defects such as Spina Bifida; and
- A 50th anniversary public celebration of the discovery of the structure of DNA.

Population Health Health Information Centre

The Health Information Centre collects, analyses and disseminates health related information to support the planning, provision and evaluation of health services in Western Australia.

Key Achievements

- Launch of the Voluntary Register of Information about Donation in Assisted Reproduction
- Completion of a study of cancer incidence
- Progress with the development of a Health Privacy Code of Practice
- Establishment of a Health and Wellbeing Surveillance System to assist in ensuring health programs are well planned and effective
- Establishment of Watch on Health, a Council established to monitor issues affecting West Australians' health and advise Government

Key research and policy development activities undertaken by the Health Information Centre for 2002-2003 included:

- Leadership role in the development of national policy on human embryo research and cloning, culminating in the passage of the *Commonwealth Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning Act 2002*;
- Launch of the Voluntary Register of Information about Donation in Assisted Reproduction in November 2002. The register aims to facilitate exchange of information between donors and children born as a result of donation;
- Completion of a study of cancer incidence, hospitalisation and death in all Western Australian Local Government Areas;
- Progress with the development of a Health Privacy Code of Practice for the collection, use and disclosure of personal health information, covering the entire WA health sector;
- Establishment of a Health and Wellbeing Surveillance System to assist in ensuring health programs are well planned and effective. The system gathers information from people of all ages in areas such as general health, health care utilisation, physical activity, nutrition and drinking habits; and
- Upgrading of the Department's epidemiology web site, improving its analytic capacity and text-based interpretation of results.

Watch on Health

As recommended by the Health Administrative Review Committee and in accordance with Government policy, the independent Health Standards and Surveillance Council, Watch on Health was established to monitor issues affecting Western Australians' health and advise Government on appropriate responses. Chaired by Professor D'Arcy Holman, the Council sets its own agenda on systemic health issues and also investigates concerns referred to it by other health groups.

Population Health Health Promotion

The Health Promotion Directorate develops and implements programs that focus on primary and secondary prevention in priority areas of lifestyle related disease and injury prevention. Strategies include healthy public policy, legislation and structural change, mass media campaigns, public and school education promotion, research and evaluation and capacity building.

Key Achievements

- Dissemination of the Healthy Lifestyles Framework
- Continuation of healthy lifestyle programs such as 'Go for 2 & 5', 'Find 30: It's not a big exercise', 'Quit' campaign
- Re-establishment of the Princess Margaret Hospital Emergency Department Injury Surveillance System
- Adoption of the Water Safety Framework: 2003-2006

Healthy lifestyle

During 2002-2003, the Healthy Lifestyles Framework was disseminated across the State, providing a comprehensive approach to preventing lifestyle-related diseases. Other Departmental activities for the promotion of a healthy lifestyle included:

- Healthy eating programs: Continuation of the 'Go for 2 & 5' campaign, contribution to the National Obesity Taskforce, and additional support for 'Eat Well WA';
- Exercise: Continuation of the 'Find 30: It's not a big exercise' campaign, and planning for promoting physical activity in the community (aligned with the Premier's Physical Activity Taskforce); and
- Smoking: Continuation of the 'Quit' campaign with a new focus on young adults.

The results and recommendations of the review into the operation and effectiveness of Part IXB of the *Health Act 1911* and the *Health (Smoking in Enclosed Public Places) Regulations 1999* were tabled in Parliament.

Injury Prevention

The extent to which intentional injury has emerged as an issue was revealed in the report entitled 'An Epidemiology of Injury in WA 1989 – 2000'. The report indicated that between 1995 and 2000 intentional injuries (suicide and interpersonal violence) comprised nearly 35% of all injury deaths and 15% of injury hospitalisations. Self-inflicted injuries have replaced transport as the leading cause of injury death.

Health Promotion cont.

Other activities in relation to injury prevention for 2002-2003 included:

- Re-establishment of the Princess Margaret Hospital Emergency Department Injury Surveillance System;
- Leadership role in the coordination of the State's response to drowning prevention, one of the four national injury prevention priorities; and
- Adoption of the Water Safety Framework: 2003-2006, providing an across-government approach to the prevention of drowning, near-drowning and water-related incidents.

WA COUNTRY HEALTH SERVICE

In June 2002, the Minister for Health announced a range of reforms within the country health sector that established six administrative regions under the Western Australian Country Health Service. These changes were formally ratified in the Government Gazette to have effect from July 1, 2002.

Actions are well advanced for the implementation of the new organisational arrangements. The WA Country Health Service reports separately to Parliament for 2002-2003 in the WA Country Health Service's Annual Report.

Major Capital Works

MAJOR CAPITAL WORKS

The projects below, listed by sector, are in the approved Capital Works Program for the whole of the Department of Health.

Table 2: Major Capital Works - Projects in Progress

PROJECT DESCRIPTION	Expected Year of Completion	Estimated Cost to Complete \$'000	Estimated Total Cost \$'000
Royal Street			
Community Health Facilities Expansion Statewide	2005-2006	4,860	5,000
Mental Health Statewide Initiatives	2005-2006	5,616	42,000
Nursing Home Upgrades	2004-2005	1,760	3,000
Carryover - Various	2003-2004	124	750
Communication Infrastructure	2005-2006	12,854	13,000
Engineering Asset Works Management System Stage 2	2004-2005	1,851	4,200
Minor Works 2002-2003			17,000
Information Systems	2003-2004	546	14,733
Infrastructure and Equipment Planning	2005-2006	2,233	4,000
Organ Imaging Equipment (non-teaching) 1998-99	2003-2004	647	10,000
Statewide Condition Audit - Stage 2	2004-2005	5,655	18,382
Statewide HIV Units	2003-2004	266	1,500
Worksafe Regulation Compliance	2003-2004	558	4,000
Infrastructure Planning	2004-2005	6,000	6,000
Information Technology Developments	2004-2005	7,000	7,000
Minor Works 2003-2004	2004-2005	16,732	16,732

Major Capital Works

Projects in Progress cont.

PROJECT DESCRIPTION	Expected Year of Completion	Estimated Cost to Complete \$'000	Estimated Total Cost \$'000
Metropolitan Health Services			
Fremantle Hospital Development	2005-2006	3,466	6,000
Graylands Redevelopment Planning	2005-2006	580	600
Joondalup Dental Clinic	2004-2005	1,310	1,350
Kalamunda Hospital - Redevelopment	2005-2006	4,789	5,500
Osborne Park Theatre Replacement & Mental Health	2005-2006	12,771	14,000
Perth Dental Hospital - Devolution	2005-2006	900	2,380
Rockingham Emergency and Ward - Upgrade	2004-2005	5,338	8,000
RPH & Shenton Park Hospital - Developments	2005-2006	19,500	24,500
SCGH Emergency - Development	2003-2004	5,270	9,270
South Metropolitan Dental Clinic	2004-2005	1,458	1,500
Swan and Other Metropolitan Secondary Hospital - Upgrades	2005-2006	1,900	4,000
Women's & Children's Health Service - Developments	2004-2005	20,684	32,750
Hospital Equipment and Maintenance - Statewide	2004-2005	9,309	43,483
Land Acquisition	2003-2004	1,000	4,500
Metro Picture Archive & Computerised Radiography Stage 1	2003-2004	5,400	6,500
PMH Child Protection Unit Expansion	2003-2004	285	570
Relocation of Sexual Assault Resource Centre	2003-2004	360	720
Peel			
Peel Health Service - Development	2004-2005	2,400	3,400
Drainage for Mosquito Control Peel	2003-2004	250	1,000
South West			
Margaret River Hospital - Upgrade	2004-2005	2,900	2,950

Major Capital Works

Projects in Progress cont.

PROJECT DESCRIPTION	Expected Year of Completion	Estimated Cost to Complete \$'000	Estimated Total Cost \$'000
WA Country			
Albany Hospital - Paediatric Ward Upgrade	2003-2004	930	1,000
Carnarvon Sobering Up Centre	2003-2004	460	500
Denmark Planning and Upgrade	2003-2004	480	500
Geraldton Hospital Redevelopment	2005-2006	37,387	40,000
Geraldton Sobering Up Centre	2003-2004	414	507
Kimberley Health Developments	2005-2006	40,773	41,700
Moora Hospital - Redevelopment Stage 2	2005-2006	5,071	5,300
Moora Hospital -Stage 1 Development	2004-2005	642	700
Morawa Hospital - Emergency Development	2005-2006	705	890
Newman Dental Clinic	2003-2004	220	500
Nullagine Clinic - Replacement	2003-2004	495	900
Oombulgurri Clinic - Replacement	2003-2004	799	900
Port Hedland Health Service Redevelopment - Stage 1	2005-2006	9,878	11,000
Rural Doctors and Nurses Accommodation	2003-2004	1,103	5,000
Rural Theatres and Sterilising Facilities - Compliance	2004-2005	1,015	6,000
South East Coastal Multi Purpose Services - Stage 1	2003-2004	3,542	3,842
Warburton Clinic Replacement	2004-2005	1,700	2,000
Motor Vehicles - Special 1999-00	2004-2005	586	1,250
Staff Accommodation - Stage 2	2004-2005	1,940	5,000

Major Capital Works

Table 3: Major Capital Works - Projects Completed during the year

PROJECT DESCRIPTION	Final Total Cost \$'000
Goomalling Multi Purpose Service – Construction	2,400
Kalgoorlie - Redevelopment Stage 1	6,000
Kalgoorlie Sobering Up Centre - Improvement	398
Major Medical Equipment	8,600
Midland Sobering Up Centre	358
Minor Works - 2001-01	9,195
Narrogin Hospital Redevelopment (Completed Works)	4,522
North Metro - Dental Clinic	1,413
North West Plan Developments - Various	4,480
Pemberton Multi Purpose Service	5,000
South East Coastal Multi Purpose Service - Stage 2	1,700
Staff Accommodation - 1998-99	9,600
Statewide Condition Audit - Stage 1	5,105
Wyndham Sobering Up Centre	621



DEMOGRAPHY

The Department of Health operates as a unified health system to deliver services to all communities in Western Australia through its various Hospitals and Health Services, and through facilities such as BreastScreen WA.

The population of Western Australia increased from 1,300,049 in 1981 to 1,934,412 in 2002. This represents an average increase of 28,835 persons per year. In 2001 the life expectancy for males and females in Western Australia was 79.6 years and 85.3 years respectively. This compares favourably with the 1992 figures of 76.3 years and 82.9 years. The number of Aboriginal people in 2002 was 67,272 which represents 3.5% of the State population.

The following table shows a breakdown of the Western Australian population by age and sex.

Table 4: Demography

Year		0-4	5-14	15-24	25-44	45-64	65+	Total
2002	Male	65,587	142,416	139,419	293,373	231,060	95,960	967,804
	Female	62,390	134,852	132,364	292,626	226,063	118,343	966,608

DISABILITY SERVICES

Policy

In accordance with the Western Australian Public Sector Policy, the Department of Health is committed to ensuring that all people with disabilities can access the services and facilities provided by the Department of Health. The Department of Health also adheres to the Equal Employment Opportunity guidelines and employs a number of people with disabilities on its staff.

Programs and Initiatives

During 2002-2003 the Department of Health worked towards improving its disability services plan, in line with the *Disability Services Act 1993*. This goal has been achieved through programs and initiatives developed to meet the Disability Services Plan Key Outcomes listed below:

OUTCOME 1

Existing services are adapted to ensure they meet the needs of people with disabilities.

- The Department of Health's Disability Services Plan is current and has been endorsed;
- All contracts governing the provision of health services include a clause specifying the need to provide facility access for people with disabilities. This clause is included in accordance with the *Disability Services Act 1993* and the *Disability Discrimination Act 1992*;



Disability Services cont.

- Representatives from the Department of Health participate in the reference group for the facility redevelopment to ensure adequate provision for disabled clients; and
- The Department of Health conducts all public events in accessible venues.

OUTCOME 2

Access to buildings and facilities is improved.

- The Department of Health undertakes regular reviews to ensure access to buildings and facilities; and
- Access to the Department for people with disabilities is currently satisfactory, but areas for improvement have been identified. The doors and interior of the disabled toilets on the ground floor of the Royal Street building were refurbished during 2002-2003 as part of improvements to the security and reception area.

OUTCOME 3

Information about services is provided in formats which meet the communication requirements of people with disabilities.

- The Department of Health ensures that all published materials are available in alternative formats such as Braille, IBM compatible disk, large print or audio cassette;
- The Department of Health provides health service information via the Internet for people who may be isolated due to their disability;
- Customers were able to contact the Department by telephone, e-mail, facsimile, TTY telephone or telephone typewriter; and
- People with a hearing disability, including staff and members of the public, can use the Department's Easy Listener telecoil to hear and understand presenters, speakers and meeting procedures.

OUTCOME 4

Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities.

- It is a condition of employment at the Department that employees have knowledge of disability services and an awareness of access to facilities and programs;
- Induction programs are run by the Department for new staff to help raise employee awareness of disability services;
- Three staff members with disabilities were employed in the Workforce Directorate as at 30 June 2003. This represents part of a long term strategy to incorporate people with disabilities into the Department's workplace; and
- The Department ensures opportunities are also provided for students with disabilities to gain work experience in various areas of the Royal Street Divisions.

Disability Services cont.

OUTCOME 5

Opportunities are provided for people with disabilities to participate in public consultations, grievance mechanisms and decision-making processes.

- Community consultation programs were undertaken as part of planning processes by the Department;
- Complaint procedures have been redesigned by the Department to meet the needs of clients who are unable to make written complaints;
- The Department ensures that grievance mechanisms that allow people with disabilities to participate without impediment are in place and reviewed regularly; and
- The network of equity and diversity contact officers throughout the Department disseminates information and assists staff with relevant disability services issues.

Future Direction

The Department of Health is committed to continue to review and update its policies, practices and procedures to identify possible barriers experienced by people with disabilities.

EQUITY AND DIVERSITY

The Department of Health has an increasingly diverse community and customer base, which is reflected in our commitment to improve equity and diversity opportunities in the workforce.

Equal Employment Opportunity legislative requirements and compliance remain as the framework within which the Department fulfils its responsibilities under the *Equal Opportunity Act 1984*. Beyond this, diversity and equity principles and practices are integrated with core business activities through various programs and initiatives aimed at achieving equity and diversity outcomes.

Department of Health achievements per outcome for 2002-2003 are outlined below.

OUTCOME 1

The organisation values EEO and diversity and the work environment is free from racial and sexual harassment.

- The establishment of an Equity and Diversity Working Group, which was involved in the development of the Equity and Diversity Plan 2002 – 2005;

Equity and Diversity cont.

- The Equity and Diversity Plan is a health system wide plan through which the Department aims to achieve best practice in the management of equal employment opportunity and diversity. It contains a broad range of initiatives aimed at developing a culture that celebrates differences, promotes flexible and family oriented work practices, and where harassment, bullying and discrimination are not tolerated. Policies and associated practices are in place to ensure the work environment is inclusive and free from harassment, bullying and discrimination; and
- The establishment of an Equity and Diversity Network across the Department for communication and consultation on equity and diversity issues.

OUTCOME 2

Workplaces are free from employment practices that are biased or discriminate unlawfully against employees or potential employees.

- Workplace policies and practices are reviewed to ensure there is no evidence or potential for bias or discrimination, and information about services, policies and relevant procedures are readily accessible to clients, staff and external bodies;
- A revised policy on part-time work and job sharing has been developed to support the needs of employees and encourage diversity and flexibility in the workplace. This policy also promotes greater flexibility in advertising vacancies; and
- A revised policy on harassment, bullying and discrimination is near completion. This policy aims to provide an effective framework for ensuring an environment free from harassment, bullying, and the prevention of victimisation.

OUTCOME 3

Employment programs and practices recognise and include strategies for EEO groups to achieve workforce diversity.

- Establishment of the State Health Advisory Committee on Family Friendly Initiatives to assist the Department towards its goal of creating a family friendly workplace and achieving a better work/life balance for all employees; and
- Improved attraction and retention across equity groups within the Department.

CULTURAL DIVERSITY AND LANGUAGE SERVICES

Policy

The Department of Health strives to ensure there is no discrimination against members of the public based upon race, ethnicity, religion, language or culture.

Programs and Initiatives

The Department of Health seeks to ensure that language is not a barrier to obtaining services. The Department of Health also recognises cultural diversity of the Indigenous communities, the complexity and diversity of Indigenous languages, and that for many Indigenous people English is a second language.

New programs/initiatives during 2002-2003

Chief Psychiatrist Complaints Program

Development of a complaints database management system which provides greater demographic complaint monitoring and resolution information.

Chief Psychiatrist Clinical Governance Clinical Review Program

Development of a clinical governance framework within the existing clinical review program of the Chief Psychiatrist.

Pilot project - Diabetes Education Project in a Hospital Setting for Aboriginal and Torres Strait Islander women

Developing culturally appropriate and secure educational resources for Aboriginal and Torres Strait Islander people focusing on lifestyle factors for the prevention of Type 2 diabetes.

FoodNorth Project

The FoodNorth project involves working with communities, stores and government and non-government organisations to improve the food supply to remote Indigenous communities in north Australia. The aim is to have more healthy food in stores and take-aways, at prices that people can afford.

Alcohol and Injury Surveillance (AIS) Project

The Department of Health developed the AIS Project to monitor alcohol-related injuries presenting to Regional Hospital Emergency Departments. The project reports data as Aboriginal and non-Aboriginal presentations to enable culturally specific strategies to be considered.

Stay On Your Feet WA (Awareness Raising) – purchased service from the Injury Control Council of WA

Falls prevention information, volunteer support service and other awareness raising activities have been presented to various CALD groups. This has been on an “on request basis”.

Cultural Diversity and Language Services Cont.

Addictive behaviour in the Chinese community in Perth

The Chung Wah Association in partnership with Multicultural Access Unit (Department of Health), WA Transcultural Mental Health Centre, Quit WA and David Ryder (School of Public Health, Edith Cowan University) have commenced a project addressing addictive behaviour in the Chinese community in Perth.

Prior existing programs/initiatives continued during 2002-2003

Revision of 'A guide to conducting successful education activities for Aboriginal people' manual

The manual demonstrates the development and delivery of nutrition activities to specific communities. Training delivery method and learning resources are being revised in line with National Competencies for Aboriginal Health Workers and culturally and linguistically appropriate learning styles for Aboriginal people.

The Food Cent\$ for Aboriginal and Torres Strait Islander Project

The Food Cent\$ program develops food selection and preparation skills through cooking and budgeting sessions and supermarket tours.

Resources

The Quit WA resource 'Your guide to quitting smoking' is available in 8 languages. (Malay, Italian, Indonesian, Chinese, Macedonian, Vietnamese, Greek and Polish).

Quitline

People from CALD communities can speak with a Quitline counsellor through the Translating Interpreting Service (TIS). Callers have the option of leaving their details to receive quit smoking information in their language or to talk to a counsellor through the TIS.

YOUTH SERVICES

Our Policy

The Department of Health acknowledges the rights and special needs of youth, and endeavours to provide appropriate services, supportive environments and opportunities for young people.

The Department is committed to the following six objectives as outlined in *Action: A State Government Plan for Young People, 2000–2003*:

1. Promoting a positive image of young people.
2. Promoting the broad social health, safety and wellbeing of young people.
3. Better preparing young people for work and adult life.
4. Encouraging employment opportunities for young people.
5. Promoting the development of personal and leadership skills.
6. Encouraging young people to take on roles and responsibilities, which lead to active adult citizenship.

Programs and Initiatives

Throughout 2002-2003, the Department has continued a number of programs targeting youth groups and introduced a range of new initiatives. Some of these programs are outlined below.

- School based health services such as screening, health education, counselling, liaison, and a range of interventions for specific health issues such as anaphylaxis and asthma;
- Development and implementation of a Graduate Development Program targeting graduates from years 2002 and 2003;
- Marketing nursing towards high school students, the “Are You Good Enough To Be A Nurse?” campaign was continued and expanded;
- Development of a policy, ‘Attentional Problems in Children’, aiming to improve the health and life outcomes for Western Australian children who have behavioural and learning problems, that are or may be related to ADHD;
- Release of the COPMI (Children Of Parents with a Mental Illness) report, “Pathways to Resilience”, evaluating existing services;
- Continuation of the Positive Parenting Program, *Triple P*, a group training program for Western Australia parents of pre-school aged children that aims to reduce the risk factors for conduct disorder, other mental health problems and rates of behavioural and emotional problems in pre-school aged children. An adapted version of Triple P is currently being trialed in the Aboriginal community; and
- Development of the Aussie Optimism Program, an intervention program for upper primary school children that aims to prevent depression and anxiety, and enhance the capacity of schools to promote the social and emotional wellbeing of young people.

Youth Services cont.

A number of Population Health initiatives continued over 2002-2003, including:

- The annual Fruit 'N' Veg week campaign;
- Starcap, a program recognising school canteens promoting safe and healthy food choices;
- WA School Canteen Nutrition Project 2003 - 2004;
- Start Right – Eat Right Award Scheme, recognising day care centres that meet standards in nutrition and food safety training;
- Jordan and Carla's Moorditj Tucker: A dietary guidelines based video and workbook for use in home and school showing how healthy eating and being active everyday can give children muscle power, brain power, play power and power in looking good; and
- Enforcement of the *Tobacco Control Act 1990* and the Sales to Minors Tobacco Retailer Compliance Program, to ensure that people under the age of 18 years do not have access to tobacco or are not enticed to use it through promotional activities.

The Department also provides funding support for a number of programs and initiatives targeting youth. Examples of these include:

- Street Doctor/Mobile Access Centre: This service provides medical and related services to young people and others who would be unlikely to access needed services. Street Doctor operates in the inner city area and in the Mobile Access Centre in the Swan Hills area;
- Adolescent Mothers' Support Service - providing antenatal and post natal support and home visiting to teenage mothers aged 12-17. The service aims to minimise dependence on emergency health and welfare services, and to link clients with suitable health and other support services in the community;
- Ruah Women's Support Service – focusing on improving health outcomes for young women recently released from prison;
- Accessing the Australian Health System Culturally and Linguistically Diverse (CALD) Project, includes the development of an information package and video providing information for newly arrived high school aged youths from CALD backgrounds on how to access the Australian Health System;
- Youth on Health Drama Festival - focusing on health issues for young people and promoting the development of personal and leadership skills in this group;
- Mirrabooka Primary School Happy Kids - covering Mirrabooka, Dryandra, Nollamara and Westminster Primary Schools to support the transition to high school by enhancing out-of-school activities and increasing parental involvement;
- AMA Youth Friendly Doctor/Dr Yes - provides training for medical practitioners in working with youth, in particular homeless and at risk young people. Dr Yes involves visits by medical students to high schools, familiarising them with young people's issues and informing school students about available health services; and
- Hills Community Support Group, providing a pilot support service for young men with complex health and related needs, and a support service for young mothers that is now being broadened to also cover young fathers.

EMPLOYEE PROFILE

The following table shows the number of full-time equivalent staff employed on the Department of Health payroll:

Table 5: Employee Profile

CATEGORY	2000-2001	2001-2002	2002-2003
Nursing Services	13.09	11.87	11.86
Administration and Clerical	770.21	770.99	703.45
Medical Support	53.95	50.32	43.36
Hotel Services	2.25	2.12	3.88
Maintenance	3.18	2.31	2.0
Medical (salaried)	13.13	9.91	10.1
Total	855.81	847.52	774.56

RECRUITMENT

Recruitment in the Royal Street Divisions during the financial year 2002-2003 was driven primarily by restructuring of the Royal Street Divisions. While the opportunity was taken to consider and implement some new and innovative recruiting practices, considerable attention was also given to ensuring compliance with the Public Sector Standard for Recruitment and Selection and the Government's Modes of Employment Policy.

Flexible working practices allowing employees to achieve a better balance between work and life continue to be a priority, and this is reflected in an increasing range of flexible working options being available.

STAFF DEVELOPMENT

In 2002-2003 staff were able to avail themselves of both training and developmental opportunities. Approximately 600 places were available at various programs for both employees and managers. Programs available to employees included career planning, coping skills and personal effectiveness strategies, while programs aimed at managers focussed on their ability to effectively manage change occurring as part of the restructure. This included facilitating organisational restructuring, leading staff through change, developing new teams and business planning.

WORKERS' COMPENSATION AND REHABILITATION

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

Claims Profile 2002-2003:

Table 6: Workers' Compensation and Rehabilitation

Category	Number of Claims
Nursing Services	1
Administration and Clerical	3
Medical Support	3
Hotel Services	-
Maintenance	4
Medical (salaried)	-
Other	-
Total	11

Prevention measures in place during 2002-2003 to improve workplace safety included:

- Ergonomic and risk assessments for employees at risk - all new employees receive an introduction to ergonomic requirements and workstation set up as part of the induction process; and
- Provision of information on accessing occupational safety & health services, hazard reporting and workers' compensation procedures to new employees at induction.

The Royal Street Divisions' occupational safety and health intranet site is currently being updated to communicate contemporary safety and health issues and information. This will be completed and available on line in August 2003.

Injury management strategies

Injury management policy, procedures and systems are currently being reviewed and redrafted to reflect the needs of the Royal Street Divisions following the restructure. The aim is to provide up-to-date information and have procedures in place that address the Department's injury management approach, and early intervention and referral processes.



Workers' Compensation and Rehabilitation cont.

All workers' compensation claims are reviewed to assess the requirement for injury management by the Department's Occupational Safety and Health Consultant and processed as per the requirements of the *Workers Compensation and Rehabilitation Act 1981*. The injury management success rate for 2002-2003 was 100%.

Other major initiatives

- Membership and operation of the Occupational Safety and Health Committee has been reviewed and now includes executive leadership and a reporting system that identifies accountabilities and key performance indicators;
- An occupational safety and health training needs survey has been designed and will be administered to employees of the Royal Street Divisions early in 2003-2004; and
- New procedure manuals for hazard reporting, workers' compensation and injury management are currently being developed through Occupational Safety and Health Committee working parties and will be made available to all employees and management once endorsed by the Committee and approved by the Royal Street Executive Team.

INDUSTRIAL RELATIONS

A new salaried medical practitioners' industrial agreement was negotiated and registered. The agreement broadly aligned medical practitioners to interstate minimum rates as well as delivering increases of 6% throughout the life of the agreement. Attraction and retention was an important consideration in this agreement, with extra levels added to the junior doctors' salary progression structure to encourage junior doctors to stay in the public health system. Considerable investment was made to the professional development of doctors, with both junior and senior doctors receiving new allowances to meet some of the costs of further training or membership of professional associations. Junior doctors received professional development leave in this agreement and there were changes to senior doctors' professional development benefits, giving some senior doctors greater flexibility in professional development matters.

The Exceptional Matters Order 2002 arising from the previous year's settlement of an industrial agreement for registered nurses continues to provide a framework for the ongoing development of nursing workload models. The Department of Health remains committed to ensuring that workload targets are achieved over time through rostering practices and the recruitment of additional staff where appropriate. The Senior Nurses' Work Value Review has now been implemented. Senior Nurses' appeals are currently being processed by the Independent Appeal Panel and results will be released in the coming months. Successful outcomes will be backdated to April 1, 2002.

Industrial Relations cont.

A new enterprise agreement for engineering and building service employees was negotiated and registered. The new agreement has scope to cover the entire WA Government Health Sector, providing wage and condition parity for metropolitan and rural employees employed in these categories. The new agreement will retain and expand access to competency based progression which exists in the current metropolitan agreement and incorporates standard public sector provisions including flexible leave provisions and paid parental leave. The agreement has a term of 14 months and provides parity based wage increases in accordance with those afforded to other public sector employees.

FREEDOM OF INFORMATION

The Department of Health received and dealt with a variety of applications for access to documents pursuant to the *Freedom of Information Act 1992*.

During 2002-2003, the following applications were received and processed.

Table 7: Freedom of Information

APPLICATIONS	NUMBER
Total Received	52
Carried over from 2001-2002	4
Granted – Full Access	29
Granted – Partial or Edited access	6
Withdrawn	nil
Refused	8
Transferred and Other	9

Of the 52 applications received, 21 were for access to personal information and 31 were for access to non-personal information.

Types of documents held by the Department

The types of documents held by the Department are numerous and include:

- Staff employment records
- Department of Health reports, programs and records
- Health circulars, articles and discussion papers
- Departmental magazines, bulletins and pamphlets
- Other health related agency reports
- Statistical data and reports
- Books relating to health planning and management
- Committee meeting minutes
- General administrative correspondence

How to obtain information

A first useful step in any search for information about the Department and its records and publications is to visit the Department's internet website on www.health.wa.gov.au. There is a wide range of documents about the Department of Health, its structure, function and the services it provides. There are also links to ancillary health services including the various public hospitals. The website has a search facility for accessing documents pertaining to specific health subjects and a directory for links to other health-related websites.



Freedom of Information cont.

Members of the public who seek access to Department publications, and who do not have internet access, can enquire with the relevant Departmental Branch pertaining to their document needs or lodge a general enquiry with the Freedom of Information ("FOI") Coordinator on tel (08) 9222 4414. This procedure also applies to people seeking access to documents not available on the website. Some hardcopy documents will be available at a minimal production cost.

Access under Freedom of Information

Documents that are not available through internet access, or hardcopy distribution either freely or by purchase, can be sought by application under the *Freedom of Information Act, 1992*.

The FOI Act provides a legal framework for public access to government documents. In addition it enables the public to amend their personal information in documents if this information is inaccurate, incomplete, out of date or misleading. FOI applications may be made to the Department of Health for:

- Access to Department of Health documents; and
- Amendment of personal information about the applicant contained in one or more of the Department's documents.

The Department of Health has the right under the FOI Act to refuse access to a document in certain circumstances. However, in accordance with the spirit and intent of the Act, access is provided wherever possible. The applicant has rights of appeal if he/she is dissatisfied with the process or reasoning leading to an adverse access decision.

An FOI application has to:

- Be in writing;
- Give an Australian address to which notices can be sent; and
- Be lodged at the Department of Health, Western Australia.

In addition, an application for access to documents must:

- Give enough information to enable the requested document/s to be identified; and
- Be lodged with an application fee of \$30, unless the requested document/s contain personal information about the applicant.

An application for amendment of personal information must:

- Give enough details to enable the document that contains the information to be identified;
- Give details of the matters in relation to which the applicant believes the information is inaccurate, incomplete, out of date or misleading;
- Give the applicant's reasons for holding that belief; and
- Give details of the amendment that the applicant wishes to have made.

Reports on other Accountable Issues

Freedom of Information cont.

Applications should be addressed to the Freedom of Information Coordinator, and may be lodged in person or by mail at the following addresses:

In person

The Cashier
Department of Health,
Western Australia
Ground Floor, B Block
189 Royal Street
East Perth

Mail

Department of Health, Western Australia
PO Box 8172
Perth Business Centre WA 6849

Fax

(08) 9222 4353

Where the application is for access to non-personal information, it will not be dealt with until the application fee of \$30 has also been received.

Charges

The FOI Act allows for charges to be levied for providing access to documents, and a scale of fees and charges has been set by regulation. However the spirit and intent of the FOI Act is to provide access to documents at the lowest reasonable cost. The Department therefore seeks to keep to a minimum the cost to applicants of obtaining access to its documents.

Enquiries regarding access to documents and amendment of personal information can be made to the Freedom of Information Coordinator on (08) 9222 4414.

ADVERTISING AND SPONSORSHIP

The following table lists the expenditure on advertising and sponsorship made by the Department of Health, by category, published in accordance with Section 175ZE of the *Electoral Act 1907*. The subsequent tables, labelled expenditure, show this expenditure per category, and the total spent against each person, agency or organisation for 2002-2003.

Table 8: Advertising and Sponsorship

Expenditure Category	2001-2002 (\$)	2002-2003 (\$)
Advertising Agencies	779,047.56	790,149.17
Market Research Organisations	227,602.40	655,766.51
Polling Organisations	0.00	4,932.40
Direct Mail Organisations	37,273.73	51,946.93
Media Advertising Organisations	2,103,101.95	3,463,494.43
Total	\$3,147,025.64	\$4,966,289.44

Expenditure Category - Advertising Agencies

Person, Agency or Organisation Name	Amount (\$)
Marketforce	399,783.20
Vinten Browning	10,073.50
Convenience Advertising	5,434.00
A McCartney & Associates	4,100.25
Shire of Mundaring	2,200.00
Macwrite Publicity Services	5,170.00
Josephine Farley & Associates	1,800.00
CC1648 – ANZ Business	308.00
Intersector	315.70
Fairway Publications	38,170.00
303 Advertising Pty Ltd	319,108.52
Sensis Pty Ltd	3,686.00
Total	\$790,149.17

Reports on other Accountable Issues

Advertising and Sponsorship cont.

Expenditure Category - Market Research Organisations

Person, Agency or Organisation Name	Amount (\$)
Busselton Health Board	1,650.00
Market Equity	79,004.45
Edith Cowan University	60,500.00
The University of WA	12,356.30
Notre Dame University	237,353.60
Department of Industry	1,980.00
NFP Donovan Research	108,732.97
Judy Maloney	775.05
Hides Consulting Group Pty Ltd	14,905.66
303 Advertising	55,984.58
Axis Data	595.10
Curtin University	13,978.80
Health Care Management Advisers	4,000.00
Bandt Gatter and Associates	7,500.00
Colmar Brunton	56,450.00
Total	\$655,766.51

Expenditure Category - Polling Organisations

Person, Agency or Organisation Name	Amount (\$)
TQA Research Pty Ltd	4,932.40
Total	\$4,932.40

Expenditure Category - Direct Mail Organisations

Person, Agency or Organisation Name	Amount (\$)
Mad Distribution	69.60
Jobs West	21,645.91
Chamber of Fruit & Veg	2,025.15
Australia Post	9,304.70
Mad Marketing	1,524.59
Print N Post	55.00
Nurses Board of Western Australia	17,321.98
Total	\$51,946.93

Reports on other Accountable Issues

Advertising and Sponsorship cont.

Expenditure Category - Media Advertising Organisations

Person, Agency or Organisation Name	Amount (\$)
Media Decisions	3,223,486.31
School Matters Newspapers	10,560.00
MarketForce	58,919.18
96FM	5,500.00
Wright Media	2,530.00
Strategic National	8,169.94
The Garden Guru	16,500.00
WA Retailers Association	1,800.00
QL Management Consultants	1,430.00
McWrite Publicity Services	21,120.00
Various	13,300.00
Goolarri Media	81,845.00
Yamatji Media	14,643.00
Medical Forum	941.00
APN Newspapers	2,750.00
Total	\$3,463,494.43

PUBLIC RELATIONS AND MARKETING

Promotional, public relations and marketing activities for 2002-2003 included:

- 'Go for 2 and 5' fruit and vegetable campaign, which promotes healthy eating;
- 'Find Thirty: It's Not a Big Exercise' campaign, which promotes physical activity in everyday life;
- 'Quit' campaign aimed at 14-18 year old young adults and the adult population;
- 50th anniversary celebration of the discovery of DNA;
- Launch of the Western Australian Office of Mental Health Internet site, providing consumers with information about mental health services throughout the State;
- Launch of the Western Australian Mental Health Information Development Plan web-site, providing up-to-date information on the development of the Plan;
- Community awareness raising of safety and quality issues and activities of the Office of Safety and Quality through a series of public forums;
- Organ Donor Awareness Week Campaign (February 2003), resulting in an increase in donor registrations;
- Public forums regarding the *Mental Health Act 1996* were conducted by the Office of the Chief Psychiatrist; and
- Formal consultation processes for consumer, carers and stakeholders regarding mental health issues and strategic planning.



PUBLICATIONS

The Department of Health produced many internal and external publications during 2002-2003 to provide the general public with information on health initiatives, facilities and other relevant areas of service delivery. These publications took the form of pamphlets, brochures, posters, newsletters and booklets, and included the following

- Annual reports;
- Research and publications reports;
- The *Healthview* magazine;
- Newsletters;
- Information on procedures most commonly performed in WA hospitals;
- Metro hospital elective surgery waiting lists;
- Patient information brochures;
- Brochures on the Department's list of health services;
- Health promotional brochures;
- Nursing study reports; and
- Marketing kits.

The range of publications produced by the Department are available from the Royal Street building library, through the Department's Public Affairs Directorate, and via the following websites:

Table 9: Health related websites

Department of Health	www.health.wa.gov.au
Telehealth	www.telehealth.health.wa.gov.au
BreastScreen WA	www.breastscreen.health.wa.gov.au
Office of the Chief Psychiatrist	www.chiefpsychiatrist.health.wa.gov.au
Dietitians Association of Australia	www.daa.asn.au
Western Australian Diabetes Strategy (WADS)	www.diabetes.health.wa.gov.au
Find Thirty	www.find30.com.au
Fruit 'n' Veg Week 2003	www.fruitnvegweek.health.wa.gov.au
Go for 2 & 5	www.gofor2and5.com.au
KEMH Inquiry Recommendations Signed Off - 12 June 2003	www.health.wa.gov.au/KEMHInquiry
Office of Mental Health	www.mental.health.wa.gov.au
Medical and Health Research Infrastructure Council (MHRIC)	www.mhric.health.wa.gov.au
Population Health Division	www.population.health.wa.gov.au
Population Health Division Online Publication Ordering System	www.population.health.wa.gov.au/ordering
Quit WA	www.quitwa.com
Reproductive Technology Council	www.rtc.org.au

RESEARCH AND DEVELOPMENT

The Department of Health has a number of research programs that seek to enhance existing medical knowledge and break new ground so that health care planning will be guided by the best and most up-to-date information. The Department encourages high quality, innovative approaches to research activity, with innovations such as the Interactive Key Performance Indicator website and the developing Internet reporting system making WA a leader in the field of health research.

There are a variety of research activities the Department undertakes that can be grouped into the following three areas:

Surveillance Research

Surveillance is used to keep a continuous watch over the health of all Western Australians, and includes the ongoing collation, analysis and reporting of notifiable infectious disease data. These diseases include vaccine preventable infections such as measles and rubella, enteric and food-borne infections, mosquito-borne diseases, meningococcal disease, HIV/AIDS, sexually transmitted infections, and blood-borne viral diseases.

Outbreaks are investigated and reported, and data on needle and syringe distribution and adverse events following vaccination are routinely collected and monitored. The Department continues to develop and implement enhanced surveillance for a number of notifiable diseases in collaboration with other states and territories. These diseases include pneumococcal disease, meningococcal disease, tuberculosis and hepatitis C.

Surveillance research also includes the ongoing collation, analysis and reporting of the health and wellbeing of Western Australians.

Monitoring and Evaluation Research

Monitoring and evaluation research is used to find out how health programs and interventions are working or to determine awareness and attitudes to services and programs. Some of the major activities in this area include:

- The regular collection of information on health behaviours, knowledge, attitudes and beliefs. This information is used to inform and refine the Department's health promotion campaigns;
- The regular audits of health data collection systems and reports;
- The trend analysis and long-term projections that underpin the Department's strategic planning; and
- The collation and reporting of Key Performance Indicators.

Research and Development cont.

Investigative Research

Investigative research is used to either clarify existing information or to break new ground and identify trends or patterns that were previously unknown. Investigative research is the area that keeps the Department at the cutting edge of prevention and intervention, and where collaborative projects with universities and centres of excellence are common.

EVALUATIONS

Evaluations and Reviews Completed in 2002-2003

Statewide Domiciliary and Oxygen Policy Guidelines

Purpose: To assess the clinical effectiveness of, and compliance with, the policy, and to review the administration of the policy including targeting of resources/cost effectiveness.

Main outcomes: The policy is working effectively in rural health services, with sites complying with the clinical requirements outlined in the policy. There are no major problems with difficulties in administering or understanding the policy, and equitable provision of domiciliary oxygen equipment is occurring without over-resourcing.

Action proposed/taken: Circulation of guidelines to General Practitioners in rural areas, increasing awareness of the policy.

Home and Community Care Program (HACC) – Consumer Survey

Purpose: Client appraisals of individual service provider performance against HACC National Service Standards.

Main outcomes: Consumers were satisfied with the access and level of help received and were very satisfied with the information provided. In the main, respondents felt safe and secure and were confident that their records remained confidential.

Action proposed/taken: Development of an Advocacy Awareness Program to consumers of HACC.

South Metropolitan Migrant Resource Centre Mental Health Access Pilot Program

Purpose: To inform decision-making regarding on-going financial support for the pilot program and further development of the program.

Main outcomes: The service was found to be strongly valued by CALD people who used the service. A need to establish formal partnerships with other relevant service providers was identified.

Action proposed/taken: A steering committee will be established to ensure the evaluation recommendations are implemented, with a subsequent review to occur in twelve months.

Evaluations and Reviews Completed in 2002-2003 cont.

Development of Care Standards for Licensed Psychiatric Hostels

Purpose: Evaluation of the Psychiatric Hostel Industry and performance.

Main outcomes: Care Standards and an implementation plan developed.

Action proposed/taken: Standards have been developed and are to be implemented across the industry.

'Are You Good Enough To Be A Nurse?' Marketing Program

Purpose: To evaluate the campaign and to determine future directions.

Main outcomes: The information provided in the campaign is viewed as extremely positive, however the distribution channel to the end user is an issue. Key motivating factors were identified as working travel, job variety and specialisation.

Action proposed/taken: A comprehensive marketing strategy, utilising the key findings, is currently being developed.

2002 Fruit and Vegetable Benchmark Survey

Purpose: To determine attitudes, beliefs and behaviour in relation to fruit and vegetables.

Main outcomes: Inadequate consumption levels. Main barriers include individual perception of adequacy of current intake, time, cost, quality and habit.

Action proposed/taken: Expand and continue the campaign focussing on individual perceptions of intake.

Go for 2 & 5 Fruit and Vegetable Campaign Evaluation

Purpose: To determine awareness and changes in attitudes, beliefs and behaviour in relation to fruit and vegetables as a result of the campaign.

Main outcomes: Following the campaign, 81% of adults were aware of the campaign, and were more likely to correctly identify the recommendation of at least 2 serves of fruit (56% versus 37%) and 5 serves of vegetables (46% versus 19%). Forty-four percent of adults intended to increase their fruit and vegetable consumption.

Action proposed/taken: Expand and continue the campaign focussing on individual perceptions of intake.

Meals on Wheels Program

Purpose: Identify current food service operational practices influencing the nutrition of Meals on Wheels clients.

Main outcomes: Fifty-nine percent (59%) of main food preparers do not have formal hospitality training qualifications. The main training requested by staff was for nutrition (53%) and food safety (41%).

Action proposed/taken: A nutrition and food safety program and resources for Meals on Wheels food preparation staff, volunteers and clients has been launched.

Evaluations and Reviews Completed in 2002-2003 cont.

Physical Activity Levels of Western Australians 2002 Survey

Purpose: Determine attitudes, beliefs and behaviour in relation to physical activity.

Main outcomes: Inadequate physical activity levels. Main barriers include perception of adequacy of current activity, lack of time, lack of motivation and poor health.

Action proposed/taken: Expand and continue the campaign focusing on individual perceptions of activity and ease of achieving physical activity recommendations.

'Find Thirty: It's Not a Big Exercise' Physical Activity Campaign

Purpose: Determine awareness and changes in knowledge, attitudes, beliefs and behaviour in relation to physical activity as a result of the campaign.

Main outcomes: Seventy-six percent (76%) of adults were aware of the campaign and were significantly more likely to correctly identify that moderate-intensity activity is sufficient for health benefits and that vigorous activity is not essential. Forty-one percent (41%) of adults intended to be more active in the next month.

Action proposed/taken: Expand and continue the campaign focusing on the ease of achieving physical activity recommendations and engage key physical activity stakeholders to further promote the campaign message.

Alcohol and Injury Surveillance (AIS) Project Evaluation

Purpose: To develop a profile of injury patterns for regions in Western Australia, examine alcohol consumption patterns in injured people who reported drinking alcohol prior to their injury and to inform the participating communities.

Main outcomes: A report has been developed.

Action proposed/taken: The report has been disseminated to regional health units and other key stakeholders to reduce alcohol-related harm. Support is to be provided to regional health services to establish injury surveillance in emergency departments to allow for monitoring of injuries in regional areas.

A Review of the Injury Surveillance System at Princess Margaret Hospital for Children

Purpose: A feasibility study into the resources and processes required re-establishing the surveillance of child injury Emergency Department presentations at Princess Margaret Hospital for Children.

Main outcomes: Commitment from the Population Health Division to re-establish the Injury Surveillance Unit at PMH.

Action proposed/taken: Development of a Service Agreement between the Department of Health – Injury Prevention Unit and the Emergency Department of PMH. The Injury Surveillance Unit will be operational by February 2004.

Evaluations and Reviews Completed in 2002-2003 cont.

2002 June Quit Campaign

Purpose: Determine awareness and changes in knowledge, attitudes, beliefs and behaviour in relation to the campaign.

Main outcomes: Forty-seven percent (47%) either quit or reduced smoking. Fifty percent (50%) of those surveyed were aware of the campaign, with 83% recalling the TV advertisement when prompted.

Action proposed/taken: Outcomes used to provide information to program planners to assist with the development of future campaigns.

2002 November/December Young Adult Campaign

Purpose: Determine awareness and changes in knowledge, attitudes, beliefs and behaviour in relation to the campaign.

Main outcomes: Fifty-three percent (53%) either quit or reduced smoking. Twenty-one percent (21%) of those surveyed were aware of the campaign, with 90% recalling the TV advertisement when prompted.

Action proposed/taken: Outcomes used to provide information to program planners to assist with the development of future campaigns.

2003 January/February Young Adult Campaign

Purpose: Determine awareness and changes in knowledge, attitudes, beliefs and behaviour in relation to the campaign.

Main outcomes: Forty-one percent (41%) either quit or reduced smoking. Thirty-two percent (32%) of those surveyed were aware of the campaign, with 98% recalling the TV advertisement when prompted.

Action proposed/taken: Outcomes used to provide information to program planners to assist with the development of future campaigns.

2003 April/May Quit Campaign

Purpose: Determine awareness and changes in knowledge, attitudes, beliefs and behaviour in relation to the campaign.

Main outcomes: Forty-five percent (45%) either quit or reduced smoking. Seventy-six percent (76%) of those surveyed were aware of the campaign, with 73% recalling the TV advertisement when prompted.

Action proposed/taken: Outcomes used to provide information to program planners to assist with the development of future campaigns.

Enforcement of the Tobacco Control Act 1990

Purpose: Determine the proportion of retail outlets willing to sell cigarettes to children and to determine the effect of a number of factors on the success of purchase attempts.

Main outcomes: Seventy percent (70%) of retail outlets were prepared to sell cigarettes to children and 45% of attempts by children to purchase cigarettes were successful.

Action proposed/taken: Outcomes used to develop new, and strengthen existing, enforcement strategies regarding the Act.

Evaluations and Reviews Completed in 2002-2003 cont.

Review of the *Health (Smoking in Enclosed Places) Regulations 1999*

Purpose: Determine the operation and effectiveness of this legislation, four years post implementation.

Main outcomes: Ten recommendations made to improve the operation and effectiveness of the legislation.

Action proposed/taken: Some recommendations will be used to draft proposed amendments.

Birth to Aged Two Policy

Purpose: Review Health Service capacity and current service provision focusing on services for the Birth to Aged Two years target group.

Main outcomes: Service capacity and gaps prior to implementation of the policy framework have been determined.

Action proposed/taken: The review has been completed and recommendations are under review.

Cervical Cancer Program – Convenience Advertising Evaluation Report

Purpose: Measure impact, reach and appropriateness of convenience advertising in the metropolitan region.

Main outcomes: Effectiveness and appropriateness was positive (81% very effective; 88% very appropriate), with the message take-out being very high at 98%. Approximately two-thirds of respondents said they would think about having a Pap smear.

Action proposed/taken: Outcomes used to provide information to program planners to assist with the development of future campaigns.

'Pap Smear Month' Post Campaign Evaluation

Purpose: Measure cervical screening rates in each health region following the campaign.

Main outcomes: Increase in cervical screening rates during promotional period and post campaign. Short term increase not sustained over time.

Action proposed/taken: Outcomes used to provide information to program planners to assist with the development of future campaigns.

Neonatal Screening Program for Detection and Early Treatment of phenylketonuria (PKU) and congenital hypothyroidism (CH)

Purpose: Assessment of the cost-effectiveness of neonatal screening for babies born in Western Australia.

Main outcomes: Coverage of the newborn population is 99.8%. Preliminary data indicates that the program delivers a net saving of approximately \$3.5 million.

Action proposed/taken: The preliminary results have been presented to the Newborn Screening Committee. The evaluation will be used as an analytic model for evaluation of the cost-effectiveness of other genetic screening programs.

Evaluations and Reviews Completed in 2002-2003 cont.

Client Satisfaction Survey

Purpose: To assess client satisfaction with health care provision.

Main outcomes: Last year the overall indicator of satisfaction for Emergency Department Services was 80.1%; the overall indicator of satisfaction for Outpatient Department Services was 80.8%; and the overall indicator of satisfaction for Same-day patients was 87.02%.

Action proposed/taken: Hospitals have been provided with results for audit purposes and with extra information to help inform programs for improvement.

WA Health and Wellbeing Surveillance System

Purpose: To assess the impact of health promotion campaigns.

Main outcomes: Sixty-six percent of the population would definitely or probably support legislation banning smoking in all public places including pubs and clubs; 55% said that it was somewhat or very likely to happen within the next five years. Sixty-nine percent (69%) of those surveyed remembered a campaign about fruit and vegetables and of those 83% remembered the vegetable face.

Action proposed/taken: Results have been given to Health Promotion for use in their evaluation of the success of their campaigns.

Evaluations and Reviews Commenced in 2002-2003:

- Review of Road Ambulance Services
The purpose of the review is to examine models and service arrangements for the provision of road ambulance and patient transport services to the Western Australian public. An Ambulance Review Reference Committee has been formed and will make recommendations to the Director General and State Health Management Team.
- WA School Children and Adolescents Physical Activity and Nutrition Survey
The purpose of the survey is to identify physical activity and nutrition attitudes, beliefs and behaviours and physical measurements of WA school children and adolescents, and to use this information to guide the development of initiatives.

Other on-going evaluations, both formal and informal, are progressively conducted on an ad hoc basis as part of management practice. Some of these include clinical audits and reviews of clinical practice, which lead to changes in policy and protocols. Examples of these include:

- BreastScreen WA Quality Improvement Committee;
- Interval cancers reviews after assessment and LCIS on core biopsy pathology medico-legal issues; and
- Consumer feedback and complaints systems and reviews on policies and procedures.

INTERNAL AUDIT CONTROLS

The Internal Audit Branch was established in July 2002 and has the role of accountability adviser and independent appraiser, reporting directly to the Director General of Health, Mike Daube. Audits conducted were generally planned audits, however on occasion, management initiated audits or special audits were also conducted. Predominantly the reviews were compliance based, however, a number of operational (performance-based) reviews have also been conducted. All audits conducted aim to assist senior management in achieving sound managerial control.

Specific internal audits conducted over the period include:

- FAAA Health Checks:
 - South Metropolitan Health Service (Fremantle Hospital)
 - Dental Health Services
 - Health Care Division

- Payroll Audits:
 - Women's & Children's Health Service
 - East Metropolitan Health Service (Royal Perth Hospital and Swan District Hospital)

- Country Audits:
 - Midwest & Murchison Health Region
 - Pilbara Gascoyne Health Region

- Operational Audits:
 - Waitlist Management

- Special Audits:
 - Douglas Review (Implementation of Recommendations from Inquiry into Obstetric and Gynaecological Services at King Edward Memorial Hospital)
 - Office of Aboriginal Health (Funding to Non-Government Organisations)
 - Audit of Financial Returns (Sir Charles Gairdner Hospital, Fremantle Hospital, Women's & Children's Health Service, Royal Perth Hospital and the Royal Australian College of Medical Administrators)
 - Grievance Procedures (management initiated)

Additionally, under the direction of the Director, Corporate Governance, a number of audits have also been conducted by external consultants.

PRICING POLICY

The Department of Health largely does not provide services on a fee-paying basis, and as such a pricing policy is not required. Prices for services that do attract a fee are based on legislation or government policy, or on a cost recovery basis. The Department's Finance Directorate assists with the calculation of these fees.

RISK MANAGEMENT

Our Policy

The Department of Health maintains its aim to achieve the best possible practice in the management of all risks that threaten to adversely impact upon the health service itself, its customers, staff, assets, functions, objectives, operations or upon members of the public.

Strategies and Initiatives

With the significant reforms introduced by the HARC review it was determined that the risk management framework would need to be modified in order to accommodate the corresponding major organisational change.

A new health corporate risk management strategic plan for 2003-2005 has now been developed and is currently being circulated for comment prior to being tabled for endorsement by the State Health Executive. It is envisaged that the new strategic plan will be endorsed this financial year, which will assist in developing a comprehensive risk management framework throughout the health system.

Future Direction

The Department will continue to review its risk management and quality improvement processes in keeping with the above policy.

ENERGY SMART GOVERNMENT PROGRAM

In accordance with the Energy Smart Government policy, the Department of Health is required to achieve a 12% reduction (relative to 2001-2002) in non-transport related energy use by 2006-2007 with a 5% reduction targeted for 2002-03. Actual performance is as follows:

Table 10: Energy Smart Government Program

Comparative Energy Performance				
Area	Parameter	2001-2002	2002-2003	Variation %
Total Department of Health	Consumption GJ/y	1,196,835	1,194,470	-0.20%
	Cost \$/y	\$25,365,519	\$24,982,499	-1.51%
	Consumption per gross floor area GJ/m ²	0.94	0.94	0.00%
	CO ₂ Emissions Tonnes/y	198,831	198,839	0.00%
	Consumption per FTE GJ/FTE	51.59	50.57	-1.98%
	Consumption per OBD GJ/OBD	0.88	0.89	1.14%
Country Health Services	GJ/y	223,133	217,835	-2.37%
	\$/y	\$8,341,027	\$8,439,548	1.18%
	GJ/m ²	0.73	0.71	-2.74%
East Metropolitan Health Service	GJ/y	287,103	283,775	-1.16%
	\$/y	\$4,591,951	\$4,193,304	-8.68%
	GJ/m ²	1.15	1.17	1.74%
Other Health Services	GJ/y	25,731	20,080	-21.96%
	\$/y	\$918,966	\$759,708	-17.33%
	GJ/m ²	0.53	0.43	-18.87%
North Metropolitan Health Service	GJ/y	332,460	336,369	1.18%
	\$/y	\$5,617,776	\$5,437,744	-3.20%
	GJ/m ²	1.09	1.10	0.92%



Energy Smart Government Program cont.

Comparative Energy Performance				
Area	Parameter	2001-2002	2002-2003	Variation %
South Metropolitan Health Service	GJ/y	173,149	180,690	4.36%
	\$/y	\$2,977,262	\$3,238,416	8.77%
	GJ/m ²	0.87	0.91	4.60%
South West Health Service	GJ/y	37,373	33,121	-11.37%
	\$/y	\$819,998	\$800,190	-2.42%
	GJ/m ²	0.75	0.66	-12.00%
Women's and Children's Health Service	GJ/y	117,886	122,598	4.00%
	\$/y	\$2,098,539	\$2,113,589	0.72%
	GJ/m ²	1.07	1.11	3.74%
Notes: Excludes residential accommodation where separately metered. Excludes health services in buildings where energy is paid for by others. Includes site co-users where co-users are not totally separately metered. GJ = Giga Joules; m = metres; y = year; FTE = Full time equivalent; OBD = Occupied beddays				

Energy usage has fallen by 0.2% and costs by 1.5% relative to data reported in 2001-2002. Usage per gross floor area of buildings is the same as in the previous year. Variability across Health Services is much greater with some showing growth and others reductions in both consumption and cost.

Overall consumption savings may be entirely due to annual variation in delivery of oil and LP Gas into Department of Health storage tanks. Over a longer monitoring period the apparent saving may disappear.

Overall cost savings are due to the lower price of natural gas negotiated in new contracts established during the reporting period.

The large savings indicated for Other Health Services is almost entirely due to closure of activity on the Perth Dental Hospital site. Re-allocation of the space will see consumption rise again in the next reporting period. The apparently large savings at South West Health Service would be heavily reduced if deliveries to storage tanks had followed the pattern of the previous year. The increased energy consumption at North Metropolitan Health Service is due to added facilities and full year operation of added facilities.



Energy Smart Government Program cont.

Other increases are partly due to increased accuracy in information collected but detailed explanation of the variability requires more information than was collected in 2002-2003. The Department is in the process of improving asset performance reporting, including energy reporting, and expects to be able to better explain energy variation in future reporting periods.

The Department has a history of achievement in energy management and is left with few opportunities for further energy consumption saving without large capital investment to replace or alter buildings and building services to improve efficiency. Such investment will require integration with strategic and capital planning for health care development, a process that is under major review and likely to produce major changes to health care assets and thus the business case analysis time parameters of energy investment.

Most energy saving initiatives will depend on the composite business case for an investment in both improved energy and health care performance and get tied to project timetables extending over a longer period than 2002-2007. The Department is therefore of the opinion that while the 12% target is achievable, and can even be improved upon, it will be best achieved over a longer time period, which will be identified in business case planning to take place over the next 18 months.

The GJ/Staff FTE and GJ/OBD indices reported were required by the ESGP. The Department considers these indices to be unsuitable as a measure of productivity against which energy efficiency can be assessed. In many cases Staff FTE does not reflect site working population and OBD only applies to inpatient services. At present GJ/m² is the most reliable measure but only for similar facilities exposed to similar climates and with similar operating hours.

The table of energy usage does not relate exactly to the core business of the areas listed but is governed by the way energy is metered and billed. The usage includes all activities on the reported sites including those tenants and educational and research institutions that are integrated into the sites and make use of the site infrastructure.

During the year the following energy saving initiatives were undertaken:

- Energy Executive appointed;
- Energy Managers nominated and briefed;
- Energy consumption and cost database established;
- Process for identification, analysis, and management of energy saving initiatives established;
- Arrangements made for energy audits of Carnarvon, Kalgoorlie, Leonora and Laverton Hospitals;
- Application made for ESGP funding of support consulting services to assist Health Services identify and prepare business case analysis of energy saving initiatives; and
- New improved price contracts for the supply of natural gas were negotiated.

WASTE PAPER RECYCLING

The Department of Health has progressed its recycling program in 2002-2003. Recycling crates are supplied to most individual work-stations and larger collection boxes are located around all floors. Collection boxes are emptied fortnightly, with a confidential shredding bin service provided as required. Posters and notices are displayed around the building to encourage the recycling project and clearly identify which items can be placed in the bins to avoid cross-contamination.

During 2002-2003, the Department also submitted a request for the building facility management to investigate the collection of other recyclable products such as drink and milk cartons.

Approximately 100 tonnes of recycling paper was collected from the Department of Health during 2002-2003.

INTRODUCTION

The primary objective of the Department of Health is to ensure the delivery of adequate and appropriate health services to meet the needs of the community.

While the health status of the population is constantly changing, the collection of data and health-related information can be used to identify and observe patterns of significance over time.

Based on international standards, the health of Western Australians and Australians in general ranks highly. However, constant monitoring of changes in the health and wellbeing of Western Australians is important so that we can identify differences within and between various groups within our society. This information helps us determine priorities for public health initiatives, identify emerging issues that require action and monitor the effects of public health programs.

The following information provides a snapshot of the health of Western Australians and puts into context the objectives and outputs of the Department of Health. Statistical data as been sourced from the Department and the Australian Bureau of Statistics. Significant trends have been highlighted and comparisons made with other states and across different time periods. Additional information has been included on Aboriginal health and mortality rates. Technical details in the form of explanatory notes, information on methodology, and data sources have also been provided.

CONTENTS

- Self reported health status of Western Australians
- Long term health conditions reported by Western Australians
- Life expectancy of Western Australians
- Changes in all-causes mortality in Western Australia
- Changes in specific causes of Aboriginal mortality
- Risk factors for disease
- Accessibility of services
- Patient evaluation of hospital services

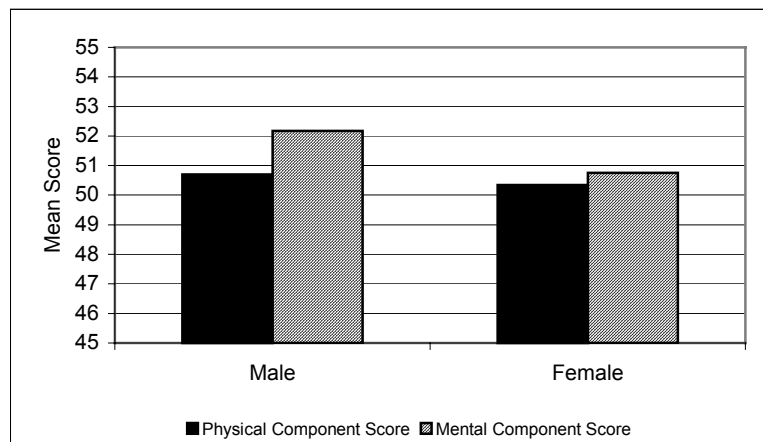
SELF REPORTED HEALTH STATUS OF WESTERN AUSTRALIANS

Rationale

The primary objective of the Western Australian Department of Health is to ensure the delivery of adequate and appropriate health services to meet the needs of the community. The health status of the general population can be assessed using the Medical Outcomes Short Form instrument. This provides an assessment of the community's physical and mental health status.

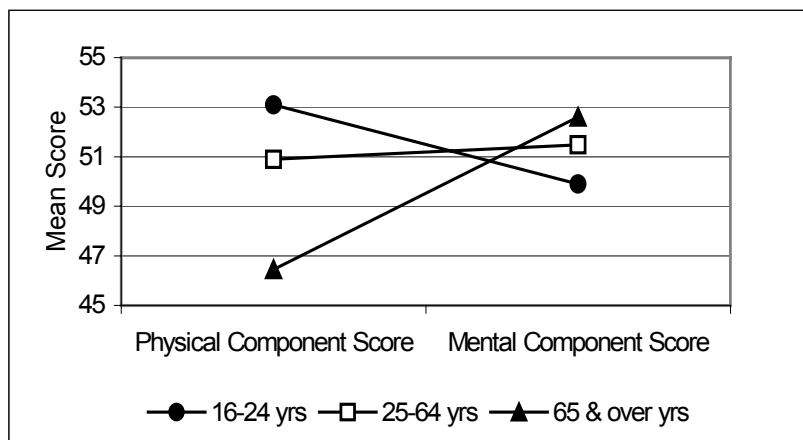
The Physical Component Score is a measure of how health may affect physical functioning while the Mental Component Score measures the effect of health on social and emotional functioning. The scores on these measures are standardised with a mean of 50 and a standard deviation of 10. This means that most scores will be close to 50. Scores higher or lower than 50 would indicate being higher or lower than average for the population. The WA Health and Wellbeing Surveillance system collects this important information on a continuous basis throughout the year. The figures below provide a picture of WA's physical and mental health status for the period March 2002 to June 2003. All surveys were conducted as telephone interviews and therefore results are comparable.

Figure 1: Self-reported health status of Western Australians by sex – March 2002 to June 2003



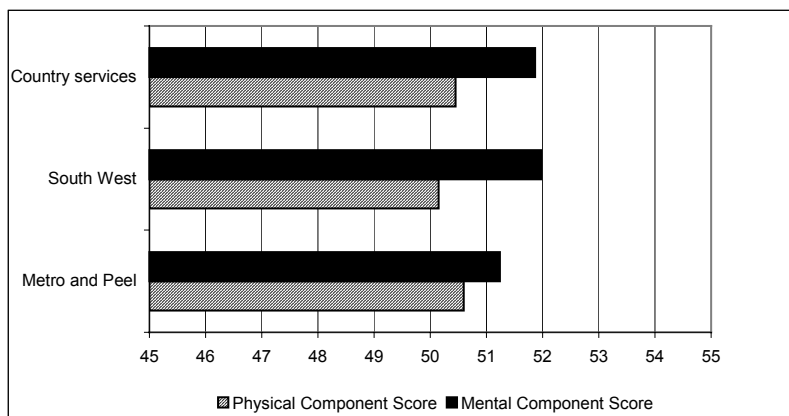
Although there is no statistically significant difference between men's and women's physical health status, men report a significantly better mental health status compared with women. This is a consistent finding throughout the years in WA although the reason for the difference has not yet been determined.

Figure 2: Trends in self-reported health status of Western Australians by age – March 2002 to June 2003



As would be expected, younger people report better physical health status compared with older people. There is also an association between mental health status and age, with older people reporting better mental health status. This finding is consistent over the years and is also found nationally and internationally, though the reason for the difference between the ages is not known.

Figure 3: Trends in self-reported health status of Western Australians by locality – March 2002 to June 2003



There is no difference between the localities in physical health status, but Country services and South West report better mental health status compared with Metro and Peel areas.



Explanatory notes

- a. The SF-8 is a short eight-item version of the SF-36, a thirty-six item questionnaire. The scoring for the SF-8 is described in Ware J.E., Kosinski M.A. Dewey J.E. and Gandek M.S. *How to Score and Interpret Single-Item Health Status Measures: A Manual for Users of the SF-8 Health Survey*. Lincoln RI, Quality Metric, 2001.
- b. The PCS and MCS can be used to describe the general mental and physical health status of a population and they also relate well to measure of social determinants. As such, they are useful population health surveys.
- c. Significant differences were tested using the Chi-Square or ANOVA as appropriate.

Data source

2002-2003 WA Health and Wellbeing Surveillance System, Health Information Centre, DOH

LONG TERM HEALTH CONDITIONS REPORTED BY WESTERN AUSTRALIANS

Rationale

While mortality and hospital morbidity statistics provide some measure of the health of Western Australians, the health status of the majority of people is not identified by these systems. Less severe illness is often managed by general practitioners, allied health or alternative health practitioners or by the person themselves. Many long-term health conditions impose a high burden on our community, but can often be modified by changes in lifestyle. For these reasons they have been targeted as National Health Priority Areas.

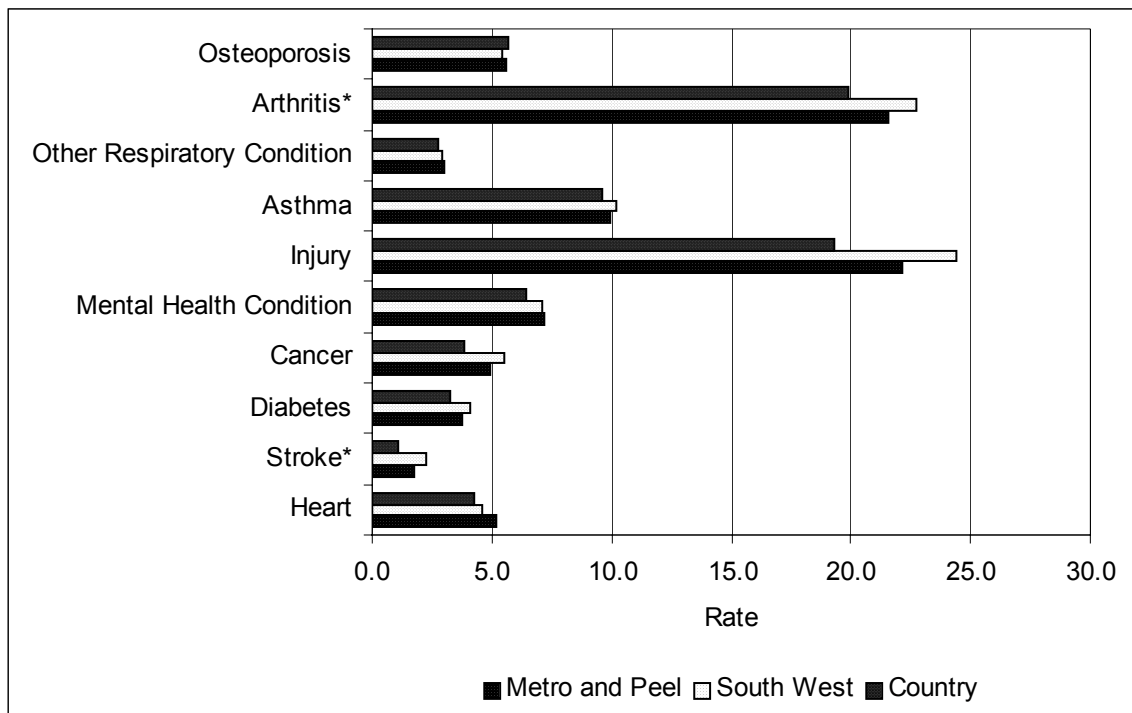
Population surveys such as the WA Health and Wellbeing Surveillance System can provide an indication of the prevalence of long term health conditions. Variations by sex and locality can be examined. For example, in 2002-03 more men had heart conditions and injuries requiring treatment compared with women. The prevalence of stroke was significantly higher in the South West compared with the rest of the State.

Table 11: Prevalence of self-reported long term health conditions of Western Australians by sex – March 2002 to June 2003

Health Condition	Percent Female	Percent Male
Heart	4.1	5.7
Stroke*	1.3	1.9
Diabetes	3.9	3.5
Cancer	4.9	4.4
Mental health condition	8.1	5.8
Injury serious enough to require treatment within last 12 months	17.5	25.8
Asthma	10.7	9.1
Other respiratory condition	2.7	3.2
Arthritis*	23.8	18.6
Osteoporosis*	8.9	2.2

Note: *Only asked of people aged 16 years and over

Figure 4: Prevalence of National Health Priority Area conditions by locality



Note: *Only for 16 years and over

Comparisons

In 2000 a Collaborative Health and Wellbeing Survey surveyed 10,000 people using the same questions currently used to establish the prevalence of chronic conditions. In comparing 2000 and 2003, only results from those aged 18 and over were used. The main differences were:

- The prevalence of a mental health condition for Metro and Peel fell from 2000 to 2003;
- The prevalence of cancer in Metro and Peel rose;
- Injury requiring medical treatment rose significantly across the State; and
- The prevalence of osteoporosis rose in Metro and Peel, and Country services areas but there was no difference in the South West.

Explanatory notes

- A long-term condition is defined as a medical condition (illness, injury or disability) which has lasted at least six months, or which the respondent expects to last for six months or more.
- Significant differences for long-term conditions were determined using Chi-Square analysis and comparison of confidence intervals.
- The data have been age and sex adjusted to the estimated 2002-2003 Estimated Resident Population for WA.
- Metro and Peel were combined in the analysis.

Data sources:

WA Health and Wellbeing Surveillance System, Health Information Centre, DOH
2000 Collaborative Health and Wellbeing Survey