Statement of Compliance

To the Hon Jim McGinty MLA
MINISTER FOR HEALTH

In accordance with Section 66 of the Financial Administration and Audit Act 1985, I hereby
submit for your information and presentation to Parliament, the Report of the Metropolitan
Health Services for the year ended 30 June 2005.

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

Dr Neale Fong
Acting Director General
Accountable Authority

30 August 2005
Contents

STATEMENT OF COMPLIANCE ......................................................................................................................... 1
CONTENTS .......................................................................................................................................................... 2
DIRECTOR GENERAL’S OVERVIEW .................................................................................................................. 6
ABOUT US .......................................................................................................................................................... 9
 Address and Location ......................................................................................................................................... 9
 Our Purpose ....................................................................................................................................................... 12
 Our Vision ........................................................................................................................................................ 12
 Strategic Directions and Intentions .................................................................................................................. 12
 Services Provided and Core Activities ........................................................................................................... 14
 COMPLIANCE REPORTS .............................................................................................................................. 16
 Enabling Legislation .......................................................................................................................................... 16
 Ministerial Directives ...................................................................................................................................... 16
 Statement of Compliance with Public Sector Standards ................................................................................ 17
 MANAGEMENT STRUCTURE ........................................................................................................................ 18
 Accountable Authority ..................................................................................................................................... 18
 Pecuniary Interests .......................................................................................................................................... 18
 Senior Officers .................................................................................................................................................. 18
 Department of Health State Health Executive Forum (as at 30 June 2005) ......................................................... 20
 North Metropolitan Area Health Service structure as at 30 June 2005 ......................................................... 21
 Women’s and Children’s Health Service structure as at 30 June 2005 ......................................................... 22
 South Metropolitan Area Health Service structure as at 30 June 2005 ....................................................... 23
 Dental Health Service structure as at 30 June 2005 ...................................................................................... 24
 ACHIEVEMENTS AND HIGHLIGHTS ........................................................................................................ 25
 Healthy Hospitals .............................................................................................................................................. 25
 Healthy Workforce ......................................................................................................................................... 30
 Healthy Partnerships ...................................................................................................................................... 33
 Healthy Communities .................................................................................................................................... 36
 Healthy Resources .......................................................................................................................................... 38
 Healthy Leadership ......................................................................................................................................... 39
 PEOPLE AND COMMUNITIES ...................................................................................................................... 41
 Demography .................................................................................................................................................. 41
 Disability Service Plan Outcomes .................................................................................................................. 42
 Cultural Diversity and Language Service Outcomes ..................................................................................... 46
 Youth Outcomes ............................................................................................................................................. 50
 THE ECONOMY, THE ENVIRONMENT AND THE REGIONS ..................................................................... 52
 Major Capital Works ...................................................................................................................................... 52
 Waste Paper Recycling.................................................................................................................................. 52
 Energy Smart Government Policy .................................................................................................................. 53
 Regional Development Policy ....................................................................................................................... 53
 GOVERNANCE – HUMAN RESOURCES .................................................................................................... 54
 Employee Profile ............................................................................................................................................ 54
 Recruitment .................................................................................................................................................... 54
 Staff Development .......................................................................................................................................... 57
 Worker’s Compensation and Rehabilitation .................................................................................................. 64
 Industrial Relations ........................................................................................................................................ 67
## GOVERNANCE - REPORTS ON OTHER ACCOUNTABLE ISSUES

- Evaluations ................................................................. 69
- Freedom of Information ........................................... 73
- Recordkeeping Plans ............................................... 74
- Advertising and Sponsorship .................................. 75
- Sustainability ............................................................ 77
- Equity and Diversity .................................................. 77
- Risk Management ....................................................... 80
- Public Interest Disclosures ....................................... 82
- Public Relations and Marketing ............................... 83
- Publications ............................................................... 86
- Research and Development ...................................... 87
- Internal Audit Controls ............................................. 90
- Pricing Policy ............................................................. 91

## PERFORMANCE INDICATORS CERTIFICATION STATEMENT ................................................. 92

## PERFORMANCE INDICATORS AUDIT OPINION ..................................................................... 93

## PERFORMANCE INDICATORS ............................................................................................. 94

### Introduction ......................................................................................................................... 94

### Outcome 1: Reducing the incidence of preventable disease, injury, disability and premature death and the impact of drug abuse ................................................................. 96

#### 101A: Percentage of fully immunised children 0-6 years .................................................. 97

#### 101B: Rate of hospitalisations with an infectious disease for which there is an immunisation program ......................................................................................................................... 98

#### 103: Rate of hospitalisation for gastroenteritis in children 0-4 years .................................. 99

#### 104: Rate of hospitalisation for respiratory conditions ..................................................... 100

#### 105: Rate of childhood dental screening ............................................................................ 102

#### 106: Dental health status of target clientele ...................................................................... 103

#### 110: Average cost per capita of Population Health Units ................................................ 104

#### 111: Average cost of service for school dental service ...................................................... 105

### Outcome 2: Restoring the health of people with acute illness .......................................... 106

#### 200: Elective surgery waiting times .................................................................................. 107

#### 201: Proportion of emergency department patients seen within recommended times .... 109

#### 204: Rate of unplanned hospital readmissions within 28 days to the same hospital for a related condition ................................................................................................. 110

#### 205: Rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition ................................................................................................. 111

#### 206: Rate of post-operative pulmonary embolism ............................................................ 112

#### 207: Survival rate of live born babies with an APGAR score of four or less five minutes after delivery .................................................................................................................. 113

#### 208: Survival rates for sentinel conditions .................................................................................. 114

#### 212: Access to dental treatment services for eligible people ............................................ 116

#### 213: Average waiting times for dental services ................................................................. 117

#### 220: Average cost per casemix adjusted separation for teaching hospitals ....................... 118

#### 221: Average cost per casemix adjusted separation for non-teaching hospitals ................ 119

#### 222: Average cost per emergency department presentations for Metropolitan Health Service hospitals .................................................................................................................. 120

#### 223: Average cost per doctor attended outpatient episode for Metropolitan Health Service hospitals .................................................................................................................. 121
Contents

224: Average cost per non-admitted occasion of service for Metropolitan Health Service hospitals (excludes emergency occasions and doctor attended outpatients occasions) .... 122
229: Average cost per bedday in an authorised mental health unit .................................. 123
230: Average cost per bedday in older persons mental health inpatient units ................. 124
231: Average cost of completed courses of adult dental care ......................................... 125

Outcome 3: Improving the quality of life of people with chronic illness and disability ...... 126
301: Percent of contacts with community-based public mental health non-admitted services within seven and fourteen days post discharge from public mental health inpatient units .... 128
304: Completed assessments as a proportion of accepted ACAT referrals ....................... 130
303: Average cost per person receiving care from public community-based mental health services ........................................................................................................................................ 131
310: Average cost per care awaiting placement (CAP) day ............................................. 132
311: Average cost per completed ACAT assessment ....................................................... 133

Financial Statements Certification .................................................................................. 134

Financial Statements Audit Opinion ................................................................................ 135

Financial Statements .................................................................................................... 137

Appendix – Research and Development ....................................................................... 164

Abbreviations .................................................................................................................. 241

Illustrations

Figure 1: Delivering a Healthy WA .................................................................................. 13
Figure 2: Percentage of fully immunised children ......................................................... 97
Figure 3: Rate of hospitalisation for gastroenteritis in 0-4 years ...................................... 99
Figure 4: Rate of hospitalisation for acute asthma (all ages) ........................................... 100
Figure 5: Rate of hospitalisation for bronchiolitis in 0-4 years ....................................... 101
Figure 6: Rate of hospitalisation for acute bronchitis in 0-4 years .................................... 101
Figure 7: Rate of hospitalisation for croup in 0-4 years .................................................. 101
Figure 8: Survival rate of live born babies with an APGAR score of four or less five minutes after delivery ........................................................................................................ 113
Figure 9: Rate of acute myocardial infarction (AMI) survival ......................................... 114
Figure 10: Rate of stroke survival .................................................................................... 115
Figure 11: Rate of fractured neck of femur (FNOF) survival ............................................ 115

Table 1: Summarised Breach of Standards Claims ......................................................... 17
Table 2: Complaints alleging non-compliance-Code of Ethics and/or the Code of Conduct ...................................................................................................................... 17
Table 3: Senior Officers .................................................................................................. 18
Table 4: Aboriginal and non-Aboriginal by age .............................................................. 41
Table 5: Total FTE by Category ...................................................................................... 54
Table 6: Worker’s Compensation and Rehabilitation .................................................... 64
Table 7: Freedom of Information ................................................................................... 73
Table 8: Advertising and Sponsorship Expenditure ....................................................... 75
Table 9: Advertising Agencies ....................................................................................... 75
Table 10: Market Research Organisations ...................................................................... 75
Table 11: Polling Organisations ..................................................................................... 75
Table 12: Direct Mail Organisations .............................................................................. 75
Table 13: Media Advertising Organisations .................................................................. 76
Table 14: Consumer price index figures for the financial and calendar years ............... 95
Table 15: Respective indicators by health sector for Outcome 1 ..................................... 96
Table 16: Rate of hospitalisations per 1,000 with an infectious disease for which there is an immunisation program – 0-12 years ................................................................. 98
Table 17: Rate of hospitalisations per 1,000 with an infectious disease for which there is an immunisation program – 0-17 years ................................................................. 98
Table 18: Rate of screening of pre-primary school children .................................................. 102
Table 19: Rate of screening of primary school children ......................................................... 102
Table 20: Rate of screening of secondary school children ................................................. 102
Table 21: Rate of children free of dental caries when recalled ............................................. 102
Table 22: Average number of decayed, missing or filled teeth for school children ............ 103
Table 23: Average number of decayed, missing or filled teeth for adults .......................... 103
Table 24: Cost per capita of Population Health Units ....................................................... 104
Table 25: Average cost of service for school dental service ............................................. 105
Table 26: Respective Indicators by Health Sector for Outcome 2 ....................................... 106
Table 27: People admitted from the waiting list during 2004-05 ........................................ 107
Table 28: People admitted from the waiting list during 2003-04 ........................................ 107
Table 29: People remaining on the waiting list at 30 June 2005 ........................................ 108
Table 30: People remaining on the waiting list at 30 June 2004 ........................................ 108
Table 31: Proportion of emergency department patients seen within recommended times .... 109
Table 32: Rate of unplanned hospital readmissions within 28 days to the same hospital for a related condition ................................................................. 110
Table 33: Rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition ............................................................... 111
Table 34: Post operative pulmonary embolism rate ............................................................ 112
Table 35: Access to dental treatment services for eligible people ................................... 116
Table 36: Rate of completed dental care .......................................................................... 116
Table 37: Average waiting times for dental treatment ...................................................... 117
Table 38: Average cost per casemix adjusted separation for teaching hospitals .................. 118
Table 39: Average cost per casemix adjusted separation for non-teaching hospitals .......... 119
Table 40: Average cost per emergency department presentations for Metropolitan Health Service hospitals ........................................................................................................ 120
Table 41: Average cost per doctor attended outpatient episode for Metropolitan Health Service hospitals (excludes emergency occasions and doctor attended outpatients occasions) ........ 121
Table 42: Average cost per bedday in an authorised mental health unit ............................. 123
Table 43: Average cost per bedday in older adult psychiatric lodges ................................ 124
Table 44: Average cost of completed courses of adult dental care .................................... 125
Table 45: Respective Indicators by Health Sector for Outcome 3 ....................................... 127
Table 46: Percent of contacts with community-based public mental health non-admitted services within seven and fourteen days post discharge from public mental health inpatient units .... 129
Table 47: Completed assessments as a proportion of accepted ACAT referrals .................. 130
Table 48: Average cost per person with mental health illness under community management ............ 131
Table 49: Average cost per care awaiting placement CAP day .......................................... 132
Table 50: Average cost per completed ACAT assessment ............................................... 133

Map 1: Metropolitan Health Service Demography ................................................................ 41
2004-05 has undoubtedly marked the biggest turning point in the history, and future, of Western Australia’s public health system as the process of sweeping reform was begun in earnest following the release of the report "A Healthy Future for Western Australians" in March 2004.

For the first time, we have a solid vision for the long-term needs of our health care system through this landmark report, which provides a clear and logical plan for major reform and fundamental reconfiguration of WA public health system services and infrastructure over the next 10 to 15 years.

The reform process was galvanised in August 2004 with the establishment of the Health Reform Implementation Taskforce, led by myself as Executive Chairman. There is no question that the breadth and scope of changes ahead has presented a complex and highly challenging mission for the taskforce, and WA Health in general. I have been impressed with the energy and drive that staff throughout the system have demonstrated to allow progress through a structured project management approach.

With the resignation of former Director General Mike Daube, I was appointed Acting Director General of Health on 24 November 2004. I consider my dual roles in providing leadership, guidance and support in both the reform process and the day-to-day running of our health system a major responsibility and genuine honour. I also firmly believe that while WA’s health system is already a very good one in comparison with others around the world, we do have the ability to make it an even greater one.

The State Government has committed $1.7 billion of capital funding to implement reform across the public health system over the next decade. There are more than 120 specific projects on the agenda, with many activated during 2004-05 and are now at various stages of execution.

Having completed my first year at the helm, I feel optimistic about the progress we have made so far and the momentum that has gathered. I have been very encouraged by the willingness of all the metropolitan and regional health services to look forward and embrace change through the reform agenda.

Developing Strategic Directions
Integral to ensuring success for our system has been the need to focus towards the reform’s six strategic directions of:

- Healthy Workforce;
- Healthy Hospitals;
- Healthy Partnerships;
- Healthy Communities;
- Healthy Resources; and
- Healthy Leadership.

The formulation of these key priority areas for the WA Health Strategic Directions 2005 began in November 2004, and was subsequently endorsed by the Department of Health’s State Health Executive Forum in mid December 2004.

Together with our operational plan, this plan has guided our activity for the remainder of the year and signaled the first critical stage in the entire reform process.

Coordinating activities from the six key areas has provided clearer direction to ensure our health system is more accountable and sustainable. They also provide a way to not only meet the health needs of Western Australians today, but also to respond to the State’s health needs in the future.

Laying the foundations for major systemic change is nearly always characterised by a degree of resistance and reservation. But it also provides opportunities for uncertainties to be resolved and a clear course to be restored, and that too has been the case in this first year of reform.
The WA Health Strategic Intent 2005-2010, which encompasses our workforce, clinical systems and facilities, provides an integrated, cohesive and common direction for the whole of the WA health system and emphasises the role of community partnerships, stronger leadership, a well-supported workforce and infrastructure, and effective stewardship of resources.

Healthy Workforce
The Health workforce is fundamental to the successful delivery of health reform. It is therefore essential that our health system has appropriate workforce planning tools to enable the system to prepare the workforce to meet demand.

An extensive strategic workforce plan was developed this year together with the WA Health Strategic Plan 2005-2010 to provide a solid framework for addressing health workforce issues. Its aim is to ensure that workforce shortages are minimised, opportunities are provided for training and professional development, and that a high standard of knowledge and skills is achieved and recognised.

Healthy Hospitals
A significant proportion of health system activity still relates to hospitals and health services with the key task of delivering safe, high quality clinical services to patients. We are totally focused on providing a range of quality health care services and improving efficiency and access to hospital services throughout the community, particularly through the notion of community-based primary care services and ambulatory care services such as Hospital in the Home. This includes a significant hospital building and capital redevelopment program over the next 13 years, resulting in better alignment and integration of clinical services and processes, and increased statewide clinical support networks.

Healthy Partnerships
Creating stronger links and partnerships with other government agencies, non-government organisations, consumers, community groups, private providers, health professionals and the Australian Government has been a major focus for all areas within the public health system this year. A remarkable number of external stakeholders have an interest in the well being of our health system and support the successful implementation of the health reform program. I have personally focused on developing, maintaining and building strong partnerships this year, because I consider them a major factor in the planning and delivery of innovative, cost effective, and high quality health care services.

Healthy Communities
Protecting and improving the health of our community has and is the top priority that drives our health system. Our work in this area has focused very much on what influences the health of individuals and the wider population. The factors we have identified as critical include improving lifestyles, working on the prevention of ill health, and the implementation of a long-term, integrated health promotion program in collaboration with government and non-government agencies, general practitioners and community groups. Priority has been given to the improvement of community-based chronic disease management and the expansion of equitable and accessible services in the community (such as Hospital in the Home).

Healthy Resources
This year, in line with the health reform agenda, we have focused on sustainable resourcing and effective management of health budgets. Accountability for health system performance and best management of assets is vital if we are to deliver the best health benefits possible, including a continuing focus on safety and quality in our health care services. Major inroads have been made in this area this year through initiatives such as the release of the inaugural Western Australian Audit of Surgical Mortality Annual Report 2004 and a proactive campaign for better clinical governance through the Office of Safety and Quality.
Healthy Leadership
I firmly believe that leadership is one of the most fundamental aspects of achieving constructive and long-lasting reform and have personally and actively pursued the development of an organisational culture and environment in our health system that identifies, nurtures and promotes strong leadership at all levels. My vision is to see leadership consistently demonstrated within health care services and the community in their directions, decision-making and delivery of services. I want our focus to recognise, develop and support leaders within the system in order to create a superior health care service and ensure that all strategic directions move forward efficiently and effectively.

Further Information
Details on the Health Reform Implementation Taskforce activities, including program areas, Work Plan and individual reform project, are available at www.health.wa.gov.au/hrit

In summary, 2004-05 has been a tough but necessary year of directional change for WA health. Yet looking back over the past year, I believe I can say our eyes are now well on the ball, and our goal, to deliver a Healthy WA for all West Australians is well underway.
About Us

Address and Location

Department of Health (Metropolitan Health Service)
189 Royal St
EAST PERTH WA 6004
(P.O. Box 8172, Perth Business Centre, Perth WA 6849)

☎ (08) 9222 4222
☎ (08) 9222 4046
✉ pcontact@health.wa.gov.au
🌐 www.health.wa.gov.au

The four Health Services that form the Metropolitan Health Service and reported in this annual report are:

North Metropolitan Area Health Service.
South Metropolitan Area Health Service.
Women’s and Children’s Health Service.
Dental Health Service.

Contact details are provided below.

North Metropolitan Area Health Service (NMAHS)
C/- Sir Charles Gairdner Hospital
Hospital Avenue
NEDLANDS WA 6009
(Locked Bag 2012, Nedlands WA 6009)

☎ (08) 9346 3333
☎ (08) 9346 3759
✉ scgh.webmaster@health.wa.gov.au
🌐 http://www.scgh.health.wa.gov.au

NMAHS Royal Perth Group
Royal Perth Hospital
Wellington Street
PERTH WA 6000
(GPO Box X2213, Perth WA 6847)

☎ (08) 9224 2244
☎ (08) 9224 3511
✉ rph.feedback@health.wa.gov.au

NMAHS Sir Charles Gairdner Group
C/- Sir Charles Gairdner Hospital
Hospital Avenue
NEDLANDS WA 6009
(Locked Bag 2012, Nedlands WA 6009)

☎ (08) 9346 3333
☎ (08) 9346 3759
✉ scgh.webmaster@health.wa.gov.au
🌐 http://www.scgh.health.wa.gov.au

NMAHS Area Population Health Program
C/- Sir Charles Gairdner Hospital
Hospital Avenue
NEDLANDS WA 6009
(Locked Bag 2012, Nedlands WA 6009)

☎ (08) 9346 3333
☎ (08) 9346 3759
✉ scgh.webmaster@health.wa.gov.au
🌐 http://www.scgh.health.wa.gov.au
About Us

Address and Location (cont)

NMAHS Area Mental Health Service
Administration
Fitzroy House
Brockway Road
MT CLAREMONT WA 6010
(Private Bag Number 1, Claremont WA 6910)

☎ (08) 9347 6632
☎ (08) 9384 0339
✉ Virginia.Stillitano@health.wa.gov.au (Secretary to Area Director)
Website in development.

South Metropolitan Area Health Service
(SMAHS)
Alma Street
FREMANTLE WA 6160
(PO Box 480, Fremantle WA 6959)

☎ (08) 9431 3333
☎ (08) 9431 3457

South Metropolitan Mental Health Service
PO Box 480
FREMANTLE WA 6959

☎ (08) 9431 3333
☎ (08) 9431 2921

Fremantle Hospital and Health Service
Alma Street
FREMANTLE WA 6160
(PO Box 480, Fremantle WA 6959)

☎ (08) 9431 3333
☎ (08) 9431 2921

South Metropolitan Population Health
2/7 Packenham Street
FREMANTLE WA 6160

☎ (08) 9431 0200
☎ (08) 9431 0222

Armadale Health Service
3056 Albany Highway
ARMADALE WA 6112
(PO Box 460, Armadale WA 6992)

☎ (08) 9391 2000
☎ (08) 9391 2129

Bentley Health Service
33 Mills Street
BENTLEY WA 6102
(PO Box 158, Bentley WA 6982)

☎ (08) 9334 3666
☎ (08) 9334 3711
✉ bentlquiries@health.wa.gov.au
TTY: 1800 067 211

Peel & Rockingham/Kwinana Health Service
Elanora Drive
COOLOONGUP WA 6168
(PO Box 2033, Rockingham WA 6967)

☎ (08) 9592 0600
☎ (08) 9592 1621
About Us

Address and Location (cont)

**Women's and Children's Health Service**

King Edward Memorial Hospital for Women  
374 Bagot Road  
SUBIACO WA 6008  
(PO Box 134, Subiaco WA 6904)

📞 (08) 9340 2222  
📞 (08) 9340 1780  
🌐 http://wchs.health.wa.gov.au

Princess Margaret Hospital for Children  
Roberts Road  
SUBIACO WA 6008  
(PO Box D184, Perth WA 6840)

📞 (08) 9340 2222  
📞 (08) 9340 8111  
🌐 http://wchs.health.wa.gov.au

**Dental Health Service**

43 Mt Henry Road  
COMO WA 6152  
(Locked Bag 15, Bentley Delivery Centre WA 6983)

📞 (08) 9313 0555  
📞 (08) 9313 1302  
TTY: (08) 9313 2085  
🌐 www.dental.wa.gov.au

Includes:
- School Dental Service.
- Special Services (for housebound and disabled).
- Oral Health Promotion.
- Satellite metropolitan and country clinics.  
  - Community Health Service.
About Us

Our Purpose

Our purpose is to ensure healthier, longer and better lives for all Western Australians.

Our Vision

Our vision is to improve and protect the health of Western Australians by providing a safe, high quality, accountable and sustainable health care system. We recognise that this care is achieved through an integrated approach to all the components of our health system. These components include workforce, hospitals and infrastructure, partnerships, communities, resources and leadership. We also recognise that WA Health must work with a vast number of groups if it is to achieve the vision of a world-class health system.

Strategic Directions and Intentions

These six strategic directions provide the framework for improving WA Health and the care of Western Australian’s over the next five years, and will ensure our success in delivering a healthier WA.

Healthy Workforce

Our health system workforce is foundational to the delivery of health care. Our intent is to ensure that WA Health is committed to providing and promoting a healthy working environment, which inspires staff and enables participation in the ‘Delivering a Healthy WA’ agenda.

We need to ensure our workforce continues to be vibrant and engaged and that our workforce planning is responsive to local, national and international workforce pressures. To do this it is essential that WA Health have appropriate workforce planning tools to enable it to prepare and respond to future workforce demands.

The strategic workforce plan will provide a framework for addressing health workforce issues. It aims to ensure that workforce shortages are minimised, opportunities are provided for training and professional development and that a high standard of knowledge and skills is achieved and recognised.

Healthy Hospitals

While a key thrust of the reform agenda is to move the focus of patient care away from hospitals, a significant proportion of health system activity still relates to hospitals. With it comes the key task of delivering safe, comprehensive, high quality clinical services to patients.

Our intent is to commit to improving access and efficiency to hospital and health care services based on population needs now and into the future. This will include a significant hospital building and capital redevelopment program over the next 13 years. The result will be better alignment and integration between our facilities, clinical services and the development of integrated clinical networks.

Healthy Partnerships

The ongoing success of the reform program and the health system as a whole is dependent on strong relations with other health care related bodies. We rely on such partnerships in the planning and delivery of innovative, cost effective, and high quality health care services.

Our intent is to create stronger links and partnerships with other government agencies, non-government organisations, consumers, community groups, private providers, health professionals and the Australian Government, all of who have an interest in the well being of our health system.
Healthy Communities
Community health is a critical part of our health system and includes promotion of health, illness prevention, early detection of disease and access to affordable community based health care services for all people.

Our intent is to focus on improving lifestyles, working on the prevention of ill health, and the implementation of a long-term, integrated health promotion program in collaboration with government and non-government agencies, General Practitioners and community groups.

Priority will also be given to the improvement of community based chronic and long-term conditions and on expanding equitable and accessible services in the community.

Healthy Resources
A key rationale for reform in the WA Health System is the need to deliver a sustainable, equitable and accountable health care service to the people of Western Australia.

Our intent is on sustainable resourcing and effective management of health budgets and resources. Accountability for health system resourcing and performance reporting will be improved to provide progress reporting to our community.

Healthy Leadership
Healthy Leadership is vital to the effectiveness of the health system into the future. Our intent is to continue to develop the leadership capacity and capability in WA Health by creating an environment that identifies, nurtures and promotes strong leadership at all levels within health care services.

A focus will be on recognising, developing and supporting our leaders in order to deliver continuing superior health care service and to ensure that WA Health has the capacity to identify and respond to the changing community health needs and the delivery of the strategic objectives.

Figure 1: Delivering a Healthy WA
About Us

Services Provided and Core Activities

The Metropolitan Health Service provides an extensive range of health services across the entire spectrum of health. Services include provision of care to people in their homes, community centres, schools, emergency departments, outpatient clinics, hospital wards and special care units.

The tertiary hospitals and some of the secondary hospitals provide 24-hour emergency services. Special Care Units in each of the health services provide care to seriously ill patients with Intensive Care, Coronary Care and Neonatal Units providing 24-hour care to extremely ill patients who require life support.

In addition to meeting the health needs of the metropolitan population, the health service plays a key role in providing specialist and tertiary services on a statewide basis. Many medical specialists routinely travel to remote areas of the State to provide regular specialist services to rural populations. Where country patients are in need of tertiary services, they travel to the metropolitan area to receive complex care.

Direct patient services
Acute Mental Health Services
Adolescent Clinic
Adult Mental Health
Adult Special Care
After Hours General Practice
Aged Care Assessment
Agnes Walsh Lodge Antenatal Service
Amputee Service
Anaesthesia
Antenatal Clinic
Audiology Bone Marrow Transplantation
Breast Feeding Centre
Burns
Cardiology
Cardiothoracic Surgery
Cardiovascular Medicine
Chaplaincy
Chemical Dependency Clinic
Child and Adolescent Mental Health
Child Protection Unit
Children’s Program
Clinical Haematology
Clinical Immunology
Clinical Investigation Services
Cornea Grafting
Coronary Care
Cranio Maxillo Facial and Plastic Surgery
Day Surgery
Dental
Dermatology
Diabetes (Obstetrics)
Diabetes Education
Dietetics and Nutrition
Ear Nose and Throat
Eating Disorders Service
Emergency and general dental care
Emergency Centre Emergency Medicine
Endocrinology
Enuresis and Stomal Therapy
Epilepsy Service
Family Birth Centre
Family Early Intervention Program
Fertility Services
Gastroenterology
General Medicine
General Practice
General Surgery
Geriatric Medicine and Extended Care
Geriatric Mental Health
Gynaecology
Gynae-Oncology
Haematology
Haemophilia
Hand Surgery
Hepatology
HIV/AIDS
Home Visiting Nurse
Home Care Midwifery Program
Hyperbaric Medicine
Infection Control
Infectious Diseases
Intensive Care
Intra-Ocular Surgery
Maternal Foetal Day Assessment Clinic
Maxillo-Facial Surgery
Medical Clinic
Menopause
Neck of Femur Unit
Neonatal follow up program
Neonatology
Nephrology
Neurology
Neurosurgery
Nuclear Medicine
Nutrition and Dietetics
Obstetrics and Midwifery
## Services Provided and Core Activities (cont)

<table>
<thead>
<tr>
<th>Occupational Therapy</th>
<th>Medical support services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology</td>
<td>Allied Health</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Bio-Engineering</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Clinical Research and Education</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Dental Prosthetic Services</td>
</tr>
<tr>
<td>Orthotics and Prosthetics</td>
<td>Imaging</td>
</tr>
<tr>
<td>Paediatric Gynaecology</td>
<td>Medical Technology Management</td>
</tr>
<tr>
<td>Paediatric Medicine</td>
<td>Pathology</td>
</tr>
<tr>
<td>Paediatric Rehabilitation</td>
<td>Patient Information Management Systems</td>
</tr>
<tr>
<td>Paediatric Surgery</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Pain Management</td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
</tr>
<tr>
<td>Parent Education</td>
<td></td>
</tr>
<tr>
<td>Pathology Services</td>
<td></td>
</tr>
<tr>
<td>Perinatal Loss Service</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td></td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
<td></td>
</tr>
<tr>
<td>Postnatal Infants</td>
<td></td>
</tr>
<tr>
<td>Primary Health Care</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
</tr>
<tr>
<td>Refractory Epilepsy Service</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Renal Services and Dialysis</td>
<td></td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td></td>
</tr>
<tr>
<td>Respite Care</td>
<td></td>
</tr>
<tr>
<td>Rheumatology</td>
<td></td>
</tr>
<tr>
<td>Rural Paediatric Service</td>
<td></td>
</tr>
<tr>
<td>Same Day Unit</td>
<td></td>
</tr>
<tr>
<td>Sexual Assault Resource Centre</td>
<td></td>
</tr>
<tr>
<td>Sexual Health Service</td>
<td></td>
</tr>
<tr>
<td>Social Work</td>
<td></td>
</tr>
<tr>
<td>Special Care Nursery</td>
<td></td>
</tr>
<tr>
<td>Speech Pathology</td>
<td></td>
</tr>
<tr>
<td>Stomal Therapy</td>
<td></td>
</tr>
<tr>
<td>Stubbs Mental Health Service</td>
<td></td>
</tr>
<tr>
<td>Team Midwifery Service</td>
<td></td>
</tr>
<tr>
<td>Transcultural Psychiatry</td>
<td></td>
</tr>
<tr>
<td>Transit Lounge</td>
<td></td>
</tr>
<tr>
<td>Tropical Medicine</td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td></td>
</tr>
<tr>
<td>Uro-Gynaecology</td>
<td></td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td></td>
</tr>
<tr>
<td>Visiting Midwifery Services</td>
<td></td>
</tr>
<tr>
<td>Visiting Nursing Services</td>
<td></td>
</tr>
<tr>
<td>WA Neonatal Transport Services</td>
<td></td>
</tr>
<tr>
<td>23 Hour Ward</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health</td>
</tr>
<tr>
<td>Aged care dental</td>
</tr>
<tr>
<td>Bed-Wetting Program</td>
</tr>
<tr>
<td>Child Development</td>
</tr>
<tr>
<td>Community Physiotherapy</td>
</tr>
<tr>
<td>Community-based Services</td>
</tr>
<tr>
<td>Domiciliary dental care for the homebound</td>
</tr>
<tr>
<td>Family and Child Health Services</td>
</tr>
<tr>
<td>Family Pathways</td>
</tr>
<tr>
<td>High Needs Unit</td>
</tr>
<tr>
<td>Health Promotion</td>
</tr>
<tr>
<td>Hospital in the Home</td>
</tr>
<tr>
<td>Home Care</td>
</tr>
<tr>
<td>Migrant Health Minority Groups</td>
</tr>
<tr>
<td>Positive Parenting Program</td>
</tr>
<tr>
<td>Rehabilitation and Living Skills Services</td>
</tr>
<tr>
<td>School Health</td>
</tr>
<tr>
<td>Women’s Health Program</td>
</tr>
<tr>
<td>Youth Health Program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other support services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Operations</td>
</tr>
<tr>
<td>Corporate Services</td>
</tr>
<tr>
<td>Customer Service Unit</td>
</tr>
<tr>
<td>Engineering and Maintenance</td>
</tr>
<tr>
<td>Facilities Management</td>
</tr>
<tr>
<td>Financial Services</td>
</tr>
<tr>
<td>Hotel Services</td>
</tr>
<tr>
<td>Human Resources</td>
</tr>
<tr>
<td>Information Services</td>
</tr>
<tr>
<td>Library</td>
</tr>
<tr>
<td>Oral Health Promotion</td>
</tr>
<tr>
<td>Pastoral Care</td>
</tr>
<tr>
<td>Physical Resources</td>
</tr>
<tr>
<td>Post Graduate Medical Education</td>
</tr>
<tr>
<td>Post Graduate Nursing Education</td>
</tr>
<tr>
<td>School (PMH)</td>
</tr>
<tr>
<td>Supply</td>
</tr>
<tr>
<td>Support Services</td>
</tr>
</tbody>
</table>
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 45 Acts and 105 sets of subsidiary legislation.

Acts administered
Alcohol and Drug Authority Act 1974
Anatomy Act 1930
Animal Resources Authority Act 1981
Blood Donation (Limitation of Liability) Act 1985
Cannabis Control Act 2003
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 and Transportation (Prohibition) Act 1999
Nurses Act 1992
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
Western Australian Bush Nursing Trust Act Amendment Act 1947
White Phosphorous Matches Prohibition Act 1912

Acts passed during 2004-05
Health Legislation Amendment Bill 2004
Human Reproductive Technology Amendment Bill 2003
Human Reproductive Technology Amendment Bill (Prohibition of Human Cloning) 2003

Acts in Parliament at 30 June 2005
Chiropractors Bill 2005
Health Amendment Bill 2005
Occupational Therapists Bill 2005
Optical Dispensers Repeal Bill 2005
Osteopaths Bill 2005
Physiotherapists Bill 2005
Podiatrists Bill 2005
Tobacco Products Control Bill 2005

Amalgamation and establishment of boards
There were no Boards amalgamated or established during 2004-05.

Ministerial Directives

The Minister for Health did not issue any directives on Department of Health operations during 2004-05.
Compliance Reports

Statement of Compliance with Public Sector Standards

In the administration of the Metropolitan Health Services, I have complied with the Public Sector Standards in Human Resources 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 to ensure consistency with public sector standard requirements.
- Providing a comprehensive induction and orientation program that raises staff awareness of relevant human resource policies and practices.
- Providing appropriate training to human resource staff enabling them to provide accurate advice and support to managers and employees in all areas of human resource management.
- Providing relevant staff development programs to managers and employees to ensure they acquire a knowledge and understanding of human resource processes and compliance requirements.
- Facilitating access to policies, procedures and guidelines by publishing information on intranet sites and in manuals and making available information in pre-prepared recruitment and selection kits.
- Audits of all advertised vacancy files undertaken within Human Resource Services.
- Reviewing and auditing relevant paperwork and processes to ensure continued compliance.
- Analysis and follow-up of all grievances lodged and development and implementation of remedial actions where appropriate.

Table 1: Summarised Breach of Standards Claims

<table>
<thead>
<tr>
<th>HR Practice</th>
<th>Pending 2003-04</th>
<th>Number of Applications Lodged 2004-05</th>
<th>Number Resolved in Agency</th>
<th>Number Referred to OPSSC</th>
<th>Number withdrawn in Agency</th>
<th>Number Under Review 2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment and Selection</td>
<td>2</td>
<td>16</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Performance Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Deployment (Acting)</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Grievance Resolution</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>18</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2: Complaints alleging non-compliance - Code of Ethics and/or the Code of Conduct

<table>
<thead>
<tr>
<th></th>
<th>Number Lodged 2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number investigated internally in the agency</td>
<td>48</td>
</tr>
<tr>
<td>Number investigated by an external agency including the Office of the Public Sector Standards Commissioner</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
</tr>
</tbody>
</table>

The Metropolitan Health Services has not been investigated or audited by the Office of Public Sector Standards Commissioner for the period to 30 June 2005.

Dr Neale Fong
Acting Director General
Accountable Authority

30 August 2005
Management Structure

**Accountable Authority**

The Acting Director General of Health Dr Neale Fong is the Accountable Authority for the Metropolitan Health Services.

**Pecuniary Interests**

Senior officers of the Metropolitan Health Service have declared the following pecuniary interests:
- Area Chief Executive, Mr Russell McKenney was the Director of Statewest Credit Society Limited, which rents floor space at Fremantle Hospital. Mr McKenney was not involved in negotiations.

**Senior Officers**

The senior officers for the Metropolitan Health Service and their areas of responsibility are listed below:

<table>
<thead>
<tr>
<th>Table 3: Senior Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area of Responsibility</strong></td>
</tr>
</tbody>
</table>
| South Metropolitan Area Health Service | A/Area Chief Executive | Mr Russell McKenney  
Dr Shane Kelly | Acting  
(Substantive 10 Dec 2004) |
| Population Health | Area Director | Dr Mandy Seel | Acting |
| Mental Health Services | Area Clinical Director | Dr Mark Rooney | Substantive |
| Financial Services | Area Director of Finance | Mr Alain St Flour | Substantive |
| Medical Services (SMAHS & FHS) | Area Executive Director | Dr Paul Mark | Substantive |
| Peel & Rockingham Kwinana Health Service  
(Area Corporate Services – Human Resources) | General Manager | Mr Garry England | Substantive |
| Armadale Health Service  
(Area Corporate Services – Infrastructure) | A/General Manager | Mr Chris Bone | Acting |
| Bentley Health Service | A/General Manager | Mr Alex Smith | Acting |
| Nursing Services (SMAHS & FHS) | Area Executive Director | A/Prof Ruth Letts | Substantive |
| Nursing Services (AHS) | Director of Nursing | Ms Eleri Griffiths | Acting |
| Medical Services (AHS) | Director of Medical Services | Dr Don Coid | Substantive |
| Nursing Services (PARK) | Director of Nursing & Acute Services | Ms Geraldine Carlton | Substantive |
| Medical Services (PARK) | Director of Medical Services | Vacant | |
| Nursing Services (BHS) | Director of Nursing | Ms Maree Thomter | Substantive |
| Medical Services (BHS) | Director of Medical Services | Dr Jes Sowden | Substantive |
### Management Structure

#### Senior Officers (cont)

<table>
<thead>
<tr>
<th>Area</th>
<th>Role</th>
<th>Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Metropolitan Area Health Service</td>
<td>Chief Executive, North Metropolitan Area Health Service</td>
<td>Dr John de Campo</td>
<td>Fixed term contract</td>
</tr>
<tr>
<td>Medical Services</td>
<td>Area Executive Director Medical</td>
<td>Dr David Russell-Weisz</td>
<td>Substantive</td>
</tr>
<tr>
<td>Nursing Services</td>
<td>Area Executive Director Nursing</td>
<td>Ms Patricia Tibbett</td>
<td>Substantive</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Area Executive Director Mental Health</td>
<td>Dr Peter Wynn Owen</td>
<td>Substantive</td>
</tr>
<tr>
<td>Population Health Program</td>
<td>Area Executive Director Population Health &amp; Ambulatory Care</td>
<td>Dr Shirley Bowen</td>
<td>Substantive</td>
</tr>
<tr>
<td>Financial and Corporate Services</td>
<td>Area Executive Director Finance &amp; Corporate Services</td>
<td>Mr Ian Anderson</td>
<td>Contract</td>
</tr>
<tr>
<td>Management Sir Charles Gairdner Group</td>
<td>Executive Director Sir Charles Gairdner Group</td>
<td>Dr David Russell-Weisz</td>
<td>Substantive</td>
</tr>
<tr>
<td>Management Royal Perth Group</td>
<td>Executive Director Royal Perth Group</td>
<td>Dr Philip Montgomery</td>
<td>Acting</td>
</tr>
<tr>
<td>Women's and Children's Health Service</td>
<td>Chief Executive</td>
<td>Mr Glyn Palmer</td>
<td>Substantive</td>
</tr>
<tr>
<td>Nursing Services</td>
<td>Executive Director</td>
<td>Ms Anne Bourke</td>
<td>Substantive</td>
</tr>
<tr>
<td>Medical Services</td>
<td>Executive Director</td>
<td>Dr Geoff Masters</td>
<td>Substantive</td>
</tr>
<tr>
<td>Medical Services</td>
<td>Medical Director KEMH</td>
<td>Dr Amanda Frazer</td>
<td>Term Contract</td>
</tr>
<tr>
<td>Medical Services</td>
<td>Medical Director KEMH</td>
<td>Dr Cliff Saunders</td>
<td>Acting</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>Executive Director</td>
<td>Mr Ian Lacey</td>
<td>Substantive</td>
</tr>
<tr>
<td>Finance and Business Services</td>
<td>Executive Director</td>
<td>Mr Lal Perera</td>
<td>Acting</td>
</tr>
<tr>
<td>Organisation Performance and Planning</td>
<td>Executive Director</td>
<td>Ms Del McGuiness</td>
<td>Substantive</td>
</tr>
<tr>
<td>Dental Health Service</td>
<td>Director</td>
<td>Mr David Neesham</td>
<td>Permanent</td>
</tr>
</tbody>
</table>
Management Structure

Department of Health State Health Executive Forum (as at 30 June 2005)
Management Structure

North Metropolitan Area Health Service structure as at 30 June 2005

Area Chief Executive
Dr. John de Campo

Executive Director Metropolitan Health Royal Perth Group TBA

Executive Director Sir Charles Gairdner Group
Dr. David Russell-Weisz

Executive Director Population Health & Ambulatory Care
Dr. Shirley Bowen

Executive Director Medical Services
Dr. David Russell-Weisz

Executive Director Mental Health
Dr. Peter Wynn Owen

Executive Director Nursing
TBA

Executive Director Medical Services
Dr. David Russell-Weisz

Executive Director Finance & Corporate Services
Mr. Ian Anderson

Metropolitan Health Services Annual Report 2004-05
Page 21 of 243
Management Structure

Women’s and Children’s Health Service structure as at 30 June 2005
South Metropolitan Area Health Service structure as at 30 June 2005
Management Structure

Dental Health Service structure as at 30 June 2005
Achievements and Highlights

Healthy Hospitals

North Metropolitan Area Health Service
Sir Charles Gairdner Group (SCGH)

A minimally invasive hip surgery program was introduced at SCGH in 2005. This program demonstrated a reduced length of stay for hip patients with a good rehabilitation outcome.

The Endoscopic Ultrasound Linear Service at SCGH was expanded to redirect inpatient multi-day care to ambulatory care, therefore reducing bed occupancy and previous major surgery for suitable patients in this case mix.

At SCGH an outpatient model for liver transplant assessments was implemented, reducing the need for inpatient beds in 85% of cases.

The Brownes Dairy Support Centre for Cancer and Leukaemia, at SCGH released its first stage research report and expanded its services onto the wards. The centre made a submission to the Senate Inquiry headed by Senator Peter Cook, on services and treatment options for persons with cancer.

In March 2005, the SCGH-based $8.85m PET (Positron Emission Tomography) and cyclotron facility scanned its 5000th patient since inception in November 2002. The PET scanner is cutting edge imaging technology used to detect the early stages of cancer as well as neurological and cardiac disease. PET imaging allows doctors to map physiological and biological changes relating to metabolism, as opposed to providing anatomical images of the structure of organs and tissues.

In May 2005, the SCGH Intensive Care Unit underwent a six-week, $250,000 upgrade and modernisation which was completed in mid-May, 2005.

A $1.4 million redevelopment of the sterilisation service in the SCGH operating theatres began early in 2005, with completion estimated for mid-June 2005. The project will see the replacement of sterilisers and washers and an upgrade of wet-flow areas.

The $9.5 million redevelopment of the SCGH Emergency Department (ED) was unveiled by the Minister for Health in July 2004. This world-class facility will now cater for up to 45,000 patients per year, an increase of around 36,000 per year from 2001 levels.

A system to fast-track Emergency Department patients at SCGH's ED helped reduce waiting times and resulted in people being treated and discharged sooner. The dedicated Fast Track Room and Rapid Assessment Team (RAT) were successful in targeting patients waiting with non-life threatening conditions.

In August 2004, SCGH researchers successfully obtained a large share of a $1.75 million national research grant awarded by the National Health and Medical Research Council (NHMRC) for the development of the Australasian Biospecimen Network (ABN). Researchers from around Australia were awarded the grant in recognition of a need to co-ordinate research infrastructure at a national level. The grant will be used to co-ordinate the collection and management of biospecimens and clinical details for molecular research into cancers of the breast, colon, skin, prostate, as well as a specific program on mesothelioma. SCGH researchers Dr Nik Zeps and Professor Bruce Robinson will facilitate the Western Australian side of the operation and each secured grants worth over $210,000 for the next five years.
Achievements and Highlights

Healthy Hospitals (cont)

Osborne Park Hospital (OPH): A $11.3 million theatre redevelopment project at OPH (3 laminar flow theatres, nurse viewing platforms, patient reception and waiting areas, state-of-the-art medical equipment, purpose-built procedure room and central sterile supply department) was opened in September 2004. The upgrade will see OPH developing into a specialist facility for ambulatory care and same-day surgery in line with the Health Reform Committee’s Report.

In July 2004, OPH became the first public WA Hospital to join the Ambulatory Surgery Initiative as a pilot site to improve access to public elective surgery through increasing the volume of specific day procedures (cataract surgery, gastroscopies, colonoscopies and cystoscopies), thus reducing waiting lists and times for patients.

As the first public health service tested under 1 January 2005 changes to the Evaluation and Quality Improvement Program (EQuIP) processes, the Osborne Park Hospital Program (OPHP) succeeded in achieving a further four-year accreditation following an Australian Council of Health Standards (ACHS) organisation wide survey in February 2005. OPHP passed in all criteria, gaining ‘Extensive Achievement’ ratings for policies and commitment to improving patient care.

Royal Perth Group
A new lung transplant service was introduced at Royal Perth Hospital and the first lung transplant performed in November 2004. The first heart-lung transplant was performed in May 2005.

The Telstra Burns Rehabilitation and Reconstruction Unit was opened in February 2005, on Level 11 of Royal Perth Hospital’s South Block, offering space and resources for outpatient services and research.

The Goatcher Clinic for rheumatology research was opened in a newly refurbished section of at Royal Perth Hospital’s Shenton Park Campus. The clinic is nationally recognised for its contribution to clinical rheumatology trials.

The Picture Archiving and Communication System (PACS) was rolled out through Royal Perth and and Sir Charles Gairdner hospitals, providing digital images of scans, ultrasounds and x-rays which can be viewed on computers throughout the metropolitan area.

The Residential Care Line provides support to aged care agencies in the Perth Hills and Canning Divisions of General Practice, by providing access to specialised advice. The program aims to reduce admissions to Emergency Departments.

A new support program was implemented at Royal Perth Hospital to reduce the hospitalisation of patients with Chronic Obstructive Pulmonary Disease.

After successful containment of a Vancomycin Resistant Enterococcus (VRE) outbreak in 2004, Royal Perth Hospital designated ward 9C as an infectious diseases containment ward. This is supported by special education programs and ward modifications.

Royal Perth Hospital established a cytotoxic drug manufacturing facility in the Medical Oncology Department to reduce waiting time for cancer patients to receive treatment.

Population Health Program
The Population Health Program was represented on the management committee of General Practice Hospital Integration Program and allocated a community nurse to support the Chronic Disease Improvement Group with demonstrated reductions in Out Patient Department (OPD) usage.

Mental Health Service
The purpose-built Shenton Child and Adolescent Centre was opened in August 2004.

‘Rurallink’ was launched as a specialised after-hours rural and remote communities telephone assessment and advice service provided by Perth-based Psychiatric Emergency Team.
Healthy Hospitals (cont)

The Centre for Clinical Interventions (CCI) launched an online interactive resource for consumers and information for clinicians on chronic worry and generalised anxiety.

A series of quality initiatives within Older Adult Mental Health (OAMH) services has resulted in:
- The redefinition of the older adult catchment area and redistribution of staff from Selby to Osborne Park to reflect changing demographics. This resulted in improved clinical services.
- The consolidation of OAMH Program flow charts for quality, risk and safety processes.
- The co-ordination of standardised audit, quality improvement (QI) and accreditation processes for Selby OAMH, Osborne OAMH and Joondalup OAMH to allow benchmarking, efficient QI processes and improved service delivery and governance.

A process to incorporate Swan and Inner City Older Adult Services into the area older adult program is under-way.

The refurbishment of Osborne Older Adult Inpatient Unit has been approved.

A Child and Adolescent Centre has been newly fitted-out in Mirrabooka providing better facilities for the population of the catchment area.

Inner City Mental Health have relocated the Psychiatric Outpatient Clinic, renovated Ward 2K at RPH and renovated the facilities within the Emergency Department at RPH to enhance safety in assessment of clients.

South Metropolitan Area Health Service

Plans to build the tertiary-level 1000-bed Fiona Stanley Hospital in Murdoch, in stages, were announced.

Two SMAHS Hospitals (Rockingham/Kwinana District Hospital and Armadale-Kelmscott Memorial Hospital) are to have their bed capacity increased to 300-beds over the next few years.

A significant project to increase bed capacity and improve access to acute beds at Fremantle Hospital has been the purchase of Kaleeeya Private Hospital, which is now a directorate of Fremantle Hospital. Both Kaleeeya Private Hospital (96 beds), and Galliers Private Hospital (61), were purchased. Kaleeeya is providing public beds for same-day and multi-day surgical cases and rehabilitation patients. Galliers is a wing of Armadale-Kelmscott Memorial Hospital and will be used for multi-day surgery, winter bed demand and a wide range of private services including obstetrics.

At Fremantle Hospital, several radiology facilities were commissioned including the Magnetic Resonance Imaging machine and the installation of a multislice Computed Tomography scanner. This has allowed the Hospital to expand its vascular surgery service to perform complex vascular procedures in radiology.

A multi-million dollar capital works program was planned at Fremantle Hospital to build a new Coronary Care Unit, and almost double the size of the current Intensive Care Unit.

Fremantle Hospital became the pilot site for the National Open Disclosure Program that aims to provide a framework for clinicians to provide patients with information should they suffer an adverse event. The process involves expressing regret, facilitating treatment and providing frank and open information to the patient on an ongoing basis.

Bentley Health Service (BHS) transferred to the SMAHS in December 2004 significantly increasing the number of beds within the southern area. Bentley (238 beds) provides a range of services including obstetrics, medical, surgical, aged care and rehabilitation and mental health services. The transfer of BHS has provided greater flexibility in bed management and provides Fremantle and Armadale hospitals with an off site option for patients that would normally be occupying acute beds while waiting for a nursing home bed in the community.
Achievements and Highlights

Healthy Hospitals (cont)

Armadale Health Service demonstrated nationally the benefits improved anti-coagulation therapy and systems have made to patient safety. A multi-disciplinary project team was selected by the Commonwealth's National Medication Safety Breakthrough Collaboration Wave 2 program to participate in the program and demonstrated a reduction in readmission rates relating to warfarin therapy, improved patient awareness of warfarin side-effects, increase attendance rates to community GP’s and improved communication between the hospital and community interface to promote effective ongoing therapy and therapeutic thresholds. A similar project team has been established to improve systems to manage adverse drug reactions.

Two new after-hours GP Clinics were opened (at Fremantle Hospital and Rockingham Kwinana District Hospitals).

Waitlists across SMAHS Hospitals continued to reduce, as did the median waiting times.

At Woodside Maternity Hospital a former storage area was refurbished to create an ensuite bathroom facility and a new delivery room. The bathroom now has a deep bath to enable women to labour in water, resulting in shorter labours and greater patient satisfaction. The work was funded in part by donations from the Fremantle Hospital Ladies' Auxiliary. New neonatal resuscitation cots and a foetal monitoring unit were also purchased.

A new Mental Health Service began with the placement of senior mental health nurses in emergency departments across SMAHS. At Fremantle Hospital plans are progressing to build a five-bed secure holding area for mental health patients seeking emergency department treatment. Mental Health staff are using a new clerical data entry process for medical staff, a form that was to be adopted statewide.

New information technology included the installation of an electronic medical record tracking system and Public Key Infrastructure secure software allowing GPs to send referrals via encrypted e-mails. Use of the Internet has resulted in forms being immediately available to medical staff in clinics and on the wards.

Women's and Children's Health Service (WCHS)
The major works project at King Edward Memorial Hospital (KEMH) was completed with the opening of the refurbished Maternal Fetal Assessment Unit, Labour and Birth Suite, Emergency Centre, Adult Special Care Unit, Neonatal High Dependency Unit, and improved front entrance facilities.

The new Maternal Fetal Assessment Unit provides a comprehensive and integrated assessment area for pregnant women, incorporating ultrasound and CTG at one location. The refurbished Labour and Birth Suite provides excellent birthing facilities for women.

Construction commenced on a new building for the Sexual Assault Resource Centre at KEMH.

Capital funds have been allocated to build an eight bed inpatient unit at KEMH to provide services for mothers who have or develop mental health disorders in the post natal period.

The nurse-call system in wards at KEMH has been upgraded.

To improve the reliability and capacity of air conditioning at KEMH, three new chiller units and two cooling towers were installed to replace old equipment.

An off site Out Patient Adolescent Centre has been established to provide a venue for adolescent clinics outside the paediatric environment. This centre aims to develop young peoples’ independence in managing long term conditions and to facilitate their transition to adult services.

A dedicated multidisciplinary Pain Team has been established within the Anaesthesia Department at Princess Margaret Hospital (PMH).
Healthy Hospitals (cont)

A fortnightly pre-operative Anaesthetic Clinic has been established to review children with a known anaesthetic risk or difficult airway.

A day-tonsillectomy program has commenced to provide a better service for children by reducing the need for overnight admission and by improving management of the wait list.

An admission, recovery and discharge facility has been established to provide a comprehensive and effective service for patients requiring a diagnostic imaging procedure under general anaesthetic.

The external faces of the Hay Street Building at PMH were restored, to repair concrete cancer and remove an asbestos liability. The internal refurbishment of the building has commenced to enhance facilities for rehabilitation services.

Planning for the construction of an annexe to the PMH oncology ward has commenced. This expansion of the Oncology/Haematology Total Care Unit will enhance services to adolescent patients by providing adolescent specific beds and an inpatient areas.

Expansion of the Endocrinology Department has been completed at PMH.

The first stage of refurbishment of the neonate ward at PMH was completed.

The staff and public coffee shop at PMH was refurbished.

The Obicare database has been replaced by STORK, a purpose built database for capturing and reporting data related to obstetric admissions.

The Emergency Department Information System (EDIS) was implemented in the KEMH Emergency Centre to enhance recording and tracking of patient information.

Implementation of the picture archiving and communication system (PACS) across the WCHS, ensuring electronic access to ultrasound and X-ray images for all clinical areas.

Obstetrics and Gynaecology have commenced a project to improve the quality of documentation through a review of medical record forms.

WCHS Microbiology Department completed development and implementation of multiplex PCR testing for both Bordetella pertussis and parapertussis, allowing for rapid single simultaneous molecular diagnosis of these important paediatric and adult pathogens. This was critical in capably responding to the diagnostic demands of the WA community’s 2004 spring/summer pertussis outbreak. This test adds to the growing same day molecular infectious diseases test repertoire of the Department.

Consultants in the Microbiology Department are working closely with the Neonatology Clinical Care Unit and Infection Control Nurse Consultants at both PMH and KEMH in a new initiative to examine factors contributing to nosocomial bloodstream infections in susceptible neonates. A collaborative team approach is resulting in the implementation of effective preventative strategies and standardised data recording to allow national comparisons.

The Immunocap 250 has been installed to improve delivery of allergy blood testing including development of ultra low level measurement of IgE specific allergen and measurement of IgG4 specific antibodies to common allergens. These assays will help determine which food allergy patients have outgrown their allergies.

More than half of the WCHS immunodeficient patients on immunoglobulin replacement are on a home subcutaneous infusion program. Prior to this initiative the patients were in hospital every 3-4 weeks for half a day.
Achievements and Highlights

Healthy Hospitals (cont)

In 2004-05 the Clinical Biochemistry Department introduced expanded screening to the WA Newborn Screening Program. The introduction of tandem mass spectrometry has expanded the range of disorders detectable through newborn screening from four to more than 20.

A Transfusion Medicine Coordinator was employed on a temporary contract to ensure best practice in transfusion medicine within WCHS and reduce the risk of a serious transfusion incident.

Hours of laboratory service at PMH have been extended to 2300 in response to clinical demand.

Cytogenetics have developed a range of new, in house, Fluorescence in Situ Hybridisation (FISH) tests to detect cryptic chromosome rearrangements in children with mental disability and to diagnose chromosome changes underlying a number of different malignant disorders.

Dental Health Service

A new eight chair dental clinic was opened at Cockburn to service the oral health needs of approximately 18,500 eligible patients in the coastal strip between Fremantle and Rockingham.

A new dental therapy centre was opened at the Harmony Primary School, Atwell.

Healthy Workforce

North Metropolitan Area Health Service
Sir Charles Gairdner Group

On International Nurses Day, 12 May 2005, SCGH became one of the first three health services in Western Australia to have an area designated for a Nurse Practitioner. The first Nurse Practitioner at the hospital is Sue Hyde who will be functioning as a Nurse Practitioner in the area of haematology. The hospital's Clinical Nurse Consultant for wound care is also now registered as a nurse practitioner and is writing the business case and clinical protocols to have this specialty designated for a nurse practitioner role. In addition, other nurses are undertaking nurse practitioner studies in the areas of dialysis, respiratory and mental health.

In March 2005, SCGH established four new nursing roles in the ED that focus on improving access to mental health services and reduce waiting times for mental health patients. The Mental Health Consultation Liaison Nurse positions were established as part of the mental health strategy to expand mental health emergency services across metropolitan hospital sites.

Royal Perth Group

More than 1,600 Royal Perth Hospital nurses attended in excess of 60 professional development programs in 2004-05. In addition, more than 1,100 nurses attended weekly mandatory education programs. The hospital also provided nursing post-graduate training, resuscitation training and a corporate staff development program.

In April, the Royal Perth Hospital introduced a Clinical Supervision system to support staff, identify professional development needs and improve clinical practice.

Royal Perth Hospital burns service Director Fiona Wood was named Australian of the Year and Royal Perth Hospital was visited by His Royal Highness the Prince of Wales on March 1, 2005.

Swan and Kalamunda Health Services celebrated 50 years of service to the community in September 2004 and October 2004 respectively, with community fairs and staff celebrations.
Achievements and Highlights

Healthy Workforce (cont)

Population Health Program
The establishment of multidisciplinary teams within geographic zones resulted in better working relationships and better understanding of local issues through the epidemiological profile document that was updated during 2004.

Mental Health Service
The continuing recognition and development of clinical teams and team leaders as the primary building blocks of our organisational structure in Child and Adolescent Mental Health Services (CAMHS), enabled staff to be increasingly self-directing in meeting the needs of their demographic areas.

Cross service programs including Family Therapy, an Infant Mental Health Team and a Dialectical Behaviour Therapy group specifically designed for the adolescent population were establishment.

Clear communication lines were developed with professional co-ordinators and management, specifically to develop and retain a robust professional workforce. This has enabled identification of ongoing professional development needs. In addition CAMHS specific core competency training is being developed.

As part of the introduction of Clinical Governance, the pilot program based on a Queensland developed model in Performance Appraisal and Supervision of Professional Staff commenced.

A pilot commenced of a new community team at Mirrabooka which will have a community development and early intervention focus, with newly created job description forms that include: a Speech Pathology position; Indigenous Mental Health Worker; and a Culturally and Linguistically Diverse Worker.

In response to the world-wide shortage of child and adolescent psychiatrists, the provision of opportunities to medical officers to gain experience and skills in working with child and adolescent mental health. This also allows them to have exposure to the work and possible future considerations to join the training program.

Significant safety and security measures were implemented across all Swan Mental Health Service sites to increase staff safety and facility security following a critical incident involving staff assault.

Neurosciences Senior Speech Pathologist Kym Elliott was awarded a 2004 Churchill Fellowship to study treatment approaches in speech loss through progressive brain impairment.

An ED Liaison Team was recruited by the Inner City Mental Health to provide 24 hour cover in the ED of RPH.

There was consolidation of community programs under the umbrella of the Community Recovery Program with a strong focus on recovery and community integration.

A carer support position 0.5 FTE was established within Inner City Mental Health Service (ICMHS).

A Nurse Scholar Practitioner Mental Health position 1.0FTE was established in partnership with RPH/ECU.

A joint working relationship between Drug and Alcohol Office/Next Step and Royal Perth Hospital/Swan, (now expanded to include all nurses working within North Metro Mental Health Services) was developed. This will provide expertise in relation to the management of drug and alcohol issues within main stream MHS. This includes the opportunity for four nurses to participate in a three month rotation and study towards the Graduate Diploma in Substance Misuse at Curtin University.

A standardised approach of clinical supervision within nursing at ICMHS was introduced.

The psychiatric liaison nursing services were expanded.
Achievements and Highlights

Healthy Workforce (cont)

South Metropolitan Area Health Service

Major building changes across SMAHS resulted in active recruiting for senior staff.

The Mental Health Division appointed a Chair of Community Psychiatry at Fremantle Hospital.

The purchase of Kaleeya Hospital enabled management and staff to develop and enhance a new model of clinical service delivery and new recruitment structures that promoted a strong sense of team participation in reaching goals.

Armadale Health Service introduced the “Preferred View” organisational program, a multi-pronged team approach that allows wide staff input into all decisions.

At Woodside Maternity Hospital, 14 midwives were accepted into the Enhanced Role of Midwife Program as part of a Statewide initiative to improve their knowledge base. The hospital continued its support of student clinical placements from local universities and from overseas and work experience students.

In Population Health, 190 staff attended a symposium show-casing best practice programmes and initiatives across public and community health.

Nursing Human Resources continues to enjoy success in its recruitment strategies with wards generally well staffed with local, interstate and overseas sourced nurses as well as with graduate nurses in their first employment placements after completing their university degrees. SMAHS has attracted experienced nurses of the highest calibre from overseas, particularly from the United Kingdom, who have brought specialist skills to our high dependency areas. We have sponsored 35 such nurses in the 2004-2005 period. The Manager of Nursing Recruitment has an "Established Client" agreement with the Department of Immigration and Multicultural and Indigenous Affairs and is able to apply for visa nominations on-line via “eVisa” with a turn-around approval time of 48 hours in most cases.

The Nursing Division, and particularly the Nursing Human Resources Department, coped extremely well with the acute recruitment, assimilation and processing demands placed on it following the purchase of Kaleeeya Hospital. FHHS managed to retain virtually all the former private hospital staff, have formed very amicable and effective relationships with those staff - particularly the senior nursing team - and have successfully managed the transition period aimed at familiarising those staff with the tools, methods and processes used by FHHH.

Women’s and Children’s Health Service

An annual program of management training for front line managers and supervisors was implemented at the WCHS. The first course was completed successfully with all 20 participants graduating.

An Injury Management Coordinator has been appointed on a temporary contract to assist in the return to work of injured employees. An evaluation of the effectiveness of this position is in progress.

A new and improved security service was commenced, providing increased levels of skilled security staff. Outcomes include improved management of security events and improved collection of data related to security issues. A zero tolerance to aggression policy has been implemented.

Influenza vaccination was promoted and delivered to staff across the WCHS.

A pertussis vaccination campaign was promoted and delivered to staff across the WCHS in response to an epidemic in WA.

WCHS participated in Infection Control Awareness Week – an initiative of the Infection Control Association of WA.

The Alaris needle free system has been implemented across all clinical areas at PMH and KEMH for intravenous (IV) therapies.
Achievements and Highlights

Healthy Workforce (cont)

A comprehensive education program has been established at KEMH for clinical staff with dedicated, weekly sessions presented on Friday afternoons.

A self directed learning package on breastfeeding is now available for health professionals on the WCHS Intranet.

Part-time senior nurses have been employed in each Clinical Care Unit at PMH to nurture and support nursing research.

The Diagnostic Imaging Department has encouraged student and graduate nurse placements to promote the area as the workforce of the future.

The Diagnostic Imaging Department has introduced rosters for nursing staff that recognises family commitments while ensuring the clinical needs of the department are met effectively.

Vacation child care is offered to support WCHS staff during school holidays.

Dental Health Service

An attraction and retention package for dental officers was implemented and development of a criteria progression strategy to enable dentists to progress more rapidly through the dental salary range is being developed.

The Public Sector Dental Workforce Scheme was implemented to overcome shortages in recruitment of dentists to rural areas. Nine dentists were recruited and commenced by the end of April 2005, at the following locations: Albany, Bunbury, Derby, Exmouth, Meekatharra and Newman. Negotiations continue with a number of other interested dentists for placement in rural and remote areas.

Family Friendly Initiatives was implemented and included flexible work practices for all employees.

Healthy Partnerships

North Metropolitan Area Health Service
Sir Charles Gairdner Group

A Sub-acute Medical Unit (SAMU) was established at SCGH in June 2005. This allowed the consolidation of medical beds and services to the SCGH site and the consolidation of rehabilitation to OPH site.

A Pain Management Committee was established at SCGH to address the issue of pain management on a hospital-wide basis. There was also the National Institute of Clinical Studies (NICS) Pain Project, which aimed to begin the process of staff understanding the importance of measuring and recording pain. The introduction of the new observation chart which has a space for the pain score to be recorded, recognising pain as 'the fifth vital sign' (after pulse, respiration, blood pressure and temperature).

Early in 2005, the SCGH-based Asthma and Allergy Research Institute in conjunction with the UWA Centre for Asthma, Allergy and Respiratory Research was awarded a prestigious Commonwealth Government Cooperative Research Centre (CRC) grant in order to investigate asthma and other airway diseases.

Early in 2005, 14 staff members from SCGH successfully put their crisis response knowledge and skills to the test when they took part in disaster simulation exercise called the Emergo-Train Project, which was a first of its kind in Australia. The project is an educational tool for training and testing how prepared a hospital is in the event of a major accident or disaster, and uses the principle of ‘learning by doing’. The project was conducted by the Health Department of WA in conjunction with Emergency Management Australia (EMA).
Healthy Partnerships (cont)

Royal Perth Group
The $3 million Telstra Burns Rehabilitation and Reconstruction Unit was opened in February 2005, with a $1 million donation from Telstra.

Royal Perth Hospital and Murdoch University received a joint $9.8 million grant from the Gates Foundation to further world-leading Human Immunodeficiency Virus (HIV) research.

Royal Perth Hospital clinicians improved access to rural patients and health professionals through improved broadband services to rural areas. The national broadband program allows for cheaper and improved video conferences for professional education and remote clinical consultations.

Royal Perth Hospital and the Department of Justice began a trial to service Bandyup Women’s Prison with a specialist Hepatitis C service; if successful, this will be expanded to other prisons.

Population Health Program
A partnership with Mofflyn House, a community outreach service, to assess the needs of the local community and develop local initiatives resulted in positive outcomes.

Leap Together playgroup package is being developed by the Koondoola Child Development Centre in conjunction with Mission Australia accessing the Commonwealth funding from the Smith Family.

There was participation in the Federal Government Communities for Children project in Mirrabooka.

There was a successful expression of interest to participate in the Australian Early Development Index for the western suburbs community.

The Wembley Primary School was assisted to establish a story telling and play session for children aged three to four.

The Goollelal Primary School in Kingsley was assisted to establish A Smart Start, an early childhood development program.

Resources were provided for the pilot of Roots of Empathy.

Mental Health Service
The Inner City Mental Health Service and GPs were involved in service structure to undertake collaborative focus groups with consumers and support ongoing development of Consumer Advisory Group at ICMHS.

The Mirrabooka Assessment Support Team (MAST) was set up as an innovative joint initiative across adult, child and adolescent programs. Working with the new Mirrabooka Child and Adolescent Mental Health Service, MAST is responding to community needs, including those of indigenous and culturally and linguistically diverse communities, through closer relationships between General Practice, the SCGH Emergency and Psychiatry Departments, Graylands Hospital and Mirrabooka Mental Health Service.

South Metropolitan Area Health Service
Across SMAHS partnerships with several stakeholders have resulted in:

- Two new GP clinics (partnering local Divisions of General Practice).
- An Early Discharge Program for Obstetric patients (partnering patients, community midwives and GPs).
- The sharing of SMAHS facilities with a range of external groups.
- A Discharge Liaison Pharmacy Project (DLPP) (partnering community pharmacists, GPs, home visits).
Achievements and Highlights

Healthy Partnerships (cont)

The DLPP aims to assist patient discharge into the community by providing a pharmacist to ensure correct medication and compliance. This pharmacist works with the GP to ensure that information flows accurately. The target group includes vulnerable patients within the Fremantle Hospital catchment area who are discharged from general medical wards. The project plan includes ensuring that the discharge summary is accurate and forwarded to the GP within two days after discharge.

SMAHS mental health programs have been commended for their strong commitment to integrated service delivery. An example of which is the liaison with a community disability arts group to hold the annual art exhibition during Mental Health Week each year.

Many inter-agency and inter-departmental partnerships have taken place, such as conferences on rehabilitation and aged care, school-based therapy services and professional education.

Across SMAHS Community Advisory Committees seek patient feedback to help improve services. They actively promote the role of the GP in patient care.

At Woodside Maternity Hospital, a GP/Obstetrician works in association with the Fremantle Division of General Practice to update 200 local GPs and maintain links to rural GPs using the hospital. A GP/Obstetrician was also appointed to an academic role at Notre Dame fostering that partnership.

In Population Health formal partnerships were established with six local government authorities in SMAHS on health promotion and community development projects. The Harmony in Hilton work group was established with the Public Health Unit, local Aboriginal Elders, Indigenous residents, the City of Fremantle, the WA Police Service, the Department of Community Development and Hilton Primary School to foster healthy inter-agency and community partnerships.

Women’s and Children’s Health Service

The Statewide Obstetrics Support Unit was formed to ensure the highest standard of maternity care is provided to the Western Australian community. The service will work collaboratively within a network of metropolitan and country services to provide support and direction in the development of policy and standards, clinical quality and safety activities, workforce development and the provision of professional support and advice.

Sequential paediatric appointments have commenced between the North West and PMH. A full time paediatric appointment is made to a North West position for three years followed by 0.2 FTE appointment at PMH for two years.

The Child Health Research and Education Advisory Committee has been established to foster collaboration in research and education between the Telethon Institute for Child Health Research, the School of Child Health and the WCHS.

WCHS Infection Control Nurse Consultants participated in the WA Nosocomial Infection Surveillance Initiative established in 2005.

WCHS provided pre-employment health screening for Lady Lawley Cottage staff and pre employment health screening and vaccination for NurseWest nurses.

WCHS contributed to the development and trialing of the new statewide medical test and vaccination database for health care workers.

Continued outreach education to country hospitals through the Medical Specialist Outreach Assistance Program (MSOAP) which is coordinated by midwives and obstetricians from KEMH.

An Associate Professor of Midwifery was appointed in August 2004. This is a joint appointment between the WCHS and Curtin University.
Achievements and Highlights

Healthy Partnerships (cont)

The Diploma of Women’s Health had its first graduates in 2005. This program enables general practitioners to update and improve their non-procedural gynaecological and obstetric knowledge.

Staff of the WCHS Microbiology Department assisted in organising and presented at the Annual National Neisseria Network Meeting held in Fremantle in 2004. This meeting is widely recognised as the peak forum for meningococcal and gonococcal disease issues in Australia. This contribution flows from the Department’s statewide role in invasive pathogen surveillance and categorisation, especially with respect to meningococci, streptococcus pneumoniae and paediatric viral respiratory agents.

Staff of the WCHS Microbiology Department continue to work closely with epidemiology staff of the Telethon Institute for Child Health Research on invasive pneumococcal disease in Western Australians of all ages. This key public health partnership is an essential component of the community roll out of universal pneumococcal childhood vaccination. A particular focus is the surveillance for the emergence of pneumococcal strains which are not covered by the currently available vaccines.

Staff in the WCHS Immunology Department are collaborating with the Telethon Institute of Child Health Research in various studies to prevent allergies and to develop new vaccines to prevent infections.

Dr Catherine Cole from the WCHS Haematology Department has been appointed as the WA representative on the National Blood Transfusion Committee.

Dental Health Service

The Dental Health Service continued to assist the University of Western Australia dental school in the training of dental students by assisting with their clinical placement and supervision at various metropolitan general dental clinics.

Through participation in the Country Patients’ Dental Subsidy Scheme (CPDSS) and the Metropolitan Patients’ Dental Subsidy Scheme (MPDSS) the Dental Health Service fostered links to private practice.

Links to consumers were established via regular meetings with the Consumer Council.

Healthy Communities

North Metropolitan Area Health Service

Sir Charles Gairdner Group

At the 5th State Cancer Nursing Research Conference, international key note speaker Dame Gill Oliver, one of the world’s leading experts on cancer nursing and the Advisor for Nursing and Allied Health Professionals at Macmillan Cancer Relief in the UK, presented the topics Bringing Research to Life and Shaping the Future for Nurses and Nursing. The theme of the conference encompassed the ideas of patients, projects and possibilities.

The Dermatology Department at SCGH began the process of creating a comprehensive teaching "slide library" of dermatologic conditions. Consultant dermatologists from around the city donated clinical slides collected over the past 20-30 years, to be sorted and digitised by the Department of Medical Illustrations. The database will become a resource for Dermatology Registrars and all junior medical staff in the hospital.

In September 2004, the Renal and Transplant Department at SCGH launched Australia’s first Living Organ Donor Recognition and Support Program, providing living organ donors with a program of recognition and support.
Healthy Communities (cont)

Royal Perth Group
Royal Perth Hospital nurses took medical equipment to the North-West of the State to provide care for Aboriginal patients who travelled there for a funeral. This prevented a decline in the patients’ health care while taking part in a culturally significant event.

An Aboriginal Health Promotion program was implemented to improve co-ordination of care.

Swan Kalamunda Health Service and the City of Swan worked together to fund an Aboriginal Liaison Officer appointment, to encourage local Aboriginal people to utilise available services.

Two surgeons and four nurses from Royal Perth Hospital took part in the Australian Tsunami response to Banda Aceh and the Maldives. They shared their knowledge with health professionals around the State in a half-day seminar upon their return.

Population Health Program
Regular child health nurse and Aboriginal health worker visits to the Gnangara community were introduced.

Mental Health Service
A joint Area Mental Health-Population Health Program initiative is under-way to include community information on postnatal depression and other emotional health issues during and after pregnancy, on the Population Health public health information website, ‘YourZone’. This is one of a range of community-oriented initiatives of the State Perinatal Program to address and identify education, training, services and development needs in the area of post-natal depression, which affects between 10-15% of child-bearing women.

In Inner City Mental Health the Community Recovery Program, a process to adopt integrated Community models and forge links with GPs and non government organisation (NGO), was extended.

South Metropolitan Area Health Service
Community health services across SMAHS continued to actively improve the lifestyle and education of the population aimed at preventing acute health episodes and hospital admissions.

For example, a youth service in the southern suburbs provides access for youth to multiple health care professionals and health promotion advice.

Ambulatory surgery initiative cases have also improved equity and access to day surgery at Armadale and Kaleeya.

Woodside Maternity Hospital is participating in the WA Newborn Screening Program for hearing loss in newborns and the Combined Hib-MenCY vaccine trial for babies.

Mental Health staff at Fremantle Hospital devised and implemented a successful Quit Smoking Program for staff.

In Population Health an epidemiological profile of SMAHS population was completed which will guide SMAHS planning.

Population Health participated in a health needs analysis of the Murray Waroona population with recommendations now in progress.

An Aboriginal public health team was established with a focus on improving Aboriginal health and cultural security in the region. An indigenous cultural awareness-training package was developed to educate SMAHS staff on Aboriginal cultural security issues.

A seminar on improving diabetes education and management was attended by 150 GPs and SMAHS community nurses. The school vaccine programmes for Year 7 students was successfully coordinated and immunisation clinics were delivered to improve access for Aboriginal and refugee families in targeted areas with local governments and community health.
Healthy Communities (cont)

Women's and Children's Health Service
The WCHS campuses moved to become totally smoke-free with the introduction of by-laws that prohibit smoking anywhere within the site boundaries. The Obstetric and Gynaecology Clinical Care Unit has commenced a project to improve assessment and support for women to quit smoking.

The Sexual Assault Resource Centre as a consequence of the Gordon Inquiry has expanded medical, forensic and counselling services for people who have experienced sexual assault either recently or on the past. Initiatives have also included establishing statewide education and training services for health care professionals, providing irreach counselling services for aboriginal women and youth and the employment of an Aboriginal Liaison Officer.

The Obstetric and Gynaecology Clinical Care Unit has established a project to improve assessment and referral of women exposed to domestic violence.

Dental Health Service
Preventative and restorative dental care was provided to approximately 240,000 school children throughout the State, ranging from primary to Year 11. The program also included Year 12 students in remote locations.

Subsidised general dental care was provided to approximately 90,000 eligible patients through public dental clinics and private practitioners who participated in the Country Patients’ Dental Subsidy Scheme (CPDSS) and the Metropolitan Patients’ Dental Subsidy Scheme (MPDSS).

Continuation of the Government wait list initiative, has resulted in a waiting list reduction from a high of approximately 25,000 in January 2004 to approximately 13,500 at the end of June 2005.

2,600 residents of registered aged care facilities received a free dental exam and treatment plan under the Aged Dental Care Program.

Healthy Resources

North Metropolitan Area Health Service
Sir Charles Gairdner Group
In November 2004, a State Breast Services Strategic Plan was developed and submitted by the SCGH Breast Centre in collaboration with the RPH Breast Centre. This document outlines the services provided by the two centres and identifies areas of current and projected need, with recommendations for short-term and long-term actions. In particular, the document provides recommendations for improved integration of the two facilities, aimed at providing improved services with greater efficiency and with a progression to increased research output. As a result, the State Government promised funding for the initial implementation of some of these recommendations and to this end a working party was established, meeting for the first time in mid-2005.

Population Health Program
The Population Health Program was conducted within budget and also acquired additional resources through grant applications to external agencies.

Mental Health Service
Computers and IT were upgraded to sustain the Psychiatric Services Online Information System (PSOLIS) and IT infrastructure within MHS.

South Metropolitan Area Health Service
Recruitment of Allied Health staff at Rockingham/Kwinana District Hospital has resulted in significant improvements to the waiting list for Occupational Therapy services.

Across SMAHS nursing workload targets are being closely monitored and active recruitment is undertaken to maintain the workforce and reduce use of Agency Staff.
Healthy Resources (cont)

The new $4.5m. Mandurah Community Health Centre is under construction. An audit of community health facilities within SMAHS has begun.

Women’s and Children’s Health Service
A structure plan to guide the future development of the WCHS campuses (mainly for KEMH and PMH) commenced and is programmed for completion in September 2005.

Improved systems have been introduced for continuous monitoring of nursing hours per patient day in categorised ward areas.

WCHS pathology staff are contributing to a review of laboratory computer systems as part of a common single database project that aims to simplify transfer of information within the Metropolitan Health Services. This will allow rationalisation of resources and comply with HRC Report recommendations. The iCM catalogue of pathology tests has been consolidated to allow for a single database across Health Services. A review of the ‘Order Entry System’ has also been undertaken to reduce the number of repeat requests and improve efficiency savings.

Dental Health Service
A Human Resources Manual and a Performance Management Manual for all employees was introduced.

Healthy Leadership

North Metropolitan Area Health Service
In March 2005, Dr John de Campo took up the post as North Metropolitan Area Health Service Area Chief Executive.

Royal Perth Group
Staff members are taking part in the Department of Health Leading 100 initiative.

South Metropolitan Area Health Service
Mr Russell McKenney (General Manager of Armadale Health Service) was the Acting Chief Executive SMAHS during late 2004 and early 2005, one of the most volatile periods of major change across SMAHS. Ms Smith will replace Mr McKenney, commencing 4 July 2005.

Dr Shane Kelly left the position of Chief Executive in December 2004 to take up a senior position in the non-government health system, following a significant contribution to the SMAHS.

Following the purchase of Kaleeya Hospital, Dr Judith Errey was appointed the first Medical Officer in Kaleeya’s history and Dr Malcolm Thompson was appointed as an anaesthetist.

At Armadale Health Service, a significant number of staff acted in higher positions, enabling these people to expand their skills and assist with succession planning.

Across SMAHS senior staff were encouraged to attend leadership development courses. Professional development is also offered to staff and health services have assisted with funding staff to attend conferences in Western Australia, interstate and internationally.

Staff Development promoted a healthy workforce - recruiting, developing and retaining staff through a vibrant and positive culture. They encouraged the development of knowledge, skills and participation and promoted a culture of professionalism, teamwork and accountability, supported by system planning and re-configuration.
### Achievements and Highlights

#### Healthy Leadership (cont)

The establishment of an E-Learning program enabled staff to access programs on line from their home or work computer.

Dr Mark Rooney was appointed Area Director of the South Metropolitan Mental Health Service to lead an exciting expansion of mental health services during 2005 and 2006.

**Women’s And Children’s Health Service**

The WCHS Strategic Planning and Advisory Council commenced work on the WCHS strategic plan in keeping with the *WA Health Strategic Directions 2005*.

Ms Janice Butt was awarded Nurse Educator of the Year Award by the Nurses Board of Western Australia.

Dr Leanne Monterosso was awarded Nurse Researcher of the Year by the Nurses Board of Western Australia.

Ms Robyn Collins was a finalist for the Nurses Board of Western Australia, Nurse Leader of the Year Award.

Ms Melanie West was a finalist for the Nurses Board of Western Australia, Metropolitan Acute Care category.

Ten WCHS staff participated in the Leading 100 Program.

The appointment of a Post Graduate Medical Education Director at KEMH in January 2005 has provided strong leadership for the delivery of medical education at KEMH.

Staff in the WCHS Immunology Department have contributed to the development of national guidelines on the prevention of allergies in children.
People and Communities

Demography

Age distribution of the Metropolitan Health Service area
The population of the Metropolitan Health Service area was 1,450,793 in 2004.

The number of Aboriginal people in 2004 was 23,523 which represents 1.6% of the Metropolitan Health Service area population.

In 2004, the dependency ratio (ie the ratio of people aged less than 15 and more than 64 to those aged 15 to 64) in the Metropolitan Health Service area was 0.45 (State: 0.46).

Map 1: Metropolitan Health Service Demography

<table>
<thead>
<tr>
<th>Year</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>0-4</th>
<th>5-14</th>
<th>15-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>Male</td>
<td>Aboriginal</td>
<td>1,466</td>
<td>3,076</td>
<td>2,446</td>
<td>3,083</td>
<td>1,272</td>
<td>195</td>
<td>11,538</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>non-Aboriginal</td>
<td>42,677</td>
<td>95,478</td>
<td>109,338</td>
<td>207,456</td>
<td>176,495</td>
<td>73,969</td>
<td>705,413</td>
</tr>
<tr>
<td>2004</td>
<td>Female</td>
<td>Aboriginal</td>
<td>1,356</td>
<td>2,924</td>
<td>2,426</td>
<td>3,443</td>
<td>1,560</td>
<td>276</td>
<td>11,985</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>non-Aboriginal</td>
<td>41,114</td>
<td>90,828</td>
<td>106,935</td>
<td>210,070</td>
<td>178,088</td>
<td>94,822</td>
<td>721,857</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>86,613</td>
<td>192,306</td>
<td>221,145</td>
<td>424,052</td>
<td>357,415</td>
<td>169,262</td>
<td>1,450,793</td>
</tr>
</tbody>
</table>
Disability Service Plan Outcomes

The Western Australian Disability Services Act (1993) was introduced by the State Government to ensure that people with disabilities have the same opportunities as other West Australians. As required under that Act, each health service has developed and implemented a Disability Services Plan. In the year ending 30 June 2004, the MHS continued to implement and improve disability services in accordance with the respective plans.

Processes have been implemented to ensure all plans and modifications to buildings and facilities are audited for compliance with disability standards. In addition, health services disability plans are reviewed annually to ensure they meet disability access standards.

Where opportunities have been provided for people with disabilities to undertake work placement or employment, the Metropolitan Health Service has ensured work is suitable or adapted to meet requirements.

OUTCOME 1 Existing services are adapted to ensure they meet the needs of people with disabilities.

North Metropolitan Area Health Service
A site map was redeveloped specifically to be used by people with disabilities.

The DOH guidelines for access to printed information have been applied.

A policy for publications and printed information that incorporates State Government access design guidelines has been implemented and circulated to staff.

Future planing to the building includes lift access to floors, which will include Braille lift numbers.

The ICMHS conducted a review of all existing buildings to identify and address deficits in key areas requiring access.

South Metropolitan Area Health Service
An engineering maintenance program was implemented at FHHS to make all patient bathrooms and toilet areas more “user” friendly for persons with disabilities. Floors were replaced, and nib walls removed to provide greater wheelchair commode and shower chair access.

The Disability Services Coordinating Committee continues to monitor the implementation of the Bentley Health Service’s Disability Services Plan.

Appropriate patient transport can be organised for patients with disabilities when attending Rockingham Kwinana Health Service.

The Armadale Health Service (AHS) have reviewed their Disability Services Plan with input from the Community Advisory Council and all AHS staff.

Women’s and Children’s Health Service
The WCHS Diversity Management Group considers all aspects of services for people with disabilities.

Practices are continuing to ensure that contractors and builders are aware of standards and State Supply Commission policies, building codes and that all plans and modifications to buildings and facilities are audited for compliance with disability standards at the start and the end of the project.

Dental Health Service
Disability service issues are considered when new policies are developed and endorsed. All public events are now conducted in accessible venues.
People and Communities

Disability Service Plan Outcomes (cont)

OUTCOME 2
Access to buildings and facilities has been improved.

North Metropolitan Area Health Service
Plans have been prepared for modifications to the Catheter Laboratory at SCGH.

Modifications have been made to Ward G74 at SCGH, where the toilet/shower area has been modified to improve access for people who are of bariatric size with a mobility impairment. (Bariatric is the branch of medicine that deals with the causes, prevention, and treatment of obesity.)

At OPH there was improvement of existing signage, parking facilities and access information. The new theatre suite and management services accommodation were also refurbished in line with the Disability Services Act 1993.

The relocated Graylands Pharmacy Department is now within easy pedestrian access of other services and inpatient units on campus. The new premises incorporate disability access.

Planning is under-way for the new 14-bed inpatient unit in the Area Mental Health Service to incorporate disability access, while the AMHS website is being designed to incorporate State Government access design guidelines.

South Metropolitan Area Health Service
A service audit has been undertaken at FHHS to upgrade all existing elevators to accommodate people with disabilities. This included the implementation of Braille on all floor buttons, floor chimes/voiceover, and wheelchair accessible control panels.

Disabled car parking bays have been increased from two to five at Kaleeya Hospital.

Funding has been approved and work is underway to re-develop existing toilets in A block at Bentley Hospital to include access for people with disabilities.

A Disabled parking bay has been created in front of G Block at BHS, to improve access. BHS has also lodged minor works submissions to further develop site map signage to better meet access requirements for people with disabilities.

Regular reviews are undertaken to ensure access for disabled people to all buildings and facilities at RKHS.

Toilets and bathrooms have been upgraded to allow wheelchair access at RKHS.

Women’s and Children’s Health Service
Renovation projects to many areas of PMH and KEMH have taken into account the ability of disabled persons to access facilities.

Access to the Multifaith Centre at PMH has been improved by extending the undercover pathway from the hospital. This will provide better access for all those who need to use the Multifaith Centre, including those with disabilities.

The Children’s Rehabilitation Centre Hay Street building of Princess Margaret Hospital will have new fully compliant accessible toilets, showers and changing facilities. Additional disabled parking bays have been installed for patients to the Children’s Rehabilitation Centre.

The construction of the new Sexual Assault Resource Centre (SARC) building at KEMH includes provision for disabled access and toilet facilities.

The disability audit was reviewed and funding made available to undertake high priority work, including dual height drinking water fountains and accessible public telephones.

Refurbishment of leased premises for Outpatient Clinics at 80/82 Hay Street included the provision of fully accessible toilet facilities.

Reception desks in Neonates have been fitted with low access to accommodate people in wheelchairs. High/Low overhead warmers / Isolettes have been purchased to improve infant viewing for parents in wheelchairs.
Disability Service Plan Outcomes (cont)

Automatic doors have been installed in the KEMH lift lobby to improve access for people with disabilities. The refurbishment of the Emergency Centre and the Adult Special Care Unit at KEMH has provided toilets for women with disabilities.

**Dental Health Service**
Appropriate changes to existing facilities are made as funds become available. Regular reviews are undertaken to ensure access to buildings and facilities. Hand rails/railings have been added to facilities and toilets and bathrooms have been upgraded to allow wheelchair access.

**OUTCOME 3**
Information about services is provided in formats which meet the communication requirements of people with disabilities.

**North Metropolitan Area Health Service**
A customer service education package was developed and included a specific training video on meeting the customer service needs of people with disabilities.

A site map was designed to be used within written information provided to ensure that people who have vision impairments have improved access to this hospital. Information and educational material are also available in large font on request.

A forum on disability awareness and meeting the special needs of others was conducted through the Allied Health education group.

Teletypewriter (TTY) telephone is available for patients who have a hearing impairment.

There was a review of Inner City Mental Health Service consumer information pamphlets.

**South Metropolitan Area Health Service**
Audits are ongoing reflecting the high level of awareness and commitment of Bentley site to ensure barriers to services are eliminated.

A sign language translation service was engaged to assist a profoundly deaf employee at Bentley Health Service (BHS) to participate in the mandatory induction process.

TTY telephones are available to assist people with a hearing impairment.

Publications are designed and produced according to standards of font size to improve legibility for people with vision impairment, while the Armadale Health Service (AHS) has improved access to brochures in appropriate formats by introducing stickers to pamphlet racks that direct consumers to ask staff if alternative formats are required.

The AHS has facilitated disabled access feedback via the Community Advisory Council by modifying membership to include a member with disabilities.

**Women’s and Children’s Health Service**
The WCHS Publications Committee is aware of disability service needs and is reviewing the standards and formats in which information is made available.

The PMH and KEMH patient guidebook provides information to assist people with disabilities.

**Dental Health Service**
Published materials are available in alternative formats such as Braille, IBM compatible disk, large print or audiocassette.

A TTY telephone is also available to assist people with a hearing impairment.
Disability Service Plan Outcomes (cont)

OUTCOME 4
Advice and services are delivered by staff who are aware of and understand the needs of people with disabilities.

North Metropolitan Area Health Service
The Disability Services Plan Co-ordinator and Facilities Planner attended a public education forum run by the Australian Building Codes Board on “Standards for access to premises under the Disability Discrimination Act”. Hospital information management and clerical services staff attended an education session on customer services for all people including those with disabilities.

A Disability Services Plan endorsing the five major outcomes was developed and circulated to staff and disability issues are a standard agenda item on all major hospital committees. Disability awareness seminars were delivered to staff and supported by regular articles in staff newsletters and the circulation of promotional material.

Knowledge of disability services is listed as a desirable criteria for all positions advertised in the hospital.

South Metropolitan Area Health Service
Fremantle Hospital provides advice and services through an orientation session provided to all new staff members by Staff Development. Staff Development also provides a disability awareness course, which is available to all staff members.

Meetings have taken place with BHS social work staff and Disability Services representatives to assess further development of service provision to meet the needs of people with disabilities.

AHS have improved staff knowledge on disability awareness by the introduction to the new staff orientation program a presentation focusing on the needs of the disabled. There is a plan for rolling out education to current staff.

Women’s and Children’s Health Service
Various disability awareness sessions have been held for staff of WCHS this year including:

• The role of the Health Resource and Consultancy Team of the Disability Service Commission.
• “Navigating the Maze”.
• Makaton Key Word Signing.
• Disability Awareness.
• “Trade Your Shoes for just a Moment”.

Dental Health Service
For all management and supervisory positions Job Description Form (JDFs) are required to have the following essential selection criteria: “Current knowledge of legislative obligations for Equal Opportunity, Disability Services and Occupational Safety and Health, and how these impact on employment and service delivery”.

For all non-management or supervisory positions JDFs are required to have the following desirable selection criteria: “Current knowledge and commitment to Equal Opportunity in all aspects of employment and service delivery”.

OUTCOME 5
Opportunities are provided for people with disabilities to participate in public consultations, grievance mechanisms and decision-making processes.

North Metropolitan Area Health Service
Representation of people with disabilities has been continued with representation on our Community Advisory Council and Disability Services Plan Reference Group. Opportunities for public consultation, complaints and decision-making are provided through the Community Advisory Council and publicly accessible feedback questionnaires.

A Disability Services Reference Group including two consumer representatives and a dedicated Disability Services Co-ordinator has also been established.

The Customer Liaison Department provides assistance to patients who are unable to provide written complaints or who require access to the TTY telephone and continues to monitor respond and report on complaints relating to patients with disabilities.
Disability Service Plan Outcomes (cont)

The Inner City Mental Health Service Community Advisory Group is active in advocating for people with disabilities and special needs.

South Metropolitan Area Health Service
At all Disability Advisory Committee meetings, the Customer Liaison Department tables relevant complaints received by FHHS. This provides the community representatives with an opportunity to express their opinion and play a part in either consultation or feedback where necessary.

The Community Advisory Council, which represents the community accessing BHS, advises the General Manager on client/services issues while members of that committee are invited to participate in the framing of the Disabilities Services Plan.

A consumer representative is a member of the Disabilities Coordination Committee for BHS.

Grievance mechanisms are in place that allows people with disabilities to participate without impediment.

Women's and Children's Health Service
The Community Advisory Councils and other hospital forums provide for consultation regarding services for people with disabilities.

The complaints process is available to people with disabilities and parent/patient advocates and staff address complaints from this group.

Dental Health Service
Community consultation programs are undertaken as part of planning processes while complaint procedures have been redesigned to meet the needs of clients who are unable to make written complaints.

Cultural Diversity and Language Service Outcomes

In line with State government policy, the Metropolitan Health Service ensures that language is not a barrier to accessing health services for people who require assistance in English. It also recognises that English is a second language to many people who may experience cultural barriers and communication difficulties while trying to access the services. For the year ending 30 June 2005, the health services continued to develop and expand services for people who may experience language or cultural difficulties.

SCGH is actively involved in both industry advisory and client groups, providing input as to changing needs for languages services and providing support within the industry for training programs as new language needs arise. Information in other languages relevant to the hospital's client base is widely distributed to wherever a need is identified. In 2004-05, consultation was held with the Central TAFE Industry Advisory Committee, the WA Deaf Society Inc. and On-Call Interpreters and Translators Agency.

SCGH provides a budget for the provision of interpreting and translating services. Efficiencies are maintained by combining multiple requests by language, ensuring translated material is produced to serve as wide a client base as possible, and by prudent use of qualified staff in a language service capacity as appropriate.

SCGH maintains a current database of employees who are willing to participate and contribute in the area of development and implementation of language services planning.
Osborne Park Hospital has implemented a policy that all culturally and linguistically diverse patients/clients will have access to an accredited interpreter, to ensure equity of access to all health services, protect their rights and meet their specific needs. A booklet for staff entitled Employees’ Guide to Language Services to Osborne Park Hospital has been produced and distributed.

The national 10 tips for safer health care has been translated into 15 languages of OPH client groups and distributed.

There is increased access and timeliness of services, via use of Perth-based On Call Interpreter Services in addition to the national Translating and Interpreting Service and acquisition of a telephone amplifier for clients with hearing difficulties.

**Royal Perth Group**

Royal Perth Hospital has a Language Services Unit, which provides interpreting services to patients at the Wellington Street and Shenton Park Campuses, as well as at the Ursula Frey Unit at Mercy Hospital. The purpose of these units is to enable equal access for the Non-English speaking and hearing impaired patients and to assist hospital staff to care for those patients in a professional and effective manner as recommended in the DOH policy guidelines on Language Services in Health Care.

The Languages Services Unit has four full-time staff, including two interpreters (Vietnamese and Cantonese/Mandarin) and over 70 interpreters who are contracted to provide interpreting services in 28 languages. The contractors and the two full-time interpreters cover 85% of the current demand. Language services for the remaining 70+ less common languages requested each year are contracted through the Translating and Interpreting Service (TIS).

Demand for interpreting services has not slowed down and the only change noted has been the type of languages requested with the high increase in demand for Dinka and other African languages, some of which are quite rare. The Unit received approximately 11,000 requests for on-site interpreting. Of those requests, 8.5% were from the Booked Admissions Centre and theatres where informed consent from patients is required. 20% of the total demand (2,200 requests) came from the ophthalmology, gastroenterology and psychiatry outpatient clinics.

Services were provided across 120 locations at both hospital campuses and the Ursula Frey Restorative Unit. 100 were home visits provided mainly at the request of the Psychogeriatric Unit and the Department of Geriatric Medicine.

The ten most requested languages collectively amounted to almost 75% of the total demand, with the top three being Vietnamese (20%), Cantonese (12%) and Arabic (9%) followed by Italian, Serbian, Persian, Mandarin, Polish, Bosnian and Auslan.

As a major provider of interpreting services, the RPH Language Services Unit has become aware of the increasing need to establish new competencies and standards of practice specific for health interpreting. The unit has organised regular meetings with the contractors in order to develop practical and effective guidelines to achieve a uniform understanding of interpreter’s role in healthcare, which would lead to the replacement of the current, generic Interpreters’ Code of Ethics with the more appropriate Health Interpreters’ Code of Ethics.

All new staff to Swan Kalamunda Health Service (SKHS) received education on issues related to cultural diversity and the impact of this on client care. Staff members are made aware of interpreter services and the local use of telephones required to ascertain an official interpreter.

Cultural diversity sessions are also scheduled in the SKHS Corporate Education Planner under the topic ‘Dealing with different cultures’. These sessions are scheduled quarterly and on a needs basis and are unit specific.
Cultural Diversity and Language Service Outcomes (cont)

**Population Health Program**
It is the Population Health Program’s policy to use interpreter services for non-English speaking clients. Where possible print material is published in several languages using diagrams in preference to words.

**Mental Health Service**
Staff/client access to TIS supports equitable access to health service by patients from culturally and linguistically diverse backgrounds.

A three-day workshop on Indigenous Psychological Training was held for area mental health professionals and an Aboriginal cultural awareness session was presented to Area Mental Health Service staff.

The WA Transcultural Mental Health Centre (WATMHC), a Statewide service within NMAHS that aims to bring about a culturally-sensitive response to migrant mental health needs, held the inaugural State Transcultural Mental Health Conference in October 2004.

Also in October 2004, the WATMHC launched the “Clinician’s Compendium of Assessment Tools for Mental Health Clients from Culturally and Linguistically Diverse Backgrounds”.

In December 2004, WATMHC was jointly recognised by the National Australian Crime and Violence Prevention Awards 2004 for its innovative partnership with stakeholders to undertake the project ‘Preventing Family Disintegration in Culturally and Linguistically Diverse Communities (CALD): A Partnership Approach.’ Further recognition for the initiative has also come from the Department of Community Development, which subsequently committed $80,000 for the project partners to replicate the initiative with other ethnic communities.

**South Metropolitan Area Health Service**
The Alma Street Centre (ASC) Multicultural program provides briefing to new medical staff in the use of and booking of interpreters, accessing translated materials and resources. Workshops on Managing Cultural Diversity in mental health are conducted regularly as ongoing professional development for staff. The ASC Multicultural program meets and works closely with other multicultural agencies both within government and non-government organisations to ensure equitable service delivery to clients from CALD background.

Kaleeya Hospital has adopted the translator/interpreter services program of FHHS for addressing these issues.

The Rockingham Kwinana Health Service operates in conjunction with the Western Australian Government Language Service Policy, and has the following strategies and plans in place to assist people who experience cultural barriers or communication difficulties while accessing the service’s facilities:

- Staff members who interpret are accredited with the National Accreditation Authority for Translators and Interpreters (NAATI) and are available when necessary.
- Language Service Policy requirements have been budgeted for and all the important information about this region have been translated into the languages relevant to their client base.
- All staff are aware of the requirements when presented with a Western Australian Interpreter Card.
- Procedures have been put in place to record feedback from clients.
- Staff are trained in working with interpreters.
- Before producing multilingual information for clients, consultation with appropriate groups takes place.

**Inner City Mental Health**
Access to interpreters was individually accessed. Prompts were put on assessment forms to remind staff to identify and request the use of an interpreter. Information was included in patient information and also in staff induction material concerning the use and availability of interpreters.
People and Communities

Cultural Diversity and Language Service Outcomes (cont)

- Senior Clinicians present information on multicultural standards at induction to all new staff. This session is also available to current staff. Evaluations of this education have demonstrated it to be effective and valuable. Information posters are displayed in all waiting rooms and clinical areas. These outline consumer’s rights, interpreter services, and other patient information. This information is published in multiple languages. Complaint and consumer feedback systems are closely monitored to ensure compliance with multicultural standards.

Population Health (SMAHS) have been involved in developing the following projects:

**Bilyidar Leadership and Cultural Awareness Project - Mandurah**

This program involves Aboriginal and non-Aboriginal young people and aims to build Aboriginal cultural identity and develop the skills of participants. The project outcomes included the Bilyidar Festival held in Mandurah involving 200 Aboriginal and non-Aboriginal community members.

**Indigenous Youth Arts and Culture Project - Fremantle**

An outcome of this project has been the formation of a ‘breakfast club’ at Hilton Primary School staffed by local Elders. This initiative aims to improve children’s nutrition and support school attendance.

26 young people attended a retreat to discuss sexual health issues for young women, personal safety and self-respect.

**Giriz Stuff Program - Armadale**

15 Indigenous young people developed a youth wallet card with information about sexual health services and other community services.

**Women’s and Children’s Health Service**

Language Services continued to coordinate interpreter bookings for approximately 5,360 occasions of service – KEMH: 2,590 on-site and 900 telephone, PMH: 1,600 on-site and 270 telephone.

The professional competence of 110 contract interpreters (25 languages) was developed through seminars, mentoring and liaison with training and accreditation systems.

A staff development program about cross-cultural work at WCHS was continued and included the corporate orientation program, study days, in-service sessions, and the Diploma of Women’s Health (for GP’s).

A Language Services Committee of senior nurses, social workers and the Coordinator of Language Services monitored and developed language services. Language Services participated in the WCHS Diversity Management Group strategies to increase awareness and access to a diverse client and staff population. Access was provided to written material on women’s and children’s health in multiple languages.

**Dental Health Service**

Interpreting Services Policy and Guidelines for the Dental Services including the guidelines to staff on when to use telephone or on-site Interpreting was reviewed and updated.

Teaching material for rural and remote Indigenous communities health workers/teachers, etc to provide oral health instruction in rural and remote indigenous communities was issued and is now being utilised by other organisations nationally.
People and Communities

Youth Outcomes

The MHS played a role in the achievement of the six goals that were expressed in the Government's Youth Outcomes plan. MHS activities that supported the six goals included the following:

North Metropolitan Area Health Service
All State high schools within the North Metropolitan Area Health Service have access to the services of a school nurse who not only provides a primary care service but also health promotion and is an active member of a pastoral care team.

Within the NMAHS a research program is measuring the impact of a virtual parenting experience to ascertain whether this reduces unwanted pregnancies or improves health outcomes for teenage pregnancies compared to teenagers who do not have this experience.

South Metropolitan Area Health Service
The graduate programs for enrolled and registered nurses are well sought after. They are publicly recognised programs offering greater employment opportunities and enhanced employment status for those who complete the programs. Promotional material has been developed aimed at the 18-30 demographic and promoted at University and Royal College of Nursing Expos.

The Work Experience Program gives students from schools a practical insight into careers in nursing and clerical areas. Policies have been developed this year to improve the coordination of student placement activities and to improve their performance development whilst on campus.

Indigenous School Based Traineeships provide Year 11 and 12 students the opportunity to complete Certificate IV in Business over a 1 or 2 year period. The traineeship also provides on the job training, an insight into the business/clerical role in a health related field and possible future career opportunities.

Population Health
There have been some significant initiatives commenced across the South Metropolitan Health Service as listed below:

‘The Haven’ - Billy Dower Youth Centre, Mandurah
This health centre for young people in Mandurah was opened. The program is delivered by community health services, and includes a school nurse clinic held two afternoons each week. The centre is also serviced by communicable disease nurses from Fremantle hospital, Family Planning WA and weekly visits by general practitioners.

Youth on Health Drama Festival - Peel and Rockingham Kwinana
This Festival was organised by 40 young people in Peel region and attracted 85 entries in drama, dance and art. The ‘Smarter than Smoking’ health message was strongly promoted.

Bike Safety Training - Armadale
In partnership with the WA Police Service the South Metropolitan Public Health Unit involved 342 primary school students in bike safety training in Armadale.

Children and Youth Health and Wellbeing Needs Assessment – Rockingham
The South Metropolitan Public Health Unit supported the City of Rockingham to develop a Children and Youth health and wellbeing needs assessment.

Youth Traineeship Program
Four young people were supported in long term placements to complete the requirements of Certificate III and IV in Community Services/Youth Work.

The Station Youth Health Service – Rockingham
Community health provides sessional services for young people who generally self refer for issues such as sexual health, pregnancy, contraception, sexually transmitted infections and relationship issues.
**People and Communities**

**Youth Outcomes (cont)**

**Young Mum’s Program – Rockingham**
This is a weekly program provided by a community nurse for mothers under 23 years. The program links young women with other mothers of the same age and reinforces their parenting skills in a supportive environment. Information about parenting, community resources and health is provided.

**Community Health Programs in High Schools**
Programs are provided to high schools covering a range of areas including mental health and wellbeing, alcohol and other drugs; sexual health, nutrition, physical and psychosocial health.

**Women’s and Children’s Health Service**
The following programs and services were provided or are being developed specifically for young people.
- Adolescent Mothers’ Support Service.
- Eating Disorders Program.
- Adolescent Outpatient Centre.
- Spina Bifida Transition Program.

The Women’s and Children’s Health Service is also developing a strategic plan to support young people in the transition to adult health care services.

**Dental Health Service**
School Dental Service provides preventative and restorative dental care to approximately 240,000 school children throughout the State ranging from preprimary to Year 11, which contributes to excellent dental health of children.

Dental Health Services in cooperation with Curtin University, TAFE Colleges and Dental Nursing Australia provides training opportunities in the areas of dental therapy and dental clinic assisting, targeting school leavers.
Major Capital Works

Please refer to the Department of Health annual report.

Waste Paper Recycling

Waste paper recycling is actively encouraged within the Metropolitan Health Service. The organisations regularly review their recycling programs and explore options that offer a better service and/or are more cost-effective.

North Metropolitan Area Health Service

SCGH Group
- SCGH under desk recycling boxes have been a success.
- Staff are replacing the small general waste bins in all offices on a routine basis around the site. When full, they are emptied into larger 240-litre bins for collection and recycling.
- New staff through the Hospital Orientation Education sessions are supportive of the hospital's recycling program.
- Osborne Park Hospital has a paper recycling program in place. All quality paper and cardboard is recycled and collected by Specialised Security Shredding. The only cost incurred is for confidential waste paper, which is shredded.

Area Mental Health
- Graylands Hospital has a recycling program for all cardboard and paper. Cardboard and paper is collected from all wards and units, then placed into three cubic metre and 1100 litre bins, before being collected by a contractor and taken for recycling.

RPH Group
- The Royal Perth Hospital policy for recycling paper waste incorporates general and confidential paper waste recycling.
- Locked 120 litre bins are provided for confidential waste paper at strategic locations in each department for disposal of confidential paper.
- Unlocked 120 litre bins are provided at strategic locations in each department.
- Both locked and unlocked bins are held in the waste areas for collection through Specialised Security Shredding.
- Delivery and collection of blue paper waste bins is on an as-required basis through housekeeping services.
- Bins are cleared from strategic points by a hygiene orderly and taken to the waste areas.
- WA School of Nursing (WASON) waste paper for recycling is collected from the WASON building weekly.
- Shenton Park Campus (SPC) waste paper is collected from strategic locations and taken to a holding area for collection by Specialised Security Shredding.
- Swan Health Service has a waste paper recycling program for all its cardboard and paper.

Population Health Program:
- Paper recycling facilities are available in the main premises of the Population Health Program.

South Metropolitan Area Health Service

Armadale Health Service
Armadale Health Service manages and monitors the waste paper recycling program through the AHS Waste Management Committee and with data provided by the contractor Cleanaway. The Committee has conducted audits of ‘confidential waste’ bins in November 2004 that resulted in an increased awareness of the appropriate management of non-confidential paper etc. In addition Cleanaway visited the AHS site in June 2005 with a display, pamphlets and information regarding recyclable products which included paper to further promote recycling by AHS staff.
Waste Paper Recycling (cont)

**Bentley Health Service**
Arrangements are in place with a contractor to commence a cardboard recycling program in May 2005.

No specific statistics are recorded for ‘paper waste’ as this forms part of our overall recycling waste. A Refuse Bin Waste Audit was conducted on 31 August 2004. BHS staff understand what items are recyclable and staff appear to be committed to recycling.

**Peel and Rockingham/Kwinana Health Service**
Rockingham/Kwinana District Hospital commenced confidential waste recycling. The number of bins has increased from four to six during 2005. Confidential waste bins have been introduced to capture high-grade paper for shredding and recycling by Specialised Security Shredding. Cardboard is collected and recycled. Community and Mental Health facilities are now using confidential waste bins.

**Fremantle Hospital and Health Service**
At FHHS space restrictions have inhibited the placement of a bin to separate paper from FHHS recycle stream. Therefore FHHS applied for and received a government exemption from the paper-recycling program. FHHS has had in place since 1994 a co-mingle recycling system which contains a large quantity of high-grade paper for recycling. Additionally, confidential waste bins capture high-grade paper for shredding and recycling by Specialised Security Shredding.

**New Initiatives:**
- At FHHS 100 more recycle bins have been added to the campus to capture the increase in recycle material.
- 5 - VINYL (UPVC & PPVC) plastics can now be recycled through the co-mingle system.

**Women’s and Children’s Health Service**
WCHS have a co-mingle recycle system whereby paper is collected together with other recyclables (glass and aluminium) and is taken off site by the recycling contractor. Due to the nature of co-mingling it is not possible to determine the level of progression in paper recycling.

Confidential waste bin numbers have increased within the organisation with all confidential waste being shredded and used for recycling by the confidential waste company.

WCHS recycle all cardboard, which is crushed, bailed and sold for recycling purposes.

**Dental Health Service**
Dental Health Service continue to actively promote recycling of waste paper via Government contractors.

**Tonnage of Waste Paper Recycled**
Approximately 189 tonnes of waste paper was collected separately for recycling in the Metropolitan area for 2004-05 and FHHS co-ingled 84 tonnes from landfill.

---

**Energy Smart Government Policy**

Please refer to the Department of Health annual report.

**Regional Development Policy**

Please refer to the WA Country Health Service, South West Area Health Service and Peel Health Service annual report.
Governance – Human Resources

Employee Profile

The tables below show the annual average of full time equivalent staff employed by the MHS by category and in comparison with 2003-04.

Table 5: Total FTE by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Services/Dental Care Assistants</td>
<td>7,100.0</td>
<td>7,345.20</td>
</tr>
<tr>
<td>Administration &amp; Clerical*</td>
<td>2,928.8</td>
<td>2,961.79</td>
</tr>
<tr>
<td>Medical Support*</td>
<td>2,836.4</td>
<td>2,793.06</td>
</tr>
<tr>
<td>Hotel Services*</td>
<td>2,254.7</td>
<td>2,323.71</td>
</tr>
<tr>
<td>Maintenance</td>
<td>328.4</td>
<td>338.24</td>
</tr>
<tr>
<td>Medical (salaried)</td>
<td>1,766.3</td>
<td>1,837.97</td>
</tr>
<tr>
<td>Medical (sessional)</td>
<td>217.4</td>
<td>225.96</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>17,432.0</strong></td>
<td><strong>17,825.93</strong></td>
</tr>
</tbody>
</table>

* Note: These categories include the following:
1. **Administration and Clerical** – Administrative and executive staff, ward clerks, receptionists and clerical staff.
2. **Medical Support** – physiotherapists, speech pathologists, medical imaging technologists, pharmacists, occupational therapists, dietitians and social workers.
3. **Hotel Services** – cleaners, caterers and patient service assistants.
4. FTE totals for 2003-04 have been calculated using the DOH Monthly Departmental Performance Report as at 30 June 2004.

Recruitment

The Metropolitan Health Service is committed to ensuring that recruitment selection and appointment actions follow equitable, open, merit-based processes to ensure selection and appointment of the best available applicant in accordance with the Public Sector Standards.

North Metropolitan Area Health Service

Recruitment campaigns implemented include advertising nationally and internationally for positions, such as Consultant Psychiatrists, which are traditionally difficult to attract qualified and suitable staff locally.

The Jobs In Health website has allowed the health services’ vacancies to be available 24 hours a day, worldwide at minimal cost. The Jobs in Health website utilisation continues to increase, with over 50% of applicants applying on line, rather than submitting hard copy applications.

The recruitment of nurses continues to be a priority area and the following initiatives have been implemented to attract nurses:
- Recruitment morning teas are held every two to four months and continue to be a successful method of recruiting nursing staff.
- Mini Expos are held at universities for Registered Nurse students and at TAFE for Enrolled Nurse students. They provide a forum to promote the benefits of working at NMAHS.
- The new position of Casual Nurse Co-ordinator was established to perform casual nurse recruitment, and ongoing management such as facilitating performance appraisals and promoting education.
- Increased awareness of NMAHS nursing has been achieved by submitting articles to nursing publications such as the Australian Nursing Federation’s "Western Nurse" magazine, and the Royal College of Nursing "Nursing Review" newspaper.
Governance – Human Resources

Recruitment (cont)

- Vacation care has been expanded to take greater numbers, and a wider age range of children.
- The practice of flexible rostering is encouraged in all areas (where feasible), to help attract and retain nurses.

Traineeships in gardening have been offered at Swan and Kalamunda Health Services as well as DOH programs aimed at up-skilling qualified nurses for return to work. Royal Perth Hospital is participating in the Indigenous School Based Traineeship aimed at attracting indigenous employees to the hospital.

Recruitment and selection courses are available to staff through Corporate Staff Development at Royal Perth Hospital, which is designed to support the human resource processes and is for all staff who are responsible for selecting employees at interview and is held three or four times per year. Human Resource Services also provides initial one-to-one and group training to line managers to assist them using the administration module of the Jobs In Health website.

South Metropolitan Area Health Service
Since the introduction of the specialist Recruitment Officer position in 2003-04 considerable effort has been made to improve our contemporary on-line service. The SMAHS web page has been upgraded to provide:
- User friendly access, prompts and immediate acknowledgment to applicants.
- Centralised data storage of applications and job related documentation.
- All three job websites display a job immediately it is entered.
- Job applications can be submitted internally or externally with no delays and are secured.
- All three areas of HR (HR/Nursing/Medical) are on the same site secured separately.

As a result of the growth of Population Health Services and the introduction of Mental Health Strategies, there has been a significant increase in number of positions advertised and processed. Training programs in Recruitment and Selection continue to be offered to Managers and Supervisory staff across SMAHS to ensure staff are adequately trained in recruitment processes that adhere to Public Sector Standards.

Pool recruitment is encouraged with more departments taking up this option and it has proved to be highly successful across all sites. Patient Support Services recruitment practices and processes have been reviewed and selection panels have been enhanced to include Nurse Managers. People who have completed the accredited Patient Care Assistants course conducted by SMAHS competitively seek these positions.

An in house survey on compliance of the Public Sector Standards has been conducted across SMAHS. The survey includes the Recruitment Standard, Ethical Codes and equal employment conditions. The purpose of the survey is to determine staff’s awareness and knowledge and provides opportunity for suggestions on how to improve processes and/or provide more education and information. A report on the findings of the survey is currently being prepared.

Local, interstate and international advertising is the main focus of recruitment for Medical Staff. The development of a CD-Rom and printed brochures are new initiatives for recruitment, particularly for Interns. Website recruitment strategies also exist.

Nursing recruitment policy is focussed on attracting nurses with the ability to deliver the highest quality patient care, and the retention of these staff.
Governance – Human Resources

Recruitment (cont)

The general wards are appropriately staffed by local recruits and graduate nurses. The Nursing Recruitment and Human Resource Department attract experienced nurses of the highest calibre from overseas, particularly from the UK, who bring specialist skills to the high dependency areas. FHHS have sponsored 35 such nurses in the 2004-05 period. The Manager of Nursing Recruitment has an "Established Client" agreement with the Department of Immigration and Multicultural and Indigenous Affairs and is able to apply for nominations for sponsorship online via "eVisa" with a turnaround approval time of less than 48 hours in most cases. The Nurse Recruitment Manager identified a need and established an Overseas Nurse Support Network from volunteers within the organisation. The network offers a range of services to our recruits ranging from airport arrivals to temporary accommodation. The Nursing Director – Corporate Services in conjunction with the Recruitment Manager have written an information brochure to assist the newcomer to adapt to the Australian culture.

The Nurse Recruitment Manager at Fremantle liaises closely with colleagues at all SMAHS sites through meetings of the Nursing HR Consultants Network, to maximise recruitment potential and assist in developing innovative recruitment and retention strategies. Nurse applicants are referred to known areas of shortfall in the SMAHS.

The Nursing Division, and particularly the Nursing Human Resources Department, coped extremely well with the acute recruitment, assimilation and processing demands placed on it following the purchase of Kaleeeya and Galliers Private Hospitals. SMAHS managed to retain virtually all the former private hospital staff, have formed very amicable and effective relationships with those staff and have successfully managed the transition period aimed at familiarising those staff with the tools, methods and processes used within the SMAHS. The Nurse Manager Recruitment at the Fremantle campus has initiated sponsorship of 5 overseas nurses to address a shortage of theatre nurses.

Nurse recruitment for SMAHS is managed almost entirely via the 3 Internet sites. Replacing newspaper advertising has dramatically reduced advertising costs.

Women's and Children's Health Service

Training programs for staff who are to be involved in recruitment and selection processes are conducted three to four times a year. Topics covered include Public Sector Standards; relevant legislation; organisational policy; recruitment, selection and appointment procedures; behavioural interviewing methods and the appeal process.

In addition introductory programs, refresher courses are conducted on a regular basis.

Our activities in the key recruitment focus area of nursing and midwives continued to be supported by the offering of a range of courses designed to encourage and facilitate entry and re-entry to the nursing workforce. Among the courses offered were:
- Paediatric and midwifery refresher programs.
- Graduate nurse and midwifery programs.
- Post graduate paediatric nursing and midwifery programs.

To provide further support to our recruitment efforts for nurses, WCHS participated in the DOH International Nurses Day Expo in Perth 12 May 2005 and will participate in the Royal College of Nursing Expo Perth on Saturday 19 June 2005.

Dental Health Service

There are significant difficulties in recruiting dentists to rural and remote locations and the attraction and retention of experienced dentists for other locations continues.

Initiatives to overcome this situation include:
- Implementation of an improved pay and conditions package for dentists.
- Targeted advertising to United Kingdom dentists who are registrable in WA.
- Successful implementation of the Public Sector Dental Workforce Scheme initially targeting South African dentists to work in rural locations.
Governance – Human Resources

Staff Development

In striving for excellence in health care, service, teaching and research, the Metropolitan Health Service is committed to developing the skills and expertise of staff through training and continuous professional development. Staff Development is committed to facilitating personal growth, confidence and competence of staff through planned learning experiences in formal and informal settings.

Below is a brief summary of the Health Services staff development programs.

North Metropolitan Area Health Service

Sir Charles Gairdner Group
Management in Health Care - includes Diploma in Business (Frontline Management) BSB51001 and Certificate IV in Business (Frontline Management) BSB41001. These nationally recognised qualifications are tailored to provide the knowledge, skills and behaviours for leaders and managers in a health environment. The focus of the program is on workplace learning so that the results are more meaningful to both the individual and the organisation.

Workplace Bullying
A comprehensive Workplace Bullying training program is delivered at an executive level and addresses the needs of Human Resource staff, managers and general staff. A two-part ‘customer service’ training program dealing with Different, Difficult and Demanding Customers, teaches skills required to avoid conflict and achieve better outcomes for both customers and staff. June 2004 saw the release of the Department of Health Policy on Workplace Aggression and Violence. Tailored sessions are delivered to high priority areas such as the Emergency Department on a regular basis.

Manual Handling Education Program
This comprehensive program provides a variety of different options for training safe handling of both loads and patients (including the use and application of manual handling equipment). Completion of the program to the level of Manual Handling Assessor, leads to a nationally recognised statement of attainment from the Health Training Package (HLT02).

Computer Ergonomic Assessment Training
This practical course enables supervisors and managers to assess, instruct and manage workstation problems associated with their staff who use computer based equipment. This course was a joint initiative of the Education and Development and the Occupational Health Departments.

Medical Terminology
The successful completion of this course results in a nationally recognised Statement of Attainment (BSBMED201A).

Certificate 2 in Client / Patient Support Services
The first program commenced in September 04 with 15 trainees and a second traineeship commenced in December 2004 with 12 trainees. The traineeship lasts for a period of 12 months and a partnership exists with the Chamber of Commerce and Industry. This Certificate is part-funded through the Department of Training. A third intake of trainees from the Patient Support Service area is planned for September 2005.

Royal Perth Group
Royal Perth Hospital Centre for Nursing Evidence Based Practice, Education and Research was amalgamated with Corporate Staff Development in January 2004 and provides a diverse range of education and training programs. Nursing education programs include:

- First and second year graduate programs.
- Post-graduate nursing programs to Masters level for a range of clinical specialities, in collaboration with both Edith Cowan and Curtin University.
- Enrolled nurse renewal of registration and refresher and registered nurse refresher courses, in collaboration with the DOH.
- Evidence based practice.
- Clinical audit.
- Nursing research programs.
- Cardiac resuscitation and medical emergency training.
Staff Development (cont)

A range of continuing education programs, many of which are video conferenced via telehealth to rural areas are also conducted.

Corporate staff development provides generic induction programs, management of aggression training, a variety of computer training, occupational safety and health workshops and a broad range of professional and personal development programs such as Certificate IV in Assessment and Workplace Training and medical terminology, which are recognised nationally.

Staff development activities of the Swan and Kalamunda Health Service (SKHS) are designed to meet the standards published by the Australian Council of Health Care Standards (ACHS). In particular Standard 6, which states - 'Staff development ascribes to the belief that all staff have access to appropriate education programs which maintain and augment their knowledge and skills. This includes criteria for orientation, a mechanism for identifying educational needs and opportunity to attend appropriate programs. A comprehensive array of programs are provided at SKHS and include but are not limited to: Nursing Preceptorship, Shift Co-ordinator Program, Research Evidence Based Practice, Graduate Nurse (Hospital) Program, Workplace Harmony, Grievance Resolution, Risk Management for Managers, Mandatory Skill Training and Management of Aggression.’

South Metropolitan Area Health Service
At Fremantle Hospital and Health Services, Postgraduate Medical Education (PGME) coordinates, conducts and evaluates a rotational schedule of skills development for Medical Interns, Registrars, Residents and Consultants. The education is provided using orientation programs, tutorials, notes, lectures, videos, skills demonstrations and on-the-job training.

The categories of education include:
- Clinical policy, protocols and procedures.
- Life support and resuscitation skills.
- Patient care.
- Patient safety including adverse incident and sentinel events reporting.

At Kaleeya Hospital, a new position for a Staff Development Nurse (SDN) in the operating theatres has been implemented to upskill and provide support for Kaleeya theatre staff as a strategy for attraction, retention and recruitment of OT nursing staff. Another key focus has been the introduction of a full time SDN for nurses on the wards, to assist in upskilling, training and ongoing competency maintenance for all Kaleeya staff, and to ensure understanding and compliance with FHHS policies, protocols, procedures and systems.

A Health Training Australia program has been implemented (and amended to support new arrangements with FHHS) for non-clinical staff in order to build capacity and opportunities for Kaleeya employees.

The appointment of Allied Health Staff on site at Kaleeya has enhanced the opportunity for staff development, and Medical staff have also been provided with additional access to learning opportunities due to the amalgamation with FHHS.

Brief Disability Service Awareness sessions have been included in the Corporate Orientation Program for all new staff at Bentley Health Service, and a training plan for Disability Services Education will be conducted bi-monthly. Ongoing Disability Service Education for staff has also commenced.

At Rockingham Kwinana Health Service a Staff needs analysis was undertaken in 2004. A number of strategies are being implemented as a result of the analysis. Education is targeted at areas identified as a result of KPI monitoring and staff feedback systems. Programs conducted in 2004/05 include aggression management and staff bullying. Evaluation has demonstrated both programs to be effective and well received by staff.
Staff Development (cont)

Staff development at AHS includes:

- Behavioural, Leadership and Team building training.
- Study and Conference Leave (Internal and External), Secondments and Exchanges, compulsory elements in approved training programs and examination leave, relevant to the needs of the health service.
- Counselling, Coaching and Wellness services supported by the Human Resources Department.

Clinical seminars for medical staff are provided including medical, surgical and critical care programs.

Medical programs include ABC Paediatric Study Day, Care of the Older Person and Getting Your Wind Back. Surgical programs include Surgical Specialties II – (ENT/Head & Neck and Ophthalmology), Surgical Specialties III – (Upper and Lower Gastrointestinal Tract) and Wound Management. Critical care including Advanced ECG and Cardiac, Advanced Life Support and Advanced Renal Dialysis Day.

Managing Aggression in the Workplace
All modules of Managing Aggression in the Workplace are provided by SMAHS. Crisis Negotiation and Behavioural De-escalation courses are also provided at the SMAHS.

Computer Training
Health Services provide comprehensive computer training programs commencing from an Introduction to Computers course and covering all aspects of the Microsoft suite of software. These are presented in a variety of formats, including classroom based sessions and e-learning options.

Postgraduate Medical Education
Postgraduate medical education includes:
- Orientation programs.
- Tutorial program for interns and residents.
- "Teaching on the Run" program.
- Train the trainer program.
- Bedside teaching program.

Women’s and Children’s Health Service Staff Development Policy
A key goal area for the WCHS is to improve education services to ensure that current and future health care providers have the appropriate skills and knowledge.

Study leave and financial assistance for staff development activities should be granted in keeping with the employee’s performance development program and to achieve the department’s objectives and WCHS strategic plan and key goal areas.
While accepting the WCHS role in providing resources and support for staff development, it is recognised that education is a shared responsibility between the employee and the Health Service. Self-sponsored education and development is an integral part of ongoing training and development.

**Corporate Orientation**
Orientation is conducted once a month for new employees at the WCHS. Sessions include: Code of Conduct, Vision and Mission, Occupational Safety and Health, Diversity, Human Resources, Customer Service and Security.

**Child Protection Awareness**
Two workshops were conducted for WCHS staff to address Child Protection Awareness comprising of a one half day session with executive and senior managers, followed by a full day workshop for middle managers and supervisors.

**Diploma of Business (Front Line Management)**
In 2004, 20 managers completed this Diploma which was presented by the Australian Institute of Management.

**Smoke Free Environment**
The WCHS policy on a Smoke Free Environment was supported by Fresh Start and Brief Intervention Training Programs conducted by trained WCHS staff for staff and patients who wanted to quit smoking.

**Personal Development**
Corporate Staff Development provided training in conflict resolution, time management and assertiveness.

**Human Resources**

**Performance Management for Managers and Supervisors**
This program is designed to equip all managers/supervisors with the knowledge and skills to distinguish between training and non-training solutions, formulate outcome based objectives and provide guidelines to enhance performance.

**Recruitment and Selection Programs**
These interactive sessions cover:
- Public Sector Standards.
- Relevant legislation.
- Organisational policy.
- Recruitment.
- Selection and appointment procedure.
- Behavioural interviewing methods.
- Documentation and appeal processes.

**Recruitment and Selection Refresher**
This interactive one-hour workshop provides an overview of recent changes to the Recruitment and Selection procedure.

**Diversity Training**
Training to address key issues including disability and Aboriginal and multicultural issues have been provided in a range of settings including lunchtime forums, ward based sessions and formal seminars.

**Occupational Safety and Health**

**Managing Workplace Bullying**
This new initiative was implemented in April 2005 to support the Department of Health Bullying in the Workplace Policy. Separate sessions for managers and non-managers will be conducted monthly, alternating between sites.

**Employee Support and Grievance Officer training**
A total of thirty WCHS staff participated in two days training in 2005 to be able to fulfil the duties of these grievance resolution roles.

**Emergency Preparedness**
These monthly sessions are presented by the Emergency Preparedness Coordinator and the Fire and Emergency Services of Australia and include training on features of the buildings, fire warden roles and responsibilities and the use of fire extinguishers.
Staff Development (cont)

Manual Handling
Manual Handling Safety training is provided in two modules, theory and practice, and in both face-to-face and on-line formats. A Manual Handling ‘Train the Trainer’ Course was conducted for on site manual handling trainers.

Aggression Management
These one-day sessions, conducted by nurses from the WCHS Psychological Medicine Clinical Care Unit, were attended by staff from a variety of areas across both sites and included legal aspects of dealing with aggressive people, the theory of aggression and practical de-escalation and breakaway techniques.

Aggression Management Train the trainer
This new initiative was commenced in May 2005 to help facilitate the awareness of aggression incidents and appropriate action to take at individual workplaces. The one hour session was conducted by a WCHS security consultant.

Computer Training
Software Courses
A variety of computer software courses including Microsoft Excel, Microsoft Word, PowerPoint and Isoft Clinical Manager (iCM) were conducted in 2005.

Clinical Staff Development
Fetal Heart Rate Monitoring Meeting
This weekly multidisciplinary meeting allows ongoing training in cardiotocography interpretation.

Ultrasound Training
This regular session provides supervised teaching of ultrasound techniques.

Perinatal Mortality Meeting
This monthly meeting allows discussion and learning from perinatal mortality cases.

Fetal Medicine Meetings
This weekly meeting focuses on the diagnosis and management of fetal abnormalities.

Integrated Postgraduate Education Program
Since November 2004, a weekly program of educational activities has been provided for staff at KEMH for four hours every Friday afternoon. The program is available to all clinical staff and incorporates a mix of lectures, case discussions, tutorials and workshops.

Graduate Diploma of Women’s Health (medical)
This is available to staff in the hospital and non-procedural GPs and was accredited by the AMA this year. The first year of providing the course ended with exams taken in May. The first diplomas will be awarded in June 2005. Establishing and running the course has been a significant achievement.

Advanced Fetal Assessment Courses (medical)
This longstanding two day course provides training in the more complex issues around fetal assessment.

Teaching on the Run
This course has now been attended by 94% of the full-time medical staff to assist in developing their teaching skills.

RL Hutchinson Visiting Professor
This visit sponsored by the RL Hutchinson / Women and Infants Research Foundation (WIRF) fund allowed Prof Roger Short to visit in May 2004 from Melbourne. A symposium was organised for internal and external medical staff to attend, and Prof Short visited many areas in the hospital.

Other Workshops & Courses (medical staff)
This year workshops have included: Insertion of Implanon contraceptive devices, basic surgical skills and insertion of Mirena contraceptive devices.

Compulsory Inservice Program (KEMH)
Mock drills that are included in this day have proved very popular amongst nurses and midwives.

Acute Life Support in Obstetrics
This regular course is attended by midwives and doctors and addresses the management of obstetric emergencies.
Governance – Human Resources

Staff Development (cont)

Postgraduate Diploma In Midwifery
KEMH continues to be a popular choice for students from both Curtin and Edith Cowan Universities. There is keen interest from students for the Graduate Program on completion of this course.

Midwifery Registration Bridging and Refresher Programs
The Midwifery Registration Bridging program has been re-accredited with the Nurses Board of WA. Both courses are attracting a reasonable number of applicants.

Enhanced Role of the Midwife
Twenty three midwives from KEMH have been supported to complete this course offered by the Department of Health.

Professional Development Program – Midwifery
Study days on midwifery and women’s health issues, have been very well attended. The program for 2005 was developed in response to a WCHS Training Needs Analysis completed with internal as well as a selection of external hospital nurses and midwives.

Neonatal Intensive Care Nursing Course
This course is being offered twice in 2005 in response to a creative marketing strategy and subsequent increased demand for this nursing specialty.

Professional Development Program - Neonates
A series of study days has been provided for staff with neonatal nursing expertise as well as a series tailored to meet the needs of nurses working in the Special Care Nurseries without a specialist qualification. This has been an important staff recruitment and retention strategy for this expanding area.

Clinical Practice Updates (CPUs) – Paediatrics
Seventeen CPUs have been conducted at PMH in 2004-2005. The study day themes were selected in response to feedback and an internal Education and Training Needs Assessment. These days continue to be extremely well attended.

Paediatric Life Support and Simulated Paediatric Resuscitation Session
A joint venture between Postgraduate Medical Education and Paediatric Nursing Education has seen the implementation of the Paediatric Life Support day and continuation of half day simulated resuscitation sessions for both medical and nursing staff at PMH. This program is well evaluated and an ongoing research project with results presented at two International Conferences in 2004-2005. In response to demand these sessions are now available to external applicants. A two hour session for 5th year medical students on paediatric life support has been implemented and conducted at the request of the University Department of Paediatrics. An on-line learning format has been developed and evaluated for paediatric life support training. This will be formally introduced later in the year.

Lactation Adviser Program
PMH continues to offer the Lactation Adviser Program by Distance Education, with 26 participants having successfully completed to Masters level.

Undergraduate Nursing Students
PMH accommodates as many undergraduate student requests as possible with 710 of 1066 request met in 2004. Students continue to be accepted from Curtin University, Edith Cowan University (Perth and Bunbury Campuses), Notre Dame and the TAFE Enrolled Nursing program.

Graduate Nurse Program
2004 saw the introduction of Graduate Nurse Connect which facilitates the recruitment and selection of graduate nurses. The program continues to be a success and is sought after by the majority of graduates. At the request of the Department of Health and in response to increasing graduate numbers, the number of places was increased. 2005 saw the introduction of a pilot collaborative Graduate Nurse Program with SCGH. A total of nine nurses completed rotations at either PMH or KEMH to broaden their experiential learning.
Governance – Human Resources

Staff Development (cont)

Postgraduate Certificate/Diploma in Paediatric Nursing
Twelve students successfully completed this course in 2004. Five graduated with a Certificate of Paediatric Nursing and seven completed the collaborative program with Curtin University and graduated with a Postgraduate Diploma in Clinical Nursing (Paediatrics). In 2005 the first international student was enrolled (from China) and will be continuing studies to Masters level.

Preceptorship Programs
Preparation for preceptorship programs are offered in various formats. A working party has been formed to focus on improving preceptorship across WCHS. The Shift Coordinator and Preceptor study days continue to be sought after in preparation for their roles in the clinical areas. Department of Nursing and Midwifery Education and Research (DNAMER) across both sites is currently working on a generic preceptor preparation framework.

A Preceptor sailing day was undertaken to enhance the skills of preceptors. Experiential learning, such as small craft sail training, is an effective way to develop the necessary skills, knowledge and attitudes of Graduate Nurse program preceptors. A long-term follow up was presented at two international conferences in 2004 and 2005. A preceptor sailing day was also conducted by invitation at the Midwest and Murchison Health Service.

Preceptor Coffee and Cake events are conducted monthly with attendance between six and 40, the purposes of these sessions is to discuss feedback about preceptoring and to encourage communication and networking between preceptors. Each session includes a short education session or guest speaker related to current issues with preceptoring.

Education and Training skills
This course prepares participants for education roles, and is a prerequisite for CPR and Manual Handling Train the Trainer courses. This is a joint venture between the DNAMER and the Occupational Safety and Health Unit.

Research Study days
In collaboration with the nurse researchers, research study days have been initiated to provide an introduction to the research process for nurses and other health professionals.

Clinical Nurse Essentials Course
In response to requests from nursing management, a course has been developed to provide education and training for Clinical Nurses and Registered Nurses seeking promotional positions. The course consists of eight, two hour sessions conducted weekly. The content is based on the essential criteria of the Clinical Nurse Job Description Form.

External Study days
Paediatric Nursing education conducted paediatric study days at Peel, Northam, Geraldton, SCGH, Fremantle and RPH.

Professional Portfolios
Random audits of professional competence where initiated by the Nurses Board of Western Australia in February 2005. DNAMER facilitated the introduction and education of nursing staff regarding professional portfolios.

Grief and Loss Core Training
This program was developed in response to an identified need. Development of the modules was facilitated and coordinated by DNAMER. The program will be provided by Corporate Staff Development.

Services to Remote & Rural Areas
Medical Specialist Outreach Assistance Programmes (MSOAP)
Funding has been secured to continue this program which provides a doctor and midwife to run a one day educational workshop in rural and remote areas.

GP Upskilling
A flexible two week program is offered to improve the skills of remote and rural GPs. Participants visit the hospital and assess, manage and operate under close supervision. An individualised training plan is arranged for each doctor depending on their needs.
Staff Development (cont)

GP Women’s Health Seminar, Busselton
This large symposium was organised to present updates in many obstetric and gynaecological issues. It was well attended by GPs in the south of WA.

Paediatric Nursing Series via Telehealth
A ten week paediatric nursing education series was conducted from February to April 2005 with up to 12 sites attending each session.

Family Child Health Course
The Department of Health continued it’s commitment to the Family Child Health Course for rural nurses by distance education with 30 participants due to complete the program in July 2005. Due to the Family and Community course at Curtin University now being available by distance education, this will be the final course conducted by PMH.

Dental Health Service
Appropriate training provided for Occupation Health and Safety Representatives including introductory and advanced training. Reception and supervisory staff were provided with training to deal with aggression.

In-service training was provided to metropolitan and country School Dental Service staff. This training covered clinical and administrative matters.

Training was provided for supervisors, reception and dental laboratory staff on the Patient Management System.

Continuing support was provided to clinical staff to attend continuing education courses not available in house.

Worker’s Compensation and Rehabilitation

The Metropolitan Health Service endeavours to provide a safe workplace by having active Occupational Safety and Health (OSH) programs throughout its areas of responsibility.

The table below shows the number of workers’ compensation claims made in the Metropolitan Health Service.

Table 6: Worker’s Compensation and Rehabilitation

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Services/Dental Care Assistants</td>
<td>432</td>
<td>436</td>
</tr>
<tr>
<td>Administration and Clerical*</td>
<td>85</td>
<td>104</td>
</tr>
<tr>
<td>Medical Support*</td>
<td>120</td>
<td>61</td>
</tr>
<tr>
<td>Hotel Services*</td>
<td>234</td>
<td>194</td>
</tr>
<tr>
<td>Maintenance</td>
<td>39</td>
<td>48</td>
</tr>
<tr>
<td>Medical (salaried)</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>918</td>
<td>850</td>
</tr>
</tbody>
</table>

* Note: These categories include the following:
1. Administration and Clerical – administration staff and executives, ward clerks, receptionists and clerical staff.
3. Hotel Services – cleaners, caterers and patient service assistants.
Governance – Human Resources

Worker’s Compensation and Rehabilitation (cont)

North Metropolitan Area Health Service
Sir Charles Gairdner Group
SCGH has an integrated risk management approach to occupational safety and health (OSH) underpinned by a policy on occupational safety and health, and includes:

- Consultative processes involving safety and health representatives, safety and health committees, local OSH groups and management.
- Resolution of issues process.
- Workplace hazard and incident reporting and investigation system.
- Monitoring of hazard and incident data.
- Hazard control programs and strategies.
- Pre-placement health assessments.
- Provision of information, education and training.
- Contractor safety programs.
- Review of systems of work to minimise risk of injury.
- OSH input into purchasing of equipment and facilities planning.
- Strategies to reduce risks related general and patient manual handling.

Royal Perth Group
RP Group has 179 Safety Representatives, 19 Divisional Safety Committees with an overarching OSH committee and three OSH consultants. The OSH activities include:

- A hazard and incident reporting system.
- An automated and custom reporting system.
- A Backsafe committee which meets regularly to review clinical manual handling incidents, conducts annual root cause analysis of lost time manual handling injuries and reviews procedures.
- Trained Manual Handling Advisers located in ward areas.
- A Zero Tolerance committee meets regularly to review the system of managing aggression in hospital.

A summary of our programs used to rehabilitate injured and sick employees include:

- An Injury Management Co-ordinator; Injury Management Consultant; Rehabilitation Co-ordinator; Staff Health Clinic with Occupational Health Nurse.
- Royal Perth Hospital is a WorkCover accredited rehabilitation provider and uses external providers where applicable.
- SKHS has implemented an internal injury management system in accordance with WorkCover WA code of practice (s. 155).
- SKHS has a comprehensive injury management and return to work system. This system includes the development and management of a register of alternative duties that detail duties in order of difficulty and demand to assist treating practitioners identify duties in the development of structured return to work programs.

South Metropolitan Area Health Service
Staff in the Occupational Safety and Health Department have developed and implemented a program for the introduction of 'Unit based Occupational Safety and Health Focus Groups’ to identify and assess hazards and develop management strategies to reduce the risk potential. Unit based occupational safety and health focuses on the prevention of incidents/accidents using the risk management process. Since the implementation of the program there has been significant increase in the number of workplace inspections undertaken and hazards identified, allowing for appropriate risk management measures to be employed to eliminate the potential injury sources. This program helped to identify deficiencies in patient handling equipment resulting in minimising/reducing injury potential through having mechanical lifting devices.

It is the policy of the SMAHS to provide the opportunity for occupational rehabilitation for employees who have sustained a compensable work related injury, disability or illness. Vocational and employer based injury management services are provided to enable injured workers to return to work as soon as possible. The services include, vocational assessment, functional capacity evaluation, training/re-training, counselling and placement assistance.
Women's and Children’s Health Service
The WCHS aims to provide and maintain a safe working environment in which employees, contractors and patients/visitors are not exposed to hazards.

The WCHS actively promotes its OSH programs. Hazards are identified through hazard identification programs such as workplace inspections, task analyses and work station assessments, and control actions implemented.

Elected safety and health representatives and the WCHS OSH committee contribute to the development of policies and programs to improve staff safety.

Managers and supervisors are responsible and accountable for ensuring that safety programs are implemented and that policies and procedures are followed.

During 2004-05 the following OSH major initiatives have occurred:

- The promotion of workplace inspections by the OSH unit increased compliance with the inspection schedule from 60% to 73%. The number of hazards reported and resolved increased significantly.
- WCHS Occupational Safety and Health (OSH) management was shortlisted for the 2005 Australasian Reporting Award (ARA) The ARA's recognise organisations that manage their OSH risks effectively and are prepared to be accountable for safety outcomes. The award recognises the management reporting system for OSH performance best practice.
- A safety promotional theme graphic 'Aim for Zero Injuries - What Can You Do For Safety?' was implemented this financial year. The theme aims to encourage employees to plan to safely complete tasks and consider how they can contribute to the WCHS safety program.
- The OSH intranet site has been extended to include a ‘Safety at Work’ site to promote OSH information and activities. The WCHS intranet site includes an Occupational Safety and Health Gallery.
- In June 2005 the health service OSH management system was audited against the WorkSafe Plan. The WorkSafe Plan is an assessment process that rates an organisation's safety system and directs attention to areas that can be improved.
- In May 2005 WCHS mangers and supervisors were trained on the new provisions of the Occupational Safety and Health Act 1984 and Worker's Compensation and Injury Management Act 1981. In addition safety representatives attended a one-day legislation update course. This course enabled safety representatives to issue Provisional Improvement Notices.
- In May 2005 a Manual Handling Minimum Lift Program was implemented in the clinical areas of PMH.
- A number of safety training programs were conducted to increase safety awareness regarding manual handling hazards and ergonomics.
- Significant improvements in the management of dangerous goods and hazardous substances were implemented by a working party.
- The Zero-Tolerance to Aggression Policy was implemented following improvements to security services at both sites. The policy recognises the rights of WCHS staff, to not be abused, threatened or intimidated in the course of their work.
- The Smoke-Free Environment Policy was strengthened by the implementation of by-laws enabling fines for breaches of the Policy. The by-laws target anybody smoking within the buildings or grounds of any building within the WCHS.
- An OSH annual review document has been prepared and provides additional details of the significant achievements in this area.
Worker's Compensation and Rehabilitation (cont)

A summary of our programs and/or measures used to rehabilitate injured and sick employees include:

• When an employee sustains a work-related injury, the WCHS provide injury management and vocational rehabilitation services. It is recognised that early intervention in the management of an injury, with appropriate support and assistance, facilitates a safe return to work.
• Return-to-work programs are completed through the use of injury management services coordinated by the Occupational Safety and Health Unit. Where an employee is unable to return to their original position due to an injury, efforts are directed to identifying suitable alternative positions both within and external to the organisation.
• An Injury Management Coordinator position was created and is responsible for coordinating and monitoring the return to work of injured employees.

Dental Health Service

Dental Health Service (DHS) has developed an injury management policy to provide employees with information and education and to assist injured employees to return to work as soon as possible. An injury management team has been established incorporating medical management.

DHS has evaluation forms to allow the process to be regularly reviewed to ensure ongoing development and feedback to management.

A rehabilitation policy for employees was developed in conjunction with injury management. The programs are developed and implemented with supervisors, treating doctor and employees and are designed to match the injured employees capabilities and limitations. Timeframes are established for monitoring employees’ progress and reviews conducted quarterly.

Evaluation forms are provided to the supervisor and employee to ensure ongoing development and feedback to management.

Industrial Relations

The MHS adopts a consultative approach to the management of industrial relations. Awards and agreements specify consultative arrangements and these are implemented to ensure consultation occurs on an ongoing basis and that, in particular, employee and union perspectives are sought in regard to major change issues.

North Metropolitan Area Health Service

During 2004-05 a number of Enterprise Agreements have expired and replacement Agreements were negotiated and implemented for the following categories of employees:

• Support Workers.
• Nurses.
• Enrolled Nurses.
• Child Care Workers.
• Aboriginal and Ethnic Health Workers.

Negotiations have also taken place throughout this financial year with building trades staff across the industry regarding the implementation of a competency-based assessment and classification system. These negotiations are continuing.

Several local agreements have also been developed at NMAHS.

• 12 hour shifts.
• Annualisation of employee entitlements.

The NMAHS RP Group industrial relation section has continued to provide strategic staff development to Managers/Supervisors on how to performance manage staff. This training has provided Mangers/Supervisors with the confidence to deal with difficult situations and given them an awareness that human resource services are available to provide assistance and support when dealing with disciplinary issues.
Governance – Human Resources

Industrial Relations (cont)

South Metropolitan Area Health Service
A summary of industrial relations issues arising in the SMAHS include:

- The implementation of enterprise agreements registered for enrolled nurses, support workers, aboriginal health workers and child care workers.
- Negotiation leading to registration of an Industrial agreement prescribing the conditions and entitlements for employees of the Multisystemic Therapy Program.
- Consultation with staff and unions regarding the employment and integration of staff, conditions of employment and working arrangements, arising from the purchase and integration of two private hospitals (Kaleeya and Galliers) by the government.
- Change management activities associated with the move to shared corporate services in the Health Corporate Network (HCN).
- The commencement of consultation with the Health Services Union (HSU) on the establishment of a clinical coders classification structure (following on from the recommendation of the Public Service Arbitrator).
- The successful negotiation with Liquor Hospitality and Miscellaneous Union (LHMU) to continue outsourcing certain gardening functions at FHHS.
- Negotiations with the LHMU to resolve issues regarding recognition of casual service for determination of pay for enrolled nurses.
- Negotiations with the LHMU to allow for permanent staff to transfer across health sites.
- The settlement of an unfair dismissal claim prior to hearing at the WAIRC.

Women’s and Children’s Health Service
A summary of industrial relations issues arising in the WCHS include:

- The consolidation and upgrading of the Patrol Officer and Patrol Officer/Orderly roles at both PMH and KEMH under LHMU coverage into a security officer function under HSU coverage providing additional night coverage and support service on a 24-hour basis across both health sites.
- The implementation of new enterprise agreements covering registered and enrolled nurses and hospital government support workers.
- The finalisation of terms of reference and the commencement of a joint consultative committee for support workers.
- The implementation of the DOH policies and guidelines for the management of bullying and harassment procedures and the communication of family friendly initiatives to provide a uniform application across all health sites.
- The extension of the criminal record screening requirement to PMH staff who were previously exempt due to their employment commencing prior to the implementation of screening in 1999.
- The updating of the grievance procedure, and the training of volunteer staff as Employee Support Officers and/or Grievance Officers to assist in the resolution of grievances.
- The introduction of industrial registers to record industrial incidents such as tribunal attendance, grievances, industrial action, discipline, terminations and the implementation of operational circulars to assist in the evaluation and improvement of workplace relations.
Governance - Reports on other Accountable Issues

Evaluations

Within the overarching evaluation framework across all of Health the individual Health Services conduct their own suite of evaluations. The cornerstone of evaluations within the MHS is the Australian Council on Healthcare Standards (ACHS), Evaluation and Quality Improvement Program (EQuIP) and accreditation system.

The ACHS is an independent, not-for-profit organisation that provides a review and report of performance, assessment and accreditation. The ACHS is an independent authority on the measurement and implementation of quality improvement systems for Australian health care facilities. Standards for evaluation, assessment and accreditation are determined by a council drawn from peak bodies in health and representatives of the Commonwealth Government, State Governments and consumers.

North Metropolitan Area Health Service
Sir Charles Gairdner Group

SCGH continues to participate in the ACHS and EQuIP programs. During 2004-05 the hospital participated in an organisation-wide survey of the NMHS Area Corporate Services for the purposes of accreditation. Based on the findings of this on-site survey, NMHS Corporate Services was awarded a two-year accreditation status with the ACHS in February 2005.

Osborne Park Hospital was the first public health service tested under changes to the EQuIP processes, which came into effect from 1 January 2005. The OPHP achieved a further four-year accreditation following an ACHS organisation wide survey in February 2005. OPHP passed in all criteria and rated Extensive Achievements in criteria relating to policies and commitment to improving care and service performance. No high priority recommendations were made.


A satisfaction survey to measure patient’s and their relative’s satisfaction with nursing care was undertaken and involved 19 wards and six outpatient departments. High levels of satisfaction were expressed. There were six recommendations, which are currently being addressed by the SCGH Quality Improvement Committee.

Royal Perth Group

Royal Perth Hospital continues its involvement with the accreditation program using the ACHS and EQuIP programs as the predominant accreditation focus. RPH had a periodic review in March 2004, which confirmed continued accreditation status. RPH is currently preparing for the organisation wide survey, which is scheduled to commence in April 2006.

In conjunction with the use of ACHS as an external accrediting body, numerous services including Laboratory Medicine, Imaging Services, Bio-Engineering, Technical Physics & Chemical Physics, Anaesthetic Services, Trauma Service and Catering Services, participate in accreditation from their national review organisations. Examples of these are the NATA, Royal College of Pathologists of Australasia and the National Pathology Accreditation Advisory Council. RPH currently holds a Therapeutic Goods Administration Master License.

RPH applies a concerted approach with its commitment to use external review mechanisms for independent assessment. It is flexible with changes introduced and adapts well to reflect a high level of service delivery in both clinical and non-clinical services.

RPH Catering gained continued accreditation against the ISO 9001:2000 and HACCP accreditation by SAI Global standards.

RPH Imaging gained stage 2 accreditation and RPH Medical Engineering and Physics were awarded continuation of certification.
Governance - Reports on other Accountable Issues

*Evaluations (cont)*

**Population Health Service**
Population Health Service undertook a comprehensive service wide review of Child Health clinics and other satellite service sites. Safety and access issues were identified.

**Mental Health Service**
Following successive service reconfigurations affecting programs and services across many metropolitan sites, the NMAMHS has requested a realignment review for the SCGH-based Department of Psychiatry and various community services to provide a one-year accreditation and allow NMAMHS to consider an organisation-wide review later in 2006.

Within the NMAMHS a range of reviews on work practices, operations and organisational structures have been undertaken and adopted recommendations will be implemented in coming months. A significant area wide review was of staff safety, following work orders issued by Worksafe in the wake of a serious assault on staff at Swan Health Service. A range of upgrades are being implemented across the area.

A review of the number of staff incidents resulting in lost time injuries was undertaken at Graylands Hospital. A range of environmental, policy and practice changes were made resulting in reduction in serious incidents of more than a 90%.

The policy on one-to-one patient nurse care (specials) was reviewed due to increasing costs. All “special” care is now reviewed within 24 hours of commencement and the number of specials continuing for more than 24 hours has decreased by 72.4%.

**South Metropolitan Area Health Service**
SMAHS has formalised organisational and committee structures to clarify roles and responsibilities. All sites maintain accreditation with the ACHS by participating in a four-yearly cycle with self-assessment conducted annually, and periodic reviews biannually.

Recommendations for system improvement have been well received across all sites, and are being progressed within governance structures.

**Fremantle Hospital and Health Service**
FHHS has successfully maintained a four-year accreditation status by completing the Periodic Review in October 2004 as per ACHS guidelines and is due to undergo an organisational wide survey in October 2006. The survey resulted in ongoing accreditation status, with a number of commendations provided to the organisation. In addition to the ACHS review process various services within the organisation have achieved accreditation after evaluation by the relevant accrediting bodies.

Two interstate surveyors accredited the Colorectal Unit at Fremantle Hospital as a centre for training of advanced surgical trainees. This is the first Surgical Unit in Western Australia to receive such accreditation and recognition.

A Food Services review was undertaken based on the J Krassie and Associates review. As a result the Food Services Collaborative Group was formed to standardise catering portions, menus, computing systems and nutritional standards across the MHS. This group continues to meet and has developed a standard menu based on agreed nutritional standards.

Worksafe WA inspected the Multiplace and Monoplace Hyperbaric Chambers which were passed as per Section 4.34 of the Occupational and Safety and Health Regulation 1996. National accreditation undertaken by the Hyperbaric Technicians and Nurses Association was achieved for a Hyperbaric Nurses Course.

An ongoing review of all aspects of the Graduate Diploma of Health (Perioperative Nursing) was undertaken to ensure compliance with the AQTF Standards. Accreditation was awarded by the Training Accreditation Council WA until 31 May 2005.
Governance - Reports on other Accountable Issues

Evaluations (cont)

FHHS continued to meet the standards required by the Australian National Training Authority for the Certificate II Health Support Services (Cleaning Support Services, Client/Patient Support Services and Food Support Services).

An organisation-wide review by ACHS was undertaken at Kaleeya Private Hospital in March 2004. Accreditation was achieved with 19 recommendations none of which were high priority. Significant progress towards addressing these recommendations was made prior to the sale of Kaleeya. Since Kaleeya has ceased, assessment of the recommendations and their relevance has been ongoing. New infrastructure, systems, policies, protocols and procedures have also been implemented during this transition, all of which has been planned, monitored and evaluated on a regular basis. Several working parties were introduced to manage the process of change, and an Implementation Project Manager has been appointed to continue the next phase of this project.

BHS underwent a successful Periodic Review and an In-depth Review for its Mental Health Service in August 2003. The health service received five recommendations at the Periodic Review for the whole organisation and five recommendations at the In-depth Review for its Mental Health Service in August 2003. Of the 10 recommendations made, all have been actioned and will be assessed during the upcoming organisation wide survey in September 2005.

PARK Health Service underwent review by the ACHS in October 2004. The survey resulted in ongoing accreditation status, with a number of commendations provided to the organisation. Recommendations for system improvement have been well received across the organisation, and are being progressed within the governance structure. PARK will again be surveyed in 2007, in alignment with BHS, AHS and FHHS as part of the SMAHS. This framework of evaluation supports internal benchmarking and assists the maintenance of a continuous improvement culture, within a rapidly changing organisation.

The establishment of a Pharmacy and Therapeutics Committee has been responsible for AHS being one of the first non-tertiary health services to implement the Pharmaceutical Benefits Scheme after evaluating a significant trial. The scheme allows patients to receive 30 days of prescription drugs when they are discharged from hospital compared to previously receiving only five days worth at the same cost as going to their local pharmacy. The scheme also focuses on improving the quality of medication administration and information to patients for ongoing care on discharge in an economical manner for both the patient and health service. The introduction of comprehensive clinical pharmacy services to inpatient areas has improved the clinical support to staff, patient consultation and monitoring of medication administration practices, minimising the potential for medication incidents, including former Galliers Private Hospital, which is now a wing of the Armadale Kelmscott Memorial Hospital.

AHS successfully completed the Commonwealth National Safety & Quality Council Medication Safety Breakthrough Collaboration Program. The health service's project is focused on reducing patient harm by 50% by introducing guidelines and processes that promote safe anticoagulation therapy using Warfarin and ongoing community management.

Corporate Services, comprising of Workforce Development, Human Resources and Organisational Performance have introduced an organisation wide performance development strategy that promotes a culture of positive interaction for staff and clients. The strategies implemented have seen an increase in staff with formal performance review processes. Staff satisfaction, absenteeism and morale improvements have been recognised as best practice by other organisations.
Governance - Reports on other Accountable Issues

**Evaluations (cont)**

An audit to establish preventative measures for the reduction of thrombosis and embolisms to minimise surgical mortality was undertaken as part of the WA audit of surgical mortality. An implementation plan is currently being developed with SMAHS Executive Director of Medical Services.

A review of Nursing New Graduate Program was undertaken to improve clinical education and performance and graduate satisfaction and provide formal education and clinical assessment. The outcome was to centralise the coordination of the program and restructure the curriculum, whilst increasing the intake numbers by 50%. A second year RN program and mid year intake is planned for 2006.

A review of falls was undertaken to identify strategies to reduce the risk of patient falls. The outcomes included the introduction of a risk assessment processes and an ED Liaison Officer to follow up assessments and referrals.

**Women’s and Children’s Health Service**

The WCHS continues to participate in the ACHS and EQuIP programs and accreditation status is current. During 2004-05, the WCHS progressed work on the Quality Action Plan based on recommendations from the 2004 Periodic Review Report and submitted Self Assessment Support documentation in March 2005. There is ongoing monitoring of seven ACHS Clinical Indicators.

WCHS services participated in a comprehensive program of audits conducted by the Department of Health Internal Audit Branch including an audit of the Implementation of the Douglas Inquiry Recommendations. The final report of the review indicated there were satisfactory ongoing compliance with the substance of all the Douglas Inquiry recommendations for which the WCHS is responsible.

Dr Mark Rooney conducted a review of the Family Pathways program (mental health) in 2004. Eight of the 15 recommendations have been implemented.

**Dental Health Service**

The School Dental Service Program was monitored to provide the dental health status of school children over time and the dental health status of persons attending. The main outcome of this evaluation is benchmarking to enable modification of the program.

The Subsidised Dental Care Program monitored the access levels for both emergency and general care this indicated the adequacy of the service available.
For the year ending 30 June 2005, the MHS received 3,745 formal applications for access to information in accordance with the Freedom of Information Act 1992.

Table 7: Freedom of Information

<table>
<thead>
<tr>
<th>Applications</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carried over from 2003-04</td>
<td>114</td>
</tr>
<tr>
<td>Granted – full access</td>
<td>3,197</td>
</tr>
<tr>
<td>Granted – partial or edited access</td>
<td>235</td>
</tr>
<tr>
<td>Withdrawn by applicant</td>
<td>89</td>
</tr>
<tr>
<td>Refused</td>
<td>32</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
</tr>
<tr>
<td>In process</td>
<td>169</td>
</tr>
<tr>
<td><strong>Carried over from previous year and total applications received in 2004-05</strong></td>
<td><strong>3,859</strong></td>
</tr>
</tbody>
</table>

The types of documents held by the Metropolitan Health Service included:
- Patient medical and dental records.
- Patient information brochures and instruction sheets.
- Policy and procedure manuals.
- Human Resource records.
- Financial and accounting records.
- Administrative records, for example committee meeting minutes and business correspondence.

A number of Freedom of Information (FOI) Officers are appointed across the Metropolitan Health Service to receive FOI applications and to assist the public with their queries.

**North Metropolitan Area Health Service**
Royal Perth Hospital
Freedom of Information Office
GPO Box X2213
PERTH WA 6847
☎️ (08) 9224 2244

Swan Health Service
Freedom of Information Coordinator
PO Box 195
MIDLAND WA 6936
☎️ (08) 9347 5244

Graylands Hospital
Private Bag 1, Post Office
CLAREMONT WA 6910
☎️ (08) 9347 6475

Osborne Park Hospital
Patient Information Officer
Osborne Place
STIRLING WA 6021
☎️ (08) 9346 8000

Sir Charles Gairdner Hospital
Freedom of Information Coordinator
Hospital Avenue
NEDLANDS WA 6009
☎️ (08) 9346 3333

**South Metropolitan Area Health Service**
Armadale Health Service
Health Information and Clerical Rostering Officer
PO Box 460
ARMADALE WA 6112
☎️ (08) 9391 2060

Peel & Rockingham/Kwinana Health Service
Freedom of Information Coordinator
PO Box 2033
ROCKINGHAM WA 6967
☎️ (08) 9592 0600

Fremantle Hospital and Health Service
Freedom of Information Officer
PO Box 480
FREMANTLE WA 6959
☎️ (08) 9431 3333

Bentley Health Service
Freedom of Information Coordinator
PO Box 158
BENTLEY WA 6982
☎️ (08) 9334 3666

**Women’s and Children’s Health Service**
Medical Administration
GPO Box D184
PERTH WA 6840
☎️ (08) 9340 1444

**Dental Health Service**
Coordinator Freedom of Information
Locked Bag 15
BENTLEY DELIVERY CENTRE WA 6983
☎️ (08) 9313 0555
Recordkeeping Plans

The State Records Commission approved the Department of Health’s recordkeeping plan in December 2004 with a compliance date of 2008. A multi-year program has been developed and implemented to ensure compliance with the recordkeeping plan. The plan is available online at:

In addition to the recordkeeping plan, the Department of Health has implemented a functional Thesaurus, which will facilitate structured file titling and the application of approved retention and disposal schedules at the time of the file creation.

In support of the recordkeeping plan three additional policies have been promulgated. These are:
• Long-term management of electronic records.
• IT service continuity as related to the management of electronic records.
• Non-patient records management.

Implementation of all aspects of the plan is dependent on the purchase of a whole-of-health records management system. The Department of Health is currently evaluating a document management system, which may have functionality to cover paper and electronic records.

Funding for computer systems and staff positions to comply with the State Records Act is yet to be approved at State Health Executive Forum.

The Department of Health has developed two information brochures on recordkeeping aimed at new and existing employees. These brochures describe each staff member’s obligations when creating, storing and deleting or disposing of departmental records. All new employees are reminded of their obligations to record keeping through the Department’s induction program.

The following examples from the SMAHS show how these policies have been implemented at the Health Services:
• An ongoing audit program is in place for medical records consisting of a rolling 6 monthly review of the accuracy of filing of records, yearly review of the accuracy of tracking system data, and 18 monthly review of criteria audit re record content.
• Patient Information Management Services (PIMS) conducts a medical recordkeeping training program. All new staff undertake a 2-week training program, and there is an ongoing regular education session program for all staff. PIMS has a formal performance management program that addresses this requirement in relation to medical record systems and ad-hoc audits are used to assess service quality.
• A competency program is undertaken by Medical Record Service staff in relation to the Medical Record keeping program. Results are assessed and used to review the program.

Dental Health Service
A review of the processes that control the opening, classification, security, filing, distribution, retention and disposal of administrative records has been undertaken to ensure compliance with the State Records Act 2000.

Implementation of the following activities has begun to ensure that all staff are aware of their recordkeeping responsibilities:
• Recordkeeping system users will be made aware of their State Records Act responsibilities.
• New employees will be provided with information to ensure they are aware of their role and responsibilities in terms of record keeping.


**Advertising and Sponsorship**

In accordance with Section 175ZE of the *Electoral Act 1907*, the Metropolitan Health Service incurred the following expenditure in advertising, market research, polling, direct mail and media advertising.

Total expenditure for 2004-05 was $1,028,604.34.

**Table 8: Advertising and Sponsorship Expenditure**

<table>
<thead>
<tr>
<th>Expenditure Category</th>
<th>2004-05 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Agencies</td>
<td>612,189.93</td>
</tr>
<tr>
<td>Market Research Organisations</td>
<td>Nil</td>
</tr>
<tr>
<td>Polling Organisations</td>
<td>Nil</td>
</tr>
<tr>
<td>Direct Mail Organisations</td>
<td>Nil</td>
</tr>
<tr>
<td>Media Advertising Organisations</td>
<td>416,414.41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,028,604.34</strong></td>
</tr>
</tbody>
</table>

**Table 9: Advertising Agencies**

<table>
<thead>
<tr>
<th>Person, Agency or Organisation Name</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketforce Productions</td>
<td>610,500.43</td>
</tr>
<tr>
<td>Sensis</td>
<td>1,689.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>612,189.93</strong></td>
</tr>
</tbody>
</table>

**Table 10: Market Research Organisations**

<table>
<thead>
<tr>
<th>Person, Agency or Organisation Name</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>Nil</td>
</tr>
</tbody>
</table>

**Table 11: Polling Organisations**

<table>
<thead>
<tr>
<th>Person, Agency or Organisation Name</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>Nil</td>
</tr>
</tbody>
</table>

**Table 12: Direct Mail Organisations**

<table>
<thead>
<tr>
<th>Person, Agency or Organisation Name</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>Nil</td>
</tr>
</tbody>
</table>
**Governance - Reports on other Accountable Issues**

**Advertising and Sponsorship (cont)**

**Table 13: Media Advertising Organisations**

<table>
<thead>
<tr>
<th>Person, Agency or Organisation Name</th>
<th>Amount ($)</th>
<th>Person, Agency or Organisation Name (cont)</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The West Australian</td>
<td>10,843.31</td>
<td>Promaco Conventions Pty Ltd</td>
<td>2,273.00</td>
</tr>
<tr>
<td>British Dental Journal</td>
<td>10,905.00</td>
<td>Psychological Assessments Australia</td>
<td>106.00</td>
</tr>
<tr>
<td>Media Decisions</td>
<td>20,573.00</td>
<td>Peel District Little Athletics Program</td>
<td>400.00</td>
</tr>
<tr>
<td>Marketforce Productions</td>
<td>295,148.00</td>
<td>South West Printing and Publishing</td>
<td>102.00</td>
</tr>
<tr>
<td>303 Advertising</td>
<td>8,205.00</td>
<td>Reed Business Information</td>
<td>1,431.00</td>
</tr>
<tr>
<td>Anglican Messenger</td>
<td>409.00</td>
<td>Riverina Newspapers Pty Ltd</td>
<td>493.00</td>
</tr>
<tr>
<td>APESM</td>
<td>150.00</td>
<td>Royal College of Nursing</td>
<td>1,000.00</td>
</tr>
<tr>
<td>APN Newspaper Pty Ltd</td>
<td>1,200.00</td>
<td>Sassons Gubbay</td>
<td>69.00</td>
</tr>
<tr>
<td>Art Source</td>
<td>155.00</td>
<td>Sensis Pty Ltd</td>
<td>1,271.00</td>
</tr>
<tr>
<td>The Royal Australian and New Zealand College of Obstetricians and Gynaecologists</td>
<td>505.00</td>
<td>Peel Health Campus Health Solutions WA Pty Ltd</td>
<td>1,758.00</td>
</tr>
<tr>
<td>Australian Nursing Federation</td>
<td>2,125.00</td>
<td>The Echo Newspaper</td>
<td>55.00</td>
</tr>
<tr>
<td>Australian Orthotic Prosthetic Assoc. Inc.</td>
<td>406.00</td>
<td>The West Australian Senior Newspaper</td>
<td>548.00</td>
</tr>
<tr>
<td>The Perth Diocesan Trustees</td>
<td>100.00</td>
<td>The Record</td>
<td>324.00</td>
</tr>
<tr>
<td>Baptist Union of WA Inc</td>
<td>208.00</td>
<td>Bower Bird Information Services</td>
<td>829.00</td>
</tr>
<tr>
<td>The Royal Australian and New Zealand College of Radiologist</td>
<td>136.00</td>
<td>The Royal Australian College of Physicians</td>
<td>275.00</td>
</tr>
<tr>
<td>Breast Cancer Foundation of WA</td>
<td>795.00</td>
<td>Australian Physiotherapy Association</td>
<td>90.00</td>
</tr>
<tr>
<td>Britel Enterprises</td>
<td>215.00</td>
<td>Uniting Church Synod of WA</td>
<td>625.00</td>
</tr>
<tr>
<td>C&amp;G Advertising Services</td>
<td>1,495.00</td>
<td>Winstone Publishing</td>
<td>836.00</td>
</tr>
<tr>
<td>Canadian Organisation of Medical Physicists</td>
<td>232.00</td>
<td>The Society of Hospital Pharmacists of Australia</td>
<td>363.64</td>
</tr>
<tr>
<td>Churches of Christ in Australia Inc</td>
<td>33.00</td>
<td>City of Mandurah</td>
<td>345.00</td>
</tr>
<tr>
<td>Community Newspaper Group</td>
<td>1,414.00</td>
<td>City of Rockingham</td>
<td>40.00</td>
</tr>
<tr>
<td>Community Volunteer News</td>
<td>198.00</td>
<td>Express Signs</td>
<td>145.00</td>
</tr>
<tr>
<td>Concept Media</td>
<td>1,560.00</td>
<td>Quantum Human Resources Pty Ltd</td>
<td>6,590.00</td>
</tr>
<tr>
<td>Direct Promotions WA</td>
<td>1,083.00</td>
<td>Qpages</td>
<td>70.45</td>
</tr>
<tr>
<td>Gerrard Daniels Australia Pty Ltd</td>
<td>14,804.00</td>
<td>Nurses Board of WA</td>
<td>230.00</td>
</tr>
<tr>
<td>Great Southern Health Region</td>
<td>1,063.00</td>
<td>The Examiner Newspaper WA</td>
<td>420.00</td>
</tr>
<tr>
<td>Hunter Area Health Service</td>
<td>100.00</td>
<td>The Fremantle Book</td>
<td>500.00</td>
</tr>
<tr>
<td>Lippincott Williams and Wilkins</td>
<td>434.00</td>
<td>The University of WA</td>
<td>2,186.00</td>
</tr>
<tr>
<td>Monash University</td>
<td>132.00</td>
<td>Australian Veterinary Association</td>
<td>600.00</td>
</tr>
<tr>
<td>Nature Japan K.K.</td>
<td>3,863.00</td>
<td>West Care Industries</td>
<td>2,768.00</td>
</tr>
<tr>
<td>Southern Colour Print – NZ Dental Journal</td>
<td>1,635.00</td>
<td>Australian Business Pages Directory</td>
<td>567.00</td>
</tr>
<tr>
<td>Nursing Review</td>
<td>850.00</td>
<td>SPANZA</td>
<td>200.00</td>
</tr>
<tr>
<td>Osborne Park Show</td>
<td>500.00</td>
<td>Telstra Corporation Ltd</td>
<td>846.00</td>
</tr>
<tr>
<td>Pelican Graphics Pty Ltd</td>
<td>2,087.00</td>
<td>Wright Media</td>
<td>600.00</td>
</tr>
<tr>
<td>Perth Central Coastal Division of GP Ltd</td>
<td>870.00</td>
<td>Rural Press Regional Media (WA) Pty</td>
<td>252.00</td>
</tr>
<tr>
<td>Pharmaceutical Council of WA</td>
<td>408.91</td>
<td>South African Dental Journal</td>
<td>1,863.00</td>
</tr>
<tr>
<td>Post Newspapers</td>
<td>369.00</td>
<td>Wesley Nutrition Centre</td>
<td>54.10</td>
</tr>
<tr>
<td>Orthoptics Network</td>
<td>80.00</td>
<td>Total</td>
<td>416,414.41</td>
</tr>
</tbody>
</table>
Governance - Reports on other Accountable Issues

**Sustainability**

Please see the Department of Health annual report for this section.

**Equity and Diversity**

The MHS is committed to managing its Human Resources in compliance with the ‘Whole of Government’s Equity and Diversity Plan for the Public Sector Workforce 2001-2005’. The MHS aims to promote equal opportunity for all persons, according to the *Equal Opportunity Act 1984*, and has in place, strategies to achieve the equity and diversity desired outcomes.

Activities and programs undertaken by health services to ensure the absence of discrimination in employment on the ground of sex, marital status, pregnancy, family responsibility or family status, race, religious or political conviction, impairment or age are provided below.

**North Metropolitan Area Health Service**

All policies on Equal Employment Opportunity (EEO) are available to be viewed on NMAHS Intranet sites or in departmental manuals. The human resources page of the intranet site in Royal Perth Group has a section devoted to equity and diversity issues aimed at increasing employees’ awareness and understanding of this area.

EEO awareness sessions conducted at staff induction have been reviewed and updated to include a more comprehensive presentation on EEO and workplace bullying.

Orientation packages at the Area Mental Health Service have been updated to include ‘Prevention of Bullying in the Workplace’ and ‘Prevention of Harassment and Discrimination’ policies. Continuous awareness-raising sessions on workplace bullying for managers and staff are undertaken across NMAHS.

A network of Equity Contact Officers is available across NMAHS and regular networking meetings are conducted.

Royal Perth Group Equity and Diversity Committee provides an efficient and co-ordinated approach to equity and diversity initiatives within the organisation and ensures compliance with Equal Opportunity legislation.

Two traineeship agreements for people with impairment have been introduced in the Hotel Services Department at Osborne Park Hospital Program.

Royal Perth Group is participating in a joint initiative with the Department of Education and Training, Health Training and the Australian Medical Association (AMA), offering eight indigenous students work placements in a variety of areas whilst they complete their traineeship.

A Family Services Co-ordinator is available to provide advice and information on childcare to all staff and a vacation care program for children aged 5-15 is run at the SCGH and RPH sites. A survey on staff child care requirements has been conducted and a concept paper has been developed to progress introduction of a ‘before and after school’ childcare service at the SCGH site.

Royal Perth Group continues to liaise with placement agencies representing persons from non-english speaking backgrounds, Aboriginal and Torres Strait Islanders and people with disabilities. Opportunities have been provided to members of these groups under work experience programs.
Governance - Reports on other Accountable Issues

Equity and Diversity (cont)

South Metropolitan Area Health Service
The SMAHS has a strong commitment to EEO and diversity in the workplace. All new employees are kept informed of current EEO and diversity trends. An introduction to EEO and diversity policies and principles is presented during orientation to all new employees and during the Patient Care Assistant Training Course. Sessions relating to the new policy on Prevention of Bullying and Harassment in the Workplace have been conducted. Training of additional staff to deliver these sessions is underway to facilitate the delivery of these sessions across SMAHS.

All relevant policies, procedures, forms and brochures have been reviewed and are current and up to date. All documents are available in hard copy throughout the SMAHS and electronically via the Intranet site.

Job description forms are reviewed to eliminate potentially discriminating criteria and are written in plain english with gender neutral language. Recruitment and selection, policies, procedures and forms are reviewed to ensure no discriminatory language or practices exist and comply with the Public Sector Standards. Recruitment and selection training encompassing EEO/Diversity principles is available to all staff via Corporate Staff Development.

Part time, job share and flexible working arrangement policies and practices are supported and available to all staff.

The SMAHS continues to be represented on the health system wide Equity and Diversity Working Group and the Policy Working Group. These groups provide ongoing support, dissemination of new initiatives and information sharing throughout the State.

A survey was conducted throughout the SMAHS relating to the Human Resource Standards, Ethics and EEO to identify areas for improvement.

The SMAHS has an established grievance resolution procedure for complaints of harassment and discrimination. A trained Grievance and Contact Officers Network exists across SMAHS to provide information to employees and to mediate on EEO/Diversity issues.

In partnership with the AMA Indigenous School based traineeships have been introduced throughout the SMAHS. The SMAHS has a number of positions that specifically target diversity groups.

Family Friendly Initiatives provide flexible working hours, flexible, part time/job share, flexible leave, parental leave, purchased leave, deferred salary scheme, personal leave, cashing out leave entitlements, flexible annual and long service leave.

With the purchase of Kaleeya Private Hospital and the Galliers Private Hospital, a focus on human resource management has been integral. Job description forms and existing positions have been reviewed and all recruitment has been undertaken in accordance with Public Sector Standards and in line with South Metropolitan Area Health Services policy.

At BHS the Employee Assistance Prover (ITIM) has provided a presentation available to all staff on ‘Equal Opportunity – How does this relate to me?’

An Equity and Diversity Committee is established and has a membership comprising of Equal Opportunity Contact Officers and Grievance Officer. BHS has also entered into a two-year agreement with the AMA to provide weekly and block training to an indigenous member, working in the administrative area, and the service also provides a Peer Support Program for all staff.

Disability awareness sessions were held for all staff in April 2005 in conjunction with the Disability Services Commission, and there is an ongoing review of Multicultural Literature/patient access provided by the health service.
Women’s and Children’s Health Service
The Diversity Management Group coordinates and implements diversity management strategies and outcomes. These diversity outcomes focus in both the areas of Employment and Service Delivery. EEO has been incorporated within the organisation’s Diversity Management Plans. The Area Chief Executive and Health Service Executive Group renewed WCHS’s commitment to diversity management principles.

New staff are informed of their rights and responsibilities and are encouraged to participate in achieving diversity outcomes which include the elimination and prevention of any form of discrimination and harassment. A new diversity questionnaire has been developed and will be implemented from 1 July 2005.

In-house child care continues to be made available to staff with children aged from birth to five years. Vacation care for school aged children is offered to all staff of WCHS.

All staff have access to paid parental leave and new enterprise agreements are being implemented to increase this entitlement to eight weeks in January 2006. Provisions also allow for the pay out of long service leave entitlements on termination after parental/maternity leave.

Data is captured from client/patient systems to produce diversity profile information. This is compared with the staff diversity profile to identify areas where workforce planning could better reflect the diversity of the communities we serve. The organisation has identified a need to increase representation of indigenous staff and those with disabilities. Methods used to advertise positions externally have been reviewed and initiatives taken to distribute advertisements to agencies that can make the vacancies known to potential applicants from these groups.

Under the National Indigenous Cadetship program, WCHS is providing a six year placement for an indigenous registered nurse who is studying to become a doctor. There have been a number of Indigenous awareness sessions conduct over the past 12 months. A business plan has been developed for appointment of an Aboriginal health worker to promote the ongoing care of children and to facilitate their interaction with the hospital system. The Aboriginal Liaison Officer attends a family focus round on Ward 6B, neonates.

Flexible rostering options are being offered for nursing staff with family commitments, for example late or early shifts to allow staff to deliver or collect children from school. Urgent family leave is approved as required.

All job description forms for level 2 midwives and nurses include an essential criteria regarding knowledge of diversity, EEO and Disability Services.

Dental Health Service
Employment policies and practices are regularly reviewed to ensure that no evidence of bias or discrimination occurs during the recruitment process and that job description forms are written in non-discriminatory language.

Ensuring that EEO practices are maintained and that work places are free from racial and sexual harassment and reflect diversity continues as a high priority.

Employment programs and practices aim to achieve diversity and quality of employment opportunity for the four EEO groups within the technical qualification requirements for the majority of positions.
Governance - Reports on other Accountable Issues

Risk Management

The MHS aims to achieve best practice in the management of all risks that threaten to adversely impact upon the overall health service, its customers, staff, assets, function, objectives, operations, and on members of the public.

The SMAHS risk management policy and guidelines are consistent with the Department of Premier and Cabinet (1999) guidelines for managing risk in the Western Australian Public Sector, and the Standards Australia (2004) - Australian/New Zealand Standard AS/NZS 4360:2004 Risk Management. In 2005 the SMAHS formed an Area Risk Management Committee, with membership including all members of the Executive Group. The Area Risk Management Committee acknowledges the overlap between clinical and corporate risk within the SMAHS and is developing a coordinated approach to risk management.

In 2005, a Risk Management Data Base and Risk Management Framework were developed, enabling the executive to monitor and review all significant risks, ensuring the SMAHS's risk management plan remains relevant. The objectives of the Area Risk Management Committee include developing and implementing strategies to ensure risk management becomes an integral part of the planning and management processes and culture of SMAHS.

Employees of the NMAHS are required to participate in actively managing risks on a day to day basis. The NMAHS established committees also contribute to the comprehensive risk management function that is integrated within the corporate and clinical governance structures of the organisation.

The WCHS is committed to establishing and maintaining an environment for patients and staff that minimises risk and emphasises safety and quality. Risk management forms part of the responsibilities of line managers at all levels of the organisation and all staff are expected to participate in the process of identifying and managing risks.

A range of policies, procedures and training programs are in place to address specific risk areas across both corporate and clinical services.

Dental Health Service has established, maintained, operated and demonstrated an appropriate framework of business controls, to cover all its operational, technical, commercial, financial and administrative activities. To ensure that these measures satisfy the requirements of Treasury Instruction 109, a risk register has been established which is used as part of the day to day risk management of DHS. A Risk Management Committee has responsibility for monitoring risk.

Corruption Prevention
The existence of an effective accountability mechanism is fundamental to good corporate governance.

In NMAHS the following policies are relevant to corruption and misconduct within the workplace:
- Code of Conduct.
- Misconduct Policy and Guidelines for Management of Misconduct and Misconduct Issues.
- Acceptable Use – Computing and Communication Facilities.
- Workplace Bullying.
- Equal Opportunity in Employment.
- Prevention of Harassment and Discrimination.
- Prevention of Workplace Aggression and Violence.

All employees commencing employment within NMAHS are required to certify that they have read and understood the Code of Conduct document. At the Sir Charles Gairdner Hospital Group, the SCGH's Code of Conduct and expected behaviours in the workplace are incorporated into the job description form. In addition, all new employees in NMAHS attend an orientation program, which includes education on the Hospital's Code of Conduct, appropriate behaviours in the workplace and behaviours which constitute harassment discrimination.
Risk Management (cont)

New employees are also provided with information on the Official Corruption Act 1988-94.

The Royal Perth Hospital Group intranet has been used extensively to educate staff on the Code of Conduct, Code of Ethics and equity issues. On commencement, all new staff using computer equipment are required to sign a declaration that they have read and understood the Computing Acceptable Use Policy. Monitoring of internet usage occurs to ensure inappropriate internet sites are not accessed.

The SCGH Education and Development Department runs periodical training courses for managers/supervisors and staff during the year on the Code of Conduct: Prevention of Workplace Bullying, Prevention of Harassment in the Workplace, Managing Claims of Workplace Bullying and Respect in the Workplace. Similar courses are run at RP Group for example, Creating a Fair and Safe Workplace for Supervisors and Harmony in the Workplace. Sessions have also been run for supervisors on dealing with inappropriate behaviour and performance. Equity contact officers and safety and health representatives have also been trained in preventing workplace bullying to ensure support mechanisms to employees in addition to human resource services. Pamphlets and posters have also been arranged to increase the awareness of what workplace bullying is and what systems are in place for issues to be addressed.

The WCHS has a nominated Public Interest Disclosure Officer and manages any disclosures in accordance with the Public Interest Disclosure Act 2003.

Matters raised within the WCHS regarding potential crime or corruption are reported to the Manager Accountability, Corporate Governance in compliance with Operational Circular 1746/04. The WCHS develops and regularly reviews policies and procedures for a wide range of issues and activities. These are available on the WCHS Intranet.

The WCHS participates in a comprehensive audit program (see Internal Audit Control report) that includes compliance monitoring and has an extensive performance management system in place to support staff in fulfilling their responsibilities.

The DHS has conducted an audit of the financial risk areas. DHS also comply fully with state supply and health supply procurement and tendering standards. DHS have implemented exception reporting for revenue transactions within the patient management system. All staff has access via the human resources manual for advice on corruption and their obligations.
Public Interest Disclosures

Appointments
Due to the size and complexity of the Department of Health, a number of Public Interest Disclosure (PID) Officers have been appointed to enable appropriate and easy reporting access for all staff.

To date the following PID officers have been registered with the Office of the Commissioner for Public Sector Standards:

<table>
<thead>
<tr>
<th>Health Service</th>
<th>PID Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health</td>
<td>Mr Les Marrable</td>
</tr>
<tr>
<td>North Metropolitan Area Health Service</td>
<td>Mr Jon Frame</td>
</tr>
<tr>
<td>South Metropolitan Area Health Service</td>
<td>Ms Tracey Bennett, Ms Diane Barr and Ms Debbie Bridgeford</td>
</tr>
<tr>
<td>Women and Children’s Health Service</td>
<td>Ms Delys McGuiness</td>
</tr>
<tr>
<td>WA Country Health Service</td>
<td>Mr Steve Gregory</td>
</tr>
</tbody>
</table>

To streamline the communication between the Department and the Office of the Commissioner for Public Sector Standards on matters that fall within the jurisdiction of the Public Interest Disclosure Act 2003, the Department has appointed Mr Les Marrable, Manager Accountability, 189 Royal Street, East Perth as the Principal PID officer.

Procedures
The Department of Health has advised and will continually update staff on processes and reporting procedures associated with the Public Interest Disclosure Act 2003 through global e-mails, staff seminars and staff induction presentations.

The Department’s internal procedures have been published on the Department’s intranet site and can be accessed by all staff.

The Department of Health’s procedures are compliant with the Public Sector Standards Commission guidelines.

Protection
The Department of Health has ensured all PID officers are fully aware of their obligations of strict confidentiality in all issues related to public interest disclosure matters.

Files and investigation notes are maintained in locked and secure cabinets at all times with strict access to authorised personnel only.

All efforts are made to ensure maximum confidentiality is maintained in all investigations and follow up action.

Any staff member who attempts to take reprisal action or victimise another officer who has made, or intends to make, a disclosure of public information will be subject to legal action under the Public Interest Disclosure Act 2003.

Reports
For the year 2004-05 there were no reports made under the PID legislation.
Public Relations and Marketing

The Metropolitan Health Service played a key role keeping the public informed on health issues. The Public Relations departments of the Health Services used a variety of strategies to ensure that the public of Western Australia received information on both the health services available and innovations in clinical practice. They also played an important role in the dissemination of disease prevention and health promotion information.

Information was disseminated in the following ways:

- Presentations.
- Publication of pamphlets and information sheets.
- Newsletters.
- Video and CD-ROM.
- Global emails.
- Websites.
- Liaison with stakeholders such as Community Advisory Councils.
- Community forums.
- Updated messages for callers on hold.
- Intranet and internet.
- Displays at fairs and doctors’ surgeries.
- Media.
- Clinical services consultation bulletins.

Below are some examples of major promotional, public relations and marketing activities undertaken by the MHS in 2004-05.

**North Metropolitan Area Health Service Sir Charles Gairdner Group**

Public Relations and other staff within the SCGH Program provided internal and external communications, including local, national and international media liaison on a variety of hospital-related issues; events management for launches, official openings and presentations; promotion of the hospital’s services through a number of means and the facilitation of official visits and tours.

Numerous pro-active approaches to the media resulted in positive coverage of SCGH Program events, issues and initiatives.

The Public Relation (PR) staff assisted in the compilation and publication of a number of documents, including pamphlets; reports and information for patients. Staff newsletters, staff bulletins and other documents were produced.

Major media events and issues of interest, promoted by SCGH Group Public Relations staff and covered by local, national and international media included:

- Receipt of the only WA-awarded National Health and Medical Research Council Development Grant for ground-breaking throat laser technology development at SCGH.
- The launch of Australia's first living organ donor recognition program, developed by SCGH staff in September 2004.
- The awarding of a $250,000 federal government grant for stroke research at SCGH.
- The success of the "Fast Track" and "Rapid Assessment Team" trials in the SCGH Emergency Department in January 2005.
- The success of a rare pancreas transplant operation for a patient with an unusual case of unstable diabetes, bed-ridden at SCGH for four year prior, in February 2005.
- The fifth WA State Cancer Nursing Research Conference in March 2005.
- The 5,000th patient scanned at the WA PET service, based at SCGH, in March 2005.
- The introduction of Mental Health Nurses into the Emergency Department team at SCGH in March 2005.
- The announcement of the start of work on the new State Cancer Centre at SCGH, in May 2005.
- The launch of $11.3 million new Theatre Suite and launch of Osborne Park Hospital as lead site for WA ambulatory surgery project.
- The annual free community event, "Carols by Candlelight" at OPH.
Governance - Reports on other Accountable Issues

Public Relations and Marketing (cont)

Royal Perth Group
The PR staff within the RPH Group provided internal and external communication strategies, created pro-active media opportunities, managed media responses and coordinated hospital events such as launches and official visits.

Major media events and issues of interest, promoted by RPH Group Public Relations staff and covered by local, national and international media included:

- Nomination by RPH PR staff of Clinical Professor Fiona Wood for her first West Australian of the Year Award and her subsequent win as the 2004 Australian of the Year.
- WA’s first lung transplant in December 2004.
- A $10million Gates Foundation grant to further the work of HIV researcher Simon Mallal and his team.
- The RPH Trauma Registry 10-year celebration in late 2004.
- The Asian Tsunami disaster relief effort by six RPH surgeons and nurses and their stories upon return.
- The visit by His Royal Highness the Prince of Wales to RPH in February 2005.
- Telstra Burns Rehabilitation and Reconstruction Unit official opening, in February 2005, with the WA Premier, Dr Geoff Gallop, and Telstra CEO Ziggy Switkowski present.
- RPH Dr Sudhakar Rao was presented an award for Outstanding Achievement in Injury Prevention from the Injury Control Council of WA.
- Donations from community members for patient televisions, ICU waiting room furniture and a $2million research donation.
- Swan Kalamunda Health Service 50th anniversary, celebrated in October 2004, and marked by community fairs at each hospital.
- Other campaigns to receive media coverage through the year included: Women on Wellness Week, ICU Awareness Week, dementia research, the 10-year anniversary of cardiac transplants at RPH, new radiology technologies, the first VentrAssist artificial heart implantation, staff citizenship ceremony, medical scholarships, RPH art exhibitions and the promotion of nursing through campaigns such as International Nurses Day and changes to mental health nursing.

Mental Health Service
- Staff achievements, awards, changes, research and developments were promoted through the quarterly AMHS newsletter “Health in Mind”.
- AMHS staff and consumers made presentations to a wide range of symposia, seminars and conferences in WA, nationally and internationally.
- “Good news” stories publicising patient and service achievements appeared in a range of media.
- Inner City Mental Health: Participated in Nursing Expo and open days to promote participation in undergrad and post-grad studies in MH Nursing.
- Participated in a Perth City Council initiative to promote safety within Perth Metropolitan area.

South Metropolitan Area Health Service
FHHS Public Relations Department, based at Fremantle Hospital, looks after all media inquiries, including special events, at Fremantle Hospital, Woodside Maternity Hospital and the Rottnest Island Nursing Post. As the SMAHS has developed the office has also serviced Armadale-Kelmscott Health Service (including Galliers Wing), Rockingham/Kwinana health Service (including Murray District Hospital), Bentley Health Service, the South Metropolitan Public Health Unit/Community Nursing and the South Metropolitan Mental Health Service.
Public Relations and Marketing (cont)

Events during 2004-05 have included:
- The promotion and launch of the annual art exhibition, Open Minds Open Doors, during Mental Health Week.
- Assisting media during the Asian Tsunami as medical teams were despatched from Fremantle Hospital; coordination of staff donations across SMAHS for Tsunami victims.
- Special bulletins to keep all staff informed during the change process involved in the purchase of Galliers Private Hospital and Kaleeeya Hospital.
- Helping with planning to celebrate the 80th anniversary of The Fremantle Hospital Ladies' Auxiliary.
- Keeping the public informed on major changes to the Rockingham-Kwinana District Hospital.
- Celebrating volunteers across the SMAHS during National Volunteer Week with certificates of appreciation.
- Assisting with the accreditation process across SMAHS.
- Organising visits by the Fremantle Dockers and promotion of their annual Bravery Awards to special children.

Women’s and Children’s Health Service

In 2004-05 WCHS publicised and/or implemented the following PR and marketing initiatives.
- Opening of the new $4 million Labour and Birth Suite at KEMH.
- Promotion of completed capital works at KEMH, which included the new Emergency Centre and Maternal Foetal Monitoring Unit.
- Joint promotion of the new Cord Blood Bank with Red Cross.
- Promotion of Australia’s first Human Milk Bank at KEMH.
- The announcement of a new $2.4 million unit for mothers suffering post-natal depression and other mental illnesses.
- Promotion of the expansion of the statewide newborn screening program.

Promotion of the following initiatives:
- WCHS zero tolerance to workplace aggression policy launch.
- KEMH baby friendly accreditation.
- Launch of the final phase and by-laws of WCHS smoking policy.

Promotion and recruitment for numerous WCHS studies, including:
- Periodontal study (effects of maternal gum disease on preterm birth).
- Raine study (effects of repetitive ultrasound on foetus).
- Implanon trial (treatment of intermittent bleeding).
- Organon trial (non-hormonal treatment for menopause).
- Pneumococcal vaccine study.
- Asthma and allergies study.
- Sleep apnoea study.
- Exercise intervention study.

Hundreds of print media stories appeared in statewide and national publications, and television and radio covered a range educational and informative topics.

Miraculous patient stories featured in print and electronic media including:
- Triple amputee, Terry Vo, received worldwide media coverage, including filming of 60 Minutes documentary.
- Revolutionary keyhole heart surgery performed in WA.
- World’s youngest baby to survive a diaphragmatic hernia.
- WA’s youngest cochlear implant patient, at just six months.
- Feature on the world’s only diabetic triplets at PMH.

Two of our medical team featured in the Australia Day honours list:
- Dr Fiona Wood, also awarded Australian of the Year.
- Dr Harvey Coates.
Governance - Reports on other Accountable Issues

Public Relations and Marketing (cont)

PMH was honoured by two special visits, wife of British Prime Minister, Cherie Blair, and wife of Chinese Chairman, Madame Zhang.

Major involvement with Telethon 2004. Selection of the Telethon child, celebrity visits, filming to promote the event and live crosses over the Telethon weekend.

Marketing and branding:
- Commissioned new signage and promotional banners for media events.
- Facilitated the production of more than 100 consumer education publications, available on WCHS website.
- Assisted with the production of a promotional video for the Family Birth Centre at KEMH, available for prospective consumers.
- Produced promotional material for nursing recruitment events.

Dental Health Service

The Dental Health Service web site continued to be developed providing improved access to information relating to oral health including training instructions and teaching materials for educators to provide information for school children in Year 4 and Year 7. The Dental Health Service web site can be viewed at http://www.dental.wa.gov.au.

The Dental Health Service assisted the Australian Dental Association in Oral Health Promotion Week.

Publications

In 2004-05 the MHS produced a range of resources for patients and the wider community through various publications. Presentation types included pamphlets, brochures, newsletters, journal articles and electronic publications.

The MHS ensures hard copy and electronic publications produced meet quality and governance guidelines, including that they:
- Are appropriate and useful to audiences.
- Contain accurate, evidenced-based information.
- Are cost and resource effective.
- Contain contact and disclaimer material.

Notable publications were:
- Annual reports – in hard copy and electronic forms.
- Patient information brochures, including charters of patient rights and responsibilities.
- Hospital newsletters.
- Brochures on specific conditions, procedures and treatments.
- Departmental newsletters and brochures.
- Informational posters.
- Research and publications reports.
- Published journal articles.
- Customer feedback brochures.
- Other electronic publications including intranet and internet sites regarding hospitals, departments and online education for tertiary institutions and the community.
Governance - Reports on other Accountable Issues

Research and Development

North Metropolitan Area Health Service
Sir Charles Gairdner Group
The SCGH Research Advisory Committee has supported research on the QEII MC by providing financial support for 17 research projects and one PhD and as well supported an additional PhD Medical Scholarship in conjunction with the SCGH Clinical Staff Education Fund. This is the first year that the Medical PhD Scholarship has been offered.

SCGH once again was successful in securing two 2004 National Health and Medical Research Council (NHMRC) grants as well as having many SCGH staff affiliated with UWA recipients who conduct research on the QEII MC site.

From May 2004 to May 2005, QEII MC researchers submitted 202 applications to the SCGH Human Ethics Committee for Clinical Research.

SCGH research has generated $3.4 million for the July 2004 to March 2005 period, projected to be $4.8 million for the full year. Most of this support is provided by pharmaceutical companies, as well as many other external sources, which continue to support research at the SCGH site.

There has been an increase in circulation of national information increasing the profile of ORD, through the on-going development of the QEII MC Research Network Group of 40% to 50% throughout the last year.

Royal Perth Group
Royal Perth Hospital continues to conduct the highest quality clinical, epidemiological, preventative and laboratory-based research into numerous diseases. The work is performed within the Hospital Departments, as well as the purpose-built Medical Research Foundation building, which houses several University Schools and the Western Australian Institute for Medical Research (WAIMR). Some areas of particular research interest include cancer, heart disease, stroke, immunology/blood disorders, hormones/diabetes, neuroscience and genetics of multiple disorders, including HIV, pneumonia and malignant hyperthermia.

Researchers at Royal Perth Hospital attracted several million dollars last year from several major funding bodies - NHMRC, National Heart Foundation, the Cancer Council of WA, National Breast Cancer Foundation, the Raine Foundation and the National Institutes of Health (NIH) in the US. This success in attracting funding strengthened the Hospitals’ established reputation as a centre of excellence for research and evidence-based practice.

Population Health Program
A research program is measuring the impact of a virtual parenting experience to ascertain whether this reduces unwanted pregnancies or improves health outcomes for teenage pregnancies compared to teenagers who do not have this experience.

Mental Health Service
Significant research within North Metropolitan Area Mental Health Service is carried out by various statewide tertiary services including: the Centre for Clinical Research in Neuropsychiatry (CCRN); the Centre for Clinical Interventions (CCI), Graylands Hospital and the Neurosciences Unit.

CCRN: The WA Family Study of Schizophrenia (WAFSS) continues to be a major focus of the biological and neurocognitive research effort at CCRN. Running within this major project are a series of related studies that, over the last 10 years, have provided the material for a large number of publications. In addition, this project has produced a number of highly productive national and international collaborations that continue to develop. More recently, case finding for the WAFSS has been extended into the community.

The other major research focus at CCRN has been in “risk factor epidemiology”. This work has resulted in a number of studies and associated publications, many of which have direct service level implications for mental health service planners in WA. The scope of this work will continue to expand as more linked data sets come “on line” through the efforts of the data linkage team within the DOH.
CCI provides a "real life" clinical setting within which evidence-based psychological treatments for clinical problems (affective and anxiety disorders, eating disorders) are developed and evaluated. It also investigates psychological mechanisms of psychopathology and how these affect the content and process of psychotherapy.

The Neurosciences Unit is involved in a number of recently completed and ongoing collaborative research projects. For example, the Unit is a participating site in the Neurological Predictors of Huntington's Disease (Predict HD) study. Predict HD is sponsored by the National Institute of Health and co-ordinated by the Huntington Study Group, and being carried out by over 24 sites across North America, Europe and Australia. Staff at the Unit have completed several studies this year, and are involved in over fifteen ongoing collaborative projects (see Appendix). Staff member, A/Professor Jonathan Foster has recently completed a new major Psychology Text Book www.blackwellpublishing.com/intropsych/review s.html and another book on memory has been commissioned by Oxford University Press with an expected publication date of 2006.

Inner City Mental Health Service (ICMHS): The ICMHS is affiliated with the NICS project to measure the outcome measures defined by the project and benchmark with other participating sites throughout Australia.

Continuing Research
Sir Charles Gairdner Group
On-going development of plans for the research building for the QEII MC site.

Royal Perth Group
There are multiple ongoing research activities across the campus. The following three examples are of new major initiatives.

The hospital, via WAIMR, was involved in an application to government to establish Clinical Trials WA. This was an exciting initiative involving both the RPH and SCGH clinical trials researchers, and was to provide infrastructure to develop a 1000 sqm² dedicated Phase I, II and III facility at RPH and a 600 sqm² Phase II and III at SCGH.

In addition the hospital was an important stakeholder in another major initiative, the Centre for Food and Genomic Medicine (CFMG), which was an application to government for infrastructure funding.

Dobney MRF Medical Research Donation: Research into cancer and heart disease treatment will be enhanced after the State Government agreed to match a $2.5million private donation RPH's Medical Research Foundation on 10 February. Cancer patient Ray Dobney pledged $2.5million to the Foundation saying it was his way of saying thank you for the care and treatment he had received under consultant haematologist Dr Paul Cannell and other RPH staff during the 20 years he had suffered from cancer. "I just wanted to be able to give something back to the community, to say thank you for the excellent care I have received over the years," he said. Director of Research Peter Leedman and Dr Cannell thanked Mr Dobney on behalf of the Foundation and the Hospital, saying the money would be used to build a new cancer research laboratory named the Ray and Bill Dobney Cellular and Tissue Therapy Laboratories. "It is an extraordinarily generous donation which will help us to build a new laboratory and help researchers develop new ways of treating patients with cancer," Dr Cannell said. The new laboratory will combine the existing bone marrow transplant, skin and heart valve laboratories into a single state-of-the-art facility.

Mental Health Service
Continuing research activities from mid-2005 reflect the major research orientation of the various research centres within MHS. For the CCRN these are primarily though not exclusively focused on schizophrenia. The CCI will continue to research aspects of cognitive behavioural therapy especially in relation to social anxiety, bi-polar and eating disorders. The Neurosciences Unit is concerned with known or suspected brain impairment resulting from trauma, disease or genetic conditions, eg Huntington's Disease.
Governance - Reports on other Accountable Issues

Research and Development (cont)

Women's and Children's Health Service
KEMH
The research program at King Edward Memorial Hospital is conducted through the UWA School of Women’s and Infants’ Health (SWIH) and the Women and Infants Research Foundation (WIRF). These two organizations work together to achieve the common goal of creating new knowledge to improve the health of women and infants in our hospital, our state and elsewhere. They also function as the focus of many collaborative studies involving local, national and international research organizations and groups. Over the last six years, the number of peer-review publications published from this program has increased nearly nine-fold and there has been a commensurate expansion in the funding base. This increased output reflects the expanded number of clinical and basic scientists now active on the campus and the recently completed 5-year capacity-building program. Priority areas of research are determined by strategic planning, coupled with investigator-driven initiatives. The major areas of research activity currently focus on prevention of pre-term birth and stillbirth; improving the health of infants born prematurely; discovering the mechanisms that underpin fetal programming and the early origins of child and adult disease; improved methods of lactation; alternative therapies for women with menopausal symptoms, including women with breast cancer; improved treatments for menstrual and fertility disorders; and novel methods of surgical training.

PMH
This year several PMH departments have continued their internationally recognised research. The Respiratory Medicine Department has continued projects on the measurement of lung function in infants and preschool children, the role of infections and environmental pollutants on the development of asthma, the pathological changes to epithelium in asthma and the detection of lung inflammation in Cystic Fibrosis. The Department of Haematology and Oncology remains a member of the Children’s Oncology Group and as a result approximately 85% of eligible patients are enrolled in clinical trials run by the group. The Endocrinology Department has expanded its program of diabetes research with particular emphasis on hypoglycaemia, obesity and genetics. Many other departments have had very active research programs this year running a range of clinical trials.

Dental Health Service
Ongoing demographic data analysis, measurement and analysis of disease prevalence, treatment outcomes and trends and clinical productivity will be maintained. An example is the survey and analysis of child oral health in the Kimberley (2004).

Dental Health Service completed a research of the Western Australian component of the National Survey of Adult Oral Health.

Dental Health Service continued their research and development in the following areas:

- Child Dental Health Survey - This survey is ongoing and forms the basis of the performance indicators that are supplied to DOH each year.
- Adult Dental Programs Survey - This survey is ongoing and forms the basis of the performance indicators that are supplied to DOH each year.
- Caries Progression Monitored Using Radiographs - This study involves the periodic monitoring of radiographs to determine the rate of progress of carious lesions on the interproximal surfaces of teeth. The anticipated follow-up period is 4 years. Currently about 70 children are participating.

Please refer to the appendix for more information on research and development.
Internal Audit has the role of accountability adviser and independent appraiser, reporting directly to the Director General of Health. Audits undertaken were generally planned audits, however, on occasion, management initiated audits or special audits were also carried out. The reviews were predominantly compliance based, however, a number of operational (performance-based) and information systems reviews have also been conducted. Under the direction of the Director, Corporate Governance, external consultants have also been responsible for a number of audits. All audits conducted aim to assist senior management in achieving sound managerial control.

The life of an audit has a number of distinct phases, namely, scoping of the audit, planning, conducting the fieldwork, preparing a draft report and production of a final audit report. When undertaking an audit, discussion between the auditor and auditee is an ongoing process, and management responses are sought for inclusion into the final product. Management responses indicate acceptance of the audit recommendations, the risk rating as well as agreed actions to ensure successful implementation of the recommendations. The final audit report is forwarded to the relevant executive and is also considered by the Department’s Audit Committee.

The Audit Committee has ten members (five internal and five external representatives) and is chaired by Christine O’Farrell (Chief Executive Officer, WA Country Health Service). According to its mandate, this advisory committee must meet at least six times during the year and considers all audits/reviews completed by the Internal Audit Branch. It has oversight of the Strategic Audit Plan and other associated governance issues, to ensure appropriate and timely advice is provided to the Director General.

Reviews/audits conducted over the year include:

**Department of Health**
- Agency Nurses.
- Biomedical Engineering.
- Corporate Credit Cards.
- DVA Contract Management.
- FBT Requirements.
- Full Time Equivalent Data.
- Management of Commonwealth Programs.
- Pool Recruitment.
- Processes Used to Grant Funds to NGOs.
- Project Management of New Systems.
- Public Hospital Expenditure.
- Risk Management.
- Software Licensing.
- Special Purpose Accounts.
- Travel Arrangements.
- Vehicle Management.
- Website Management.
- Workforce Planning.
- Workers Compensation & Injury Management.

**Metropolitan Health Service**
- Agency Nurses.
- Corporate Credit Cards.
- Disposal & Replacement of Hardware.
- FAAA Health Checks.
- Full Time Equivalent Data.
- FBT Requirements.
- HR Database Amalgamation Project.
- IS Compliance.
- Kaleeya/Galliers Acquisition and Integration.
- Medical Payroll: NMAHS & W&CHS.
- MERITS Medical Records System.
- Payroll Audits: Armadale & Rockingham.
- Pool Recruitment.
- Public Sector Standards Review.
- Risk Management.
- Software Licensing.
- Special Purpose Accounts.
- Theatre Management System.
- Travel Arrangements.
- Website Management.
- Workforce Planning.
Pricing Policy

The majority of the Department of Health’s services are provided free of charge. Some classes of patients are charged fees, for example patients who have elected to be treated as private patients and compensable patients (i.e. patients for whom a third party is covering the costs, such as patients covered by workers' compensation or third party motor vehicle insurance). Where fees are charged, the prices are based on legislation, government policy, or a cost-recovery basis.

Health Finance sets a schedule of fees each year to cover patients for whom fees apply.

These fees are incorporated into the Hospital (Service Charges) Regulations 1984 and the Hospital (Service Charges for Compensable Patients) Determination 2002.

Dental Health Services utilises fees based on the Department of Veterans’ Affairs Schedule of Fees with patients charged:
- 50% of fee if holder of a Health Care Card or Pensioner Card.
- 25% of fee if holder of one of the above cards and in receipt of a near full pension or benefit from Centrelink.
CERTIFICATION OF PERFORMANCE INDICATORS
for the year ended 30 June 2005

I hereby certify that the performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the performance of the Metropolitan Health Services and fairly represent the performance of the health service for the financial year 30 June 2005.

[Signature]

Dr Neale Fong
Acting Director General
Accountable Authority

30 August 2005
Performance Indicators Audit Opinion

AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

THE MINISTER FOR HEALTH IN HIS CAPACITY AS THE DEEMED BOARD OF METROPOLITAN PUBLIC HOSPITALS
PERFORMANCE INDICATORS FOR THE YEAR ENDED 30 JUNE 2005

Audit Opinion
In my opinion, the key effectiveness and efficiency performance indicators of The Minister for Health in his Capacity as the Deemed Board of Metropolitan Public Hospitals are relevant and appropriate to help users assess the Health Service's performance and fairly represent the indicated performance for the year ended 30 June 2005.

Scope
The Director General, Department of Health's Role
The Director General, Department of Health is responsible for developing and maintaining proper records and systems for preparing performance indicators.

The performance indicators consist of key indicators of effectiveness and efficiency.

Summary of my Role
As required by the Financial Administration and Audit Act 1985, I have independently audited the performance indicators to express an opinion on them. This was done by looking at a sample of the evidence.

An audit does not guarantee that every amount and disclosure in the performance indicators is error free, nor does it examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the performance indicators.

D D R PEARSON
AUDITOR GENERAL
11 November 2005
Introduction

Health is a complex area and is influenced by many factors outside of the provision of health services. Numerous environmental and social factors as well as access to, and use of, other government services have positive or negative effects on the health of the population.

The performance indicators outlined in the following pages, address the extent to which the strategies and activities of the Health Services contribute to the broadly stated health outcome, which is, through the delivery of its health services, the improvement of the health of the Western Australian community by:

- A reduction in the incidence of preventable disease, injury, disability and premature death and the extent of drug abuse.
- The restoration of the health of people with acute illness.
- An improvement in the quality of life for people with chronic disease and disability.

Different divisions of the Health Services are responsible for specific areas of the three outcomes. The largest proportion of Health Services activity is directed to Outcome 2 (Diagnosis and Treatment). To ascertain the overall performance of the health system all reports must be read. All entities contribute to the whole of health performance.

These reports are:
- Department of Health
- Metropolitan Health Service
- South West Area Health Service
- Peel Health Service
- WA Country Health Service

The different service activities, which relate to the components of the outcome, are outlined below.

Prevention and promotion
- Community and public health services.
- Mental health services.
- Dental health services.

Diagnosis and treatment
- Hospital services (emergency, outpatient, inpatient, rehabilitation and community-based post discharge care).
- Community health services (Nursing Posts).
- Mental health services.
- Dental health services.
- Obstetric services.

Continuing care
- Services for frail aged and disabled people (eg Aged Care Assessments, outpatient services for chronic pain and disability, Nursing Home Type hospital care).
- Services for those with chronic illness.
- Mental health services.

There are some services, such as Community Health, which address all three of the components.

Results in this section are presented as both Aboriginal and non-Aboriginal population figures where appropriate.

Comparisons across time are provided where possible and appropriate.
Performance Indicators

Consumer Price Index (CPI) Deflator Series

The index figures are derived from the CPI all groups, weighted average of the eight capital cities index numbers. For the financial year series the index is the average of the December and March quarter and is rebased to reflect a mid year point of the five year series that appears in the annual reports. The average of the December and March quarter is used, because the full year index series is not available in time for the annual reporting cycle.

The calendar year series uses a similar methodology but is based on the average of the June and September quarter.

The financial year costs for the annual report can be adjusted by applying the following formula. The result will be that financial data is converted to 2002-03 dollars:

\[ \text{Cost}_n \times \left( \frac{100}{\text{Index}_n} \right) \text{ where } n \text{ is the financial year or calendar year where appropriate.} \]

Table 14: Consumer price index figures for the financial and calendar years

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Index (Base 2002)</td>
<td>93.118</td>
<td>97.006</td>
<td>100.000</td>
<td>102.644</td>
<td>105.107</td>
</tr>
<tr>
<td>Index (Base 2002-03)</td>
<td>94.017</td>
<td>96.866</td>
<td>100.000</td>
<td>102.172</td>
<td>104.701</td>
</tr>
</tbody>
</table>

Efficiency Indicator Note

All calculations for efficiency indicators include administrative overheads in accordance with relevant Treasurer’s Instructions for annual reporting purposes only. These figures are not to be used for any other comparative purpose.
Performance Indicators

Outcome 1: Reducing the incidence of preventable disease, injury, disability and premature death and the impact of drug abuse

The services, or outputs, of all parts of the Department of Health contribute to the above outcome. Achievement of this component of the health objective includes activities that reduce the likelihood of disease or injury and reduce the risk of long-term disability or premature death. Strategies include prevention, early identification and intervention and the monitoring of the incidence of disease in the population to ensure primary health measures are working. The impact of drug abuse is also monitored.

The outputs of the Metropolitan Health Service as well as the other divisions of the Department of Health are contained on the table below. The greatest proportion of outputs provided by the Metropolitan Health Service in this outcome is directed to children. Other health services and the Department of Health, provide more services directed to prevention and surveillance of disease, including those affecting the adult population.

Table 15: Respective indicators by health sector for Outcome 1

<table>
<thead>
<tr>
<th></th>
<th>Metropolitan Health Service</th>
<th>Peel Health Service</th>
<th>South West Area Health Service</th>
<th>WA Country Health Service</th>
<th>DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>The achievement of this component of the health objective involves activities which:</td>
<td>Metropolitan Health Service</td>
<td>Peel Health Service</td>
<td>South West Area Health Service</td>
<td>WA Country Health Service</td>
<td>DOH</td>
</tr>
<tr>
<td>Reduce the likelihood of onset of disease or injury by:</td>
<td>101A</td>
<td>101B</td>
<td>101A</td>
<td>101B</td>
<td>101A</td>
</tr>
<tr>
<td>Immunisation programs</td>
<td>101A</td>
<td>101B</td>
<td>101A</td>
<td>101B</td>
<td>101A</td>
</tr>
<tr>
<td>Dental screening</td>
<td>105</td>
<td>106</td>
<td>105</td>
<td>106</td>
<td></td>
</tr>
<tr>
<td>Safety program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R101</td>
</tr>
<tr>
<td>Reduce the risk of long term disability or premature death from injury or illness through:</td>
<td>Metropolitan Health Service</td>
<td>Peel Health Service</td>
<td>South West Area Health Service</td>
<td>WA Country Health Service</td>
<td>DOH</td>
</tr>
<tr>
<td>Surveillance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R101</td>
</tr>
<tr>
<td>Monitoring the incidence of disease in the population to ensure primary health measures are effective:</td>
<td>103</td>
<td>103</td>
<td>103</td>
<td>103</td>
<td></td>
</tr>
<tr>
<td></td>
<td>104</td>
<td>104</td>
<td>104</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>Monitoring and surveillance of suicide rates and drug and alcohol use:</td>
<td>Metropolitan Health Service</td>
<td>Peel Health Service</td>
<td>South West Area Health Service</td>
<td>WA Country Health Service</td>
<td>DOH</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
101A: Percentage of fully immunised children 0-6 years

This indicator reports the percentage of fully immunised children 0-6 years.

Rationale
The community sets a very high priority on ensuring that the health and well being of children are safeguarded. It is important not only to restore them to good health when they become ill but also to maintain a state of ‘wellness’ that allows them to develop to their full potential. One of the key components of this is to attempt to ensure that every child experiences the full benefit provided by appropriate and timely immunisation against disease according to internationally recognised vaccination practices.

Without access to immunisation for children the consequences of any illness or disability are likely to be more disabling and more likely to contribute to a premature death.

The agreed targets in the Public Health Funding Agreement are as follows:
- Proportion of children fully immunised at 12-15 months – progress towards greater than 90% coverage.
- Proportion of children fully immunised at 24-27 months – progress towards greater than 90% coverage.
- Proportion of children fully immunised at 72-75 months (6 years) - progress towards greater than 95% coverage.

Results
The target was reached in the non-Aboriginal 24-27 months age group but was not reached in other age brackets. The percentage of fully immunised Aboriginal children at 12-15 months increased by 8%. The percentage of fully immunised non-Aboriginal children at 72 months increased by 2% and rose slightly for Aboriginal children. The coverage in all age groups for the Aboriginal population was lower than the non-Aboriginal population.

Figure 2: Percentage of fully immunised children

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year</th>
<th>Non-Aboriginal</th>
<th>Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-15</td>
<td>2002 (Mar Quarter)</td>
<td>89</td>
<td>68</td>
</tr>
<tr>
<td>24-27</td>
<td>2002 (Dec Quarter)</td>
<td>90</td>
<td>78</td>
</tr>
<tr>
<td>72-75</td>
<td>2003 (Dec Quarter)</td>
<td>90</td>
<td>78</td>
</tr>
</tbody>
</table>

Data Sources
Australian Childhood Immunisation Register (ACIR).
Australian Bureau of Statistics (ABS) population figures.
**Performance Indicators**

**101B: Rate of hospitalisations with an infectious disease for which there is an immunisation program**

This indicator reports the rate of hospitalisations with an infectious disease for which there is an immunisation program.

**Rationale**

There are specific communicable diseases which are preventable by vaccine and thus routine vaccination or immunisation is recommended by the National Health and Medical Research Council (NHMRC).

To provide additional information about the effect of immunisation programs, the rates of hospitalisation for treatment of the infectious diseases of measles, mumps, rubella, diphtheria, pertussis, poliomyelitis, hepatitis B and tetanus are reported.

The first three conditions are reported by 0-17 year old age groups while the remaining are reported by 0-12 year old age groups.

**Results**

During 2004, whooping cough, was the most frequently reported hospitalisation for vaccine preventable disease. There were twenty six non-Aboriginal and nine Aboriginal episodes across the Metropolitan area. The Department of Health responded to the outbreak with an additional whooping cough vaccination program targeting school students.

The low or absent numbers of these vaccine-preventable diseases in 2004 indicates that the vaccination and immunisation schedules are effective.

**Table 16:** Rate of hospitalisations per 1,000 with an infectious disease for which there is an immunisation program – 0-12 years

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>0.05</td>
<td>0.00</td>
<td>0.07</td>
<td>0.13</td>
<td>0.08</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Tetanus</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Table 17:** Rate of hospitalisations per 1,000 with an infectious disease for which there is an immunisation program – 0-17 years

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Mumps</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>0.01</td>
</tr>
<tr>
<td>Rubella</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>0.00</td>
</tr>
</tbody>
</table>

* Not reported in previous years

**Data Sources**

Hospital Morbidity Data System.
Australian Bureau of Statistics (ABS) population figures.
103: Rate of hospitalisation for gastroenteritis in children 0-4 years

This indicator reports the rate of hospitalisation for gastroenteritis in children 0-4 years.

Rationale
Gastroenteritis is a condition for which a high number of patients are treated either in the hospital or in the community. It would be expected that hospital admissions for this condition would decrease as performance and quality of service in many different health areas improves.

The rate of children who are admitted to hospital per 1,000 population for treatment of gastroenteritis may be an indication of improved primary care or community health strategies - for example, health education. Programs are delivered to ensure there is an understanding of hygiene within homes to assist and prevent gastroenteritis. It is important to note, however, that other factors such as environmental issues will also have an impact on the prevalence of transmissible diseases like gastroenteritis.

The Department of Health is also engaged in the surveillance of enteric diseases. Some forms of gastroenteritis for example salmonellosis and shigellosis are notifiable diseases and infection rates are monitored.

Note
This indicator measures hospital separations of children living in a given location who may attend a hospital close to home or in another Health Service area. This indicator is not necessarily a measure of the performance of the Health Service providing the hospitalisation.

Results
During 2004, hospitalisation rates for Aboriginals were 16.7 per 1,000 while the non-Aboriginal rate was 9.1 per 1,000.

The trend for hospital admissions for gastroenteritis in 0-4 years for Aboriginal and non-Aboriginal population groups are similar overtime.

Figure 3: Rate of hospitalisation for gastroenteritis in 0-4 years

Data Sources
Hospital Morbidity Data System.
Australian Bureau of Statistics (ABS) population figures.
104: Rate of hospitalisation for respiratory conditions

This indicator reports the rate of hospitalisation for respiratory conditions.

Rationale
The rate of children aged 0 to 4 years who are admitted to hospital per 1,000 population for treatment of respiratory conditions such as acute bronchitis, bronchiolitis and croup and the rate of all persons admitted for the treatment of acute asthma may be an indication of primary care services or community health strategies for example, health education.

It is important to note however, that other factors may influence the number of people hospitalised with these respiratory conditions. The conditions are ones which have a high number of patients treated either in hospital or in the community. It would be expected that hospital admissions for the conditions would decrease as performance and quality of service increases in primary or community health.

Note
This indicator measures hospital separations of individuals living in a given location who may attend a hospital in their own or another Health Service. The performance of the health service providing the hospitalisation is not being measured.

Results
Hospital rates for asthma have remained comparable over the past five years with Aboriginal rates generally higher than non-Aboriginal rates.

The rate of hospitalisation for acute asthma in the Aboriginal population was lower in all age groups except 35+ age group which had a small increase per 1,000.

Figure 4: Rate of hospitalisation for acute asthma (all ages)

Data Sources
Hospital Morbidity Data Systems and Australian Bureau of Statistics (ABS) population figures.
### Performance Indicators

**104: Rate of hospitalisation for respiratory conditions (cont)**

#### Figure 5: Rate of hospitalisation for bronchiolitis in 0-4 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>10.4</td>
</tr>
<tr>
<td>2001</td>
<td>8.6</td>
</tr>
<tr>
<td>2002</td>
<td>10.3</td>
</tr>
<tr>
<td>2003</td>
<td>7.5</td>
</tr>
<tr>
<td>2004</td>
<td>9.2</td>
</tr>
</tbody>
</table>

**Results Bronchiolitis**
The rate of hospitalisation for bronchiolitis in both the Aboriginal and non-Aboriginal population increased in 2004. Aboriginal hospitalisation was more than four times higher than the non-Aboriginal rate.

#### Figure 6: Rate of hospitalisation for acute bronchitis in 0-4 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0.2</td>
</tr>
<tr>
<td>2001</td>
<td>0.2</td>
</tr>
<tr>
<td>2002</td>
<td>0.3</td>
</tr>
<tr>
<td>2003</td>
<td>0.4</td>
</tr>
<tr>
<td>2004</td>
<td>0.7</td>
</tr>
</tbody>
</table>

**Results Acute Bronchitis**
The rate of hospitalisation in both the Aboriginal and non-Aboriginal population remains low in the metropolitan area in comparison to hospitalisations for bronchiolitis and croup.

#### Figure 7: Rate of hospitalisation for croup in 0-4 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>4.7</td>
</tr>
<tr>
<td>2001</td>
<td>4.3</td>
</tr>
<tr>
<td>2002</td>
<td>4.5</td>
</tr>
<tr>
<td>2003</td>
<td>2.8</td>
</tr>
<tr>
<td>2004</td>
<td>4.1</td>
</tr>
</tbody>
</table>

**Results Croup**
The rate of hospitalisation for croup in both the Aboriginal and non-Aboriginal population increased in 2004.

**Data Sources**
Hospital Morbidity Data System.
Australian Bureau of Statistics (ABS) population figures.
Performance Indicators

105: Rate of childhood dental screening

This indicator reports the rate of childhood dental screening.

**Rationale**
Dental screening programs for school children are undertaken to ensure early identification of dental problems and, where appropriate, provide treatment. The early identification and management of dental problems improves health outcomes for children.

This indicator examines the disease prevention and health promotion effectiveness of the school dental health service by measuring the enrolment and screening rates for school children who are eligible for the service. It also measures the 'free of active caries' rate at the time of patient recall, because if the preventative program has been effective, children will have a low level of active caries.

**Results**
The percentages of children enrolled in the School Dental Service and children receiving dental care were measured across three groups: pre-primary, primary and secondary school children. The percentage of school children enrolled in and receiving care from the service remains at a high level and is confirmation that the School Dental Service is an effective means of delivering disease prevention and health promotion programs.

While the percentage of secondary school children enrolled in the School Dental Service increased over time, not all actually received dental care as older children are expected to take more responsibility for their own care. Until such time that those students make further contact they are not considered under care.

The 2004-05 rate of children free of caries when recalled for a dental checkup was comparable to previous years.

The 'Free of Active Caries on Recall' rate has remained relatively constant at approximately 68%, even though the average recall interval has increased from 14.8 months to 16.3 months.

**Table 18: Rate of screening of pre-primary school children**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under care</td>
<td>83.6%</td>
<td>83.9%</td>
<td>84.2%</td>
<td>82.6%</td>
<td>84.3%</td>
<td>83.7%</td>
</tr>
</tbody>
</table>

**Table 19: Rate of screening of primary school children**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under care</td>
<td>86.8%</td>
<td>86.3%</td>
<td>85.9%</td>
<td>85.2%</td>
<td>85.2%</td>
<td>84.7%</td>
</tr>
</tbody>
</table>

**Table 20: Rate of screening of secondary school children**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under care</td>
<td>57.8%</td>
<td>60.1%</td>
<td>58.9%</td>
<td>58.9%</td>
<td>58.9%</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

**Table 21: Rate of children free of dental caries when recalled**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67.9%</td>
<td>67.0%</td>
<td>67.1%</td>
<td>67.2%</td>
<td>67.6%</td>
<td>67.6%</td>
</tr>
</tbody>
</table>

**Data Source**
School Dental Health.
Performance Indicators

106: Dental health status of target clientele

This indicator reports dental health status of target clientele.

Rationale
A major role of the Dental Health Service is to prevent dental disease. To gauge the effectiveness of the service, the rate of decayed, missing or filled teeth (DMFT) of its target clientele may be measured.

This indicator reports dental health status of school children and adults eligible to use the state government Dental Health Service. It measures the effectiveness of the School Dental Service and the adult dental program by measuring the 2004-05 rate of DMFT.

Results
The rate of DMFT per person was measured in two groups: children enrolled and under the care of the School Dental Service, and a target group of financially disadvantaged adults aged 35 to 44 years. Results were compared to previous years.

The number of DMFT in adults showed a small but significant improvement in 2004/05 and supports the efficacy of the program.

The number of DMFT in children has remained constant over the past five years. The Western Australian results for 12 year olds compare favourably with international benchmarks.

International Benchmarks for 12 Year Olds

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>DMFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>2002</td>
<td>1.0</td>
</tr>
<tr>
<td>Denmark</td>
<td>2003</td>
<td>0.90</td>
</tr>
<tr>
<td>Finland</td>
<td>2000</td>
<td>1.20</td>
</tr>
<tr>
<td>Germany</td>
<td>2000</td>
<td>1.20</td>
</tr>
<tr>
<td>Italy</td>
<td>2003</td>
<td>1.2</td>
</tr>
<tr>
<td>Norway</td>
<td>2000</td>
<td>1.5</td>
</tr>
</tbody>
</table>

These data are provided from the WHO Oral Health Country/Area Profile Program. Data is updated through the Oral Health Collaboration and the protocol is standardised, making data comparable.

Table 22: Average number of decayed, missing or filled teeth for school children

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years old (deciduous DMFT)</td>
<td>1.48</td>
<td>1.51</td>
<td>1.59</td>
<td>1.54</td>
<td>1.45</td>
<td>1.52</td>
</tr>
<tr>
<td>8 years old</td>
<td>0.27</td>
<td>0.37</td>
<td>0.34</td>
<td>0.35</td>
<td>0.30</td>
<td>0.31</td>
</tr>
<tr>
<td>12 years old</td>
<td>0.81</td>
<td>0.91</td>
<td>0.84</td>
<td>0.93</td>
<td>0.85</td>
<td>0.85</td>
</tr>
<tr>
<td>15 years old</td>
<td>1.50</td>
<td>1.68</td>
<td>1.51</td>
<td>1.57</td>
<td>1.61</td>
<td>1.69</td>
</tr>
</tbody>
</table>

Table 23: Average number of decayed, missing or filled teeth for adults

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>13.9</td>
<td>13.7</td>
<td>13.8</td>
<td>12.5</td>
<td>12.1</td>
<td>11.5</td>
</tr>
</tbody>
</table>

Data Source
School Dental Health.
110: **Average cost per capita of Population Health Units**

This indicator reports the average cost per capita of Population Health Units.

**Rationale**
Population health considers the health of individuals, groups, families and communities by adopting an approach that addresses the determinants of health. With the aim of improving health, population health works to integrate all activities of the health sector and link them with broader social and economic services and resources. This is based on the growing understanding of the social, cultural and economic factors that contribute to a person’s health status.

Population health unit supports individuals, families and communities to increase control over and improve their health. These services and programs include:
- Supporting growth and development, particularly in young children (community health activities).
- Promoting healthy environments.
- Prevention and control of communicable diseases.
- Injury prevention.
- Promotion of healthy lifestyle to prevent illness and disability.
- Support for self-management of chronic disease.
- Prevention and early detection of cancer.

**Table 24: Cost per capita of Population Health Units**

<table>
<thead>
<tr>
<th></th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Cost</td>
<td>$29.02</td>
<td>$32.36</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$28.40</td>
<td>$30.91</td>
</tr>
</tbody>
</table>

**Data Source**
Health Service Records.
Performance Indicators

111: Average cost of service for school dental service

This indicator reports the cost per enrolled child in the care of the school dental service. This indicator measures the average cost of providing a single dental service in the school program.

Rationale
The primary outcome of school dental care is the prevention of oral disease and the promotion of good dental health. The efficiency of health services may be gauged by measuring the average cost of its various services in comparison to previous years' average costs.

Results
The average cost of service for school dental service in 2004-05 was $88.18.

Table 25: Average cost of service for school dental service

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$75.57</td>
<td>$80.24</td>
<td>$79.86</td>
<td>$85.04</td>
<td>$88.18</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$80.38</td>
<td>$82.84</td>
<td>$79.86</td>
<td>$83.23</td>
<td>$84.22</td>
</tr>
</tbody>
</table>

Data Source
School Dental Health Service.
Performance Indicators

Outcome 2: Restoring the health of people with acute illness

The achievement of this component of the health objective involves activities which:

- Ensure that people have appropriate and timely access to acute care services when they are in need of them so that intervention occurs as early as possible. Timely and appropriate access ensures that the acute illness does not progress or the effects of injury do not progress further than is acceptable, increasing the chance of complete recovery from the illness or injury (for example access to elective surgery).
- Provide quality diagnostic and treatment services which ensure the maximum restoration to health after an acute illness or injury.
- Provide appropriate after-care and rehabilitation to ensure that people’s physical and social functioning is restored as far as possible.
- Provide appropriate obstetric care during pregnancy and the birth episode to both mother and child.

Table 26: Respective Indicators by Health Sector for Outcome 2

<table>
<thead>
<tr>
<th></th>
<th>Metropolitan Health Service</th>
<th>Peel Health Service</th>
<th>South West Area Health Service</th>
<th>WA Country Health Service</th>
<th>DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures that people have access to acute care services by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prioritising access to elective surgery.</td>
<td>200</td>
<td>200</td>
<td>200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing timely transport to hospital.</td>
<td></td>
<td></td>
<td></td>
<td>R206</td>
<td></td>
</tr>
<tr>
<td>Prioritising access to dental services.</td>
<td>212</td>
<td>213</td>
<td></td>
<td>R207</td>
<td></td>
</tr>
<tr>
<td>Provide quality diagnostic services and treatment by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing appropriate and quality admitted patient services when people are ill or injured.</td>
<td>201 204 205 206 208</td>
<td>204 205</td>
<td>201 204 205 206 208</td>
<td>204 205 206 208</td>
<td>R201 R202 R204 R205</td>
</tr>
<tr>
<td>Providing timely and appropriate ambulatory services for people who do not require admitted patient care.</td>
<td></td>
<td></td>
<td></td>
<td>202</td>
<td></td>
</tr>
<tr>
<td>Providing appropriate obstetric and neonatal care.</td>
<td></td>
<td></td>
<td></td>
<td>207</td>
<td></td>
</tr>
</tbody>
</table>

Metropolitan Health Service Annual Report 2004-05
Page 106 of 243
Performance Indicators

### 200: Elective surgery waiting times

This indicator reports the elective surgery waiting times.

**Rationale**

For health services to be effective, access to them needs to be provided on the basis of clinical need. If patients requiring admission to hospital wait for long periods of time, there is the potential for them to experience an increased degree of pain, dysfunction and disability relating to their condition. After some types of surgery patients will be restored to health, while other surgery will improve the quality of life.

Patients who are referred for elective surgery are classified by senior medical staff into one of the following urgency categories based on the likelihood of the condition becoming an emergency if not seen within the recommended time frame. The categories are listed below:

- Category 1: Admission desirable within 30 days
- Category 2: Admission desirable within 90 days
- Category 3: Admission desirable within 365 days

This reporting rationale conforms with the Australian Health Care Agreement Reporting requirements.

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases</strong></td>
<td><strong>%</strong></td>
<td><strong>Median waiting time in days</strong></td>
</tr>
<tr>
<td>Percentage admitted within desirable time</td>
<td>8782</td>
<td>79%</td>
</tr>
<tr>
<td>Percentage not admitted within desirable time</td>
<td>2290</td>
<td>21%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases</strong></td>
<td><strong>%</strong></td>
<td><strong>Median waiting time in days</strong></td>
</tr>
<tr>
<td>Percentage admitted within desirable time</td>
<td>8694</td>
<td>81%</td>
</tr>
<tr>
<td>Percentage not admitted within desirable time</td>
<td>1977</td>
<td>19%</td>
</tr>
</tbody>
</table>
### Performance Indicators

#### 200: Elective surgery waiting times (cont)

**Table 29: People remaining on the waiting list as at 30 June 2005**

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases</td>
<td>%</td>
<td>Median waiting time in days</td>
</tr>
<tr>
<td>Percentage not admitted (still on the waiting list) but waiting time within desirable time</td>
<td>534</td>
<td>61%</td>
</tr>
<tr>
<td>Percentage not admitted (still on the waiting list) and waiting time over the desirable time</td>
<td>337</td>
<td>39%</td>
</tr>
</tbody>
</table>

**Table 30: People remaining on the waiting list as at 30 June 2004**

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases</td>
<td>%</td>
<td>Median waiting time in days</td>
</tr>
<tr>
<td>Percentage not admitted (still on the waiting list) but waiting time within desirable time</td>
<td>410</td>
<td>63%</td>
</tr>
<tr>
<td>Percentage not admitted (still on the waiting list) and waiting time over the desirable time</td>
<td>242</td>
<td>37%</td>
</tr>
</tbody>
</table>

Data Source
Central Wait List Bureau (CWLB).
201: Proportion of emergency department patients seen within recommended times

This indicator reports the proportion of emergency department patients seen within recommended times.

**Rationale**

When patients first enter an Emergency Department, they are assessed by specially trained nursing staff who judge how urgently treatment should be provided. The aim of this process known as triage is to ensure treatment is given in the appropriate time. This should prevent adverse conditions arising from deterioration in the patient’s condition. Treatment within recommended times should assist in the restoration to health either during the emergency visit or the admission to hospital which may follow Emergency Department care.

A patient is allocated a triage code between 1 and 5 which indicates their urgency (see table).

The triage process and scores are recognised by the College of Emergency Medicine and recommended for prioritising those who present to an Emergency Department. In a busy Emergency Department when several people present at the same time, the service aims for the best outcome for all. Treatment should be within the recommended time of the triage category allocated.

This indicator measures the percentage of patients in each triage category who were seen within the time periods recommended by the Australasian College for Emergency Medicine (ACEM).

**Results**

Approximately 100% of triage 1 patients are seen in the recommended time. Waiting times for patients in triage 2, 3 and 4 are outside of ACEM recommended times.

### Table 31: Proportion of emergency department patients seen within recommended times

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage category 1 (immediately)</td>
<td>100%</td>
<td>99.07%</td>
<td>99.96%</td>
<td>99.92%</td>
<td>99.87%</td>
<td>99.7%</td>
</tr>
<tr>
<td>Triage category 2 (within 10 minutes)</td>
<td>80%</td>
<td>76.50%</td>
<td>82.90%</td>
<td>72.09%</td>
<td>68.23%</td>
<td>74.3%</td>
</tr>
<tr>
<td>Triage category 3 (within 30 minutes)</td>
<td>75%</td>
<td>68.43%</td>
<td>59.70%</td>
<td>56.81%</td>
<td>59.08%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Triage category 4 (within 60 minutes)</td>
<td>70%</td>
<td>58.66%</td>
<td>52.05%</td>
<td>49.95%</td>
<td>51.53%</td>
<td>53.6%</td>
</tr>
<tr>
<td>Triage category 5 (within in 2 hours)</td>
<td>70%</td>
<td>80.24%</td>
<td>71.87%</td>
<td>68.15%</td>
<td>67.15%</td>
<td>75.3%</td>
</tr>
</tbody>
</table>

**Data Source**

Emergency Department Information System (EDIS).
Performance Indicators

204: Rate of unplanned hospital readmissions within 28 days to the same hospital for a related condition

This indicator reports the rate of unplanned hospital readmission within 28 days to the same hospital for a related condition.

Rationale
Good medical and/or surgical intervention together with good discharge planning will decrease the likelihood of unplanned hospital readmissions. An unplanned readmission is an unplanned return to hospital as an admitted patient for the same or a related condition as the one for which the patient had most recently been discharged. Unplanned readmissions necessitate patients spending additional periods of time in hospital as well as utilising additional hospital resources.

Although there are some conditions that may require numerous admissions to enable the best level of care to be given, in most of these cases readmission to hospital would be planned. A low unplanned readmission rate suggests that good clinical practice is in operation.

A return to hospital is a readmission only if the reason for this admission is the same or is related to the condition treated in the previous admission. Only actual separations, not statistical discharges, are included.

Results
The 2004, readmission percentages for all Metropolitan Health Service hospitals are low. These results suggest that good clinical practice and discharge planning are in place.

Table 32: Rate of unplanned hospital readmissions within 28 days to the same hospital for a related condition

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned readmission rate</td>
<td>1.72%</td>
<td>1.04%</td>
<td>1.48%</td>
<td>1.62%</td>
<td>1.68%</td>
</tr>
</tbody>
</table>

Data Source
Hospital Morbidity Data System.
205: Rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition

This indicator reports the rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition.

Rationale
An unplanned readmission for a patient with a mental health condition is an unplanned return to hospital, as an admitted patient, for the same condition as the one for which the patient had most recently been discharged.

While it is inevitable that some patients will need to be readmitted to hospital with 28 days, in an unplanned way, a high percentage of readmissions may indicate that improvements could be made to discharge planning or to aspects of inpatient therapy protocols. Appropriate therapy, together with good discharge planning will decrease the likelihood of unplanned hospital readmissions. Unplanned readmissions necessitate patients spending additional periods of time in hospital as well as utilising additional hospital resources.

Although there are some mental health conditions that may require numerous admissions to enable the best level of care to be given, in most of these cases, readmission to hospital would be planned. A low unplanned readmission percentage suggests good clinical practice is in operation.

Note
The numbers of patients who receive inpatient mental health care are very low, hence small numbers of patients who have unplanned readmissions can result in large variations to the annual percentage. The ACHS considers that a threshold of 10% is an acceptable rate of unplanned readmissions within 28 days, for patients receiving inpatient mental health services.

A return to hospital is a readmission only if the reason for this admission is the same or is related to the condition treated in the previous admission. Only actual separations not statistical discharges are included.

Results
The 2004 readmission percentages for all Metropolitan Health Service hospitals are low resulting in an overall readmission rate of 5.36%. These results suggest that good clinical practice and discharge planning are in place.

While the readmission rate has increased slightly it is well within the ACHS threshold for readmission for a mental health condition.

Table 33: Rate of unplanned hospital readmissions within 28 days to the same hospital for a mental health condition

<table>
<thead>
<tr>
<th></th>
<th>2002-03</th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned readmissions rate</td>
<td>3.32%</td>
<td>4.95%</td>
<td>5.74%</td>
</tr>
</tbody>
</table>

Data Source
Hospital Morbidity Data System.
Performance Indicators

206: Rate of post-operative pulmonary embolism

This indicator reports the rate of post-operative pulmonary embolism.

Rationale
Patients post-operatively can develop a blood clot in the deep veins of the leg, which can travel to the lungs and cause circulatory problems. This is known as a pulmonary embolism and is one of the main preventable cause of death in fit people undergoing elective surgery.

Hospital staff can take special precautions to decrease the risk of this happening. A low percentage of cases developing a pulmonary embolism post-operatively suggests that the appropriate precautions have been taken.

This indicator measures the percentage rate of patients who underwent surgery and subsequently developed pulmonary embolism. By monitoring the incidence of post-operative pulmonary embolism occurring, a hospital can ensure clinical protocols which minimise such risks are in place and are working.

The monitoring of post-operative complications is important in ensuring the optimum recovery rate for people with acute illness.

Cases are selected for reporting using the criteria defined by the ACHS. The ACHS standard for good practice is a rate less than 0.8%.

Results
The rate of post operative pulmonary embolism in the Metropolitan area in 2004 was 0.31%, which falls below the ACHS parameters. Each of the three health services which comprise the metropolitan area also had percentages well within the ACHS threshold, suggesting that their protocols represent good clinical practice.

Table 34: Post operative pulmonary embolism rate

<table>
<thead>
<tr>
<th>Post operative pulmonary embolism rate</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post operative pulmonary embolism rate</td>
<td>0.15%</td>
<td>0.30%</td>
<td>0.15%</td>
<td>0.31%</td>
</tr>
</tbody>
</table>

Data Source
Hospital Morbidity Data System.
207: **Survival rate of live born babies with an APGAR score of four or less five minutes after delivery**

This indicator reports the survival rate of live born babies with an APGAR score of four or less five minutes after delivery.

### Rationale

A well managed labour will normally result in the birth of a minimally distressed infant. The level of foetal well-being (lack of stress or other complications or conditions) is measured five minutes post delivery by a numerical scoring system (APGAR) through an assessment of heart rate, respiratory effort, muscle tone, reflex irritability and colour.

A high average APGAR score in a hospital will generally indicate that appropriate labour management practices are employed and also is an indication of the wellbeing of the baby.

This indicator reports the survival rate of babies with a low APGAR score at birth (an APGAR score of four or less at five minutes post delivery). A baby with a low APGAR is more likely to have been affected by antenatal or intrapartum events such as maternal haemorrhage, preterm labour, or infection. This indicator measures the survival rate of babies with a low APGAR score and is an elementary measure of how the care in hospital restores the "sick" or premature baby to health.

### Results

In 2004, all babies in the 33-36 weeks and 37-41 weeks survived. There is a direct correlation between the gestational age of babies at birth and the survival rate.

The survival rate for babies in the 20-28 weeks and 29-32 weeks is low due to small numbers.

### Figure 8: Survival rate of live born babies with an APGAR score of four or less five minutes after delivery

<table>
<thead>
<tr>
<th>Year</th>
<th>20-28 weeks</th>
<th>29-32 weeks</th>
<th>33-36 weeks</th>
<th>37-41 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>17.39</td>
<td>28.57</td>
<td>12.50</td>
<td>89.47</td>
</tr>
<tr>
<td>2001</td>
<td>4.55</td>
<td>25.00</td>
<td>0.00</td>
<td>46.67</td>
</tr>
<tr>
<td>2002</td>
<td>0.00</td>
<td>66.67</td>
<td>14.29</td>
<td>60.00</td>
</tr>
<tr>
<td>2003</td>
<td>44.44 (8)</td>
<td>66.67 (4)</td>
<td>55.56 (5)</td>
<td>84.62 (11)</td>
</tr>
<tr>
<td>2004</td>
<td>20.00 (4)</td>
<td>50.00 (2)</td>
<td>100.00 (4)</td>
<td>100.00 (18)</td>
</tr>
</tbody>
</table>

**Data Source**

WA Midwives’ Registry.

**Note**

The numbers of babies that survived are in brackets.
Performance Indicators

208: Survival rates for sentinel conditions

This indicator reports the survival rates for sentinel conditions.

Rationale
The survival rate of patients in hospitals can be affected by many factors. This includes the diagnosis, the treatment given or procedure performed, the age, sex and condition of each individual patient including whether the patient had other (co-morbid) conditions at the time of admission or developed complications while in hospital.

The comparison of ‘whole of hospital’ survival rates between hospitals may not be appropriate due to differences in mortality associated with different diagnoses and procedures. Three ‘sentinel’ conditions, therefore, are reported for which the survival rates are to be measured by specified age groups.

For each of these conditions – stroke, heart attack - also known as acute myocardial infarction (AMI), and fractured hip, also known as fractured neck of femur (FNOF) - a good recovery is more likely when there is early intervention and appropriate care. Additional co-morbid conditions are more likely to increase with age therefore better comparisons can be made if comparing age slices not the whole population.

This indicator measures the hospitals’ performance in relation to restoring the health of people who have had a stroke, AMI, or FNOF, by measuring those who survive the illness and are discharged well. Some may be transferred to another hospital for specialist rehabilitation or to a hospital closer to home for additional rehabilitation at the end of the acute admission.

Figure 9: Rate of acute myocardial infarction (AMI) survival

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-49 years</td>
<td>99.09</td>
<td>97.27</td>
<td>97.67</td>
<td>99.56</td>
<td>97.56</td>
</tr>
<tr>
<td>50-59 years</td>
<td>96.53</td>
<td>96.92</td>
<td>97.93</td>
<td>97.85</td>
<td>97.53</td>
</tr>
<tr>
<td>60-69 years</td>
<td>94.65</td>
<td>95.88</td>
<td>93.93</td>
<td>96.86</td>
<td>94.42</td>
</tr>
<tr>
<td>70-79 years</td>
<td>87.35</td>
<td>86.26</td>
<td>92.23</td>
<td>88.25</td>
<td>91.91</td>
</tr>
<tr>
<td>80+ years</td>
<td>79.62</td>
<td>81.45</td>
<td>79.18</td>
<td>84.03</td>
<td>83.20</td>
</tr>
</tbody>
</table>

Results
Survival rates for AMI in 2004 was similar to previous years in all age groups.
Performance Indicators

208: Survival rates for sentinel conditions (cont)

Figure 10: Rate of stroke survival

Results
Survival rates for stroke in 2004 in the age groups 50-59 years, 60-69 years and 80+ was similar to previous years. In the 0-49 years there was an 8% increase in survival rates and in the 70-79 years there was an increase of 7% in survival rates.

Figure 11: Rate of fractured neck of femur (FNOF) survival

Results
Survival rates for FNOF have remained constant in 2004 with a higher rate of survival in the lower age group.

Data Sources
Hospital Morbidity Data System.
212: Access to dental treatment services for eligible people

The indicator reports the access to dental treatment services for eligible people.

Rationale
The Dental Health Services provides financially disadvantaged people with access to non-specialist dental treatment services both emergency and non-emergency.

Results
Historically only about 20% of eligible persons access care in government dental facilities. The increase in access to 21% during 2004-05 reflects the success of the Government initiative to provide additional funding to allow long term waiting patients to access dental care.

The proportion of emergency and non-emergency completing courses of care remained the same during 2004-05. During the previous years there has been a major shift in the emergency/non emergency access. As emergency care consumes greater resources than non-emergency care the shift has had an impact on the volume of care provided to eligible people by the Dental Health Service. Special funding in 2004-05 has successfully stabilized the ratio of emergency and non-emergency courses of care.

Table 35: Access to dental treatment services for eligible people

<table>
<thead>
<tr>
<th>Eligible adults who access Dental Health Services</th>
<th>1999-00</th>
<th>2000-01</th>
<th>2001-02</th>
<th>2002-03</th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible adults who access Dental Health Services</td>
<td>18%</td>
<td>18%</td>
<td>21%</td>
<td>19%</td>
<td>19%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Table 36: Rate of completed dental care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency completed courses of care</td>
<td>45%</td>
<td>46%</td>
<td>49%</td>
<td>57%</td>
<td>58%</td>
<td>58%</td>
</tr>
<tr>
<td>Non-emergency completed courses of care</td>
<td>55%</td>
<td>54%</td>
<td>51%</td>
<td>43%</td>
<td>42%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Data Source
Dental Health Service Records.
213: Average waiting times for dental services

The indicator reports the waiting time in months for access to non-urgent dental care.

Rationale
Dental Health Services provide financially disadvantaged people with access to non-specialist dental treatment services, both emergency and non-emergency. Emergency dental care is provided to patients presenting on the day. One of the key measures of the effectiveness of the service is the timeliness in accessing non-emergency services.

Results
Results report the average waiting times in months for access to non-urgent dental care by eligible people in the major public dental clinics. Waiting times for dental care in 2004-05 remained the same as last year.

Waiting times for dental care have increased significantly in the past six years. This has been due to a number of factors including the ongoing effect of the federal governments decision to close the Commonwealth Dental Health Program, a substantial increase in the number of persons eligible to access government assisted care and difficulties in recruiting dentists.

The Western Australian Government initiative of providing additional funding in 2003-04 and 2004-05 to target long-term patients waiting for dental care has assisted in reducing the further deterioration and maintenance of the waiting time for treatment.

Table 37: Average waiting times for dental treatment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting times (months) for non urgent dental care</td>
<td>6</td>
<td>9</td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Data Source
Dental Health Service Records.
Performance Indicators

220: Average cost per casemix adjusted separation for teaching hospitals

This indicator reports the average cost per casemix adjusted separation for teaching hospitals.

Rationale
The use of casemix in hospitals is a recognised methodology for adjusting actual activity data to reflect the complexity of the service provided against the use of resources. Hence, the number of separations in a hospital may be adjusted from the actual raw number by a casemix index to reflect the complexity of the services provided. Metropolitan Health Service hospitals utilise the Australian Refined National Diagnostic Related Groups (AR-DRGs) to which cost weights are allocated.

Table 38: Average cost per casemix adjusted separation for teaching hospitals

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$2846</td>
<td>$3248</td>
<td>$3893</td>
<td>$4034</td>
<td>$4365</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$3027</td>
<td>$3353</td>
<td>$3893</td>
<td>$3948</td>
<td>$4169</td>
</tr>
</tbody>
</table>

Data Sources
Hospital Morbidity Data System (HMDS).
Health Service Financial System.
Performance Indicators

221: **Average cost per casemix adjusted separation for non-teaching hospitals**

This indicator reports the average cost per casemix adjusted separation for non-teaching hospitals. The magnitude of the difference will depend on the complexity of the services provided.

**Rationale**

The use of casemix in hospitals is a recognised methodology for adjusting actual activity data to reflect the complexity of service provision and the use of resources. Hence the number of separations in a hospital may not necessarily equal the number of casemix adjusted separations. The use of a casemix index together with expenditure data allows a reasonable comparison between hospitals on the efficient use of resources in providing inpatient services. This indicator measures the average cost of a casemix-adjusted separation.

**Table 39: Average cost per casemix adjusted separation for non-teaching hospitals**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actual cost</strong></td>
<td>$2141</td>
<td>$2400</td>
<td>$2775</td>
<td>$2800</td>
<td>$3070</td>
</tr>
<tr>
<td><strong>CPI adjusted</strong></td>
<td>$2277</td>
<td>$2478</td>
<td>$2775</td>
<td>$2740</td>
<td>$2932</td>
</tr>
</tbody>
</table>

**Data Sources**

Hospital Morbidity Data System (HMDS).
Hospital Financials System.
222: Average cost per emergency department presentations for Metropolitan Health Service hospitals

This indicator reports the average cost per emergency department presentations for Metropolitan Health Service hospitals.

**Rationale**

The efficient use of hospital resources can help minimise the overall costs of providing health care, or provide for more patients can be treated for the same amount of resources.

There may be differences in service delivery costs due to variations in patient mix between sites and across time. It is important to monitor the unit cost of this part of the acute health service that is often the first point of contact with hospitals for residents of the community.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$209</td>
<td>$251</td>
<td>$302</td>
<td>$324</td>
<td>$348</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$222</td>
<td>$259</td>
<td>$302</td>
<td>$317</td>
<td>$332</td>
</tr>
</tbody>
</table>

**Data Sources**

Emergency Department Information System (EDIS).
Hospital Financial System.
Performance Indicators

223: Average cost per doctor attended outpatient episode for Metropolitan Health Service hospitals

This indicator reports the average cost per doctor attended outpatient episode for Metropolitan Health Service hospitals.

Rationale
The effective use of hospital resources can help minimise the overall costs of providing health care or can provide for more patients to be treated for the same amount of resources.

There may be differences in service delivery costs due to variations in patient characteristics and clinic types between sites and across time. It is important to monitor the unit cost of this non-admitted component of hospital care in order to ensure their overall quality and cost effectiveness.

Table 41: Average cost per doctor attended outpatient episode for Metropolitan Health Service hospitals

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$126</td>
<td>$141</td>
<td>$160</td>
<td>$164</td>
<td>$184</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$134</td>
<td>$146</td>
<td>$160</td>
<td>$161</td>
<td>$175</td>
</tr>
</tbody>
</table>

Data Sources
The Open Patient Accounting System (TOPAS).
Health Service Financial System.
Performance Indicators

224: **Average cost per non-admitted occasion of service for Metropolitan Health Service hospitals (excludes emergency occasions and doctor attended outpatients occasions)**

This indicator reports the average cost per non-admitted occasion of service for Metropolitan Health Service hospital (excludes emergency occasions and doctor attended outpatients occasions).

**Rationale**
The efficient use of hospital resources can help minimise the overall costs of providing health care, or provide for more patients can be treated for the same amount of resources.

There may be differences in service delivery costs due to variations in patient characteristics and clinic types between sites and across time. It is important to monitor the unit cost of this non-admitted component of hospital care in order to ensure their overall quality and cost effectiveness.

**Table 42: Average cost per non admitted occasion of service for Metropolitan Health Service hospitals (excludes emergency occasions and doctor attended outpatients occasions)**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$51.00</td>
<td>$66.00</td>
<td>$75.00</td>
<td>$104.48</td>
<td>$99.98</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$54.25</td>
<td>$68.14</td>
<td>$75.00</td>
<td>$102.26</td>
<td>$95.49</td>
</tr>
</tbody>
</table>

**Data Sources**
Health Services Information System.
Health Services Financial Information.
229: **Average cost per bedday in an authorised mental health unit**

This indicator reports the average cost per bedday in an authorised mental health unit for adult children and adolescents.

**Rationale**

The efficient use of hospital resources can help minimise the overall costs of providing health care, or mean that more patients can be treated with a similar amount of resources.

Because of variations in patient characteristics between sites and across time, there may be differences in service delivery costs. In order to ensure quality and cost effectiveness, it is important to monitor the unit cost (cost per bed day) of admitted patient care in authorised mental health units. These are hospitals or hospital wards devoted to the treatment and care of patients with psychiatric, mental or behavioural disorders; that are by law able to admit people as involuntary patients for psychiatric treatment.

This indicator measures the average cost per bed day in authorised mental health units and includes:

- Graylands Hospital.
- Bentley Health Service - Mills St Centre.
- Alma Street Centre, Fremantle.
- Armadale Adult Mental Health Service.
- Swan Adult Mental Health Centre.

**Table 43: Average cost per bedday in an authorised mental health unit**

<table>
<thead>
<tr>
<th></th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$737</td>
<td>$751</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$721</td>
<td>$718</td>
</tr>
</tbody>
</table>

**Data Source**

Mental Health Information System.
Health Services Financial System.
230: **Average cost per bedday in older persons mental health inpatient units**

This indicator reports the average cost per bedday in older persons mental health inpatient units.

**Rationale**

The efficient use of hospital resources can help minimise the overall costs of providing health care, or mean that more patients can be treated with a similar amount of resources.

Because of variations in patient characteristics between sites and across time, there may be differences in service delivery costs. In order to ensure quality and cost effectiveness, it is important to monitor the unit cost (cost per bedday) of admitted patient care in older adult psychiatric facilities. These are dedicated wards or units that provide care for older adults with age-related brain impairment due to injury or disease with significant behavioural or late onset psychiatric disturbance, or a physical condition accompanied by severe psychiatric or behavioural disturbance.

This indicator measures the average cost per bed day in older persons mental health inpatient units and includes:
- Armadale Seniors Mental Health Service.
- Bentley Elderly Mental Health Service.
- Osborne Park Older Adult Mental Health Unit.
- Boronia Inpatient Unit (Swan Mental Health Service).
- Fremantle Seniors Mental Health Services.
- Selby Older Adult Mental Health Service.

**Table 44: Average cost per bedday in older persons mental health inpatient units**

<table>
<thead>
<tr>
<th></th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$641</td>
<td>$660</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$627</td>
<td>$630</td>
</tr>
</tbody>
</table>

**Data Source**

Mental Health Information System.
Health Services Financial System.
Performance Indicators

231: **Average cost of completed courses of adult dental care**

This indicator reports the average cost of completed courses of dental care for adults.

**Rationale**
The efficiency of health services can be gauged by measuring the average cost of the various services in comparison to previous years’ average costs.

**Results**
In 2004-05, the average cost of completed courses of adult dental care was $226.

**Table 45: Average cost of completed courses of adult dental care**

<table>
<thead>
<tr>
<th></th>
<th>2002-03</th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$226</td>
<td>$228</td>
<td>$226</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$226</td>
<td>$223</td>
<td>$216</td>
</tr>
</tbody>
</table>

**Data Source**
Dental Health Services Data.
Performance Indicators

Outcome 3: Improving the quality of life of people with chronic illness and disability

The achievement of this component of the health objective involves provision of services and programs that improve and maintain an optimal quality of life for people with chronic illness or disability.

If a client suffers from a chronic illness they have access to services and supports through a range of organisations, including non-government organisations, which are managed through the DOH. The effectiveness and efficiency measures for those supports are reported by DOH.

The Health Services in general will only come into contact with those clients when they become acute and require acute care. When this care is completed they are returned to the community where they can again receive ongoing (continuing) care through the other agencies and services provided.

To enable people with chronic illness or disability to maintain as much independence in their every day life as their illness permits, services are provided to enable normal patterns of living. Supports are provided to people in their own homes for as long as possible but when extra care is required long term placement is found in residential facilities. The intent is to support people in their own home for as long as possible. This involves the provision of clinical and other services which:

- Ensure that people experience the minimum of pain and discomfort from their chronic illness or disability.
- Maintain the optimal level of physical and social functioning.
- Prevent or slow down the progression of the illness or disability.
- Make available aids and appliances that maintain, as far as possible, independent living (eg wheelchairs, walking frames).
- Enable people to live as long as possible in the place of their choice supported by, for example, home care services or home delivery of meals.
- Support families and carers in their roles.
- Provide access to recreation, education and employment opportunities.

The significant areas of continuing care provided by the Health Services are in the areas of Mental Health Community Care and Aged Care. The Mental Health Community Care consists of multi-disciplinary teams including mental health nurses providing continued and regular contact with clients to ensure, prevent or delay the onset of acuity and thereby allowing them to continue to maintain as close to normal lifestyles as possible.

An important part of ensuring that services are provided to those frail aged who need them is assessment by Aged Care Assessment Teams (ACAT). Without equal access to ACAT assessments appropriate services/aged care may not be provided.

Where a person has a disability, including a younger person, they will receive support through a number of agencies including Disability Services Commission and the Quadriplegic Centre. The DOH also provides assistance to those with disabilities through the provision of Home and Community Care (HACC) services. The HACC program is administered through the DOH. The effectiveness and efficiency indicators for HACC are reported by DOH. The Health Services will provide acute services to those with disabilities under Outcome 2.
Performance Indicators

**Outcome 3:** Improving the quality of life of people with chronic illness and disability (cont)

Table 46: Respective Indicators by Health Sector for Outcome 3

<table>
<thead>
<tr>
<th>Metropoliitan Health Service</th>
<th>Peel Health Service</th>
<th>South West Area Health Service</th>
<th>WA Country Health Service</th>
<th>DOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>The achievement of this component of the health objective involves activities which:</td>
<td>Providing palliative care services.</td>
<td>301</td>
<td>301</td>
<td>301</td>
</tr>
<tr>
<td>Supporting people with chronic and terminal illness by:</td>
<td>Providing support services to people with chronic illnesses and disabilities.</td>
<td>304</td>
<td>304</td>
<td>304</td>
</tr>
<tr>
<td>Providing appropriate home care services for the frail aged.</td>
<td>304</td>
<td>304</td>
<td>304</td>
<td>304</td>
</tr>
</tbody>
</table>

*Metropolitan Health Services* Annual Report 2004-05
Page 127 of 243
Performance Indicators

301: Percent of contacts with community-based public mental health non-admitted services within seven and fourteen days post discharge from public mental health inpatient units

This indicator reports on clients with a principal diagnosis of schizophrenia or bipolar disorder who had contact with community-based public mental health non-admitted services within seven and fourteen days following discharge from public mental health inpatient units.

Rationale
A large proportion of people with a severe and persistent psychiatric illness generally have a chronic or recurrent type illness that results in only partial recovery between acute episodes and a deterioration in functioning that can lead to problems in living an independent life. As a result, hospitalisation may be required on one or more occasions a year with the need for ongoing clinical care from community-based non-admitted services following discharge.

These community services provide ongoing mental health treatment and access to a range of rehabilitation and recovery programs that aim to reduce hospital readmission and maximise an individuals independent functioning and quality of life.

This type of care for persons who have experienced an acute psychiatric episode requiring hospitalisation is essential after discharge to maintain or improve clinical and functional stability and to reduce the likelihood of an unplanned readmission.

A severe and persistent mental illness refers to clients who have psychotic disorders that result in severe and chronic impairment in the conduct of daily life activities. It includes those with a diagnosis of schizophrenia or bipolar disorder.

The time period of seven days has been recommended nationally as an indicative measure of follow up with non-admitted services for people with a severe and persistent mental illness.

There is currently no agreed target benchmark for the proportion of clients to be seen within a seven-day period. At this stage, there appears to be some consensus among clinicians in Western Australia that a reasonable target is around 70%. The seven-day threshold and 70% target benchmark figure are pending an empirical review of their appropriateness.

Results
In 2004, 57.5% of discharges with a principal diagnosis of schizophrenia or bipolar disorder from public mental health inpatient units resulted in contact with a community-based public mental health non-admitted service within seven days of discharge. Approximately 4% of discharges did not have contact within the year. No contact may indicate that referrals, following discharge, were made to the private sector (e.g., General Practitioners, Private Psychiatrists, Private Psychologists etc) for which data on contacts is not available.

While the findings indicate that the target benchmark for a seven-day threshold has not as yet been achieved, close to 74% of contacts are taking place within a fortnight.

This KPI was developed for the first time in 2003 and results indicate that the percent of contacts within seven days post discharge for 2004 has marginally increased since 2003.
### Performance Indicators

#### 301: Percent of contacts with community-based public mental health non-admitted services within seven and fourteen days post discharge from public mental health inpatient units (cont)

**Table 47:** Percent of contacts with community-based public mental health non-admitted services within seven and fourteen days post discharge from public mental health inpatient units

<table>
<thead>
<tr>
<th>Days to first contact</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 7 days</td>
<td>57.18%</td>
<td>57.48%</td>
</tr>
<tr>
<td>8 - 14 days</td>
<td>14.89%</td>
<td>16.47%</td>
</tr>
<tr>
<td>15 - 28 days</td>
<td>9.75%</td>
<td>10.80%</td>
</tr>
<tr>
<td>29 + days</td>
<td>13.57%</td>
<td>11.63%</td>
</tr>
<tr>
<td>No contact</td>
<td>4.61%</td>
<td>3.62%</td>
</tr>
</tbody>
</table>

**Data source**
Mental Health Information System, Information Collection and Management, Department of Health WA.

**Note**
As well as community-based clinical services clients have access to non-clinical support services (refer to Department of Health performance indicator R301).
304: Completed assessments as a proportion of accepted ACAT referrals

This indicator reports the completed outcomes against the total number of accepted referrals to an ACAT.

**Referred ACAT Clients**

An ACAT client is usually an older person who is experiencing difficulty managing at home and/or is considering admission to residential care. However on occasion a younger person may seek ACAT assessment due to long term disability where residential care or community support is considered appropriate.

ACATs receive referrals from any source including self-referral. The ACAT intake process determines the appropriateness of the referral as per the program guidelines. An ACAT comprehensive assessment will determine the older person’s eligibility for services including Commonwealth subsidised aged care services. An ACAT client is not a person who requires acute medical services, post acute services or rehabilitation.

**Rationale**

An ACAT assessment will identify those clients who are at risk of experiencing a poorer quality of life because of frailty, chronic illness or disability reducing their capacity to manage their activities of daily living and whose needs fall within the capacity of subsidised aged care services.

The assessment is the first step in ensuring the ACAT clients gain access to the appropriate services and receive care either in the community or in an institutional setting. The range of services are available to people requiring support to improve or maintain their optimal quality of life. There are supports available to people living in their own homes as well as supported accommodation options.

A completed assessment is when a comprehensive assessment has been undertaken (and full information on the client is recorded) and has resulted in recommendations being made. This includes approvals to access Commonwealth funded programs (eg residential care, community aged care packages and some flexible care options).

If during an assessment the older person is found to require acute medical services, post acute services or rehabilitation services the assessment is recorded as incomplete. The record is also incomplete if during the process the person withdraws, moves to another services or dies before a comprehensive assessment has been completed and recommendations have been made.

**Note**

Commencing in 2003-04 the WA ACAT Program made significant amendments to how ACAT teams collect and report their minimum data set on their activities. As described in the 2003-04 annual report the minimum data set for calculating this performance indicator was revised. As a result of evaluation the operational definition of an accepted ACAT referral has been revised and now includes all referrals.

Previously only those referrals, which resulted in a comprehensive assessment, were included. This change in methodology now aligns WA with national reporting methodologies.

**Table 48: Completed assessments as a proportion of accepted ACAT referrals**

<table>
<thead>
<tr>
<th>completed assessments as a proportion of accepted ACAT referrals</th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>92%</td>
<td>61%</td>
</tr>
</tbody>
</table>

**Data Source**

Aged Care Assessment Program WA Evaluation Unit Minimum Data Set Reports, July to September 2003 and October to December 2004.

**Note**

As the data is based on ACAT team coverage rather than statistical local areas, this indicator does not include ACAT assessment data from Rockingham and Peel therefore is not comparable with 2003-04.
Performance Indicators

303: Average cost per person receiving care from public community-based mental health services

This indicator reports the average cost per person with mental illness under community care.

Rationale
The majority of services provided by community mental health services are for people in an acute phase of a mental health problem or who are receiving post-acute care. This indicator gives a measure of the cost effectiveness of treatment for public mental health patients under community care (non-admitted/ambulatory patients).

Table 49: Average cost per person with a mental illness under community care

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual cost</th>
<th>CPI adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>$2386</td>
<td>$2538</td>
</tr>
<tr>
<td>2001-02</td>
<td>$2497</td>
<td>$2578</td>
</tr>
<tr>
<td>2002-03</td>
<td>$3078</td>
<td>$3078</td>
</tr>
<tr>
<td>2003-04</td>
<td>$3115</td>
<td>$3049</td>
</tr>
<tr>
<td>2004-05</td>
<td>$3659</td>
<td>$3495</td>
</tr>
</tbody>
</table>

Data Source
Mental Health Information Systems.
Performance Indicators

310: **Average cost per care awaiting placement (CAP) day**

This indicator reports the average cost per CAP day.

**Rationale**

Some people with chronic illness or disability, who are not able to be cared for at home even with regular respite care and Home & Community Care (HACC) service, may need long term residential care to ensure that their quality of life is maintained. In some instances there may be a period of waiting before long term residential care becomes available.

The Department of Health manages a CAP program to ensure that those who need residential placement can remain in temporary care while awaiting more permanent placement.

**Table 50: Average cost per care awaiting placement CAP day**

<table>
<thead>
<tr>
<th></th>
<th>2001-02</th>
<th>2002-03</th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$273</td>
<td>$273</td>
<td>$311</td>
<td>$319</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$282</td>
<td>$273</td>
<td>$304</td>
<td>$304</td>
</tr>
</tbody>
</table>

**Data Source**

Health Services Records.
Performance Indicators

311: Average cost per completed ACAT assessment

This indicator reports the average cost per completed ACAT assessment. A range of services are available to people requiring support to improve or maintain their optimal quality of life.

Rationale
People within targeted age groups are at risk of experiencing a poorer quality of life because of frailty, chronic illness or disability reducing their capacity to manage their activities of daily living. This indicator measures the cost per completed assessment of providing ACAT assessments.

Table 51: Average cost per completed ACAT assessment

<table>
<thead>
<tr>
<th></th>
<th>2003-04</th>
<th>2004-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual cost</td>
<td>$368</td>
<td>$343</td>
</tr>
<tr>
<td>CPI adjusted</td>
<td>$360</td>
<td>$327</td>
</tr>
</tbody>
</table>

Data Source
Aged Care Assessment Program WA Evaluation Unit Minimum Data Set Reports, July to December 2004.

Notes
As the data is based on ACAT team coverage rather than statistical local areas, this indicator does not include ACAT assessment data from Rockingham and Peel therefore is not comparable with 2003-04.
CERTIFICATION OF FINANCIAL STATEMENTS
for the year ended 30 June 2005

The accompanying financial statements of the Metropolitan Health Services have been prepared in compliance with the provisions of the Financial Administration and Audit Act 1985 from proper accounts and records to present fairly the financial transactions for the financial year ending 30 June 2005 and the financial position as at 30 June 2005.

At the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.

Dr Neale Fong
Acting Director General
Accountable Authority

30 August 2005

John Griffiths
Principal Accounting Officer

30 August 2005
Financial Statements Audit Opinion

AUDITOR GENERAL

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

THE MINISTER FOR HEALTH IN HIS CAPACITY AS THE DEEMED BOARD
OF METROPOLITAN PUBLIC HOSPITALS
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

Qualification
Postal Remittances – Special Purpose Accounts
The controls exercised by the Health Service over postal remittances relating to Special
Purpose Accounts were not adequate as not all remittances were being opened and recorded
before being forwarded to individuals. As a result, assurance cannot be provided that all
postal remittances have been receipted and properly brought to account.

Qualified Audit Opinion
In my opinion,
(i) except for the qualification, the controls exercised by The Minister For Health in
his Capacity as the Deemed Board of Metropolitan Public Hospitals provide
reasonable assurance that the receipt, expenditure and investment of moneys, the
acquisition and disposal of property, and the incurring of liabilities have been in
accordance with legislative provisions; and

(ii) the financial statements are based on proper accounts and present fairly in
accordance with applicable Accounting Standards and other mandatory
professional reporting requirements in Australia and the Treasurer’s Instructions,
the financial position of the Health Service at 30 June 2005 and its financial
performance and cash flows for the year ended on that date.

Scope
The Director General, Department of Health’s Role
The Director General, Department of Health is responsible for keeping proper accounts and
maintaining adequate systems of internal control, preparing the financial statements, and
complying with the Financial Administration and Audit Act 1985 (the Act) and other
relevant written law.

The financial statements consist of the Statement of Financial Performance, Statement of

Summary of my Role
As required by the Act, I have independently audited the accounts and financial statements
to express an opinion on the controls and financial statements. This was done by looking at
a sample of the evidence.
Financial Statements Audit Opinion

The Minister for Health in his Capacity as the Deemed Board of Metropolitan Public Hospitals
Financial statements for the year ended 30 June 2005

An audit does not guarantee that every amount and disclosure in the financial statements is error free. The term “reasonable assurance” recognises that an audit does not examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the financial statements.

D D R PEARSON
AUDITOR GENERAL
11 November 2005
# Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

## Statement of Financial Performance

For the year ended 30th June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
</tbody>
</table>

### COST OF SERVICES

**Expenses from Ordinary Activities**

- **Employee expenses**: 1,344,028
- **Fees for visiting medical practitioners**: 35,077
- **Patient support costs**: 339,564
- **Borrowing costs expense**: 10,898
- **Depreciation expense**: 59,469
- **Capital user charge**: 48,691
- **Carrying amount of non-current assets disposed of**: 6,017
- **Other expenses from ordinary activities**: 168,569

**Total cost of services**: 2,012,313

### Revenues from Ordinary Activities

- **Revenue from operating activities**
  - **Patient charges**: 58,242
  - **Commonwealth grants and contributions**: 2,422
  - **Other grants and contributions**: 6,647
  - **Other revenues from operating activities**: 39,960

- **Revenue from non-operating activities**
  - **Donations revenue**: 6,203
  - **Interest revenue**: 9,740
  - **Proceeds from disposal of non-current assets**: 1,608
  - **Commercial activities**: 3,645
  - **Other revenues from non-operating activities**: 5,299

**Total revenues from ordinary activities**: 133,766

### NET COST OF SERVICES

**Cost**: 1,878,547

### Revenues from State Government

- **Service appropriation**: 1,864,142
- **Assets assumed / (transferred)**: 0
- **Liabilities assumed by the Treasurer**: 4,458

**Total revenues from State Government**: 1,868,600

### CHANGE IN NET ASSETS

- **Net increase / (decrease) in asset revaluation reserve**: 274,468

**Total changes in equity other than those resulting from transactions with WA State Government as owners**: 264,521

The Statement of Financial Performance should be read in conjunction with the notes to the financial statements.
The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

**Statement of Financial Position**
As at 30th June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash assets</td>
<td>19</td>
<td>59,349</td>
</tr>
<tr>
<td>Restricted cash assets</td>
<td>20</td>
<td>59,317</td>
</tr>
<tr>
<td>Restricted other financial assets</td>
<td>21</td>
<td>3,497</td>
</tr>
<tr>
<td>Receivables</td>
<td>22</td>
<td>30,396</td>
</tr>
<tr>
<td>Amounts receivable for services</td>
<td>23</td>
<td>15,120</td>
</tr>
<tr>
<td>Inventories</td>
<td>24</td>
<td>14,944</td>
</tr>
<tr>
<td>Other assets</td>
<td>25</td>
<td>6,283</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td></td>
<td>194,606</td>
</tr>
<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts receivable for services</td>
<td>23</td>
<td>138,895</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>26</td>
<td>1,346,141</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td></td>
<td>1,485,036</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td></td>
<td>1,679,642</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>27</td>
<td>56,560</td>
</tr>
<tr>
<td>Interest-bearing liabilities</td>
<td>28</td>
<td>7,294</td>
</tr>
<tr>
<td>Provisions</td>
<td>29</td>
<td>219,463</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>30</td>
<td>32,643</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td></td>
<td>315,960</td>
</tr>
<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest-bearing liabilities</td>
<td>28</td>
<td>159,523</td>
</tr>
<tr>
<td>Provisions</td>
<td>29</td>
<td>49,294</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td></td>
<td>208,817</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td></td>
<td>524,777</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td>1,154,865</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributed equity</td>
<td>31</td>
<td>974,911</td>
</tr>
<tr>
<td>Reserves</td>
<td>32</td>
<td>280,252</td>
</tr>
<tr>
<td>Accumulated surplus / (deficiency)</td>
<td>33</td>
<td>(100,299)</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td></td>
<td>1,154,865</td>
</tr>
</tbody>
</table>

*The Statement of Financial Position should be read in conjunction with the notes to the financial statements.*
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Statement of Cash Flows
For the year ended 30th June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td></td>
<td>(Inflows)</td>
<td>(Inflows)</td>
</tr>
<tr>
<td></td>
<td>(Outflows)</td>
<td>(Outflows)</td>
</tr>
</tbody>
</table>

CASH FLOWS FROM STATE GOVERNMENT

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service appropriation</td>
<td>34(c)</td>
<td>1,723,281</td>
</tr>
<tr>
<td>Capital contributions</td>
<td>34(c)</td>
<td>70,086</td>
</tr>
<tr>
<td>Holding account drawdowns</td>
<td>34(c)</td>
<td>3,880</td>
</tr>
<tr>
<td><strong>Net cash provided by State Government</strong></td>
<td><strong>1,797,257</strong></td>
<td><strong>1,840,201</strong></td>
</tr>
</tbody>
</table>

Utilised as follows:

CASH FLOWS FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th>Payments</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies and services</td>
<td>(540,258)</td>
<td>(474,469)</td>
</tr>
<tr>
<td>Employee costs</td>
<td>(1,289,920)</td>
<td>(1,217,554)</td>
</tr>
<tr>
<td>Borrowing costs</td>
<td>(3,639)</td>
<td>(3,819)</td>
</tr>
<tr>
<td>GST payments to taxation authority</td>
<td>(58,173)</td>
<td>(54,844)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receipts</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from customers</td>
<td>53,176</td>
<td>47,895</td>
</tr>
<tr>
<td>Commonwealth grants and contributions</td>
<td>2,418</td>
<td>2,453</td>
</tr>
<tr>
<td>Grants and subsidies from non-government sources</td>
<td>6,847</td>
<td>5,385</td>
</tr>
<tr>
<td>Donations</td>
<td>2,563</td>
<td>2,388</td>
</tr>
<tr>
<td>Interest received</td>
<td>10,388</td>
<td>8,654</td>
</tr>
<tr>
<td>GST receipts on sales</td>
<td>8,412</td>
<td>7,834</td>
</tr>
<tr>
<td>GST receipts from taxation authority</td>
<td>49,667</td>
<td>46,988</td>
</tr>
<tr>
<td>Other receipts</td>
<td>53,327</td>
<td>44,293</td>
</tr>
<tr>
<td><strong>Net cash (used in) / provided by operating activities</strong></td>
<td><strong>34(b) (1,705,692)</strong></td>
<td><strong>(1,584,816)</strong></td>
</tr>
</tbody>
</table>

CASH FLOWS FROM INVESTING ACTIVITIES

<table>
<thead>
<tr>
<th>Payments for purchase of non-current assets</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from disposal of non-current assets</td>
<td>1,608</td>
<td>883</td>
</tr>
<tr>
<td>Receipts from term deposits</td>
<td>10,750</td>
<td>3,800</td>
</tr>
<tr>
<td>Purchase of term deposits</td>
<td>(3,497)</td>
<td>(10,750)</td>
</tr>
<tr>
<td><strong>Net cash (used in) / provided by investing activities</strong></td>
<td><strong>(53,041)</strong></td>
<td><strong>(65,266)</strong></td>
</tr>
</tbody>
</table>

CASH FLOWS FROM FINANCING ACTIVITIES

<table>
<thead>
<tr>
<th>Repayment of borrowings to non-government sources</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net cash (used in) / provided by financing activities</strong></td>
<td><strong>(2,203)</strong></td>
<td><strong>(2,154)</strong></td>
</tr>
</tbody>
</table>

Net increase / (decrease) in cash held

<table>
<thead>
<tr>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>38,321</td>
<td>(12,035)</td>
</tr>
</tbody>
</table>

Cash assets at the beginning of the financial year

<table>
<thead>
<tr>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>82,345</td>
<td>94,380</td>
</tr>
</tbody>
</table>

CASH ASSETS AT THE END OF THE FINANCIAL YEAR

<table>
<thead>
<tr>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>118,666</strong></td>
<td><strong>82,345</strong></td>
</tr>
</tbody>
</table>

The Statement of Cash Flows should be read in conjunction with the notes to the financial statements.
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Note 1 Significant accounting policies

The following accounting policies have been adopted in the preparation of the financial statements. Unless otherwise stated these policies are consistent with those adopted in the previous year.

(a) General Statement

The financial statements constitute a general purpose financial report which has been prepared in accordance with Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and Urgent Issues Group (UIG) Consensus Views as applied by the Treasurer's Instructions. Several of these are modified by the Treasurer's Instructions to vary application, disclosure, format and wording. The Financial Administration and Audit Act and the Treasurer's Instructions are legislative provisions governing the preparation of financial statements and take precedence over Accounting Standards, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board, and UIG Consensus Views. The modifications are intended to fulfill the requirements of general application to the public sector, together with the need for greater disclosure and also to satisfy accountability requirements. If any such modification has a material or significant financial effect upon the reported results, details of that modification and where practicable, the resulting financial effect, are disclosed in individual notes to these financial statements.

(b) Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention, except for certain assets and liabilities which, as noted, are measured at fair value.

(c) Service Appropriation

Service Appropriations are recognised as revenues in the period in which the Health Service gains control of the appropriated funds. The Health Service gains control of appropriated funds at the time those funds are deposited into the Health Service's bank account or credited to the holding account held at the Department of Treasury and Finance.

(d) Contributed Equity

Under UIG 38 "Contributions by Owners Made to Wholly-Owned Public Sector Entities", transfers in the nature of equity contributions must be designated by the Government (owners), as contributions by owners (at the time of, or prior to transfer) before such transfers can be recognised as equity contributions in the financial statements. Capital contributions (appropriations) have been designated as contributions by owners and have been credited directly to Contributed Equity in the Statement of Financial Position. Capital appropriations which are repayable to the Treasurer are recognised as liabilities.

(e) Acquisitions of Assets

The cost method of accounting is used for all acquisitions of assets. Cost is measured as the fair value of the assets given up or liabilities undertaken at the date of acquisition plus incidental costs directly attributable to the acquisition.

Assets acquired at no cost or for nominal consideration, are initially recognised at their fair value at the date of acquisition.

Assets costing less than $1,000 are expensed in the year of acquisition (other than where they form part of the group of similar items which are significant in total).

(f) Property, Plant and Equipment

Valuation of Land and Buildings

The Health Service has a policy of valuing land and buildings at fair value. The revaluations of the Health Service's land and buildings undertaken by the Department of Land Information (Valuation Services) are recognised in the financial statements.

i) Land and Non-Clinical Buildings

The revaluations of land and non-clinical buildings have been undertaken on the following bases:

- Land (clinical site)  Market value for Current use
- Land (non-clinical site)  Market value for Highest and best use
- Buildings (non-clinical)  Market value for Highest and best use

Recent valuations on this basis are equivalent to fair value.

ii) Clinical Buildings

The clinical buildings are valued at "Replacement Capital Value", which is defined as the cost to replace buildings constructed at current building costs with current materials on a greenfield site. All building costs are Parth based and include elements of electrical, mechanical and plumbing services. Loose and free standing furniture and equipment together with specialised medical equipment are excluded from this valuation. Buildings are depreciated using a weighted average age to determine the net carrying values. Recent valuations on this basis are equivalent to fair value.
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Note 1 Significant accounting policies (continued)

Depreciation of Non-Current Assets
All property, plant and equipment having a limited useful life are systematically depreciated over their estimated useful lives in a manner which reflects the consumption of their future economic benefits.

Land is not depreciated. Depreciation on buildings are calculated using the reducing balance method. Depreciation on other assets are calculated using the reducing balance with a straight-line switch method under which the cost amounts of the assets are allocated on a reducing balance basis over the first half of their useful lives and on a straight-line basis for the second half of the useful lives.

The assets' useful lives are reviewed, and adjusted if appropriate, annually. Expected useful lives for each class of depreciable asset are:

- Buildings: 50 years
- Leasehold improvements: Term of the lease
- Computer equipment and software: 5 to 15 years
- Furniture and fittings: 5 to 50 years
- Motor vehicles: 4 to 10 years
- Medical Equipment: 4 to 25 years
- Other plant and equipment: 5 to 50 years

(g) Leases

The Health Service's rights and obligations under finance leases, which are leases that are effectively transfer to the Health Service substantially all of the risks and benefits incident to ownership of the leased items, are initially recognised as assets and liabilities equal in amount to the present value of the minimum lease payments. The assets are disclosed as leased assets, and are depreciated to the Statement of Financial Performance over the period during which the Health Service is expected to benefit from use of leased assets. Minimum lease payments are allocated between interest expense and reduction of the lease liability, according to the interest rate implicit in the lease.

Finance lease liabilities are allocated between current and non-current components. The principal component of lease payments due on or before the end of the succeeding year is disclosed as a current liability, and the remainder of the lease liability is disclosed as a non-current liability.

The Health Service has entered into a number of operating lease arrangements for the rent of buildings and equipment where the lessors effectively retain all of the risks and benefits incident to ownership of the items held under the operating leases. Equal instalments of the lease payments are charged to the Statement of Financial Performance over the lease term as this is representative of the pattern of benefits to be derived from the leased items.

(h) Cash

For the purpose of the Statement of Cash Flows, cash includes cash assets and restricted cash assets net of outstanding bank overdrafts. These include short-term deposits that are readily convertible to cash on demand and are subject to insignificant risk of changes in value.

(i) Receivables

Receivables are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of recognition.

Collectibility of receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where some doubts as to collection exists.

(j) Inventories

Inventories are valued on a weighted average cost basis at the lower of cost and net realisable value.

(k) Payables

Payables, including accruals not yet billed, are recognised when the Health Service becomes obliged to make future payments as a result of a purchase of assets or services. Payables are generally settled within 30 days.

(l) Accrued Salaries

Accrued salaries (refer note 30) represent the amount due to staff but unpaid at the end of the financial year, as the end of the last pay period for that financial year does not coincide with the end of the financial year. The Health Service considers the carrying amount approximates net fair value.

(m) Interest-bearing liabilities

Interest-bearing liabilities are recognised at an amount equal to the net proceeds received. Borrowing costs expense is recognised on an accrual basis.
Notes to the Financial Statements
For the year ended 30th June 2005

1. Significant accounting policies (continued)

(n) Employee Benefits

Annual Leave

This benefit is recognised at the reporting date in respect of employees' services up to that date and is measured at the nominal amounts expected to be paid when the liabilities are settled.

Long Service Leave

The liability for long service leave expected to be settled within 12 months of the reporting date is recognised in the provisions for employee benefits, and is measured at the nominal amounts expected to be paid when the liability is settled. The liability for long service leave expected to be settled more than 12 months from the reporting date is recognised in the provisions for employee benefits and is measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given, when assessing expected future payments, to expected future wage and salary levels including relevant on costs, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

This method of measurement of the liability is consistent with the requirements of Accounting Standard AASB 1028 "Employee Benefits".

Superannuation

Staff may contribute to the Pension Scheme, a defined benefits pension scheme now closed to new members, or to the Gold State Superannuation Scheme, a defined benefit lump sum scheme now also closed to new members. All staff who do not contribute to either of these schemes become non-contributory members of the West State Superannuation Scheme, an accumulation fund. The Health Service contributes to this accumulation fund in compliance with the Commonwealth Government’s Superannuation Guarantee (Administration) Act 1992. All of these schemes are administered by the Government Employees Superannuation Board (GESB).

From 30 June 2004, the Treasurer has assumed the liability for pension and pre-transfer benefit superannuation liabilities. The assumption was designated as a contribution by owners under Treasurer's Instruction 995 (3)(iv) on 30 June 2004.

The superannuation expense comprises the following elements:

i) changes in the unfunded employer's liability in respect of current employees who are members of the Pension Scheme and current employees who accrued a benefit on transfer from that Scheme to the Gold State Superannuation Scheme; and

ii) employer contributions paid to the Gold State Superannuation Scheme and the West State Superannuation Scheme.

The superannuation expense does not include payment of pensions to retirees, as this does not constitute part of the cost of services provided by the Health Service in the current year.

A revenue "Liabilities assumed by the Treasurer" equivalent to (i) is recognised under Revenues from Government in the Statement of Financial Performance as the unfunded liability is assumed by the Treasurer. The GESB makes the benefit payment and is recouped from the Treasurer.

The Health Service is funded for employer contributions in respect of the Gold State Superannuation Scheme and the West State Superannuation Scheme. The liabilities for superannuation charges under these schemes are extinguished by payment of employer contributions to the GESB.

Deferred Salary Scheme

With the written agreement of the Health Service, an employee may elect to receive, over a four-year period, 80% of the salary they would otherwise be entitled to receive. On completion of the fourth year, an employee will be entitled to 12 months leave and will receive an amount equal to 80% of the salary they were otherwise entitled to in the fourth year of deferment. An employee may withdraw from this scheme prior to completing a four-year period by written notice. The employee will receive a lump sum payment of salary forgone to that time.

The liability for deferred salary scheme represents the amount which the Health Service is obliged to pay to the employees participating in the deferred salary scheme. The liability has been calculated on current remuneration rates in respect of services provided by the employees up to the reporting date and includes related on-costs.

Employee benefit on-costs

Employee benefit on-costs are recognised and included in employee benefit liabilities and costs when the employee benefits to which they relate are recognised as liabilities and expenses. (See notes 4 and 29)

(o) Revenue Recognition

Revenue from the sale of goods, disposal of other assets and the rendering of services, is recognised when the Health Service has passed control of the goods or other assets or has delivered the services to the customer.
Notes to the Financial Statements
For the year ended 30th June 2005

Note 1 Significant accounting policies (continued)

(p) Grants and Other Contributions Revenue

Grants, donations, gifts and other non-reciprocal contributions are recognised as revenue when the Health Service obtains control over the assets comprising the contributions. Control is normally obtained upon their receipt.

Contributions are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

(q) Resources Received Free of Charge or For Nominal Value

Resources received free of charge or for nominal value which can be reliably measured are recognised as revenues and as assets of expenses as appropriate at fair value.

(r) Foreign Currency Translation

Transactions denominated in a foreign currency are translated at the rates in existence at the dates of the transactions. Foreign currency receivables and payables at reporting date are translated at exchange rates current at reporting date. Exchange gains and losses are brought to account in determining the result for the year.

(s) Comparative Figures

Comparative figures are, where appropriate, reclassified so as to be comparable with the figures presented in the current financial year.

(t) Rounding of amounts

Amounts in the financial statements have been rounded to the nearest thousand dollars, or in certain cases, to the nearest dollar.

(u) Trust Accounts

Trust Accounts are used by the Health Service to account for funds that they may be held on behalf of another party, such as patients' cash. The Health Service does not have control of the use of these funds, and cannot deploy them to meet its objectives. Trust Accounts do not form part of the resources available to the Health Service, and are not reported as assets in the financial statements. However, details of Trust Accounts are reported as a note to the financial statements (refer to Note 3).

(v) Special Purpose Accounts

Special Purpose Accounts are used by the Health Service to account for contributions to which a condition of use has been attached, such as donations, gifts, or grants for particular purposes. The Health Service has control of the use of these funds, and can deploy them to meet its objectives, although it has an obligation to only use these funds for the particular purpose for which they were contributed. The use of Special Purpose Accounts enables the contributions to be segregated from the operating funds of the Health Service and to ensure that they are used in a manner that is consistent with the imposed conditions.

Note 2 Services of the Health Service

Information about the Health Service's services and, the expenses and revenues which are reliably attributable to those services is set out in Note 47. The three key services of the Health Service are:

Prevention and Promotion

Prevention and promotion services aim to improve the health of Western Australians by reducing the incidence of preventable disease, injury, disability and premature death. This service primarily focuses on the health and well being of populations, rather than on individuals. The programs define populations that are at-risk and ensure that appropriate interventions are delivered to a large proportion of these at-risk populations.

Diagnosis and Treatment

The objective for the diagnosis and treatment services is to improve the health of Western Australians by restoring the health of people with acute illness. The services provided to diagnose and treat patients include emergency services, ambulatory care or outpatient services and services for those people who are admitted to hospitals, oral health services and other supporting services such as patient transport and the supply of highly specialised drugs.

Continuing Care

Continuing care services are provided to people and their carers who require support with moderate to severe functional disabilities and/or a terminal illness to assist in the maintenance or improvement of their quality of life.
### Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

**Notes to the Financial Statements**

For the year ended 30th June 2005

#### Note 3: Administered trust accounts

Funds held in these trust accounts are not controlled by the Health Service and are therefore not recognised in the financial statements.

**a)** The Health Service administers a trust account for the purpose of holding patients’ private moneys.

A summary of the transactions for this trust account is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening Balance</strong></td>
<td>98</td>
<td>94</td>
</tr>
<tr>
<td><strong>Add Receipts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Patient Deposits</td>
<td>1,096</td>
<td>1,108</td>
</tr>
<tr>
<td>- Interest</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Less Payments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Patient Withdrawals</td>
<td>1,082</td>
<td>1,105</td>
</tr>
<tr>
<td>- Interest / Charges</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td><strong>Closing Balance</strong></td>
<td>116</td>
<td>99</td>
</tr>
</tbody>
</table>

**b)** The Health Service administers a trust account for salaried medical practitioners under the rights to private practice scheme.

A summary of the transactions for this trust account is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening Balance</strong></td>
<td>516</td>
<td>343</td>
</tr>
<tr>
<td><strong>Add Receipts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fees collected on behalf of medical practitioners</td>
<td>9,746</td>
<td>5,566</td>
</tr>
<tr>
<td>- Interest</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td><strong>Less Payments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Payments to medical practitioners</td>
<td>1,137</td>
<td>503</td>
</tr>
<tr>
<td>- Charges</td>
<td>5,607</td>
<td>4,933</td>
</tr>
<tr>
<td><strong>Closing Balance</strong></td>
<td>247</td>
<td>518</td>
</tr>
</tbody>
</table>

**c)** Other trust accounts administered by the Health Service

<table>
<thead>
<tr>
<th>Trust Account</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>R F Shaw Foundation</td>
<td>650</td>
<td>609</td>
</tr>
<tr>
<td>EMHS Private Trust Account</td>
<td>29</td>
<td>9</td>
</tr>
<tr>
<td>Fremantle Hospital Chapel</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>King Edward / Princess Margaret Hospitals Special Purpose Trust</td>
<td>657</td>
<td>582</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,539</td>
<td>1,499</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening Balance</strong></td>
<td>1,499</td>
<td>1,027</td>
</tr>
<tr>
<td><strong>Add Receipts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Deposits</td>
<td>3,807</td>
<td>3,300</td>
</tr>
<tr>
<td>- Interest</td>
<td>81</td>
<td>86</td>
</tr>
<tr>
<td><strong>Less Payments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Withdrawals</td>
<td>3,848</td>
<td>3,512</td>
</tr>
<tr>
<td>- Charges</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Closing Balance</strong></td>
<td>1,639</td>
<td>1,499</td>
</tr>
</tbody>
</table>
## Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

### Notes to the Financial Statements

For the year ended 30th June 2005

#### Note 4 Employee expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>1,077,826</td>
<td>971,626</td>
</tr>
<tr>
<td>Superannuation</td>
<td>104,836</td>
<td>101,096</td>
</tr>
<tr>
<td>Annual leave and time off in lieu leave</td>
<td>109,463</td>
<td>95,804</td>
</tr>
<tr>
<td>Long service leave</td>
<td>30,452</td>
<td>23,159</td>
</tr>
<tr>
<td>Other related expenses</td>
<td>21,421</td>
<td>18,425</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,344,028</td>
<td>1,210,118</td>
</tr>
</tbody>
</table>

(i) These employee expenses include employment on-costs associated with the recognition of annual and long service leave liability.

The related on-costs liability is included in employee benefit liabilities at Note 29.

#### Note 5 Patient support costs

<table>
<thead>
<tr>
<th>Item</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical supplies and services</td>
<td>247,736</td>
<td>223,032</td>
</tr>
<tr>
<td>Domestic charges</td>
<td>14,591</td>
<td>12,991</td>
</tr>
<tr>
<td>Fuel, light and power</td>
<td>16,467</td>
<td>16,050</td>
</tr>
<tr>
<td>Food supplies</td>
<td>12,666</td>
<td>10,678</td>
</tr>
<tr>
<td>Patient transport costs</td>
<td>3,341</td>
<td>3,146</td>
</tr>
<tr>
<td>Purchase of external services</td>
<td>42,763</td>
<td>41,952</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>339,664</td>
<td>310,859</td>
</tr>
</tbody>
</table>

#### Note 6 Borrowing costs expense

<table>
<thead>
<tr>
<th>Item</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance lease finance charges</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Interest paid</td>
<td>10,697</td>
<td>11,605</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12,898</td>
<td>11,806</td>
</tr>
</tbody>
</table>

#### Note 7 Depreciation expense

<table>
<thead>
<tr>
<th>Item</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>23,656</td>
<td>22,237</td>
</tr>
<tr>
<td>Lease assets</td>
<td>43</td>
<td>20</td>
</tr>
<tr>
<td>Computer equipment and software</td>
<td>7,409</td>
<td>6,695</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td>2,017</td>
<td>1,696</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>852</td>
<td>678</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>22,388</td>
<td>14,640</td>
</tr>
<tr>
<td>Other plant and equipment</td>
<td>2,883</td>
<td>2,130</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>59,659</td>
<td>48,396</td>
</tr>
</tbody>
</table>

#### Note 8 Net gain / (loss) on disposal of non-current assets

a) Proceeds from disposal of non-current assets

<table>
<thead>
<tr>
<th>Item</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>1,605</td>
<td>883</td>
</tr>
</tbody>
</table>

b) Gain / (Loss) on disposal of non-current assets:

<table>
<thead>
<tr>
<th>Item</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and buildings</td>
<td>(521)</td>
<td>(94)</td>
</tr>
<tr>
<td>Computer equipment and software</td>
<td>(320)</td>
<td>(510)</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td>(102)</td>
<td>(430)</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td>213</td>
<td>289</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>(2,537)</td>
<td>(1,395)</td>
</tr>
<tr>
<td>Other plant and equipment</td>
<td>(322)</td>
<td>(465)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(4,495)</td>
<td>(2,094)</td>
</tr>
</tbody>
</table>

#### Note 9 Capital user charge

<table>
<thead>
<tr>
<th>Item</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>48,691</td>
<td>45,332</td>
</tr>
</tbody>
</table>

A capital user charge rate of 8% has been set by the Government for 2004-05 and represents the opportunity cost of capital invested in the net assets of the Health Service used in the provision of services. The charge is calculated on the net assets adjusted to take account of exempt assets. Payments are made to the Department of Treasury and Finance on a quarterly basis by the Department of Health on behalf of the Health Service.
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

<table>
<thead>
<tr>
<th>Note 10</th>
<th>Other expenses from ordinary activities</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Motor vehicle expenses</td>
<td>2,861</td>
<td>2,579</td>
</tr>
<tr>
<td></td>
<td>Insurance</td>
<td>20,139</td>
<td>16,850</td>
</tr>
<tr>
<td></td>
<td>Communications</td>
<td>10,849</td>
<td>10,385</td>
</tr>
<tr>
<td></td>
<td>Printing and stationery</td>
<td>8,192</td>
<td>7,944</td>
</tr>
<tr>
<td></td>
<td>Rental of property</td>
<td>3,808</td>
<td>3,271</td>
</tr>
<tr>
<td></td>
<td>Bad and doubtful debts expense</td>
<td>655</td>
<td>613</td>
</tr>
<tr>
<td></td>
<td>Repairs, maintenance and consumable equipment expense</td>
<td>49,521</td>
<td>44,190</td>
</tr>
<tr>
<td></td>
<td>Purchase of external services</td>
<td>46,855</td>
<td>42,199</td>
</tr>
<tr>
<td></td>
<td>Write-down of assets</td>
<td>3,256</td>
<td>3,311</td>
</tr>
<tr>
<td></td>
<td>Computer services</td>
<td>9,821</td>
<td>7,572</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>12,665</td>
<td>11,220</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>106,609</td>
<td>103,114</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 11</th>
<th>Patient charges</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inpatient charges</td>
<td>40,657</td>
<td>39,530</td>
</tr>
<tr>
<td></td>
<td>Outpatient charges</td>
<td>11,649</td>
<td>10,630</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>52,306</td>
<td>50,160</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 12</th>
<th>Grants and contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Commonwealth grants and contributions</td>
</tr>
<tr>
<td></td>
<td>Australian Bleeding Disorder Registry</td>
</tr>
<tr>
<td></td>
<td>Australian University Commission Grant</td>
</tr>
<tr>
<td></td>
<td>Grant for nursing homes</td>
</tr>
<tr>
<td></td>
<td>Inner City Mental Health Service for Older Adults</td>
</tr>
<tr>
<td></td>
<td>Magnetic Resonance Imaging and Other grants</td>
</tr>
<tr>
<td></td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>b) Other grants and contributions</td>
</tr>
<tr>
<td></td>
<td>Anglican Health - Lotteries Grant</td>
</tr>
<tr>
<td></td>
<td>Anglicare</td>
</tr>
<tr>
<td></td>
<td>Clinical and Scholarship Grants</td>
</tr>
<tr>
<td></td>
<td>Cure Search</td>
</tr>
<tr>
<td></td>
<td>Department of Employment Workplace Relationship</td>
</tr>
<tr>
<td></td>
<td>Dept Of Health &amp; Ageing</td>
</tr>
<tr>
<td></td>
<td>Disabilities Services Commission - CAEP Funding</td>
</tr>
<tr>
<td></td>
<td>Drug Trial &amp; Related</td>
</tr>
<tr>
<td></td>
<td>Drug Trial &amp; Related</td>
</tr>
<tr>
<td></td>
<td>Grant for Community Aids and Equipment Program</td>
</tr>
<tr>
<td></td>
<td>Inst of Child Health Research</td>
</tr>
<tr>
<td></td>
<td>Malcolm Sargent Funds</td>
</tr>
<tr>
<td></td>
<td>National Childhood Cancer Fund</td>
</tr>
<tr>
<td></td>
<td>Novo Nordisk</td>
</tr>
<tr>
<td></td>
<td>PMH Foundation - Clinical Research</td>
</tr>
<tr>
<td></td>
<td>PMH Foundation - Magazone Funding</td>
</tr>
<tr>
<td></td>
<td>University of Melbourne</td>
</tr>
<tr>
<td></td>
<td>WA Country Health Service</td>
</tr>
<tr>
<td></td>
<td>West Funding</td>
</tr>
<tr>
<td></td>
<td>Other grants</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note 13</th>
<th>Donations revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General public contributions</td>
</tr>
<tr>
<td></td>
<td>Specific contribution from Heart Foundation for heart research</td>
</tr>
<tr>
<td></td>
<td>Total</td>
</tr>
</tbody>
</table>
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Note 14 Other revenues from ordinary activities

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>a) Revenue from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recoveries</td>
<td>18,611</td>
<td>14,224</td>
</tr>
<tr>
<td>Use of hospital facilities</td>
<td>13,185</td>
<td>12,037</td>
</tr>
<tr>
<td>Other</td>
<td>10,164</td>
<td>8,219</td>
</tr>
<tr>
<td>Total</td>
<td>38,960</td>
<td>38,080</td>
</tr>
<tr>
<td>b) Revenue from non-operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent from properties</td>
<td>208</td>
<td>226</td>
</tr>
<tr>
<td>Boarders’ accommodation</td>
<td>746</td>
<td>682</td>
</tr>
<tr>
<td>Parking</td>
<td>481</td>
<td>408</td>
</tr>
<tr>
<td>Other</td>
<td>3,867</td>
<td>3,860</td>
</tr>
<tr>
<td>Total</td>
<td>5,299</td>
<td>6,204</td>
</tr>
<tr>
<td>Total Other revenues</td>
<td>48,259</td>
<td>40,284</td>
</tr>
</tbody>
</table>

Note 15 Commercial activities

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Sales:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coffee Shop Sales Revenue</td>
<td>9,084</td>
<td>3,909</td>
</tr>
<tr>
<td>Coffee Cart Express Sales Revenue</td>
<td>0</td>
<td>137</td>
</tr>
<tr>
<td>Car Parking Fees Revenue</td>
<td>871</td>
<td>527</td>
</tr>
<tr>
<td>Total</td>
<td>5,935</td>
<td>4,973</td>
</tr>
<tr>
<td>Less Cost of Goods Sold</td>
<td>(2,310)</td>
<td>(1,927)</td>
</tr>
<tr>
<td>Trading Profit/(Loss)</td>
<td>3,645</td>
<td>3,046</td>
</tr>
</tbody>
</table>

Note 16 Service appropriation

Service appropriation received during the year:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Appropriation</td>
<td>1,864,142</td>
<td>1,708,400</td>
</tr>
</tbody>
</table>

Service appropriations are accrual amounts reflecting the full cost of services delivered. The appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the estimated depreciation expense for the year and any agreed increase in leave liability during the year.

Note 17 Assets assumed / (transferred)

The following assets have been assumed from / (transferred to) other state government agencies during the financial year:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>- Land and buildings</td>
<td>0</td>
<td>(155)</td>
</tr>
<tr>
<td>- Telehealth assets</td>
<td>0</td>
<td>63</td>
</tr>
<tr>
<td>Total assets assumed / (transferred)</td>
<td>0</td>
<td>(120)</td>
</tr>
</tbody>
</table>

Discretionary transfers of assets between State Government agencies are recognised as revenues or expense.

Note 18 Liabilities assumed by the Treasurer

The following liabilities have been assumed by the Treasurer during the financial year:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>- Superannuation</td>
<td>4,458</td>
<td>2,344</td>
</tr>
</tbody>
</table>

The assumption of the superannuation liability by the Treasurer is a notional revenue to match the notional superannuation expense reported in respect of current employees who are members of the Pension Scheme and current employees of who have a pre-transfer benefit entitlement under the Gold State Superannuation Scheme.
**Financial Statements**

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

**Notes to the Financial Statements**
For the year ended 30th June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>Description</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Cash assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash on hand</td>
<td>123</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td>Cash at bank</td>
<td>26,111</td>
<td>17,502</td>
</tr>
<tr>
<td></td>
<td>Term deposits and bank bills</td>
<td>33,115</td>
<td>19,442</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>59,349</td>
<td>37,035</td>
</tr>
</tbody>
</table>

**Note 20 Restricted cash assets**
Cash assets held for specific purposes
- Cash at bank | 262 | 1,494 |
- Term deposits and bank bills < 90 days | 59,025 | 43,735 |
- **Total** | 59,287 | 45,229 |

Restrict ed assets are assets, the uses of which are restricted, by specific legal or other externally imposed requirements.

**Note 21 Restricted other financial assets**
Term deposits and bank bills > 90 days | 3,467 | 10,730 |

**Note 22 Receivables**
- Patient fee debtors | 16,386 | 12,251 |
- GST receivable | 4,591 | 4,967 |
- Other receivables | 20,950 | 19,671 |
- **Total** | 41,927 | 36,889 |

**Note 23 Amounts receivable for services**
Current | 15,120 | 9,652 |
Non-current | 136,890 | 69,410 |
**Total** | 154,010 | 79,062 |

**Balance at beginning of year** | 76,068 | 59,663 |
**Credits to holding account** | 82,593 | 78,146 |
**Less holding account drawdowns** | (6,946) | (56,035) |
**Balance at end of year** | 154,015 | 75,068 |

This asset represents the non-cash component of service appropriations which is held in a holding account at the Department of Treasury and Finance. It is restricted in that it can only be used for asset replacement or payment of lease liability.

**Note 24 Inventories**
- Supply stores - at cost | 3,856 | 3,824 |
- Pharmaceutical stores - at cost | 13,042 | 9,867 |
- Engineering stores - at cost | 746 | 1,269 |
**Total** | 14,644 | 13,757 |

**Note 25 Other assets**
Prepayments | 6,283 | 2,832 |
**Total** | 6,283 | 2,832 |
### Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

#### Notes to the Financial Statements

For the year ended 30th June 2006

<table>
<thead>
<tr>
<th>Note 26</th>
<th>Property, plant and equipment</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>0</td>
<td>130,121</td>
</tr>
<tr>
<td></td>
<td>At fair value</td>
<td>303,295</td>
<td>7,000</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>303,295</td>
<td>137,121</td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>0</td>
<td>831,604</td>
</tr>
<tr>
<td></td>
<td>Accumulated Depreciation</td>
<td>0</td>
<td>(153,434)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>0</td>
<td>678,170</td>
</tr>
<tr>
<td></td>
<td>At fair value</td>
<td>878,770</td>
<td>11,950</td>
</tr>
<tr>
<td></td>
<td>Accumulated Depreciation</td>
<td>(2,450)</td>
<td>(3,705)</td>
</tr>
<tr>
<td></td>
<td>Total of clinical buildings</td>
<td>876,320</td>
<td>8,245</td>
</tr>
<tr>
<td>Non-Clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>0</td>
<td>620</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>0</td>
<td>(119)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>0</td>
<td>501</td>
</tr>
<tr>
<td></td>
<td>At fair value</td>
<td>1,029</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total of non clinical buildings</td>
<td>1,055</td>
<td>501</td>
</tr>
<tr>
<td>Total of all land and buildings</td>
<td></td>
<td>1,180,353</td>
<td>824,037</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>105</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>105</td>
<td>0</td>
</tr>
<tr>
<td>Leased assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At capitalised cost</td>
<td>288</td>
<td>512</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>(43)</td>
<td>(122)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>245</td>
<td>390</td>
</tr>
<tr>
<td>Computer equipment and software</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>50,728</td>
<td>50,116</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>(34,987)</td>
<td>(29,389)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>15,741</td>
<td>20,727</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>28,577</td>
<td>28,113</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>(10,342)</td>
<td>(8,810)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>18,235</td>
<td>19,303</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>2,891</td>
<td>3,044</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>(1,809)</td>
<td>(1,371)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,092</td>
<td>1,673</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>169,330</td>
<td>165,161</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>(60,063)</td>
<td>(71,776)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>99,267</td>
<td>93,385</td>
</tr>
<tr>
<td>Other plant and equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>23,198</td>
<td>28,502</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>(12,565)</td>
<td>(13,224)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>10,633</td>
<td>15,278</td>
</tr>
<tr>
<td>Works in progress</td>
<td>Buildings under construction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>At cost</td>
<td>12,476</td>
<td>44,493</td>
</tr>
<tr>
<td></td>
<td>Accumulated depreciation</td>
<td>5,828</td>
<td>8,082</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>18,304</td>
<td>52,555</td>
</tr>
</tbody>
</table>

Metropolitan Health Services Annual Report 2004-05
Page 149 of 243
The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Financial Statements

Note 26 Property, plant and equipment (continued)

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artworks</td>
<td>$1,089</td>
<td>$1,877</td>
</tr>
<tr>
<td>Total of property, plant and equipment</td>
<td>$1,346,141</td>
<td>$1,026,446</td>
</tr>
</tbody>
</table>

The revaluation of land and buildings was performed in June 2005 in accordance with an independent valuation by the Department of Land Information (Valuation Services). Fair value has been determined on the basis of current market buying values for land and non-clinical buildings and replacement capital values for clinical buildings.

Payments for non-current assets
Payments were made for purchases of non-current assets during the reporting period as follows:

<table>
<thead>
<tr>
<th>Payments</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid as cash by the Health Service from service appropriations</td>
<td>$19,504</td>
<td>$37,583</td>
</tr>
<tr>
<td>Paid as cash by the Health Service from capital contributions</td>
<td>$42,621</td>
<td>$20,508</td>
</tr>
<tr>
<td>Paid as cash by the Health Service from other funding sources</td>
<td>$2,477</td>
<td>$908</td>
</tr>
<tr>
<td>Paid by the Department of Health</td>
<td>$25,702</td>
<td>$7,873</td>
</tr>
<tr>
<td>Gross payments for purchases of non-current assets</td>
<td>$87,404</td>
<td>$66,572</td>
</tr>
</tbody>
</table>

Reconciliations
Reconciliations of the carrying amounts of property, plant and equipment at the beginning and end of the current financial year are set out below.

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>$137,121</td>
<td></td>
</tr>
<tr>
<td>Additions</td>
<td>$13,855</td>
<td></td>
</tr>
<tr>
<td>Transfers from work in progress</td>
<td>$205</td>
<td></td>
</tr>
<tr>
<td>Disposals</td>
<td>$(430)</td>
<td></td>
</tr>
<tr>
<td>Revaluation increments / (decrements)</td>
<td>$152,847</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>$303,258</td>
<td></td>
</tr>
<tr>
<td>Buildings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>$685,916</td>
<td></td>
</tr>
<tr>
<td>Other additions</td>
<td>$38,207</td>
<td></td>
</tr>
<tr>
<td>Transfers from work in progress</td>
<td>$52,408</td>
<td></td>
</tr>
<tr>
<td>Disposals</td>
<td>$(1,072)</td>
<td></td>
</tr>
<tr>
<td>Revaluation increments / (decrements)</td>
<td>$121,821</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>$(23,656)</td>
<td></td>
</tr>
<tr>
<td>Transfer between asset classes</td>
<td>$2,865</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>$697,385</td>
<td></td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other additions</td>
<td>$105</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>$105</td>
<td></td>
</tr>
<tr>
<td>Leased assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>$390</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>$(43)</td>
<td></td>
</tr>
<tr>
<td>Transfer between asset classes</td>
<td>$(102)</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>$245</td>
<td></td>
</tr>
<tr>
<td>Computer equipment and software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>$20,749</td>
<td></td>
</tr>
<tr>
<td>Other additions</td>
<td>$3,256</td>
<td></td>
</tr>
<tr>
<td>Transfers from work in progress</td>
<td>$729</td>
<td></td>
</tr>
<tr>
<td>Disposals</td>
<td>$(227)</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>$(7,408)</td>
<td></td>
</tr>
<tr>
<td>Transfer between asset classes</td>
<td>$(40)</td>
<td></td>
</tr>
<tr>
<td>Write-down of assets</td>
<td>$(1,221)</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>$15,739</td>
<td></td>
</tr>
</tbody>
</table>
### Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

#### Notes to the Financial Statements

For the year ended 30th June 2006

<table>
<thead>
<tr>
<th>Note 26</th>
<th>Property, plant and equipment (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005</td>
</tr>
<tr>
<td>Furniture and fittings</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>16,503</td>
</tr>
<tr>
<td>Additions</td>
<td>3,723</td>
</tr>
<tr>
<td>Transfers from work in progress</td>
<td>128</td>
</tr>
<tr>
<td>Disposals</td>
<td>(87)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(2,017)</td>
</tr>
<tr>
<td>Transfer between asset classes</td>
<td>(12)</td>
</tr>
<tr>
<td>Write-down of assets</td>
<td>(3)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>18,235</td>
</tr>
<tr>
<td>Motor vehicles</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>1,673</td>
</tr>
<tr>
<td>Additions</td>
<td>720</td>
</tr>
<tr>
<td>Disposals</td>
<td>(526)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(692)</td>
</tr>
<tr>
<td>Write-down of assets</td>
<td>(84)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>1,051</td>
</tr>
<tr>
<td>Medical Equipment</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>93,385</td>
</tr>
<tr>
<td>Other additions</td>
<td>23,815</td>
</tr>
<tr>
<td>Transfers from work in progress</td>
<td>9,558</td>
</tr>
<tr>
<td>Disposals</td>
<td>(2,432)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(22,388)</td>
</tr>
<tr>
<td>Transfer between asset classes</td>
<td>142</td>
</tr>
<tr>
<td>Write-down of assets</td>
<td>(1,425)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>99,265</td>
</tr>
<tr>
<td>Other plant and equipment</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>16,278</td>
</tr>
<tr>
<td>Other additions</td>
<td>1,892</td>
</tr>
<tr>
<td>Transfers from work in progress</td>
<td>126</td>
</tr>
<tr>
<td>Disposals</td>
<td>(354)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(2,869)</td>
</tr>
<tr>
<td>Transfer between asset classes</td>
<td>(2,643)</td>
</tr>
<tr>
<td>Write-down of assets</td>
<td>(623)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>10,613</td>
</tr>
<tr>
<td>Works in progress</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>52,555</td>
</tr>
<tr>
<td>Additions</td>
<td>28,793</td>
</tr>
<tr>
<td>Transfers to other asset classes</td>
<td>(53,042)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>18,306</td>
</tr>
<tr>
<td>Artworks</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>1,877</td>
</tr>
<tr>
<td>Additions</td>
<td>12</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>1,889</td>
</tr>
<tr>
<td>Total property, plant and equipment</td>
<td></td>
</tr>
<tr>
<td>Carrying amount at start of year</td>
<td>1,036,446</td>
</tr>
<tr>
<td>Additions</td>
<td>114,070</td>
</tr>
<tr>
<td>Disposals</td>
<td>(8,017)</td>
</tr>
<tr>
<td>Revaluation increments / (decrements)</td>
<td>274,498</td>
</tr>
<tr>
<td>Depreciation</td>
<td>(59,499)</td>
</tr>
<tr>
<td>Write-down of assets</td>
<td>(3,355)</td>
</tr>
<tr>
<td>Carrying amount at end of year</td>
<td>1,346,142</td>
</tr>
</tbody>
</table>
The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

### Note 27 Payables

<table>
<thead>
<tr>
<th>Payables</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors</td>
<td>32,206</td>
<td>32,125</td>
</tr>
<tr>
<td>Other creditors</td>
<td>164</td>
<td>115</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>22,268</td>
<td>16,954</td>
</tr>
<tr>
<td>Accrued Interest</td>
<td>1,922</td>
<td>2,040</td>
</tr>
<tr>
<td><strong>Total payables</strong></td>
<td>56,550</td>
<td>51,244</td>
</tr>
</tbody>
</table>

### Note 28 Interest-bearing Liabilities

- **Current liabilities:**
  - **Total current liabilities:** 7,294 (2005) / 7,099 (2004)

- **Non-current liabilities:**
  - **Total non-current liabilities:** 159,523 (2005) / 188,903 (2004)


- **Western Australian Treasury Corporation (WATC) loans**

The debt is held in a portfolio of loans managed by the Department of Health. Repayments of the debt are made by the Department of Health on behalf of the Health Service.

- **Department of Treasury and Finance loans**

This debt relates to funds advanced by the Health Service via the now defunct General Loan and Capital Works Fund. Funds advanced and related interest costs are repaid to the Department of Treasury and Finance by the Department of Health on behalf of the Health Service. Interest rates are linked to the State's debt servicing costs.

- **Finance lease liabilities**
  - Lease liabilities are effectively secured as the rights to the leased assets revert to the lessor in the event of default.
  - The carrying amounts of non-current assets pledged as security are:

### Note 29 Provisions

- **Current liabilities:**

- **Non-current liabilities:**


(1) The settlement of annual and long service leave liabilities give rise to the payment of superannuation and other employment on-costs. The liability for such on-costs is included here. The associated expense is included under Employee expenses at Note 4.

(2) The Health Service considers the carrying amount of employee benefits approximates the net fair value.
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>Other liabilities</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Accrued salaries</td>
<td>31,931</td>
<td>25,053</td>
</tr>
<tr>
<td></td>
<td>Income received in advance</td>
<td>470</td>
<td>195</td>
</tr>
<tr>
<td></td>
<td>Refundable Deposits</td>
<td>221</td>
<td>208</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>21</td>
<td>191</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>32,643</strong></td>
<td><strong>25,042</strong></td>
</tr>
</tbody>
</table>

Note 31 Contributed equity

Balance at beginning of the year 851,182 647,035
Capital contributions (i) 95,521 33,465
Contributions by owners
Department of Education 0 125
Assumption of superannuation liability by the Treasurer 0 159,678
Other transfers of assets and liabilities (ii) 28,208 11,000
Distribution to owners 0 (170)
Balance at end of the year 974,911 851,182

(i) Capital Contributions have been designated as contributions by owners and are credited directly to equity in the Statement of Financial Position.

(ii) Other transfers of assets and liabilities include: Take up of 70/74 Murray Street from the Department of Land Information ($1,950,000), Old Perth Dental Hospital ($14,405,613), Hawthorn Hospital ($1,581,881), Gallians from Department of Health ($8,268,155) and funds received for the Functional Review Implementation Team ($2,032,000).

Note 32 Reserves

Asset revaluation reserve (ii):
Balance at beginning of the year 5,784 5,787
Net revaluation increments (decrements):  
- Land 162,847 0  
- Buildings 121,821 17
Balance at end of the year 280,202 5,784

(i) The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets. Revaluation increments and decrements are offset against one another within the same class of non-current assets.

(ii) Any net increment is credited directly to the asset revaluation reserve, except to the extent that any increment reverses a revaluation decrement previously recognised as an expense.

(iii) Any net decrement is recognised as an expense in the Statement of Financial Performance, except to the extent that any decrement reverses a revaluation increment previously credited to the asset revaluation reserve.

Note 33 Accumulated surplus / (deficiency)

Balance at beginning of the year (90,361) (100,413)
Change in net assets (9,947) 10,082
Balance at end of the year (100,308) (90,351)
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Note 34 Notes to the statement of cash flows

a) Reconciliation of cash

Cash assets at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>2006</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash assets (Refer note 19)</td>
<td>59,349</td>
<td>37,056</td>
</tr>
<tr>
<td>Restricted cash assets (Refer note 26)</td>
<td>59,317</td>
<td>45,289</td>
</tr>
<tr>
<td></td>
<td>118,666</td>
<td>82,345</td>
</tr>
</tbody>
</table>

b) Reconciliation of net cash flows used in operating activities to net cost of services

Net cash used in operating activities (Statement of Cash Flows) | (1,705,692) | (1,584,816)

Increase / (decrease) in assets:
- GST receivable                                           | 164    | 21    |
- Other receivables                                       | 5,226  | 2,027 |
- Inventories                                             | 887    | 1,158 |
- Prepayments                                             | 3,251  | 62    |

Decrease / (increase) in liabilities:
- Doubtful debts provision                                | (1,369) | (711) |
- Payables                                                | (6,269) | 6,101 |
- Accrued salaries                                         | (8,678) | 3,033 |
- Provisions                                              | (39,635) | (17,785)|
- Income received in advance                              | (275)  | (146) |
- Non-cash items:
  - Depreciation expense                                  | (59,469) | (48,396) |
  - Net gain / (loss) from disposal of non-current assets | (4,409)  | (5,320) |
  - Interest paid by Department of Health                 | (7,187)  | (7,622) |
  - Capital user charge paid by Department of Health      | (48,691) | (45,332) |
  - Other expenses paid by Department of Health           | (950)   | (97)  |
  - Donations of non-current assets                       | 2,916   | 2,304 |
  - Asset revaluation decrements                          | 0       | 0     |
  - Write down of Dental Therapy Centres                  | 0       | (3,311) |
  - Superannuation liabilities assumed by the Treasurer   | (4,456)  | (2,344) |
  - Resources received free of charge                     | 0       | 0     |
  - Other                                                  | (7,075) | (2,212) |

Net cost of services (Statement of Financial Performance) | (1,678,547) | (1,700,552) |

c) Notional cash flows

Service appropriations as per Statement of Financial Performance | 1,664,142 | 1,708,400 |

Capital appropriations credited directly to Contributed Equity (Refer Note 31) | 58,521 | 33,465 |

Holding account drawdowns credited to Amounts Receivable for Outputs (Refer Note 23) | 6,646 | 58,635 |

Less notional cash flows:

Items paid directly by the Department of Health for the Health Service and are therefore not included in the Statement of Cash Flows:
- Interest paid to WA Treasury Corporation               | (3,260) | (3,239) |
- Repayment of interest-bearing liabilities to WA Treasury Corporation | (4,518) | (2,264) |
- Interest paid to Department of Treasury & Finance      | (3,907) | (4,659) |
- Repayment of interest-bearing liabilities to Department of Treasury & Finance | (2,542) | (2,437) |
- Capital user charge                                     | (48,691) | (45,332) |
- Accrual appropriations                                  | (82,593) | (76,140) |
- Capital works expenditure                               | (21,263) | (25,518) |
- Other non cash adjustments to output appropriations     | (2,258)  | (410)  |

(169,032) | (150,699) |

Cash Flows from State Government as per Statement of Cash Flows | 1,797,257 | 1,840,301 |
### Financial Statements

#### Notes to the Financial Statements
For the year ended 30th June 2005

<table>
<thead>
<tr>
<th>Note</th>
<th>Description</th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Revenue, public and other property written off or presented as gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>Revenue and debts written off.</td>
<td>443</td>
<td>321</td>
</tr>
<tr>
<td>b)</td>
<td>Public and other property written off.</td>
<td>472</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>All of the amounts above were written off under the authority of the Accountable Authority.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Losses of public monies and other property</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Losses of public monies and public or other property through theft or default</td>
<td>187</td>
<td>256</td>
</tr>
<tr>
<td></td>
<td>Less amount recovered</td>
<td>103</td>
<td>199</td>
</tr>
<tr>
<td></td>
<td>Net losses</td>
<td>84</td>
<td>57</td>
</tr>
<tr>
<td>37</td>
<td>Resources provided free of charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During the year the following resources were provided to other agencies free of charge for functions outside the normal operations of the agency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ministry of Veterans - dental treatment to inmates</td>
<td>214</td>
<td>265</td>
</tr>
<tr>
<td></td>
<td>Disability Services Commission - dental treatment to DSC clients</td>
<td>265</td>
<td>322</td>
</tr>
<tr>
<td></td>
<td>Disability Services Commission - GAEP Infrastructure costs</td>
<td>215</td>
<td>252</td>
</tr>
<tr>
<td></td>
<td>Dept of Education - transfer buildings closed DTC’s</td>
<td>0</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>Forensic Activity - Anaesthetical Pathology</td>
<td>450</td>
<td>345</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,144</td>
<td>1,204</td>
</tr>
</tbody>
</table>

#### Note 38 Remuneration of members of the accountable authority and senior officers

**Remuneration of members of the accountable authority**

The Acting Director General of Health is the Accountable Authority for The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals and is also the Executive Chairman of the Health Reform Implementation Taskforce. The remuneration of the Acting Director General of Health is paid by the Metropolitan Health Services and is included in the total remuneration of senior officers.

**Remuneration of senior officers**

The number of Senior Officers other than senior officers reported as members of the Accountable Authority, whose total of fees, salaries, superannuation and other benefits for the financial year, fall within the following bands are:

<table>
<thead>
<tr>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,001 - $50,000</td>
<td>0</td>
</tr>
<tr>
<td>$50,001 - $70,000</td>
<td>1</td>
</tr>
<tr>
<td>$70,001 - $80,000</td>
<td>1</td>
</tr>
<tr>
<td>$80,001 - $90,000</td>
<td>0</td>
</tr>
<tr>
<td>$90,001 - $100,000</td>
<td>1</td>
</tr>
<tr>
<td>$120,001 - $150,000</td>
<td>0</td>
</tr>
<tr>
<td>$140,001 - $150,000</td>
<td>1</td>
</tr>
<tr>
<td>$150,001 - $160,000</td>
<td>2</td>
</tr>
<tr>
<td>$190,001 - $190,000</td>
<td>0</td>
</tr>
<tr>
<td>$210,001 - $220,000</td>
<td>0</td>
</tr>
<tr>
<td>$220,001 - $320,000</td>
<td>0</td>
</tr>
<tr>
<td>$270,001 - $280,000</td>
<td>1</td>
</tr>
<tr>
<td>$330,001 - $340,000</td>
<td>0</td>
</tr>
<tr>
<td>$410,001 - $420,000</td>
<td>1</td>
</tr>
<tr>
<td>$440,001 - $450,001</td>
<td>1</td>
</tr>
<tr>
<td>$570,001 - $580,001</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
</tr>
</tbody>
</table>

The total remuneration of Senior officers is:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,411</td>
<td>1,325</td>
</tr>
</tbody>
</table>

The superannuation included here represents the superannuation expense incurred by the Health Service in respect of Senior Officers other than senior officers reported as members of the Accountable Authority.

Numbers of Senior Officers presently employed who are members of the Pension Scheme:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

---

**Metropolitan Health Services**

*Annual Report 2004-05*

*Page 155 of 243*
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Note 39 Remuneration of Auditor
Remuneration to the Auditor General for the financial year is as follows:
Audit the accounts, financial statements and performance indicators

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td></td>
<td>$000</td>
</tr>
<tr>
<td>510</td>
<td>500</td>
<td></td>
</tr>
</tbody>
</table>

Note 40 Commitments for Expenditure

a) Capital expenditure commitments
Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within one year</td>
<td>37,540</td>
<td>20,479</td>
</tr>
<tr>
<td>Later than one year, and not later than five years</td>
<td>9,998</td>
<td>369</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>47,538</td>
<td>20,868</td>
<td></td>
</tr>
</tbody>
</table>

The capital commitments include amounts for:
- Buildings

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>37,460</td>
<td>17,767</td>
<td></td>
</tr>
</tbody>
</table>

b) Operating lease commitments:
Commitments in relation to leases contracted for at the reporting date but not recognised as liabilities, are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within one year</td>
<td>5,643</td>
<td>7,140</td>
</tr>
<tr>
<td>Later than one year, and not later than five years</td>
<td>8,361</td>
<td>9,465</td>
</tr>
<tr>
<td>Later than five years</td>
<td>5,371</td>
<td>6,004</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20,375</td>
<td>22,699</td>
<td></td>
</tr>
</tbody>
</table>

c) Finance lease commitments:
Commitments in relation to finance leases are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within one year</td>
<td>58</td>
<td>30</td>
</tr>
<tr>
<td>Later than one year, and not later than five years</td>
<td>156</td>
<td>305</td>
</tr>
<tr>
<td>Minimum finance lease payments</td>
<td>214</td>
<td>305</td>
</tr>
<tr>
<td>Less future finance charges</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Provided for as finance lease liabilities (Refer note 28)</td>
<td>202</td>
<td>318</td>
</tr>
</tbody>
</table>

Finance lease commitments relate to the hire purchase of medical equipment at Sir Charles Gairdner Hospital and Fremantle Hospital under the terms of the Hire Purchase Act 1959 (Western Australia).

d) Other expenditure commitments:
Other commitments contracted for at the reporting date but not recognised as liabilities, are payable as follows:

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within one year</td>
<td>1,490</td>
<td>4,269</td>
</tr>
<tr>
<td>Later than one year, and not later than five years</td>
<td>595</td>
<td>2,946</td>
</tr>
<tr>
<td>Later than five years</td>
<td>0</td>
<td>218</td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2,482</td>
<td>7,457</td>
<td></td>
</tr>
</tbody>
</table>

These commitments are all inclusive of GST.

Note 41 Contingent liabilities and contingent assets

Contingent Liabilities
In addition to the liabilities incorporated in the financial statements, the Health Service has contingent liabilities for:

Pending litigation that are not recoverable from Riskcover insurance and may affect the financial position

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of claims</td>
<td>44,115</td>
<td>40,378</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>34</td>
</tr>
</tbody>
</table>
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2006

Note 42 Events occurring after reporting date

International Financial Reporting Standards

For reporting periods beginning on or after 1 July 2005, the Health Service must comply with Australian equivalents to International Financial Reporting Standards (AIFRS) as issued by the Australian Accounting Standards Board. The potential impact of adopting AIFRS are detailed in Note 44 to the financial statements.

Note 43 Related bodies

A related body is a body which receives more than half its funding and resources from the Health Service and is subject to operational control by the Health Service. Related bodies are generally government agencies which have no financial administration responsibilities.

The Health Service had no related bodies during the reporting period.

Note 44 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from the Health Service and is not subject to operational control by the Health Service. Affiliated bodies are generally non-government agencies, such as charitable, welfare and community interest groups which receive financial support from government.

The Health Service had no affiliated bodies during the reporting period.
Notes to the Financial Statements
For the year ended 30th June 2005

Note 46 Impact of Adopting Australian Equivalents to International Financial Reporting Standards

For reporting periods beginning on or after 1 July 2005, the Health Service must comply with the Australian equivalents to International Financial Reporting Standards (AIFRS) as issued by the Australian Accounting Standards Board.

This financial report has been prepared in accordance with Australian accounting standards and other financial reporting requirements (Australian GAAP) applicable for the reporting periods ended 30 June 2005.

The impact of transition to AIFRS, including the transitional adjustments disclosed in the reconciliations from current Australian GAAP and AIFRS, are based on AIFRS standards that the Health Service expects to be in place, when preparing the first complete AIFRS financial report (being the year ending 30 June 2006). Only a complete set of financial statements and notes together with comparative balances can provide a true and fair presentation of the Health Service’s financial position, financial performance and cash flows in accordance with AIFRS. This note provides only a summary, therefore, further disclosure and explanations will be required in the first complete AIFRS financial report for a true and fair view to be presented under AIFRS.

Revisions to the selection and application of the AIFRS accounting policies may be required as a result of:

(i) changes in financial reporting requirements that are relevant to the Health Service’s first complete AIFRS financial report arising from new or revised accounting standards or interpretations issued by the Australian Accounting Standards Board subsequent to the preparation of the 30 June 2005 financial report;

(ii) additional guidance on the application of AIFRS in a particular industry or to a particular transaction.

The rules for the first time adoption of AIFRS are set out in AASB 1 “First Time Adoption of Australian Equivalents to International Financial Reporting Standards”. In general, AIFRS accounting policies must be applied retrospectively to determine the opening AIFRS balance sheet as at transition date, being 1 July 2004. The Standard allows a number of exemptions to this general principle to assist in the transition to reporting under AIFRS.

Reconciliation of Equity

The following tables set out the expected adjustments to the statement of financial position for the AIFRS comparative period balance sheet as at 30 June 2005.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash assets</td>
<td>55,349</td>
<td>0</td>
<td>59,349</td>
</tr>
<tr>
<td>Restricted cash assets</td>
<td>59,317</td>
<td>0</td>
<td>59,317</td>
</tr>
<tr>
<td>Restricted other financial assets</td>
<td>3,497</td>
<td>0</td>
<td>3,497</td>
</tr>
<tr>
<td>Receivables</td>
<td>38,968</td>
<td>0</td>
<td>38,968</td>
</tr>
<tr>
<td>Amounts receivable for services</td>
<td>15,120</td>
<td>0</td>
<td>15,120</td>
</tr>
<tr>
<td>Inventories</td>
<td>14,044</td>
<td>0</td>
<td>14,044</td>
</tr>
<tr>
<td>Other assets</td>
<td>6,263</td>
<td>0</td>
<td>6,263</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>194,606</td>
<td>0</td>
<td>194,606</td>
</tr>
<tr>
<td>Amounts receivable for services</td>
<td></td>
<td>138,856</td>
<td>138,856</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td></td>
<td>1,346,141</td>
<td>1,341,429</td>
</tr>
<tr>
<td>Intangible assets</td>
<td></td>
<td>0</td>
<td>463</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td>1,485,036</td>
<td>(4,249)</td>
<td>1,480,787</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>1,679,642</td>
<td>(4,249)</td>
<td>1,675,393</td>
</tr>
<tr>
<td>Payables</td>
<td>56,560</td>
<td>0</td>
<td>56,560</td>
</tr>
<tr>
<td>Interest-bearing liabilities</td>
<td>2,294</td>
<td>0</td>
<td>2,294</td>
</tr>
<tr>
<td>Provisions</td>
<td>219,492</td>
<td>(5,004)</td>
<td>214,399</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>32,843</td>
<td>0</td>
<td>32,843</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>315,950</td>
<td>(5,004)</td>
<td>310,946</td>
</tr>
<tr>
<td>Interest-bearing liabilities</td>
<td>159,523</td>
<td>0</td>
<td>159,523</td>
</tr>
<tr>
<td>Provisions</td>
<td>48,254</td>
<td>0</td>
<td>48,254</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>208,777</td>
<td>(5,004)</td>
<td>203,773</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>524,777</td>
<td>(5,004)</td>
<td>519,713</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>1,154,888</td>
<td>815</td>
<td>1,155,686</td>
</tr>
<tr>
<td>Contributed equity</td>
<td>974,911</td>
<td>0</td>
<td>974,911</td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td>(49)</td>
<td>280,203</td>
</tr>
<tr>
<td>Accumulated surplus / (deficiency)</td>
<td>(100,296)</td>
<td>864</td>
<td>(99,432)</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>1,154,888</td>
<td>815</td>
<td>1,155,686</td>
</tr>
</tbody>
</table>
The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Reconciliation of net cost of services for the financial year ended 30 June 2005

<table>
<thead>
<tr>
<th>Statement of Financial Performance</th>
<th>AGAAP 30 June 2005</th>
<th>AGAAP Transition</th>
<th>AFRS 30 June 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee expenses</td>
<td>1,344,028</td>
<td>(1,783)</td>
<td>1,342,245</td>
</tr>
<tr>
<td>Fees for visiting medical practitioners</td>
<td>36,077</td>
<td>0</td>
<td>35,077</td>
</tr>
<tr>
<td>Patient support costs</td>
<td>339,564</td>
<td>0</td>
<td>339,564</td>
</tr>
<tr>
<td>Borrowing costs expense</td>
<td>10,898</td>
<td>0</td>
<td>10,898</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>59,469</td>
<td>(602)</td>
<td>62,023</td>
</tr>
<tr>
<td>Impairment of property, plant and equipment</td>
<td>3</td>
<td>4,248</td>
<td>4,248</td>
</tr>
<tr>
<td>Capital user charge</td>
<td>48,691</td>
<td>0</td>
<td>48,691</td>
</tr>
<tr>
<td>Carrying amount of non-current assets disposed of</td>
<td>8,017</td>
<td>0</td>
<td>6,017</td>
</tr>
<tr>
<td>Other expenses from ordinary activities</td>
<td>198,569</td>
<td>0</td>
<td>192,213</td>
</tr>
<tr>
<td><strong>Total Cost of Services</strong></td>
<td>2,012,319</td>
<td>1,963</td>
<td>2,014,176</td>
</tr>
<tr>
<td><strong>Total revenues from ordinary activities</strong></td>
<td>133,765</td>
<td>0</td>
<td>133,765</td>
</tr>
<tr>
<td><strong>NET COST OF SERVICES</strong></td>
<td>1,878,547</td>
<td>1,963</td>
<td>1,880,410</td>
</tr>
</tbody>
</table>

Summary of impact on transition to AFRS on accumulated surplus/(deficiency)

The impact of the transition to AFRS on accumulated surplus/(deficiency) as at 1 July 2004 is summarised below:

Accumulated surplus/(deficiency) as at 1 July 2004 under AGAAP

| AFRS reconciliation adjustments in respect of the Employee benefits provisions | (50,351) |
| Accumulated surplus/(deficiency) as at 1 July 2004 under AFRS | 3,281 |

The significant changes in accounting policies expected to be adopted in preparing the AFRS reconciliations are set out below:

(a) Property, Plant and Equipment

The measurement of land and buildings was changed from the cost basis to the fair value basis in June 2005 under current Australian GAAP. Under AFRS, the Health Service is required to apply the same accounting policy relating to the measurement of land and buildings at fair value basis throughout all periods presented in the first IFRS financial statements. The adjustment to recognise the land and buildings at fair values from the date of transition is expected to decrease the depreciation expense by $602,246 and reduce the asset revaluation reserve by $44,747 as at 30 June 2005.

Under AFRS the gain or loss on the disposal of property, plant and equipment will be recognised on a net basis as a gain or loss rather than separately recognising the consideration received as revenue. An amount of $1,667,740 is expected to be reclassified from revenue to other expenses for the financial year ended 30 June 2006.

(b) Impairment

An impairment loss of $4,248,494 allocated against property, plant and equipment, is expected to be recognised as a decrease in accumulated surplus for the financial year ended 30 June 2005 due to the more rigorous impairment test under AFRS, performed at a lower level than under current Australian GAAP.

(c) Intangible Assets

Software assets will be reclassified from property, plant and equipment to intangible assets on transition to AFRS. This is expected to result in a reclassification of $463,220 as at 30 June 2005.

(d) Non-current Assets Held for Sale

Non-current assets classified as held for sale will be presented separately from other assets on the balance sheet. This is expected to result in $800,000 being reclassified from property, plant and equipment at 1 July 2004.

(e) Employee Benefits

Under Australian GAAP, all current leave and vesting long service leave are measured at nominal amounts. Under AFRS, all employee benefits that fall due after 12 months are measured at the present value.

The adjustment to recognise the long-term employee benefits at present value is expected to reduce the liability by $3,260,501 as at 1 July 2004 and $5,093,731 as at 30 June 2005. For the financial year ended 30 June 2006, employee benefits expense is expected to decrease by $1,785,235.
The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Note 46  Financial instruments

a) Interest rate risk exposure

The following table details the Health Service's exposure to interest rate risk as at the reporting date:

<table>
<thead>
<tr>
<th>Weighted average effective interest rate %</th>
<th>Variable interest rate</th>
<th>Fixed interest rate maturities</th>
<th>Non interest bearing Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>rate $000</td>
<td>Less than 1 year $000</td>
<td>1 to 5 years $000</td>
</tr>
<tr>
<td>As at 30th June 2005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash assets</td>
<td>5.6%</td>
<td>32,889</td>
<td>26,400</td>
</tr>
<tr>
<td>Restricted cash assets</td>
<td>5.6%</td>
<td>(192)</td>
<td>59,509</td>
</tr>
<tr>
<td>Restricted other financial assets</td>
<td>5.5%</td>
<td>0</td>
<td>3,497</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32,897</td>
<td>89,495</td>
<td>0</td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td></td>
<td>58,560</td>
<td></td>
</tr>
<tr>
<td>Interest-bearing liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- WA Treasury Corporation loans</td>
<td>6.0%</td>
<td>4,620</td>
<td>41,405</td>
</tr>
<tr>
<td>- Department of Treasury &amp; Finance loans</td>
<td>6.5%</td>
<td>2,616</td>
<td>41,174</td>
</tr>
<tr>
<td>- Finance leases liabilities</td>
<td>6.7%</td>
<td>38</td>
<td>144</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>7,284</td>
<td>82,723</td>
</tr>
<tr>
<td>Net financial assets / (liabilities)</td>
<td>32,897</td>
<td>82,172</td>
<td>(82,723)</td>
</tr>
<tr>
<td>As at 30th June 2004</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td>5.3%</td>
<td>74,007</td>
<td>19,088</td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td>7.0%</td>
<td>0</td>
<td>7,080</td>
</tr>
</tbody>
</table>

b) Credit risk exposure

All financial assets are unsecured. Amounts owing by other government agencies are guaranteed and therefore no credit risk exists in respect of those amounts. The carrying amounts of financial assets recorded in the financial statements, net of any provisions or losses, represent the Health Service's maximum exposure to credit risk.

c) Net fair values

The carrying amounts of financial assets and financial liabilities recorded in the financial statements are not materially different from their net fair values, determined in accordance with the accounting policies disclosed in note 1 to the financial statements.
The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements

For the year ended 30th June 2005

Note 47 Schedule of Services Delivered

<table>
<thead>
<tr>
<th></th>
<th>Prevention &amp; Promotion</th>
<th>Diagnosis &amp; Treatment</th>
<th>Continuing Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>COST OF SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses from Ordinary Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee expenses</td>
<td>57,255</td>
<td>51,566</td>
<td>1,213,120</td>
<td>1,092,975</td>
</tr>
<tr>
<td>Fees for visiting medical practitioners</td>
<td>1,494</td>
<td>1,364</td>
<td>31,961</td>
<td>26,896</td>
</tr>
<tr>
<td>Patient support costs</td>
<td>14,465</td>
<td>13,243</td>
<td>306,490</td>
<td>280,581</td>
</tr>
<tr>
<td>Borrowing costs expense</td>
<td>465</td>
<td>494</td>
<td>9,396</td>
<td>10,476</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>2,533</td>
<td>2,061</td>
<td>53,677</td>
<td>43,683</td>
</tr>
<tr>
<td>Capital User Charge</td>
<td>2,075</td>
<td>1,531</td>
<td>43,948</td>
<td>40,917</td>
</tr>
<tr>
<td>Carrying amount of non-current assets disposed of</td>
<td>259</td>
<td>170</td>
<td>5,431</td>
<td>3,599</td>
</tr>
<tr>
<td>Other expenses from ordinary activities</td>
<td>7,180</td>
<td>6,523</td>
<td>152,151</td>
<td>135,200</td>
</tr>
<tr>
<td>Total cost of services</td>
<td>86,724</td>
<td>77,372</td>
<td>1,816,314</td>
<td>1,690,311</td>
</tr>
<tr>
<td>Revenues from Ordinary Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue from operating activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient charges</td>
<td>2,461</td>
<td>2,144</td>
<td>52,569</td>
<td>45,426</td>
</tr>
<tr>
<td>Commonwealth grants and contributions</td>
<td>103</td>
<td>106</td>
<td>2,186</td>
<td>2,241</td>
</tr>
<tr>
<td>Other grants and contributions</td>
<td>284</td>
<td>228</td>
<td>5,969</td>
<td>4,842</td>
</tr>
<tr>
<td>Other revenues from operating activities</td>
<td>1,702</td>
<td>1,495</td>
<td>38,068</td>
<td>31,683</td>
</tr>
<tr>
<td>Revenue from non-operating activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations revenue</td>
<td>294</td>
<td>201</td>
<td>5,599</td>
<td>4,236</td>
</tr>
<tr>
<td>Interest revenue</td>
<td>415</td>
<td>380</td>
<td>8,791</td>
<td>6,039</td>
</tr>
<tr>
<td>Proceeds from disposal of non-current assets</td>
<td>69</td>
<td>36</td>
<td>1,451</td>
<td>797</td>
</tr>
<tr>
<td>Commercial activities</td>
<td>158</td>
<td>115</td>
<td>3,290</td>
<td>2,852</td>
</tr>
<tr>
<td>Other revenues from non-operating activities</td>
<td>226</td>
<td>222</td>
<td>4,783</td>
<td>4,697</td>
</tr>
<tr>
<td>Total revenues from ordinary activities</td>
<td>5,559</td>
<td>4,638</td>
<td>120,736</td>
<td>104,365</td>
</tr>
<tr>
<td>NET COSTS OF SERVICES</td>
<td>90,025</td>
<td>72,444</td>
<td>1,868,576</td>
<td>1,734,026</td>
</tr>
<tr>
<td>Revenues from State Government</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service appropriation</td>
<td>79,412</td>
<td>72,778</td>
<td>1,682,575</td>
<td>1,542,002</td>
</tr>
<tr>
<td>Liabilities assumed by the Treasurer</td>
<td>190</td>
<td>100</td>
<td>4,024</td>
<td>2,116</td>
</tr>
<tr>
<td>Total revenues from State Government</td>
<td>79,602</td>
<td>72,878</td>
<td>1,686,599</td>
<td>1,544,010</td>
</tr>
<tr>
<td>CHANGE IN NET ASSETS</td>
<td>(423)</td>
<td>429</td>
<td>(6,979)</td>
<td>9,084</td>
</tr>
</tbody>
</table>

The basis of allocation of expenses and revenues to three key services of the Health Service has been revised for 2003-04 so as to be comparable with the current financial year.
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Note 48 Explanatory Statement

(A) Significant variations between actual revenues and expenditures for the financial year and revenues and expenditures for the immediately preceding financial year.

Reasons for significant variations between actual results with the corresponding items of the preceding reporting period are detailed below. Significant variations are those greater than 10% or that are 4% or more of the current year's Total Cost of Services.

<table>
<thead>
<tr>
<th>Note</th>
<th>2005 Actual</th>
<th>2004 Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
</tbody>
</table>

Statement of Financial Performance - Expenses

Employee expenses (a) 1,344,028 1,210,019 132,019
Fees for visiting medical practitioners 35,077 32,017 3,060
Patient support costs 339,564 310,859 28,705
Borring costs expense 10,838 11,608 (770)
Depreciation expense (b) 59,499 48,206 11,293
Capital user charge 48,691 45,332 3,359
Carrying amount of non-current assets disposed of (c) 4,017 9,977 5,961
Other expenses from ordinary activities 168,590 153,114 15,456

Statement of Financial Performance - Revenues

Patient charges (d) 58,242 50,330 7,912
Commonwealth grants and contributions 2,422 2,462 (40)
Other grants and contributions (e) 8,647 8,364 283
Other revenues from operating activities (f) 39,980 35,080 4,800
Donations revenue (g) 9,203 4,694 4,509
Interest revenue 9,740 8,907 833
Proceeds from disposal of non-current assets (h) 1,608 883 725
Commercial activities (i) 3,645 2,718 927
Other revenues from non-operating activities 5,099 5,204 (95)
Service appropriation (j) 1,984,142 1,706,400 158,742
Assets assumed (l) 4,453 2,944 1,509

Liabilities assumed by the Treasurer (k) 0 (120) 120

(a) Employee expenses
The significant factors contributing to the growth in employee expenses were:
(i) Increased costs of industrial awards for all employee categories and a major change in award conditions for medical staff with respect to the payments for overtime.
(ii) Additional staff employed for the implementation of visiting list, emergency demand, mental health and bed management initiatives.
(iii) Take up of new staff for Galleries Hospital and Killegra Hospital which were the new facilities acquired from the private sector in the 2004-05 financial year.
(iv) Prior period adjustment of $12.1m for employee benefit liabilities.
(v) The assumption of the liability for the Pension Superannuation Scheme by the Treasurer from 30 June 2004 resulted in a reduction of $8.2m superannuation expenses, which is offset by the $6.4m increase in expense for the Gold State Superannuation Scheme and West State Superannuation Scheme.
(vi) Increased charges for worker compensation insurance premium ($2.0m).

(b) Depreciation expense
The increase is predominately caused by a change to the reducing balance with a straight line switch method of depreciation for plant and equipment. The capitalisation of major building works and medical equipment, albeit to a lesser extent, also contributed to the increase in depreciation expense.

(c) Other expenses from ordinary activities
The major areas of increases were:
(i) $2.6m contract to replace services previously provided by Hawthorn Hospital which ceased operations in September 2004.
(ii) Higher level of investment in the purchase of plant and equipment and the maintenance of existing assets ($5.3m).
(iii) Increased charges for computer services ($1.3m).

(d) Patient charges
There was a substantial increase in revenue for daily bed charges from MVIT, private and overseas patients, whilst a higher level of prostheses charges was received.

(e) Other grants and contributions
The increase is attributed to a higher level of successful grant applications by medical and nursing staff.
Financial Statements

The Minister for Health in his capacity as the Deemed Board of Metropolitan Public Hospitals

Notes to the Financial Statements
For the year ended 30th June 2005

Note 48 Explanatory Statement (continued)

(f) Other revenues from operating activities.
   Higher level of recoveries from P&L recovery insurance, and the increase also due to refunds received for excess Fringe Benefit Tax contributions made in the previous financial year.

(g) Donations revenue
   The increase mainly comprises assets donated to the Health Service by various donors. This revenue is transient in nature and varies from year to year.

(h) Proceeds from disposal of non-current assets
   The proceeds were mainly received from the sale of a commercial property.

(i) Commercial activities
   The increase in revenue represents the full year's effect of commercial operations which commenced in 2003-04. These are the commercial retail catering started at Royal Perth Hospital in September 2003 and the car parking facility taken over from the Department of Housing and Works in November 2003.

(j) Service appropriation
   Additional fundings were received during the year for the waiting list initiative, emergency demand, mental health, bed management strategy and the costs of operating the Galliera Hospital and Kalevo Hospital.

(k) Liabilities assumed by the Treasurer
   The increase relates to the assumption of the pension superannuation liabilities by the Treasurer from 30 June 2004.

(B) Significant variations between estimates and actual results for the financial year

Details and reasons for significant variations between the annual budget estimates and actual results are detailed below.
Significant variations are considered to be those greater than 10% of budget.

<table>
<thead>
<tr>
<th>Note</th>
<th>2004 Actual</th>
<th>2004 Estimates</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(j)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(k)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Employee expenses
   Employee expenses were greater than those originally estimated mainly due to:
   (i) the costs of additional staff employed for the waiting list initiative, emergency demand, mental health and bed management strategy not being included in the budget estimates. These initiatives and strategies were approved by the Minister during the mid-year budget review.
   (ii) the take-up of new staff for Galliera Hospital and Kalevo Hospital not budgeted for.

(b) Other goods and services
   The major reasons for the variances are set out below.
   (i) The operating costs for the waiting list initiative, emergency demand, mental health and bed management strategy were not included in the budget estimates.
   (ii) The operating costs for Galliera Hospital and Kalevo Hospital were not included in the budget estimates.
   (iii) $40.7m for capital user charge which was not included in the budget estimates.
   (iv) $8.0m for additional depreciation expenses resulted from the change to the reducing balance with a straight line switch depreciation method for plant and equipment.
   (v) $3.4m for the written down of assets was not budgeted for.
   (vi) $5.0m for the carrying amounts of non-current assets disposed of was not budgeted for.

(c) Revenues from ordinary activities
   The major areas of variances are set out below.
   (i) $0.5m higher than expected daily bed charges from MHT, private and overseas patients.
   (ii) $1.0m higher than estimated level of grants and contributions received from Commonwealth and other organisations.
   (iii) Facility fees and revenues received were more than the budget estimates by $5.2m and $2.5m respectively.
   (iv) $6.2m donations revenue and $1.6m proceeds from disposal of non-current assets not budgeted for.
NORTH METROPOLITAN AREA HEALTH SERVICE
Royal Perth Group

Acute Rheumatology
Original Articles and Papers

PRICE KS, FRIEND DS, MELLOR EA, DE JESUS N, WATTS GF, BOYCE JA

Anaesthesia & Pain Medicine
Original Articles and Papers

ARMSTRONG J, SAUNDERS C, METCALF C

CORCORAN EL, RILEY RH

HULLETT B, GIBBS N, WEIGHTMAN W, THACKRAY M, NEWMAN M

NIELSEN HB, TOFTENG F, WANG LP, LARSEN FS

RILEY RH

RILEY RH, GRAUZE AM, CHINNERY C, HORLEY RA, TREWHELLA NH
Three years of "CASMS": the world's busiest medical simulation centre, Medical Journal of Australia, 2003, 179:626-630

SCHMIDT LE, WANG LP, HANSEN BA, LARSEN FS

SCHUG SA, GARRETT WR, GILLESPIE G

Book Chapters

SCHUG SA

SCHUG SA, GILLESPIE G, STANNARD KJD
Local anesthetics, Side Effects of Drugs Annual 26, Chapter: 11, Elsevier Science B. V., Aronson, JK, 2003, 140-149

Collaborating Institutes
Centre for Anaesthesia Skills & Medical Simulation (CASMS), Perth
Medic Vision Ltd, South Perth
National University Hospital, DENMARK
Sir Charles Gairdner Hospital (Anaesthesia), Perth
Anatomical Pathology
Original Articles and Papers

ARMSTRONG J, SAUNDERS C, METCALF C

BURT DW, MORMICE DR, LESTER DH, ROBERTSON GW, SIMMONS I, DOWNEY LM, THAUNG C, BRIDGES LR, PATON IR, GENTLE M, SMITH J, HOCKING PM, INGLEHEARN CF

INGLEHEARN CF, MORMICE DR, LESTER DH, ROBERTSON GW, MOHAMED MD, SIMMONS I, DOWNEY LM, THAUNG C, BRIDGES LR, PATON IR, SMITH J, PETERSEN-JONES S, HOCKING PM, BURT DW

An evidence-based specialist breast nurse role in practice: a multicentre implementation study., Eur J Cancer Care (Engl), 2003, 12:91-7

MOROZ P, JONES SK, METCALF C, GRAY BN

MOROZ P, METCALF C, GRAY BN
Histologic analysis of liver tissue following hepatic arterial infusion of ferromagnetic particles in a rabbit tumour model., Biometals, 2003, 16:455-64

NOLAN D, HAMMOND E, MARTIN A, TAYLOR L, HERRMANN S, MCKINNON E, METCALF C, LATHAM B, MALLAL S
Mitochondrial DNA depletion and morphologic changes in adipocytes associated with nucleoside reverse transcriptase inhibitor therapy., AIDS, 2003, 17:1329-38

TEMPLE SE, LIM E, CHEONG KY, ALMEIDA CA, PRICE P, ARDLIE KG, WATERER GW
Alleles carried at positions -819 and -592 of the IL10 promoter affect transcription following stimulation of peripheral blood cells with Streptococcus pneumoniae., Immunogenetics, 2003, 55:629-32

THOMAS MA, ZOSSO N, SCERRI I, DEMAUREX N, CHANSON M, STAUB O

Book Chapters

FABIAN V

Collaborating Institutes
Genomics Collaborative Inc, USA
Leeds General Infirmary, UK
Michigan State University (Small Animal Clinical Studies), USA
Murdoch University (Clinical Immunology & Biomedical Statistics), Perth
National Breast Cancer Centre, Sydney
Roslin Institute, UK
University Hospitals (Pediatrics), SWITZERLAND
University of Abertay, UK  
University of Geneva (Physiology), SWITZERLAND  
University of Lausanne (Institute of Pharmacology & Toxicology), SWITZERLAND  
University of Leeds (St James University Hospital, Eye Dept), UK  
University of Leeds (St James University Hospital, Molecular Medicine Unit), UK  
University of Leeds, UK  
University of Western Australia (Centre for Applied Cancer Studies), Perth  
University of Western Australia (School of Medicine & Pharmacology), Perth  
University of Western Australia (School of Surgery & Pathology), Perth  
University of Western Australia, Perth  
Western Australian Institute for Medical Research (WAIMR), Nedlands Campus, Perth

Breast Clinic & Assessment Centre  
**Original Articles and Papers**

*An evidence-based specialist breast nurse role in practice: a multicentre implementation study.,* Eur J Cancer Care (Engl), 2003, 12:91-7

Collaborating Institutes  
National Breast Cancer Centre, Sydney

Cardiac Transplant Unit  
**Original Articles and Papers**

GREEN DJ, WALSH JH, MAIORANA A, BEST MJ, TAYLOR RR, O’DRISCOLL JG  

MAIORANA A, O’DRISCOLL G, TAYLOR R, GREEN D  

WALSH JH, BILSBOROUGH W, MAIORANA A, BEST M, O’DRISCOLL GJ, TAYLOR RR, GREEN DJ  

WALSH JH, YONG G, CHEETHAM C, WATTS GF, O’DRISCOLL GJ, TAYLOR RR, GREEN DJ  
*Effects of exercise training on conduit and resistance vessel function in treated and untreated hypercholesterolaemic subjects.,* Eur Heart J, 2003, 24:1681-9

Collaborating Institutes  
University of Western Australia (School of Human Movement & Exercise Science), Perth

Cardiology  
**Original Articles and Papers**

BILSBOROUGH W, GREEN DJ, MAMOTTE CD, VAN BOCKXMEER FM, O’DRISCOLL GJ, TAYLOR RR  

DE PASQUALE CG, ARNOLDA LF, DOYLE IR, GRANT RL, AYLWARD PE, BERSTEN AD  
*Prolonged alveolocapillary barrier damage after acute cardiogenic pulmonary edema.,* Crit Care Med, 2003, 31:1060-7

DE PASQUALE CG, BERSTEN AD, DOYLE IR, AYLWARD PE, ARNOLDA LF  
GREEN DJ, WALSH JH, MAIORANA A, BEST MJ, TAYLOR RR, O’DRISCOLL JG

MAIORANA A, O’DRISCOL G, TAYLOR R, GREEN D

POCATHIKORN A, GRANATH B, THIRY E, VAN LEUVEN F, TAYLOR R, MAMOTTE C
Influence of exonic polymorphisms in the gene for LDL receptor-related protein (LRP) on risk of coronary artery disease., Atherosclerosis, 2003, 168:115-21

WALSH JH, BILSBOROUGH W, MAIORANA A, BEST M, O’DRISCOLL GJ, TAYLOR RR, GREEN DJ

WALSH JH, YONG G, CHEETHAM C, WATTS GF, O’DRISCOLL GJ, TAYLOR RR, GREEN DJ
Effects of exercise training on conduit and resistance vessel function in treated and untreated hypercholesterolaemic subjects., Eur Heart J, 2003, 24:1681-9

WING LM, ARNOLDA LF, UPTON J, MOLLOY D
Candesartan and hydrochlorothiazide in isolated systolic hypertension., Blood Press, 2003, 12:246-54

WRIGHT JJ, ARNOLDA LF

Collaborating Institutes
Flinders Medical Centre, Adelaide
KU Leuven-Campus Gasthuisber (Experimental Genetics Group, LEGT EGG, Human Genetics), BELGIUM
Leuven, BELGIUM
University of Western Australia (School of Human Movement & Exercise Science), Perth
University of Western Australia (School of Medicine & Pharmacology), Perth
University of Western Australia (School of Surgery & Pathology), Perth
Western Australian Institute for Medical Research (WAIMR), Nedlands Campus, Perth

Cardiothoracic Surgical Unit
Original Articles and Papers
BILSBOROUGH W, GREEN DJ, MAMOTTE CD, VAN BOCKXMEER FM, O’DRISCOLL GJ, TAYLOR RR

Collaborating Institutes
University of Western Australia (School of Human Movement & Exercise Science), Perth
University of Western Australia (School of Medicine & Pharmacology), Perth
University of Western Australia (School of Surgery & Pathology), Perth
Western Australian Institute for Medical Research (WAIMR), Nedlands Campus, Perth

Centre for Nursing Evidence-Based Practice, Education & Research
Original Articles and Papers
LESLIE GD
Critical care nursing in Indonesia., Aust Crit Care, 2003, 16:123

LESLIE GD
Know your staff numbers—and know you’re right., Aust Crit Care, 2003, 16:83

SMITH MJ
A comprehensive review of risk factors related to the development of pressure ulcers, Journal of
Orthopaedic nursing, 2003, 7:94-102

Book Chapters

FINN J, LESLIE G, LESLIE GD
Evidence Based Nursing, Nursing Research Methods, Critical Appraisal and Utilisation, Chapter: 6, Mosby, Meg O’Hanlon, 2003, 2:91-107

SMITH MJ
Musculo-skeletal conditions, Nursing adults, Mosby, Brooker C and Nicol M, 2003

Books

SMITH MJ
Medical dictionary (orthopaedic contributor), Pocket Medical dictionary, Churchill Livingstone, Brooker, 2003

Collaborating Institutes

Edith Cowan University, Perth
University of Western Australia (School of Population Health), Perth

Clinical Haematology

Original Articles and Papers


CHUNILAL SD, EIKELBOOM JW, ATTIA J, MINIATI M, PANJU AA, SIMEL DL, GINSBERG JS
Does this patient have pulmonary embolism?, JAMA, 2003, 290:2849-58

EIKELBOOM JW, ANAND S

EIKELBOOM JW, HANKEY GJ

HANKEY GJ, EIKELBOOM JW
Cyclooxygenase-2 inhibitors: are they really atherothrombotic, and if not, why not?, Stroke, 2003, 34:2736-40

HANKEY GJ, EIKELBOOM JW
Editorial comment--Routine thrombophilia testing in stroke patients is unjustified., Stroke, 2003, 34:1826-7

MCQUILLAN AD, EIKELBOOM JW, BAKER RI
Venous thromboembolism in travellers: can we identify those at risk?, Blood Coagul Fibrinolysis, 2003, 14:671-5

MCQUILLAN AM, EIKELBOOM JW, HANKEY GJ, BAKER R, THOM J, STATON J, YI Q, COLE V

Collaborating Institutes

Duke University Medical Center, USA
Hamilton Health Sciences Corporation, CANADA
McMaster University, CANADA
National Research Council of Italy (Institute of Clinical Physiology), ITALY
Princess Margaret Hospital, CANADA
University of Newcastle, Newcastle
University of Western Australia (Faculty of Medicine & Dentistry), Perth
Amin J, Moore A, Carr A, French MA, Law M, Emery S, Cooper DA
Combined analysis of two-year follow-up from two open-label randomized trials comparing efficacy of three nucleotide reverse transcriptase inhibitor backbones for previously untreated HIV-1 infection: OzCombo 1 and 2, HIV Clinical Trials, 2003, 4:252-261

Bilsborough W, Green DJ, Mamotte CD, Van Bockxmeer FM, O’Driscoll GJ, Taylor RR

French MA, Herring BL, Kaldor JM, Sayer DC, Furner V, De ChaneeT CC, Dwyer DE
Intrafamilial transmission of HIV-1 infection from individuals with unrecognized HIV-1 infection., AIDS, 2003, 17:1977-81

Goodridge JP, Witt CS, Christiansen FT, Warren HS


Randomized, controlled, 48-week study of switching stavudine and/or protease inhibitors to combivir/abacavir to prevent or reverse lipoatrophy in HIV-infected patients., J Acquir Immune Defic Syndr, 2003, 33:29-33

Macquillan GC, Mamotte C, Reed WD, Jeffrey GP, Allan Je


Martin AM, Hammond E, Nolan D, Pace C, Den Boer M, Taylor L, Moore H, Martinez OP, Christiansen FT, Mallal S
Accumulation of mitochondrial DNA mutations in human immunodeficiency virus-infected patients treated with nucleoside-analogue reverse-transcriptase inhibitors., Am J Hum Genet, 2003, 72:549-60
MCINTYRE MQ, PRICE P, FRANCHINA M, FRENCH MA, ABRAHAM LJ

MCKINNON EJ, JAMES IR, JOHN M, MALLAL SA

MILLER J, CARR A, EMERY S, LAW M, MALLAL S, BAKER D, SMITH D, KALDOR J, COOPER DA

NOLAN D
Metabolic complications associated with HIV protease inhibitor therapy., Drugs, 2003, 63:2555-74

NOLAN D, CHRISTIANSEN F

NOLAN D, GAUDIERI S, MALLAL S
Pharmacogenetics: a practical role in predicting antiretroviral drug toxicity?, J HIV Ther, 2003, 8:36-41

NOLAN D, HAMMOND E, JAMES I, MCKINNON E, MALLAL S
Contribution of nucleoside-analogue reverse transcriptase inhibitor therapy to lipoatrophy from the population to the cellular level., Antivir Ther, 2003, 8:617-26

NOLAN D, HAMMOND E, MARTIN A, TAYLOR L, HERRMANN S, MCKINNON E, METCALF C, LATHAM B, MALLAL S
Mitochondrial DNA depletion and morphologic changes in adipocytes associated with nucleoside reverse transcriptase inhibitor therapy., AIDS, 2003, 17:1329-38

NOLAN D, MALLAL S
Thymidine analogue-sparing highly active antiretroviral therapy (HAART)., J HIV Ther, 2003, 8:2-6

NOLAN D, MOORE C, CASTLEY A, SAYER D, MAMOTTE C, JOHN M, JAMES I, MALLAL S
Tumour necrosis factor-alpha gene -238G/A promoter polymorphism associated with a more rapid onset of lipodystrophy., AIDS, 2003, 17:121-3

NOLAN D, WATTS GF, HERRMANN SE, FRENCH MA, JOHN M, MALLAL S
Endothelial function in HIV-infected patients receiving protease inhibitor therapy: does immune competence affect cardiovascular risk?, QJM, 2003, 96:825-32

NOLAN RC, CHIDLOW G, FRENCH MA
Parvovirus B19 encephalitis presenting as immune restoration disease after highly active antiretroviral therapy for human immunodeficiency virus infection., Clin Infect Dis, 2003, 36:1191-4

PACE CS, MARTIN AM, HAMMOND EL, MAMOTTE CD, NOLAN DA, MALLAL SA
Mitochondrial proliferation, DNA depletion and adipocyte differentiation in subcutaneous adipose tissue of HIV-positive HAART recipients., Antivir Ther, 2003, 8:323-31

POCATHIKORN A, GRANATH B, THIRY E, VAN LEUVEN F, TAYLOR R, MAMOTTE C
Influence of exonic polymorphisms in the gene for LDL receptor-related protein (LRP) on risk of coronary artery disease., Atherosclerosis, 2003, 168:115-21

A Gambian TNF haplotype matches the European HLA-A1,B8,DR3 and Chinese HLA-A33,B58,DR3 haplotypes., Tissue Antigens, 2003, 62:72-5

SAYER DC, LAND S, GIZZARELLI L, FRENCH M, HALE S, EMERY S, CHRISTIANSEN FT, DAX EM
TEMPLE SE, CHEONG KY, ALMEIDA CM, PRICE P, WATERER GW
Polymorphisms in lymphotoxin alpha and CD14 genes influence TNFalpha production induced by Gram-positive and Gram-negative bacteria., Genes Immun, 2003, 4:283-8

TEMPLE SE, LIM E, CHEONG KY, ALMEIDA CA, PRICE P, ARDLIE KG, WATERER GW
Alleles carried at positions -819 and -592 of the IL10 promoter affect transcription following stimulation of peripheral blood cells with Streptococcus pneumoniae., Immunogenetics, 2003, 55:629-32

THOMAS MAB, LUXTON G, MOODY HR, WOODROFFE AJ, KULKARNI H, LIM W, CHRISTIANSEN FT, OPELZ G

WARREN HS, CHRISTIANSEN FT, WITT CS
Functional inhibitory human leucocyte antigen class I receptors on natural killer (NK) cells in patients with chronic NK lymphocytosis., Br J Haematol, 2003, 121:793-804

Interferon-gamma response by peripheral blood mononuclear cells to hepatitis C virus core antigen is reduced in patients with liver fibrosis., J Infect Dis, 2003, 188:1533-6

WONG AM, ALLCOCK RJ, CHEONG KY, CHRISTIANSEN FT, PRICE P
Alleles of the proximal promoter of BAT1, a putative anti-inflammatory gene adjacent to the TNF cluster, reduce transcription on a disease-associated MHC haplotype., Genes Cells, 2003, 8:403-12

Collaborating Institutes
407 Doctors, Sydney
Academic Medical Centre (Infectious Diseases, Tropical Medicine & AIDS and National AIDS Therapy Evaluation Centre), THE NETHERLANDS
Albion Street Centre, Sydney
Anthony Nolan Research Institute, UK
Australian National University, Canberra
British Columbia Centre for Excellence in HIV/AIDS, CANADA
Cambridge University, UK
Canberra Hospital, Canberra
Fred Hutchinson Cancer Centre, USA
Frederick Cancer Research & Development Centre, USA
Fremantle Hospital (Nephrology), Perth
Genomics Collaborative Inc, USA
GlaxoSmithKline, UK
Hollywood Private Hospital (PCU), Perth
Hospital Puerto De Hierro, SPAIN
John Curtin School of Medical Research, Canberra
KU Leuven-Campus Gasthuisber (Experimental Genetics Group, LEGT EGG, Human Genetics), BELGIUM
Leiden University (Immunohaematology & Blood Transfusion), THE NETHERLANDS
Leuven, BELGIUM
London School of Hygiene & Tropical Medicine (MRC International Nutrition Group), UK
Macfarlane Burnet Institute for Medical Research & Public Health, Melbourne
Medical Research Council Laboratories, GAMBIA
Medizinische Universitätsklinik (Rheumatology & Clinical Immunology), GERMANY
Monash University (Medicine), Melbourne
Murdoch University (Clinical Immunology & Biomedical Statistics), Perth
National Centre for HIV Epidemiology & Clinical Research, Sydney
National Serology Reference Laboratory, Melbourne
Northern Ireland Tissue Typing Laboratory, UK
PathCentre (Microbiology), Perth
PrimaGen, THE NETHERLANDS
Sir Charles Gairdner Hospital (Gastroenterology & Hepatology), Perth
Sir Charles Gairdner Hospital (Nephrology), Perth
Sloan-Kettering Institute for Cancer Research, USA
St Vincent’s Hospital (HIV), Sydney
St Vincent’s Hospital (Immunology & Infectious Disease Clinical Services Unit), Sydney
Stanford University (School of Medicine), USA
The Alfred Hospital (Infectious Diseases Unit), Melbourne
University College London, UK
University of Heidelberg, GERMANY
University of Washington, USA
University of Western Australia (School of Biomedical & Chemical Sciences), Perth
University of Western Australia (School of Human Movement & Exercise Science), Perth
University of Western Australia (School of Medicine & Pharmacology), Perth
University of Western Australia (School of Surgery & Pathology), Perth
Western Australian Institute for Medical Research (WAIMR), Nedlands Campus, Perth
Westmead Millenium Institute, Westmead Hospital (Virology, ICPMR & Centre for Virus Research), Sydney

Core Clinical Pathology & Biochemistry
Original Articles and Papers

GLENDENNING P
Issues of standardization and assay-specific clinical decision limits for the measurement of 25-hydroxyvitamin D.
GLENDENNING P, NOBLE JM, TARANTO M, MUSK AA, MCGUINESS M, GOLDSWAIN PR, FRASER WD, VASIKARAN SD
Issues of methodology, standardization and metabolite recognition for 25-hydroxyvitamin D when comparing the DiaSorin radioimmunoassay and the Nichols Advantage automated chemiluminescence protein-binding assay in hip fracture cases.

BILSBOROUGH W, GREEN DJ, MAMOTTE CD, VAN BOCKXMEER FM, O’DRISCOLL GJ, TAYLOR RR
Endothelial nitric oxide synthase gene polymorphism, homocysteine, cholesterol and vascular endothelial function.
Atherosclerosis, 2003, 169:131-8

BURNETT JR
Eflucimibe. Pierre Fabre/Eli Lilly.
Curr Opin Investig Drugs, 2003, 4:347-51

BURNETT JR
FM-VP4 Forbes Medi-Tech.
Curr Opin Investig Drugs, 2003, 4:1120-5

A novel nontruncating APOB gene mutation, R463W, causes familial hypobetalipoproteinemia.

GLEN DENNING P
Diagnosis of primary hyperparathyroidism: controversies, practical issues and the need for Australian guidelines.

GLEN DENNING P
Issues of standardization and assay-specific clinical decision limits for the measurement of 25-hydroxyvitamin D.

GLEN DENNING P, NOBLE JM, TARANTO M, MUSK AA, MCGUINESS M, GOLDSWAIN PR, FRASER WD, VASIKARAN SD
Issues of methodology, standardization and metabolite recognition for 25-hydroxyvitamin D when comparing the DiaSorin radioimmunoassay and the Nichols Advantage automated chemiluminescence protein-binding assay in hip fracture cases.

LIM EM, SIKARIS KA, GILL J, CALLEJA J, HICKMAN PE, BEILBY J, VASIKARAN SD
A discussion of cases in the 2001 RCPA-AQAP Chemical Pathology Case Report Comments Program.
Pathology, 2003, 35:145-50

TELDFORD DE, EDWARDS JY, LIPSON SM, SUTHERLAND B, BARRETT PH, BURNETT JR, KRULES, KELLER BT, HUFF MW
Inhibition of both the apical sodium-dependent bile acid transporter and HMG-CoA reductase markedly enhances the clearance of LDL apoB.
J Lipid Res, 2003, 44:943-52

WHITFIELD AJ, MARAIS AD, ROBERTSON K, BARRETT PHR, VAN BOCKXMEER FM, BURNETT JR
Four novel mutations in APOB causing heterozygous and homozygous familial hypobetalipoproteinemia.
Hum Mutat, 2003, 22:178
Collaborating Institutes

Boston University, USA
Canberra Hospital, Canberra
Melbourne Health, Melbourne
PathCentre, Perth
Pharmacia Corporation (Cardiovascular & Metabolic Diseases Discovery Research), USA
Robarts Research Institute, CANADA
Royal College of Pathologists of Australasia (Quality Assurance Program), Adelaide
University of Capetown, SOUTH AFRICA
University of Liverpool, UK
University of Ottawa (Heart Institute), CANADA
University of Western Australia (School of Human Movement & Exercise Science), Perth
University of Western Australia (School of Medicine & Pharmacology), Perth
University of Western Australia (School of Surgery & Pathology), Perth
University of Western Ontario, CANADA
Western Australian Institute for Medical Research (WAIMR), Nedlands Campus, Perth

Curtin University of Technology (School of Biomedical Sciences) RPH campus

Original Articles and Papers

BERTOLATTI D, O`BRIEN FG, GRUBB WB

COCHRAN S, LI C, FAIRWEATHER JK, KETT WC, COOMBE DR, FERRO V
Probing the interactions of phosphosulfomannans with angiogenic growth factors by surface plasmon resonance., J Med Chem, 2003, 46:4601-8

KETT WC, OSMOND RI, MOE L, SKETT SE, KINNEAR BF, COOMBE DR
Avidin is a heparin-binding protein. Affinity, specificity and structural analysis., Biochim Biophys Acta, 2003, 1620:225-34

Diagnostic & Interventional Radiology

Original Articles and Papers

BARTLETT MJ, BYNEVELT M
Acute contrast reaction management by radiologists: a local audit study., Australas Radiol, 2003, 47:363-7

LIM, WH, VAN SCHIE, WARR K

MENDELSON RM, ARNOLD-REED DE, KUAN M, WEDDERBURN AW, ANDERSON JE, SWEETMAN G, BULSARA MK, MANDER J
Renal colic: a prospective evaluation of non-enhanced spiral CT versus intravenous pyelography., Australas Radiol, 2003, 47:22-8

RAMSAY DW, MCAULIFFE W
Stenting of carotid artery false aneurysms., Clin Radiol, 2003, 58:176-7

RAMSAY DW, MCAULIFFE W
Traumatic pseudoaneurysm and high flow arteriovenous fistula involving internal jugular vein and common carotid artery. Treatment with covered stent and embolization., Australas Radiol, 2003, 47:177-80
SCOTT RG, EDWARDS JT, MENDELSON RM, FORBES GM
Detecting people at higher risk for colorectal neoplasia in a community-based screening program., Med J Aust, 2003, 179:325

TEH LG, SIEUNARINE K, VAN SCHIE G, VASUDEVAN T
Spontaneous common iliac artery dissection after exercise., J Endovasc Ther, 2003, 10:163-6

TEH LG, VAN SCHIE G, SIEUNARINE K
Deep circumflex iliac artery as a cause of type II endoleak., J Endovasc Ther, 2003, 10:154-7

WENDEROTH JD, PHATOUROS CC

YUSOFF IF, MENDELSON RM, EDMUNDS SE, RAMSAY D, CULLINGFORD GL, FLETCHER DR, ZIMMERMAN AM

Collaborating Institutes
Fremantle Hospital (Surgery), Perth
University of Western Australia (School of Population Health), Perth

Dietetics & Nutrition

Original Articles and Papers

BRUCE D, LAURANCE I, MCGUINESS M, RIDLEY M, GOLDSWAIN P

East Metropolitan Population Health Unit

Original Articles and Papers

ROWE R, TILBURY F, RAPLEY M, O`FERRALL I
‘About a year before the breakdown I was having symptoms’: sadness, pathology and the Australian newspaper media., Sociol Health Illn, 2003, 25:680-96

Collaborating Institutes
Murdoch University (Psychology), Perth
Murdoch University (Social Inquiry), Perth

Eastern Perth Public & Community Health Unit

Original Articles and Papers

LEWIS J, SAMBELL C

PEARMAN JW, PERRY PL, KOSARAS FP, DOUGLAS CR, LEE RC, PETERSON AM, ORRELL CT, KHINSOE CH, HEATH CH, CHRISTIANSEN KJ
Screening and electronic labelling of ward contacts of vancomycin-resistant Enterococcus faecium vanB carriers during a single-strain hospital outbreak and after discharge from hospital., Commun Dis Intell, 2003, 27 Suppl:S97-102

SHOEBRIDGE A, O`FERRALL I, HOWAT P, MITCHELL H
Unintended effects of health advertising to women, Health Promotion Journal of Australia, 14(1), 42-47

Books

VICKERY, K
Demand Management Project - A Report on the Current Situation, East Metropolitan Population Health
Collaborating Institutes
Curtin University of Technology (Public Health), Perth
Department of Health Government of Western Australia, East Perth

Emergency Medicine
Original Articles and Papers

FATOVICH DM

FATOVICH DM
Calculation of general practice proportion of emergency department casemix., Emerg Med (Fremantle), 2003, 15:305; author reply 305-6

FATOVICH DM

FATOVICH DM

FATOVICH DM, HIRSCH RL

FATOVICH DM, JACOBS IG
Buffering the pain of local anaesthetics: an unsystematic review, Emergency Medicine, 2003, 15:394

ISBISTER GK, CURRIE BJ, LITTLE M, DALY FF, ISBISTER JP
Coagulopathy from tiger snake envenoming and its treatment., Pathology, 2003, 34:588-90; author reply 590

MENDELSON RM, ARNOLD-REED DE, KUAN M, WEDDERBURN AW, ANDERSON JE, SWEETMAN G, BULSARA MK, MANDER J
Renal colic: a prospective evaluation of non-enhanced spiral CT versus intravenous pyelography., Australas Radiol, 2003, 47:22-8

Book Chapters

DALY FFS, WHITE J
Widow and Related Latrodectus Spider Envenomation., Critical Care Toxicology: Diagnosis and Management of the Critically Poisoned Patient, 2003, 2003

DALY FFS, YIP L

Collaborating Institutes
Menzies School of Health Research (Royal Darwin Hospital), Darwin
Rocky Mountain Poison & Drug Center, USA
Sir Charles Gairdner Hospital, Perth
University of Adelaide, Adelaide
University of Newcastle, Newcastle
University of Sydney, Sydney
University of Western Australia (School of Medicine & Pharmacology), Perth
University of Western Australia (School of Population Health), Perth
GILES KM, DALY JM, BEVERIDGE DJ, THOMSON AM, VOON DC, FURNEAUX HM, JAZAYERI JA, LEEDMAN PJ
The 3’-untranslated region of p21WAF1 mRNA is a composite cis-acting sequence bound by RNA-binding proteins from breast cancer cells, including HuR and poly(C)-binding protein., J Biol Chem, 2003, 278:2937-46

NG P, LENZO NP, MCCARTHY MC, THOMPSON I, LEEDMAN PJ

Collaborating Institutes
University of Connecticut Health Center, USA

Gastroenterology & Hepatology
Original Articles and Papers
SCOTT RG, EDWARDS JT, MENDELSON RM, FORBES GM
Detecting people at higher risk for colorectal neoplasia in a community-based screening program., Med J Aust, 2003, 179:325

VIIALA CH, ZIMMERMAN M, CULLEN DJ, HOFFMAN NE

Interferon-gamma response by peripheral blood mononuclear cells to hepatitis C virus core antigen is reduced in patients with liver fibrosis., J Infect Dis, 2003, 188:1533-6

YUSOFF IF, MENDELSON RM, EDMUNDS SE, RAMSAY D, CULLINGFORD GL, FLETCHER DR, ZIMMERMAN AM

Collaborating Institutes
Fremantle Hospital (Surgery), Perth
Fremantle Hospital, Perth
Sir Charles Gairdner Hospital (Gastroenterology & Hepatology), Perth
University of Western Australia (School of Biomedical & Chemical Sciences), Perth
University of Western Australia (School of Surgery & Pathology), Perth

General Surgery
Original Articles and Papers
ARMSTRONG J, SAUNDERS C, METCALF C

GUPTA R, RAO S

An evidence-based specialist breast nurse role in practice: a multicentre implementation study., Eur J Cancer Care (Engl), 2003, 12:91-7
NG P, LENZO NP, MCCARTHY MC, THOMPSON I, LEEDMAN PJ

Collaborating Institutes
National Breast Cancer Centre, Sydney

Geriatric Medicine
Original Articles and Papers
ALMEIDA OP, FLICKER L

BRUCE D, LAURANCE I, MCGUINESS M, RIDLEY M, GOLDSWAIN P

FLICKER L, MEAD K, MACINNIS RJ, NOWSON C, SCHERER S, STEIN MS, THOMAS J, HOPPER JL, WARK JD

GLENDENNING P, NOBLE JM, TARANTO M, MUSK AA, MCGUINESS M, GOLDSWAIN PR, FRASER WD, VASIKARAN SD

HIGGINS JP, FLICKER L
Lecithin for dementia and cognitive impairment., Cochrane Database Syst Rev, 2003, CD001015

KNAFELC R, LO GIUDICE D, HARRIGAN S, COOK R, FLICKER L, MACKINNON A, AMES D
The combination of cognitive testing and an informant questionnaire in screening for dementia., Age Ageing, 2003, 32:541-7

LAUTENSCHLAGER NT, ALMEIDA OP, FLICKER L
Preventing dementia: why we should focus on health promotion now., Int Psychogeriatr, 2003, 15:111-9

LIM D, FLICKER L, DHARAMARAJAN A, MARTINS RN

NOWSON CA, SHERWIN AJ, MCPHEE JG, WARK JD, FLICKER L

SALIGARI J, FLICKER L, LOH PK, MAHER S, RAMESH P, GOLDSWAIN P
The clinical achievements of a geriatric telehealth project in its first year., J Telemed Telecare, 2003, 8 Suppl 3:S3:53-5

STRATFORD JA, LOGIUDICE D, FLICKER L, COOK R, WALTROWICZ W, AMES D

Collaborating Institutes
Bundoora Extended Care Centre, Melbourne
Deakin University (Health Sciences), Geelong
Freemasons Hospital, Melbourne
Institute of Public Health, UK
Lilley Lodge Nursing Home, Long Gully
Monash University (Psychological Medicine), Melbourne
Haematology

Original Articles and Papers


COLE VJ, STATON JM, EIKELBOOM JW, HANKEY GJ, YI Q, SHEN Y, BERNDT MC, BAKER RI
Collagen platelet receptor polymorphisms integrin alpha2beta1 C807T and GPVI Q317L and risk of ischemic stroke., J Thromb Haemost, 2003, 1:963-70

EIKELBOOM J
Homocysteine-lowering therapy improved outcomes after percutaneous coronary intervention., ACP J Club, 2003, 138:33

EIKELBOOM J

EIKELBOOM JW, HANKEY GJ

HANKEY GJ, EIKELBOOM JW

LOWN J
Enzyme treatment of platelets for antibody detection., Transfusion, 2003, 43:835; author reply 835

MCQUILLAN AM, EIKELBOOM JW, HANKEY GJ, BAKER R, THOM J, STATON J, YI Q, COLE V

THOM J, IVEY L, EIKELBOOM J

Collaborating Institutes

McMaster University, CANADA
Monash University, Melbourne
Princess Margaret Hospital, CANADA
University of Western Australia (Faculty of Medicine & Dentistry), Perth

Intensive Care Unit

Original Articles and Papers

HALL JC, DOBB G, DE SOUSA R, BRENNAN L, MCCAULEY R
Internal Medicine
Original Articles and Papers

BARRETT PH, WATTS GF
Kinetic studies of lipoprotein metabolism in the metabolic syndrome including effects of nutritional interventions., Curr Opin Lipidol, 2003, 14:61-8

BEILIN LJ, BURKE V, PUDDEY IB
Effects of exercise and weight loss on hypertension., JAMA, 2003, 290:887; author reply 887-8

CHAN DC, WATTS GF, BARRETT PH
Comparison of intraperitoneal and posterior subcutaneous abdominal adipose tissue compartments as predictors of VLDL apolipoprotein B-100 kinetics in overweight/obese men., Diabetes Obes Metab, 2003, 5:202-6

CHAN DC, WATTS GF, BARRETT PH, BURKE V
Waist circumference, waist-to-hip ratio and body mass index as predictors of adipose tissue compartments in men., QJM, 2003, 96:441-7

CHAN DC, WATTS GF, BARRETT PH, O’NEILL FH, REDGRAVE TG, THOMPSON GR
Relationships between cholesterol homoeostasis and triacylglycerol-rich lipoprotein remnant metabolism in the metabolic syndrome., Clin Sci (Lond), 2003, 104:383-8

CHAN DC, WATTS GF, BARRETT PH, O’NEILL FH, THOMPSON GR

CHAN DC, WATTS GF, MORI TA, BARRETT PH, REDGRAVE TG, BEILIN LJ
Randomized controlled trial of the effect of n-3 fatty acid supplementation on the metabolism of apolipoprotein B-100 and chylomicron remnants in men with visceral obesity., Am J Clin Nutr, 2003, 77:300-7

CHING HL, WATTS GF, DHALIWAL SS, BARRETT PH, STUCKEY BG
Vascular function of forearm microcirculation in postmenopausal women with type 2 diabetes: potential benefit of hormone replacement therapy?, Climacteric, 2003, 6:31-7

HAGGERTY CL, NESS RB, KELSEY S, WATERER GW

HODGSON JM, BURKE V, BEILIN LJ, CROFT KD, PUDDEY IB

HODGSON JM, DEVINE A, PUDDEY IB, CHAN SY, BEILIN LJ, PRINCE RL
Tea intake is inversely related to blood pressure in older women., Asia Pac J Clin Nutr, 2003, 12 Suppl:S18

JAMES AP, WATTS GF, BARRETT PH, SMITH D, PAL S, CHAN DC, MAMO JC
Effect of weight loss on postprandial lipemia and low-density lipoprotein receptor binding in overweight men., Metabolism, 2003, 52:136-41

MORI TA, WOODMAN RJ, BURKE V, PUDDEY IB, CROFT KD, BEILIN LJ

NAGY S, WATTS GF, NAGY MC
Scales measuring psychosocial antecedents of coital initiation among adolescents in a rural southern state., Psychol Rep, 2003, 92:981-90

PAL S, SEMORINE K, WATTS GF, MAMO J
PARHOFER KG, LAUBACH E, BARRETT PH
Effect of atorvastatin on postprandial lipoprotein metabolism in hypertriglyceridemic patients., J Lipid Res, 2003, 44:1192-8

PLAYFORD DA, WATTS GF, CROFT KD, BURKE V

PRICE KS, FRIEND DS, MELLOR EA, DE JESUS N, WATTS GF, BOYCE JA

PROUDFOOT JM, CROFT KD, PUDDEY IB, BEILIN LJ
Angiotensin II type 1 receptor antagonists inhibit basal as well as low-density lipoprotein and platelet-activating factor-stimulated human monocyte chemoattractant protein-1., J Pharmacol Exp Ther, 2003, 305:846-53

TEMPLE SE, CHEONG KY, ALMEIDA CM, PRICE P, WATERER GW
Polymorphisms in lymphotoxin alpha and CD14 genes influence TNFalpha production induced by Gram-positive and Gram-negative bacteria., Genes Immun, 2003, 4:283-8

WADDINGTON EI, CROFT KD, SIENUARINE K, LATHAM B, PUDDEY IB

WALTERS BN, GrahAM D

WATERER GW
The diagnostic dilemma in suspected ventilator-associated pneumonia: one size will never fit all., Chest, 2003, 123:335-7

WATTS GF, BARRETT PH, JI J, SERONE AP, CHAN DC, CROFT KD, LOEHRER F, JOHNSON AG
Differential regulation of lipoprotein kinetics by atorvastatin and fenofibrate in subjects with the metabolic syndrome., Diabetes, 2003, 52:803-11

WATTS GF, CHAN DC, BARRETT PH, O’NEILL FH, THOMPSON GR
Effect of a statin on hepatic apolipoprotein B-100 secretion and plasma campesterol levels in the metabolic syndrome., Int J Obes Relat Metab Disord, 2003, 27:862-5

WATTS GF, CHAN DC, BARRETT PH, SUSEKOV AV, HUA J, SONG S

WATTS GF, MARWICK TH

WOODMAN RJ, MORI TA, BURKE V, PUDDEY IB, BARDEN A, WATTS GF, BEILIN LJ
Effects of purified eicosapentaenoic acid and docosahexaenoic acid on platelet, fibrinolytic and vascular function in hypertensive type 2 diabetic patients., Atherosclerosis, 2003, 166:85-93

WOODMAN RJ, MORI TA, BURKE V, PUDDEY IB, WATTS GF, BEST JD, BEILIN LJ
Docosahexaenoic acid but not eicosapentaenoic acid increases LDL particle size in treated hypertensive type 2 diabetic patients., Diabetes Care, 2003, 26:253

WOODMAN RJ, WATTS GF
WOODMAN RJ, WATTS GF, KINGWELL BA, DART AM
Interpretation of the digital volume pulse: its relationship with large and small artery compliance., Clin Sci (Lond), 2003, 104:283-4; author reply 285

WOOLLARD J, BURKE V, BEILIN LJ
Effects of general practice-based nurse-counselling on ambulatory blood pressure and antihypertensive drug prescription in patients at increased risk of cardiovascular disease., J Hum Hypertens, 2003, 17:689-95

WUNDERINK RG, WATERER GW

ZILKENS RR, BURKE V, WATTS G, BEILIN LJ, PUDDEY IB
The effect of alcohol intake on insulin sensitivity in men: a randomized controlled trial., Diabetes Care, 2003, 26:608-12

ZILKENS RR, RICH L, BURKE V, BEILIN LJ, WATTS GF, PUDDEY IB
Effects of alcohol intake on endothelial function in men: a randomized controlled trial., J Hypertens, 2003, 21:97-103

Collaborating Institutes
Curtin University of Technology, Perth
King Edward Memorial Hospital for Women, Perth
University of Queensland (Medicine), Brisbane
University of Western Australia (School of Medicine & Pharmacology) Pharmacology Unit, Perth
University of Western Australia (School of Medicine & Pharmacology) SCGH Unit, Perth
University of Western Australia (School of Surgery & Pathology), Perth

Medical Genetics Unit
Original Articles and Papers
GILL H, CHEADLE JP, MAYNARD J, RAVINE D, CLARKE A

KERR AM, RAVINE D

LEONARD H, COLVIN L, CHRISTODOULOU J, RAVINE D, HACKWELL S, YAMASHIA Y
Patients with the R133C mutation: is their phenotype different from Rett syndrome patients with other mutations?, J Med Genet, 2003, 40(5):e52

LYNCH SA, WHATLEY SA, RAMESH V, SINHA S, RAVINE D

MAGISTRONI R, HE N, WANG K, RAVINE D, PEI Y

MCCUNE CA, RAVINE D, W0RWOOD M, EVANS HM, HUTTON D
Screening for hereditary haemochromatosis within families and beyond, Lancet, 2003, 362(9399):1897-8

MUZAIMI MB, WILES CM, ROBERTSON NP, RAVINE D, COMPSTON DAS
Collaborating Institutes

International Centre for Life, UK
Kurume University, JAPAN
Newcastle General Hospital, UK
South Cleveland Hospital, UK
Telethon Institute for Child Health Research, Perth
The Welsh Blood Service, UK
University Health Network, CANADA
University Hospital of Wales, UK
University of Cambridge, UK
University of Durham, Stockton-On-Tees, UK
University of Glasgow, UK
University of Sydney, Sydney
University of Wales, UK

Medical Oncology
Original Articles and Papers

An evidence-based specialist breast nurse role in practice: a multicentre implementation study., Eur J Cancer Care (Engl), 2003, 12:91-7

Collaborating Institutes
National Breast Cancer Centre, Sydney

Microbiology & Infectious Diseases
Original Articles and Papers

GUSTAFSON JE, O`BRIEN FG, COOMBS GW, MALKOWSKI MJ, GRUBB WB, PFELTZ RF, WILKINSON BJ

KAN GW, THOMAS MAB, HEATH CH
A 12-month review of peritoneal dialysis related peritonitis in Western Australia: is empiric vancomycin still indicated for some patients?, Peritoneal Dialysis International, 2003, 23:465-468

MUNCKHOF WJ, SCHOONEVELDT J, COOMBS GW, HOARE J, NIMMO GR
Emergence of community-acquired methicillin-resistant Staphylococcus aureus (MRSA) infection in Queensland, Australia., Int J Infect Dis, 2003, 7:259-64

PALLADINO S, KAY ID, COSTA AM, LAMBERT EJ, FLEXMAN JP
Real-time PCR for the rapid detection of vanA and vanB genes., Diagn Microbiol Infect Dis, 2003, 45:81-4

PALLADINO S, KAY ID, FLEXMAN JP, BOEHM I, COSTA AM, LAMBERT EJ, CHRISTIAENSEN KJ
Rapid detection of vanA and vanB genes directly from clinical specimens and enrichment broths by real-time multiplex PCR assay., J Clin Microbiol, 2003, 41:2483-6

PEARMAN JW, PERRY PL, KOSARAS FP, DOUGLAS CR, LEE RC, PETERSON AM, ORRELL CT, KINSOE CH, HEATH CH, CHRISTIAENSEN KJ
Screening and electronic labelling of ward contacts of vancomycin-resistant Enterococcus faecium vanB carriers during a single-strain hospital outbreak and after discharge from hospital., Commun Dis Intell, 2003, 27 Suppl:S97-102

PRYCE TM, KAY ID, PALLADINO S, HEATH CH
Real-time automated polymerase chain reaction (PCR) to detect Candida albicans and Aspergillus fumigatus DNA in whole blood from high-risk patients., Diagn Microbiol Infect Dis, 2003, 47:487-96
PRYCE TM, PALLADINO S, KAY ID, COOMBS GW
Rapid identification of fungi by sequencing the ITS1 and ITS2 regions using an automated capillary electrophoresis system., Med Mycol, 2003, 41:369-81

VAN HAEFTEN R, PALLADINO S, KAY I, KEIL T, HEATH C, WATERER GW
A quantitative LightCycler PCR to detect Streptococcus pneumoniae in blood and CSF., Diagn Microbiol Infect Dis, 2003, 47:407-14

Interferon-gamma response by peripheral blood mononuclear cells to hepatitis C virus core antigen is reduced in patients with liver fibrosis., J Infect Dis, 2003, 188:1533-6

Collaborating Institutes
Curtin University of Technology, Perth
Illinois State University (Microbiology Group, Biological Sciences), USA
New Mexico State University (Biology), USA
Princess Alexandra Hospital (Microbiology & Infectious Diseases), Brisbane
University of Western Australia (School of Biomedical & Chemical Sciences), Perth
University of Western Australia (School of Surgery & Pathology), Perth

Nephrology
Original Articles and Papers
CHAN DC, WATTS GF, BARRETT PH, BURKE V
Waist circumference, waist-to-hip ratio and body mass index as predictors of adipose tissue compartments in men., QJM, 2003, 96:441-7

CHAN DC, WATTS GF, MORI TA, BARRETT PH, REDGRAVE TG, BEILIN LJ
Randomized controlled trial of the effect of n-3 fatty acid supplementation on the metabolism of apolipoprotein B-100 and chylomicron remnants in men with visceral obesity., Am J Clin Nutr, 2003, 77:300-7

JEFFREYS A, POLKINGHORNE K, DOGRA GK, KANGANAS C, WALKER R, IRISH AB, CHADBAN S

JOHNSON, D, COLLINS J, HARRIS D, IBELS L, IRISH AB, SALTISSI D, SURIANYI M
Recommendations for the use of icodextrin in peritoneal dialysis., Nephrology, 2003, 8 (1):1-7

KAN GW, THOMAS MAB, HEATH CH
A 12-month review of peritoneal dialysis related peritonitis in Western Australia: is empiric vancomycin still indicated for some patients?, Peritoneal Dialysis International, 2003, 23:465-468

THOMAS MAB, LUXTON G, MOODY HR, WOODROFFE AJ, KULKARNI H, LIM W, CHRISTIANSEN FT, OPELZ G

Collaborating Institutes
Auckland Hospital, NEW ZEALAND
Fremantle Hospital (Nephrology), Perth
Liverpool Hospital, Liverpool
Monash Medical Centre, Melbourne
Princess Alexandra Hospital, Brisbane
Royal Brisbane Hospital, Brisbane
Royal Melbourne Hospital, Melbourne
Royal North Shore Hospital, Sydney
Royal Prince Alfred Hospital, Sydney
Sir Charles Gairdner Hospital (Nephrology), Perth
University of Heidelberg, GERMANY
Westmead Hospital, Westmead

Nephrology & Renal Transplantation
Original Articles and Papers

LIM, WH, VAN SCHIE, WARR K

Neurology
Original Articles and Papers


COLE VJ, STATON JM, EIKELBOOM JW, HANKEY GJ, YI Q, SHEN Y, BERNDT MC, BAKER RI
Collagen platelet receptor polymorphisms integrin alpha2beta1 C807T and GPVI Q317L and risk of ischemic stroke., J Thromb Haemost, 2003, 1:963-70

DUNNE JW, SINGER BJ, ALLISON GT
Velocity dependent passive muscle stiffness., J Neurol Neurosurg Psychiatry, 2003, 74:283

EIKELBOOM JW, HANKEY GJ

HANKEY GJ
Angiotensin-converting enzyme inhibitors for stroke prevention: is there HOPE for PROGRESS After LIFE?, Stroke, 2003, 34:354-6

HANKEY GJ
Botulinum toxin A injections improved wrist and finger spasticity after stroke., ACP J Club, 2003, 138:22

HANKEY GJ
Evacuation of intracerebral hematoma is likely to be beneficial--against., Stroke, 2003, 34:1568-9

HANKEY GJ
Long-term outcome after ischaemic stroke/transient ischaemic attack., Cerebrovasc Dis, 2003, 16 Suppl 1:14-9

HANKEY GJ

HANKEY GJ, BERGE E, SANDERCOCK P

HANKEY GJ, EIKELBOOM JW

HANKEY GJ, EIKELBOOM JW
Cyclooxygenase-2 inhibitors: are they really atherothrombotic, and if not, why not?, Stroke, 2003, 34:2736-40

HANKEY GJ, EIKELBOOM JW
Editorial comment--Routine thrombophilia testing in stroke patients is unjustified., Stroke, 2003, 34:1826-7

HARDIE K, HANKEY GJ, JAMROZIK K, BROADHURST RJ, ANDERSON C
KLIJN CJ, HANKEY GJ

LEES KR, HANKEY GJ, HACKE W

MCGUILLAN AM, EIKELBOOM JW, HANKEY GJ, BAKER R, THOM J, STATON J, YI Q, COLE V

Collaborating Institutes
McMaster University, CANADA
Monash University, Melbourne
Princess Margaret Hospital, CANADA
University of Edinburgh (Clinical Neurosciences), UK
University of Glasgow (Medicine), UK
University of Heidelberg, GERMANY
University of Western Australia (Faculty of Medicine & Dentistry), Perth
University of Western Australia (School of Population Health), Perth

Nuclear Medicine
Original Articles and Papers

NG P, LENZO NP, MCCARTHY MC, THOMPSON I, LEEDMAN PJ

Ophthalmology
Original Articles and Papers

ELLINGHAM RB, MORGAN WH, WESTLAKE W, HOUSE PH
Mitomycin C eliminates the short-term intraocular pressure rise found following Molteno tube implantation., Clin Experiment Ophthalmol, 2003, 31:191-8

GAZZARD G, MORGAN W, DEVEREUX J, FOSTER P, OEN F, SEAH S, KHAW PT, CHEW P
Optic disc hemorrhage in Asian glaucoma patients., J Glaucoma, 2003, 12:226-31

HADDEN PW, TAY-KEARNEY ML, BARRY CJ, CONSTABLE IJ

LI J, MORLET N, SEMMENS J, GAVIN A, NG J
Coding accuracy for endophthalmitis diagnosis and cataract procedures in Western Australia. The Endophthalmitis Population Study of Western Australia (EPSWA): second report., Ophthalmic Epidemiol, 2003, 10:133-45

MORGAN WH, HOUSE P
Relationship between intraocular pressure and glaucomatous optic neuropathy., Clin Experiment Ophthalmol, 2003, 31:167-8; author reply 168-71

MORLET N, DANIELL M

MORLET N, LI J, SEMMENS J, NG J

SEMMENS JB, LI J, MORLET N, NG J

Metropolitan Health Services Annual Report 2004-05
Page 185 of 243
Collaborating Institutes
Lions Eye Institute of WA, Perth
Royal Victorian Eye and Ear Hospital, Melbourne
Singapore National Eye Centre, SINGAPORE
University of Western Australia (Centre for Ophthalmology & Visual Science), Nedlands campus, Perth
University of Western Australia (School of Population Health), Perth

Physiotherapy
Original Articles and Papers
DUNNE JW, SINGER BJ, ALLISON GT
Velocity dependent passive muscle stiffness., J Neurol Neurosurg Psychiatry, 2003, 74:283

SIMONS M, KING S, EDGAR D

SINGER BJ, JEGASOTHY G, SINGER KP, ALLISON GT

SINGER BJ, SINGER KP, ALLISON GT
Evaluation of extensibility, passive torque and stretch reflex responses in triceps surae muscles following serial casting to correct spastic equinovarus deformity, Brain Injury, 2003, 17(4):302 - 324

TAKAHASHI T, JENKINS S, STRAUSS G, WATSON CP, LAKE FR

Collaborating Institutes
Curtin University of Technology (Physiotherapy), Perth
Royal Children’s Hospital, Brisbane
S King, Private Practice, Brisbane

Plastics & Maxillo-facial Surgery
Original Articles and Papers
SIMONS M, KING S, EDGAR D

Collaborating Institutes
Royal Children’s Hospital, Brisbane
S King, Private Practice, Brisbane

Postgraduate Medical Education
Original Articles and Papers
VICKERY AW, TARALA R
Barriers to prevocational placement programs in rural general practice., Med J Aust, 2003, 179:19-21

Respiratory Medicine
Original Articles and Papers
KEOGH AM, MCNEIL KD, WILLIAMS T, GABBAY E, CLELAND LG
LEE YC, BAUMANN MH, MASKELL NA, WATERER GW, EATON TE, DAVIES RJ, HEFFNER JE, LIGHT RW

TAKAHASHI T, JENKINS S, STRAUSS G, WATSON CP, LAKE FR

VICKERY AW, TARALA R
Barriers to prevocational placement programs in rural general practice., Med J Aust, 2003, 179:19-21

Collaborating Institutes
Curtin University of Technology (Physiotherapy), Perth
Prince Charles Hospital, Brisbane
Royal Adelaide Hospital, Adelaide
St Vincent’s Hospital, Sydney
The Alfred Hospital, Melbourne

Surgical Divisional Office
Original Articles and Papers
YUSOFF IF, MENDELSON RM, EDMUNDS SE, RAMSAY D, CULLINGFORD GL, FLETCHER DR, ZIMMERMAN AM

Collaborating Institutes
Fremantle Hospital (Surgery), Perth

Telehealth
Original Articles and Papers
SALIGARI J, FLICKER L, LOH PK, MAHER S, RAMESH P, GOLDSWAIN P
The clinical achievements of a geriatric telehealth project in its first year., J Telemed Telecare, 2003, 8 Suppl 3:S3:53-5

University of Western Australia (Anaesthesia)
Original Articles and Papers


DICKINSON JE, PAECH MJ, MCDONALD SJ, EVANS SF

HENDERSON JJ, DICKINSON JE, EVANS SF, MCDONALD SJ, PAECH MJ
PAECH MJ, LIM CB, BANKS SL, RUCKLIDGE MW, DOHERTY DA

PAECH MJ, RUCKLIDGE MW, BANKS SL, GURRIN LC, ORLIKOWSKI CE, PAVY TJ

RODGERS A, WALKER N, BENNETT D, SCHUG S
Need for an updated overview to assess the benefits of epidurals., Anesth Analg, 2003, 97:923-4; author reply 924

SCHUG SA, GARRETT WR, GILLESPIE G

Book Chapters
PAECH MJ

PAECH MJ

SCHUG SA

SCHUG SA, GILLESPIE G, STANNARD KJD
Local anesthetics, Side Effects of Drugs Annual 26, Chapter: 11, Elsevier Science B. V., Aronson, JK, 2003, 140-149

Collaborating Institutes
Christchurch Polytechnic, NEW ZEALAND
King Edward Memorial Hospital for Women (Anaesthesia), Perth
King Edward Memorial Hospital for Women, Perth
La Trobe University, Melbourne
Princess Margaret Hospital for Children, Perth
Southampton General Hospital, UK
University of Auckland, NEW ZEALAND
University of Otago, NEW ZEALAND
University of Western Australia (School of Medicine & Pharmacology), Perth
University of Western Australia (School of Psychiatry & Clinical Neurosciences), Perth
University of Western Australia, Perth
Women & Infants Research Foundation, Perth

University of Western Australia (School of Medicine & Pharmacology) RPH Unit

Original Articles and Papers
ALMEIDA OP, FLICKER L
BARRETT PH, WATTS GF
Kinetic studies of lipoprotein metabolism in the metabolic syndrome including effects of nutritional interventions., Curr Opin Lipidol, 2003, 14:61-8

BRUCE D, LAURANCE I, MCGUINESS M, RIDLEY M, GOLDSWAINE P

CHAN DC, WATTS GF, BARRETT PH
Comparison of intraperitoneal and posterior subcutaneous abdominal adipose tissue compartments as predictors of VLDL apolipoprotein B-100 kinetics in overweight/obese men., Diabetes Obes Metab, 2003, 5:202-6

CHAN DC, WATTS GF, BARRETT PH, BURKE V
Waist circumference, waist-to-hip ratio and body mass index as predictors of adipose tissue compartments in men., QJM, 2003, 96:441-7

CHAN DC, WATTS GF, BARRETT PH, O’NEILL FH, REDGRAVE TG, THOMPSON GR
Relationships between cholesterol homeostasis and triacylglycerol-rich lipoprotein remnant metabolism in the metabolic syndrome., Clin Sci (Lond), 2003, 104:383-8

CHAN DC, WATTS GF, BARRETT PH, O’NEILL FH, THOMPSON GR

CHAN DC, WATTS GF, MORI TA, BARRETT PH, BEILIN LJ
Randomized controlled trial of the effect of n-3 fatty acid supplementation on the metabolism of apolipoprotein B-100 and chylomicron remnants in men with visceral obesity., Am J Clin Nutr, 2003, 77:300-7

CHING HL, WATTS GF, DHALIWAL SS, BARRETT PH, STUCKEY BG
Vascular function of forearm microcirculation in postmenopausal women with type 2 diabetes: potential benefit of hormone replacement therapy?, Climacteric, 2003, 6:31-7

DE PASQUALE CG, ARNOLDA LF, DOYLE IR, GRANT RL, AYLWARD PE, BERSTEN AD
Prolonged alveolocapillary barrier damage after acute cardiogenic pulmonary edema., Crit Care Med, 2003, 31:1060-7

DE PASQUALE CG, BERSTEN AD, DOYLE IR, AYLWARD PE, ARNOLDA LF

DUFALL KG, NGADJUI BT, SIMEONKF, ABEGAZ BM, CROFT KD
Antioxidant activity of prenylated flavonoids from the West African medicinal plant Dorstenia mannii., J Ethnopharmacol, 2003, 87:67-72

DUNSTAN JA, MORI TA, BARDEN A, BEILIN LJ, TAYLOR AL, HOLT PG, PRESCOTT SL
Maternal fish oil supplementation in pregnancy reduces interleukin-13 levels in cord blood of infants at high risk of atopy., Clin Exp Allergy, 2003, 33:442-8

FLICKER L, MEAD K, MACINNIS RJ, NOWSON C, SCHERER S, STEIN MS, THOMAS J, HOPPER JL, WARK JD

HAGGERTY CL, NESS RB, KELSEY S, WATERER GW

HEGELE RA, ZINMAN B, HANLEY AJ, HARRIS SB, BARRETT PH, CAO H
HODGSON JM, BURKE V, BEILIN LJ, CROFT KD, PUDDEY IB

HODGSON JM, DEVINE A, PUDDEY IB, CHAN SY, BEILIN LJ, PRINCE RL
Tea intake is inversely related to blood pressure in older women., Asia Pac J Clin Nutr, 2003, 12 Suppl:S18

HODGSON JM, WATTS GF

INGLIS TJ, ARAVENA-ROMAN M, CHING S, CROFT K, WUTHIEKANUN V, MEE BJ
Cellular fatty acid profile distinguishes Burkholderia pseudomallei from avirulent Burkholderia thailandensis., J Clin Microbiol, 2003, 41:4812-4

JAMES AP, WATTS GF, BARRETT PH, SMITH D, PAL S, CHAN DC, MAMO JC
Effect of weight loss on postprandial lipemia and low-density lipoprotein receptor binding in overweight men., Metabolism, 2003, 52:136-41

KNASEL R, LO GIUDICE D, HARRIGAN S, COOK R, FLICKER L, MACKINNON A, AMES D
The combination of cognitive testing and an informant questionnaire in screening for dementia., Age Ageing, 2003, 32:541-7

LAUTENSCHLAGER NT, ALMEIDA OP, FLICKER L
Preventing dementia: why we should focus on health promotion now., Int Psychogeriatr, 2003, 15:111-9

LEE YC, BAUMANN MH, MASKELL NA, WATERER GW, EATON TE, DAVIES RJ, HEFFNER JE, LIGHT RW

LIM D, FLICKER L, DHARAMARAJAN A, MARTINS RN

NAGY S, WATTS GF, NAGY MC
Scales measuring psychosocial antecedents of coital initiation among adolescents in a rural southern state., Psychol Rep, 2003, 92:981-90

NG P, LENZO NP, MCCARTHY MC, THOMPSON I, LEEDMAN PJ

NOWSON CA, SHERWIN AJ, MCPHEE JG, WARK JD, FLICKER L

PAL S, SEMORINE K, WATTS GF, MAMO J

PARHOFER KG, LAUBACH E, BARRETT PH
Effect of atorvastatin on postprandial lipoprotein metabolism in hypertriglyceridemic patients., J Lipid Res, 2003, 44:1192-8
PLAYFORD DA, WATTS GF, CROFT KD, BURKE V

PROUDFOOT JM, CROFT KD, PUDDEY IB, BEILIN LJ
Angiotensin II type 1 receptor antagonists inhibit basal as well as low-density lipoprotein and platelet-activating factor-stimulated human monocyte chemoattractant protein-1., J Pharmacol Exp Ther, 2003, 305:846-53

SALIGARI J, FLICKER L, LOH PK, MAHER S, RAMESH P, GOLDSWAIN P
The clinical achievements of a geriatric telehealth project in its first year., J Telemed Telecare, 2003, 8 Suppl 3:S3:53-5

STRATFORD JA, LOGIUDICE D, FLICKER L, COOK R, WALTROWICZ W, AMES D

TELFORD DE, EDWARDS JY, LIPSON SM, SUTHERLAND B, BARRETT PH, BURNETT JR, KRUL ES, KELLER BT, HUFF MW
Inhibition of both the apical sodium-dependent bile acid transporter and HMG-CoA reductase markedly enhances the clearance of LDL apoB., J Lipid Res, 2003, 44:943-52

TEMPLE SE, CHEONG KY, ALMEIDA CM, PRICE P, WATERER GW
Polymorphisms in lymphotoxin alpha and CD14 genes influence TNFalpha production induced by Gram-positive and Gram-negative bacteria., Genes Immun, 2003, 4:283-8

WADDINGTON EI, CROFT KD, SIENUARINE K, LATHAM B, PUDDEY IB

WALSH JH, YONG G, CHEETHAM C, WATTS GF, O`DRISCOLL GJ, TAYLOR RR, GREEN DJ
Effects of exercise training on conduit and resistance vessel function in treated and untreated hypercholesterolaemic subjects., Eur Heart J, 2003, 24:1681-9

WATERER GW
Combination antibiotic therapy with macrolides in community-acquired pneumonia: more smoke but is there any fire?, Chest, 2003, 123:1328-9

WATERER GW, BUCKINGHAM SC, KESSLER LA, QUASNEY MW, WUNDERINK RG

WATERER GW, ELBAHLAWAN L, QUASNEY MW, ZHANG Q, KESSLER LA, WUNDERINK RG

WATTS GF, BARRETT PH, JI J, SERONE AP, CHAN DC, CROFT KD, LOEHRER F, JOHNSON AG
Differential regulation of lipoprotein kinetics by atorvastatin and fenofibrate in subjects with the metabolic syndrome., Diabetes, 2003, 52:803-11

WATTS GF, CHAN DC, BARRETT PH, O`NEILL FH, THOMPSON GR
Effect of a statin on hepatic apolipoprotein B-100 secretion and plasma campesterol levels in the metabolic syndrome., Int J Obes Relat Metab Disord, 2003, 27:862-5

WATTS GF, CHAN DC, BARRETT PH, SUSEKOV AV, HUA J, SONG S
WHITFIELD AJ, MARAIS AD, ROBERTSON K, BARRETT PHR, VAN BOCKXMEER FM, BURNETT JR
Four novel mutations in APOB causing heterozygous and homozygous familial hypobetalipoproteinemia., Hum Mutat, 2003, 22:178

WING LM, ARNOLDA LF, UPTON J, MOLLOY D
Candesartan and hydrochlorothiazide in isolated systolic hypertension., Blood Press, 2003, 12:246-54

WOODMAN RJ, MORI TA, BURKE V, PUDDEY IB, BARREN A, WATTS GF, BEILIN LJ
Effects of purified eicosapentaenoic acid and docosahexaenoic acid on platelet, fibrinolytic and vascular function in hypertensive type 2 diabetic patients., Atherosclerosis, 2003, 166:85-93

WOODMAN RJ, MORI TA, BURKE V, PUDDEY IB, WATTS GF, BEST JD, BEILIN LJ
Docosahexaenoic acid but not eicosapentaenoic acid increases LDL particle size in treated hypertensive type 2 diabetic patients., Diabetes Care, 2003, 26:253

WOODMAN RJ, WATTS GF

WOODMAN RJ, WATTS GF, KINGWELL BA, DART AM
Interpretation of the digital volume pulse: its relationship with large and small artery compliance., Clin Sci (Lond), 2003, 104:283-4; author reply 285

WOOLLARD J, BURKE V, BEILIN LJ
Effects of general practice-based nurse-counselling on ambulatory blood pressure and antihypertensive drug prescription in patients at increased risk of cardiovascular disease., J Hum Hypertens, 2003, 17:689-95

WRIGHT JJ, ARNOLDA LF

WUNDERINK RG, WATERER GW

YU H, STASINOPOULOS S, LEEDMAN P, MEDCALF RL
Inherent instability of plasminogen activator inhibitor type 2 mRNA is regulated by tristetraprolin., J Biol Chem, 2003, 278:13912-8

ZILKENS RR, BURKE V, WATTS G, BEILIN LJ, PUDDEY IB
The effect of alcohol intake on insulin sensitivity in men: a randomized controlled trial., Diabetes Care, 2003, 26:608-12

ZILKENS RR, RICH L, BURKE V, BEILIN LJ, WATTS GF, PUDDEY IB
Effects of alcohol intake on endothelial function in men: a randomized controlled trial., J Hypertens, 2003, 21:97-103

Collaborating Institutes
Bundoora Extended Care Centre, Melbourne
Curtin University of Technology, Perth
Deakin University (Health Sciences), Geelong
Flinders Medical Centre, Adelaide
Freemasons Hospital, Melbourne
Institute of Public Health, UK
Lilley Lodge Nursing Home, Long Gully
Mahidol University (PhD Program in Medical Technology), THAILAND
Monash University (Medicine), Melbourne
Monash University (Psychological Medicine), Melbourne
National Ageing Research Institute, Parkville
Pharmacia Corporation (Cardiovascular & Metabolic Diseases Discovery Research), USA
Robarts Research Institute, CANADA

Metropolitan Health Services Annual Report 2004-05
Page 192 of 243
ALMEIDA OP, BURTON EJ, FERRIER N, MCKEITH IG, O’BRIEN JT
Depression with late onset is associated with right frontal lobe atrophy., Psychol Med, 2003, 33:675-81

ALMEIDA OP, BURTON EJ, MCKEITH I, GHOLKAR A, BURN D, O’BRIEN JT
MRI study of caudate nucleus volume in Parkinson’s disease with and without dementia with Lewy bodies and Alzheimer’s disease., Dement Geriatr Cogn Disord, 2003, 16:57-63

ALMEIDA OP, FLICKER L

HALLMAYER JF, JABLENSKY A, MICHE P, WOODBURY M, SALMON B, COMBRINCK J, WICHPHANN H, ROCK D, D’ERCOLE M, HOWELL S, DRAGOVIC M, KENT A
Linkage analysis of candidate regions using a composite neurocognitive phenotype correlated with schizophrenia., Mol Psychiatry, 2003, 8:511-23

JABLENSKY AV, KALAYDJIEVA LV

KENDELL R, JABLENSKY A
Distinguishing between the validity and utility of psychiatric diagnoses., Am J Psychiatry, 2003, 160:4-12

LAUTENSCHLAGER NT, ALMEIDA OP, FLICKER L
Preventing dementia: why we should focus on health promotion now., Int Psychogeriatr, 2003, 15:111-9

LAWRENCE DM, HOLMAN CD, JABLENSKY AV, HOBBS MS

LIM D, FLICKER L, DHARAMARAJAN A, MARTINS RN

MORGAN V, JANCA A, JABLENSKY A
Psychotic disorders in Australia: patients respond to national survey results., Eur Psychiatry, 2003, 18:142

TEMPLE SE, CHEONG KY, ALMEIDA CM, PRICE P, WATERER GW
Polymorphisms in lymphotoxin alpha and CD14 genes influence TNFalpha production induced by Gram-positive and Gram-negative bacteria., Genes Immun, 2003, 4:283-8
TODD J, MICHEL PT, JABLENSKY AV
Association between reduced duration mismatch negativity (MMN) and raised temporal discrimination thresholds in schizophrenia., Clin Neurophysiol, 2003, 114:2061-70

Book Chapters
FABRIKANT S, JANSEN B, HALLMAYER J, BRETT A, JOHNSTON J, JABLENSKY A

JABLENSKY A

Collaborating Institutes
Centre for Clinical Research in Neuropsychiatry, Perth
Duke University Medical Center, USA
Institute for Ageing & Health, Neuroradiology (University of Newcastle-upon-Tyne), UK
Institute for Ageing & Health, Psychiatry (University of Newcastle-upon-Tyne), UK
Osborne Park Hospital, Perth
University of Western Australia (School of Medicine & Pharmacology), Perth
University of Western Australia (School of Surgery & Pathology), Perth
University of Western Australia, Perth

University of Western Australia (School of Surgery & Pathology)
Original Articles and Papers
ALLISON GT

ALLISON GT, FUKUSHIMA S


COSTER J, MCCARRY R, HALL J

DUNNE JW, SINGER BJ, ALLISON GT
Velocity dependent passive muscle stiffness., J Neurol Neurosurg Psychiatry, 2003, 74:283

EASTWOOD PR, ALLISON GT, SHEPHERD KL, SZOLLOS I, HILLMAN DR
Heterogeneous activity of the human genioglossus muscle assessed by multiple bipolar fine-wire electrodes., J Appl Physiol, 2003, 94:1849-58

HALL JC
Surgeon scientists and the need for more experiments., ANZ J Surg, 2003, 73:561

HALL JC, DOBB G, DE SOUSA R, BRENNAN L, MCCARRY R

HALL JC, ELLIS C, HAMDORF J
JEFFERIES H, BOT J, COSTER J, KHALIL A, HALL JC, MCCAULEY RD

JEFFERIES H, COSTER J, KHALIL A, BOT J, MCCAULEY RD, HALL JC

LIM EM, SIKARIS KA, GILL J, CALLEJA J, HICKMAN PE, BEILBY J, VASIKARAN SD
A discussion of cases in the 2001 RCPA-AQAP Chemical Pathology Case Report Comments Program., Pathology, 2003, 35:145-50

PICKARD CM, SULLIVAN PE, ALLISON GT, SINGER KP

SINGER BJ, JEGASOTHY G, SINGER KP, ALLISON GT

TAN CI, KENT GN, RANDALL AG, EDMONDSTON SJ, SINGER KP

THOMAS MAB, LUXTON G, MOODY HR, WOODROFFE AJ, KULKARNI H, LIM W, CHRISTIANSEN FT, OPELZ G

WHITFIELD AJ, MARAIS AD, ROBERTSON K, BARRETT PHR, VAN BOCKXMEER FM, BURNETT JR
Four novel mutations in APOB causing heterozygous and homozygous familial hypobetalipoproteinemia., Hum Mutat, 2003, 22:178

YAO V, MCCAULEY R, COOPER D, PLATELL C, HALL JC

YAO V, PLATELL C, HALL JC

Collaborating Institutes
Boston University, USA
Canberra Hospital, Canberra
Curtin University of Technology (Physiotherapy), Perth
Fremantle Hospital (Nephrology), Perth
Institute of Health Professionals, USA
Melbourne Health, Melbourne
PathCentre, Perth
QE11 Medical Centre (see Sir Charles Gairdner Hospital), Perth
Robarts Research Institute, CANADA
Royal College of Pathologists of Australasia (Quality Assurance Program), Adelaide
Sir Charles Gairdner Hospital (Nephrology), Perth
Sir Charles Gairdner Hospital, Perth
University of Capetown, SOUTH AFRICA
University of Heidelberg, GERMANY
University of Ottawa (Heart Institute), CANADA
University of Western Australia (Faculty of Life & Physical Sciences), Perth
University of Western Australia (School of Surgery & Pathology), Perth
Urology
Original Articles and Papers

MENDELSOHN RM, ARNOLD-REED DE, KUAN M, WEDDERBURN AW, ANDERSON JE, SWEETMAN G, BULSARA MK, MANDER J
Renal colic: a prospective evaluation of non-enhanced spiral CT versus intravenous pyelography., Australas Radiol, 2003, 47:22-8

Collaborating Institutes
University of Western Australia (School of Population Health), Perth

Vascular Surgery
Original Articles and Papers

TEH LG, SIEUNARINE K, VAN SCHIE G, VASUDEVAN T
Spontaneous common iliac artery dissection after exercise., J Endovasc Ther, 2003, 10:163-6

TEH LG, VAN SCHIE G, SIEUNARINE K
Deep circumflex iliac artery as a cause of type II endoleak., J Endovasc Ther, 2003, 10:154-7

WAIMR (Centre for Medical Research), Perth campus
Original Articles and Papers

CULL VS, TILBrook PA, BARTLETT EJ, BREKALO NL, JAMES CM

HODGSON JM, WATTS GF

JABLENSKY AV, KALAYDJIEVA LV

LOWES KN, CROAGER EJ, ABRAHAM LJ, OLYNYK JK, YEOH GC, YEOH GCT
Upregulation of lymphotoxin beta expression in liver progenitor (oval) cells in chronic hepatitis C., Gut, 2003, 52:1327-32

MAIER H, OSTRAAT R, PARENTI S, FITZSIMMONS D, ABRAHAM LJ, GARVIE CW, HAGMAN J

MCINTYRE MQ, PRICE P, FRANCHINA M, FRENCH MA, ABRAHAM LJ

SARNA MK, INGLEy E, BUSFIELD SJ, CULL VS, LEPERE W, MCCARTHY DJ, WRIGHT MJ, PALMER GA, CHAPPELL D, SAYER MS, ALEXANDER WS, HILTON DJ, STARR R, WATOWICH SS, BITTorf T, KLINKEN SP, TILBROOK PA

WHITFIELD AJ, MARAIS AD, ROBERTSON K, BARRETT PHR, VAN BOCKXMEER FM, BURNETT JR
Four novel mutations in APOB causing heterozygous and homozygous familial hypobetalipoproteinemia., Hum Mutat, 2003, 22:178

Collaborating Institutes
MD Anderson Cancer Centre, USA
Murdoch University (WABRI), Perth
Royal Melbourne Hospital (Walter & Eliza Hall Institute for Medical Research), Melbourne
Collaborating Institutes

University of Capetown, SOUTH AFRICA
University of Colorado, USA
University of Maryland (Chemistry & Biochemistry), USA
University of Rostock, GERMANY
University of Western Australia (School of Biomedical & Chemical Sciences), Perth
University of Western Australia (School of Medicine & Pharmacology) Fremantle Hospital Unit, Fremantle
University of Western Australia (School of Surgery & Pathology), Perth
Western Australian Institute for Medical Research (WAIMR), Nedlands Campus, Perth

WAIMR (Laboratory for Cancer Medicine)

Original Articles and Papers

ADAMS DJ, BEVERIDGE DJ, VAN DER WEYDEN L, MANGS H, LEEDMAN PJ, MORRIS BJ

GILES KM, DALY JM, BEVERIDGE DJ, THOMSON AM, VOON DC, FURNEAUX HM, JAZAYERI JA, LEEDMAN PJ
The 3'-untranslated region of p21WAF1 mRNA is a composite cis-acting sequence bound by RNA-binding proteins from breast cancer cells, including HuR and poly(C)-binding protein., J Biol Chem, 2003, 278:2937-46

LOWES KN, CROAGER EJ, OLYNYK JK, ABRAHAM LJ, YEOH GC, YEOH GCT
Oval cell-mediated liver regeneration: Role of cytokines and growth factors., J Gastroenterol Hepatol, 2003, 18:4-12

NG P, LENZO NP, MCCARTHY MC, THOMPSON I, LEEDMAN PJ

SARNA MK, INGLEY E, BUSFIELD SJ, CULL VS, LEPERE W, MCCARTHY DJ, WRIGHT MJ, PALMER GA, CHAPPELL D, SAYER MS, ALEXANDER WS, HILTON DJ, STARR R, WATOWICH SS, BITTORF T, KLINKEN SP, TILBROOK PA

YU H, STASINOPoulos S, LEEDMAN P, MEDCALF RL
Inherent instability of plasminogen activator inhibitor type 2 mRNA is regulated by tristetraprolin., J Biol Chem, 2003, 278:13912-8

Collaborating Institutes

MD Anderson Cancer Centre, USA
Monash University (Medicine), Melbourne
Royal Melbourne Hospital (Walter & Eliza Hall Institute for Medical Research), Melbourne
University of Connecticut Health Center, USA
University of Rostock, GERMANY
University of Sydney, Sydney
University of Western Australia (School of Biomedical & Chemical Sciences), Perth
University of Western Australia (School of Medicine & Pharmacology) Fremantle Hospital Unit, Fremantle
CONTINUING RESEARCH

Simon Mallal: $10m grant from the Bill & Melinda Gates Foundation for HIV research.

Prof Simon Mallal is recipient of $US10m from the Bill and Melinda Gates Foundation. These funds will be used to research aspects of HIV infection and vaccine development. This large grant is acknowledgment of Prof Mallal and his team’s great contribution in the area of HIV research and will allow substantial research over the next 5 years and international collaboration.

Dr Fiona Wood, Australian of the Year. Opening of Dr Fiona Wood’s new Burns facility at Royal Perth Hospital.

The hospital was very pleased to open this world class Burns facility on the 11th floor of RPH in March 2005. It is acknowledgment of the extraordinary contribution that Dr Wood and her team have made to burns research and clinical management. The hospital was extremely pleased that Prince Charles found time in his busy schedule to visit the unit and meet with Dr Wood and other senior hospital executives.

Royal Perth Hospital has very good success in NHMRC funding in the 2005 round.

RPH Campus investigators are underlined.

Iacopetta, Goldblatt, Prof David Ravine, Population-based detection of hereditary non-polyposis colorectal cancer: development of new best practice

Dr Nicola Lautenschlager, Prof Osvaldo Almeida, Prof Leon Flicker, Insight and cognitive decline in older adults with Mild Cognitive Impairment

Prof Osvaldo Almeida, J Pfaff, Kerse, Snowdon, Goldney, Pirkis, Reducing depression and suicide amongst older Australians: a clustered randomised clinical trial in primary health care

Dr Grant Waterer, Genetic determinants of interleukin-10 response after infectious stimuli

Prof Peter Leedman, A/Prof Matthew Wilce, Regulation of androgen receptor and erbB-2 gene expression in prostate cancer: role of the Hu proteins

LoGiudice, Prof Leon Flicker, Prof Osvaldo Almeida, Dr Nicola Lautenschlager, Assessing the health needs of older Indigenous Australians living in the Kimberley

Prof Luba Kalaydjieva, Prof Assen Jablensky, Kaneva, Hallmayer, Bipolar affective disorder in a genetic isolate

A/Prof Barrett and Dr Waterer were awarded a NHMRC Senior Research Fellowship and a Clinical Career Development Award, respectively.

Heart Foundation grants for 2005

Prof Ian Puddey, Dr Anne Barden, Prof Lawrie Beilin, Prof Kevin Croft – Cytochrome P-450 metabolites of Arachidonic acid and Cardiovascular function in the metabolic syndrome

Prof Graeme Hankey, Assoc Prof F Bockxmeer, Dr Ross Baker, Dr John Eikelboom – VITATOPS Study – a randomised, double-bind, placebo-controlled trial of vitamin to prevent stroke

Royal Perth Hospital campus has new Chair of Diabetes Research.

Prof Grant Morahan commenced working in the MRF building within WAIMR laboratories early in 2005. Prof Morahan is a world-renowned diabetes genetic researcher who has identified novel genes involved in the development of insulin requiring diabetes. He brings enormous expertise in models of diabetes and genetics to the campus having relocated from the prestigious Walter and Eliza Hall Institute for Medical Research in Melbourne.
New approaches to target breast cancer: screening for novel inhibitors of the protein kinase aurora-A

With at least 6.2 million cancer related deaths each year, there is a critical need for new approaches to treat cancer patients. One mediator of breast, colorectal, ovarian and gastric cancer is a protein called Aurora-A. It is increased in >94% of invasive duct breast cancers. Here we propose to exploit a powerful genetic screening protocol to identify novel inhibitors of Aurora-A. We will then test these inhibitors in cells for their actions to stop the growth of cancer cells.

Prof John Olynyk The University of Western Australia, Dr Belinda Knight The University of Western Australia, Dr Bu Yeap The University of Western Australia, Prof George Yeoh The University of Western Australia (Associate Investigator)

Investigating the effectiveness of anti-inflammatory drugs in preventing the progression of chronic liver disease to hepatocellular carcinoma

Liver cancer is the most common solid organ tumour worldwide, yet no adequate therapies are currently available for its prevention or treatment. Previous studies have suggested that inflammation mediates the early stages of liver carcinogenesis. Thus, drugs which inhibit inflammatory pathways may prevent or delay liver cancer formation. The proposed experiments will determine whether two anti-inflammatory drugs are modulate liver carcinogenesis in a mouse model. Through these studies, we hope to reveal new therapies for the prevention/treatment of liver cancer.
Two new prestigious NHMRC Peter Doherty Fellows:

Dr Louisa MacDonald from Walter & Eliza Hall Institute of Medical Research, Melbourne from Prof Peter Colman’s Laboratory of Structural Biology.

Dr MacDonald has relocated to WAIMR to continue her structural biology studies in the Laboratory for Cancer Medicine, working closely with Prof Peter Leedman.

Dr Malcolm Lyons. Dr Lyons has relocated from the University of Sydney, an expert in bioinformatics, and will be working with Prof Grant Morahan in the genetics of diabetes.

There were multiple projects in 2004 underway, some of which are listed below. These represent projects funded by the MRF in their annual round of funding, which is based on the financial year calendar.

ASSOCIATE PROFESSOR L J ABRAHAM
Role of DNA methylation and chromatin modifications in the
Transcriptional dysregulation of CD30 in Hodgkin’s and non-Hodgkin’s Lymphoma.
Funding: $12,500

PROFESSOR L ARNOLDA
Vascular Structure and Function in Stroke: Effects of Folic Acid,
Vitamin B6 and Vitamin B12
Funding: $11,721

DR J BENTEL
In vivo regulation of cell cycle in breast tumours
Funding: $8,000

DR S COLLEY
Functional characterisation of MET and its role in Human disease
Funding: $12,500

DR T CORCORAN
To determine the impact of continuous veno-venous hemo-diafiltration
on neutrophil NF-κB activation, whole body oxidative stress and injury
severity in a smoke inhalation induced lung injury model
Funding: $10,900

DR G DOBB
Steroids and sepsis: effect of macrophage migration inhibitory factor
genotype on responsiveness to glucocorticoids and influence of cortisol
binding globulin on cortisol responses to synacthen
Funding: $11,320

DR N LENZO
F18-Fluoromethylcholine (FCH) imaging in patients with prostate
carcinoma, who are PSA positive without disease localised on
standard imaging
Funding: $11,500

DR C MAMOTTE
Influence of atorvastatin on the expression of genes for the LDL
receptor (LDLR) and for LDLR-related protein (LRP); and identification
of additional genes influenced by atorvastatin
Funding: $10,000

DR V MATTHEWS
The effect of Suppressor of Cytokine Signalling-3 (SOCS-3) on liver
progenitor cell proliferation and differentiation
Funding: $9,000

DR R NICHOLLS
Strain behaviour of the posterolateral tissues of the knee – implications
for stability and joint function
Funding: $8,852
MR J O’REILLY
Gene expression of malignant plasma cells from multiple myeloma patients with monosomy 13q or 13q deletion, a marker of poor prognosis

Funding: $2,500

DR P PRICE
An animal model to evaluate the role of TNF in the pathogenesis of ischemia reperfusion injury and in the protection conferred by ischemic pre-conditioning

Funding: $11,157

PROFESSOR D RAVINE
A focussed search for a novel gene responsible for autistic spectrum disorder

Funding: $12,500

DR R M SCAIFE
Pharmacological down-regulation of cyclin B

Funding: $12,000

DR M THOMAS
Characterisation of novel NKX3.1 target genes using chromatin immunoprecipitation (ChIP) assays

Funding: $8,994

DR L WINTERINGHAM
The effect of Myeloid Leukemia Factor 1 on the multi drug resistance gene MDR1

Funding: $12,500

In addition, shared Laboratory space was also granted to:

DR M WATSON
Molecular analyses of Viral Interference in Interferon-α Mediated Jak-STAT Signalling

0.5 FTE Technical Assistant – for 6 months and 1 x Laboratory Module
MENTAL HEALTH SERVICE

COMPLETED RESEARCH – CCRN PAPERS


PRESENTATIONS


Morgan, V Pregnancy, delivery, and neonatal complications in a population cohort of women with schizophrenia and major affective disorders. UWA School of Population Health Seminar Series, April 2005


Morgan, V Psychiatric morbidity and intellectual disability: A study in comorbidity. WA Community Mental Health Forum, Sep 2004

Morgan, V Understanding psychosis: The role of risk factor epidemiology. Academic Hour. WA Dept of Health Alma Street Centre, Fremantle, May 2004

Martin-Iverson MT. Are there animal models of psychosis? Centre for Clinical Research in Neuropsychiatry seminar, June 2004.


INVITED LECTURES AND SEMINARS

(James Fletcher Hospital) Newcastle, Australia, hosted by Hunter Medical Research Institute (HMRI), Neuroscience Institute of Schizophrenia and Allied Disorders (NISAD), and The University of Newcastle, February, 2004.


Morgan, V. Pregnancy, delivery, and neonatal complications in a population cohort of women with schizophrenia and major affective disorders. UWA School of Population Health Seminar Series, Apr 2005.


PUBLICATIONS ARISING OUT OF WORK CONDUCTED AT CCRN OR BY CCRN STAFF, RESEARCHERS AND STUDENTS


**ORAL PRESENTATIONS**


A Jablensky, J Badcock, M Dragovic, CR Cloninger Cognitive deficits and personality traits in schizophrenia. World Federation of Societies in Biological Psychiatry, Vienna, 2005


DJ Rock & JF Hallmayer. Case fatality determines the seasonality of deliberate self harm in Western Australia but important differences exist between population sub-groups. Australasian Society for Psychiatric Research Annual Scientific meeting, Fremantle 2004


M Dragovic, G Hammond, J Badcock, A Jablensky. Laterality phenotypes in schizophrenia patients, their siblings and control subjects: associations with cognitive variables (poster). Australasian Society for Psychiatric Research Annual Scientific meeting, Fremantle 2004

**COMPLETED RESEARCH – NEUROSCIENCES UNIT**

A Comparison of Three Memory Tests of Biased Responding to Detect Sub-Optimal Effort in a Litigating and Non-Litigating Clinical Population (Connor, C., & Foster, J.)

“Medication effects and error monitoring in mild to moderate Parkinson's Disease” (Crawford, A.; & Fox, A)

Reactions of Carers in Early Onset Dementia (Panegyres, P., et al.)

Language Disturbance in Progressive Language Disorder (PLD) and Alzheimer's Disease (AD): Is there a difference? (Panegyres, P., Elliott, K., & Hird, K.)

MENTAL HEALTH SERVICE

CONTINUING RESEARCH - CCI
- Benchmarking studies of individual and group cognitive behavioural therapy;
- Mechanisms of change in cognitive behaviour therapy: e.g. between session tasks, the therapeutic relationship, self efficacy and expectations of behaviour change
- Patient personality styles and outcomes in cognitive behaviour therapy;
- Cognitive processes in social anxiety disorder
- CBT of Bipolar Affective Disorder: issues affecting outcomes e.g. comorbidity of anxiety disorders, the role of self efficacy
- Exploring the efficacy of a mindfulness based group intervention program for individuals diagnosed with mood disorder who have not responded to more traditional cognitive-behavioural treatment approaches.
- Mental Control and the Use of Thought Suppression in Social Anxiety Disorder
- Evaluation of the Fairburn enhanced CBT for eating disorders.

CONTINUING RESEARCH - GRAYLANDS HOSPITAL
“A prospective observational study of the safety and effectiveness of intramuscular psychotropic medication in patients who are acutely agitated”. A multicentre study sponsored by Eli Lilly.

e-STAR Electronic Schizophrenia Treatment Adherence Registry - An observational registry to collect data on patients with schizophrenia receiving treatment with Risperdal Consta”. A multi-centre study sponsored by Janssen-Cilag.

“Antipsychotic medication and cannabis use on prepulse inhibition of the startle reflex in schizophrenia”. Dr Mathew Martin-Iverson, Associate Professor, UWA, as chief investigator. Research grant obtained from the National Health and Medical Research Council. (In collaboration with CCRN)

“Catatonia in neuroleptic malignant syndrome (NMS) and subtypes of NMS”. A collaborative study with Dr Brendan T Carroll, Associate Professor of Psychiatry, University of Cincinnati, Ohio, USA, by reviewing cases referred to the US Neuroleptic Malignant Syndrome Information Service.

“Repetitive transcranial magnetic stimulation in the treatment of depression”. In collaboration with CCRN.

CONTINUING RESEARCH - NEUROSCIENCES UNIT
“A prospective observational study of the safety and effectiveness of intramuscular psychotropic medication in patients who are acutely agitated”. A multicentre study sponsored by Eli Lilly. (Lee, J.)

e-STAR Electronic Schizophrenia Treatment Adherence Registry - An observational registry to collect data on patients with schizophrenia receiving treatment with Risperdal Consta”. A multi-centre study sponsored by Janssen-Cilag. (Lee, J.)

“Antipsychotic medication and cannabis use on prepulse inhibition of the startle reflex in schizophrenia” (Lee, J.) & Dr Mathew Martin-Iverson, Associate Professor, UWA, as chief investigator. Research grant obtained from the National Health and Medical Research Council. (In collaboration with CCRN)

“Catatonia in neuroleptic malignant syndrome (NMS) and subtypes of NMS”. A collaborative study with Dr Joseph Lee and Dr Brendan T Carroll, Associate Professor of Psychiatry, University of Cincinnati, Ohio, USA, by reviewing cases referred to the US Neuroleptic Malignant Syndrome Information Service.

“Repetitive transcranial magnetic stimulation in the treatment of depression” (Lee, J). In collaboration with CCRN.

Neurobiological Predictors of Huntington’s Disease (Predict HD) (Zombor, R., Panegyres, P., & Connor, C.)

Ecological Validity of the Rey-Osterrieth Complex Figure: Do Organisational and Strategy Scores Predict Real-World Executive Function Deficits in Primary School Children? (Davies, S).

Aetiology of the Natural History of Early Onset Dementia (Panegyres, P., et al.)
Cognitive Neuropsychological Differentiation of Early Onset Alzheimer’s Disease (AD) and Frontotemporal Dementia (FTD) (Panegyres, P., et al.)

The effects of a verbal self-regulation intervention aimed at facilitating a transition from verbal pliance to verbal tracking. (Grobbelaar, M; Arco, L., & Connor, C).

Contribution of Functional Imaging (PET & SPECT) to the Diagnosis of Early Onset Dementia (Panegyres, P., Zombor, R., et al.)

The Use of the T2 Parameter of Magnetic Resonance Imaging (MRI) for Predicting and Identifying Age-Related Neurocognitive Decline (Foster, J., et al.)


“Validation of a new scoring system for the Clock Drawing Test” (Hoeltje, C).

Neuropsychological correlates of social dysfunction in neurological patients with frontal and non-frontal pathology (Wong, D).


“Validation of a new scoring system for the Clock Drawing Test” (Hoeltje, C).

Neuropsychological correlates of social dysfunction in neurological patients with frontal and non-frontal pathology (Wong, D).

Cognitive Neuropsychological Differentiation of Early Onset Alzheimer’s Disease (AD) and Frontotemporal Dementia (FTD) (Panegyres, P., et al.)

The effects of a verbal self-regulation intervention aimed at facilitating a transition from verbal pliance to verbal tracking. (Grobbelaar, M; Arco, L., & Connor, C).

Relating Theory of Mind, Executive Function and Social Vulnerability in Patients with Frontal Lobe Impairments (Wong, D., et al.)
SOUTH METROPOLITAN AREA HEALTH SERVICE
RESEARCH COMPLETED BETWEEN 1 JULY 2004 - 30 JUNE 2005

Alma Street Centre (Mental Health)
- The Use of Circadian Heart Rate Pattern Analysis to Evaluate Response of Prescribed Treatment for Depression and Anxiety at Primary Care Level.
- The Satisfaction-10: Validity and Reliability of a Brief Satisfaction Scale for Patients, Carers and Referrers.

Anaesthesia
- A Comparison of Oxygen Versus Oxygen Enriched Air During Cardiopulmonary Bypass on Neuropsychological Outcome.

Biochemistry
*Research completed in 2005, manuscript in preparation:*

*Submitted for publication*
- Chubb SAP, Davis WA, Davis TME. Interactions between thyroid function, insulin sensitivity and serum lipid concentrations: The Fremantle Diabetes Study. Submitted to J Clin Endocrinol Metab.
- Melanie S. Burkhardt1,2, Jonathan K. Foster2,3, Roger M. Clarinette2,4,6, S.A. Paul Chubb5, David G. Bruce4,6, Peter D. Drummond1, Ralph N. Martins2 and Bu B. Yeap6,7 Interaction between testosterone and APOE genotype on cognition in healthy older men: The Fremantle Endocrinology of Ageing Research Study. Submitted to J Clin Endocrinol Metab.

Cardiothoracic Surgery
- Evaluation of the calcification behaviour of ADAPT treated porcine valve tissue in a juvenile sheep model.
- Decellularization and crosslinking of kangaroo pericardial matrix - Crosslink stability and calcification behaviour in the subcutaneous rat model.

Cardiovascular Medicine
- Pravastatin or Atorvastatin Evaluation and Infection Therapy (PROVE IT). Protocol No. CV123-229.

Dermatology Department

Diagnostic Unit
- MRC Adjuvant Gastric Infusional Chemotherapy Trial (MAGIC Trial). A Randomised, Controlled Trial of Pre- and Post-Operative Chemotherapy in Patients with Operable Gastric and lower Oesophageal Cancer. MAGIC STUDY.
- Eighteen Year Follow Up of Dyspepsia in the Busselton Population.

Dietetics Department

Diving and Hyperbaric Medicine Unit
- Women and Decompression Illness – relationship of decompression illness to the menstrual cycle and oral contraceptive pill. (Fremantle Hospital was participating in this collaborative study by way of data collection. The preliminary results were published in Aviation Space and Environmental Medicine 2003;74:1177-1182. Data collection was ceased in May 2005 as trends were not changing with additional data)
General Practice Department
- General Practitioner Compared to Hospital-Based Follow-Up of Patients Who Have Colorectal Cancer.

Geriatric Medicine
- Fremantle Endocrine and Ageing Study.
- Fremantle Diabetes and Cognition Study.
- Clinical Drug Trial - Efficacy of S18986 on cognitive symptoms in Mild Cognitive Impairment.
- Improving the Mental Health of Dementia Carers: A Health Promotion Approach. Bruce, David

Haematology
- Van Gogh-DVT Trial (Sanofi-Synthelabo). A multicentre, international, randomised, open-label, assessor-blind, non-inferiority study comparing the efficacy and safety of once-weekly subcutaneous SanOrg34006 with the combination of (LMW) Heparin and vitamin K antagonist (VKA) in the treatment of acute symptomatic deep vein thrombosis.
- I\(^{131}\) Radiolabelled Rituximab Study (Fremantle Hospital). Radioimmunotherapy with iodine-131 Anti-CD 20 chimeric Murine/Human monoclonal antibody (Rituximab) for relapsed or refractory low grade Non-Hodgkin’s Lymphoma (closed early 2005).
- Myeloma Study MM6 (Alfred Hospital/Melbourne). A Multicentre Randomised Phase III Study of low-dose Thalidomide, Prednisolone and Zoledronic Acid versus Prednisolone and Zoledronic Acid for Post-ASCT Maintenance Therapy in Patients with Multiple Myeloma (closed early 2005).
- The Van Gogh-Extension Trial. A multicenter, international, randomized, double-blind, study comparing the efficacy and safety of once-weekly subcutaneous SanOrg 34006 with placebo in the long-term prevention of symptomatic venous thromboembolism in patients with symptomatic pulmonary embolism or deep-vein thrombosis who completed 6 months of treatment with vitamin K antagonist or SanOrg 34006.
- BEAM I-131 Trial (Fremantle Hospital). Autologous Bone Marrow/Peripheral Blood Stem Cell Transplantation for relapsed or refractory B-cell Non-Hodgkin’s Lymphoma, using radioimmunotherapy (I\(^{131}\) Rituximab) and BEAM conditioning. A Phase I/II Single Centre Study.

Infectious Diseases Department
- Safety and Efficacy of AmBisome Vs Conventional Amphotericin B in the Treatment of Patients with Suspected or Confirmed Mycosis. Protocol 104-CM-AUS - Dr. John Dyer, principal investigator
- FAST Study – Efficacy of increased dose of Famciclovir over reduced time in treatment of genital herpes - Dr Lewis Marshall, principal investigator

Immunology Department
- T Cell Dysfunction in Healthy Elderly Individuals Who Fail to Produce Protective Antibody Responses to Influenza Vaccination.
- Anti-Viral T Cell Responses in Patients with Chronic Hepatitis C Infection.

Intensive Care Unit
- Effect of Glucose-Insulin-Potassium Infusions on Elective Coronary Artery Bypass Patients.

Mental Health Services
- Review of South Metropolitan Area CAMHS Waitlists conducted by Patrick Marwick and Dr Shina Adesanya.
- CAMHS Consumer and Carer Survey undertaken by Area CAMHS Clinical Governance Sub Committee.
- Dialectical Behaviour Therapy Programme for Young People Evaluation Model by Keren Geddes, Ph D thesis.
- Managing BPSD – A Training Program for Home-Based Carers. Sue Dicker, Dr Sudarshan Chawla, Margaret Duckworth, Seniors Mental Health Service, Fremantle.
- Evaluation of a Carer Training Project for the Management of Behavioural and Psychological Symptoms of Dementia (BPSD) by Home Based Carers. Sue Dicker, Dr Neil Preston, Dr Sudarshan Chawla, Seniors Mental Health Service, Fremantle.
• A Spaced Retrieval Programme to Aid Memory in Patients Diagnosed with Mild to Moderate Dementia of the Alzheimer’s Type. Dr Michelle Reid, Seniors Mental Health Service, Fremantle

Microbiology
• A Phase 2, Randomised, Double-Blind, Placebo-Controlled Safety and Efficacy Study of a Recombinant Chimeric Monoclonal Antibody Against Human CD14 (IC14) in Hospitalised Patients with Community-Acquired Pneumonia Sepsis. Protocol No. EPN01.

Nuclear Medicine
• 177Lu-DOTATOC treatment of carcinoid and neuroendocrine tumours: Preclinical pharmacokinetic evaluation in rats.
• Myocardial perfusion imaging for risk stratification of patients on presentation with acute chest pain.

Nursing Administration
• A Comparison of the Effectiveness of Daily TenderWet® Dressings and QID Normal Saline Compress as Wound Debridement Agents.

Nursing Evaluation & Research
• Health Professionals’ perception of the practice and management of infectious diseases.
• Administration of Intramuscular Injections: A Review of Current Practices by Mental Health and General Nurses.

Orthopaedic Surgery Department
• In Vivo Measurement of Periosteal Blood Flow During Drilling for Internal Fixation of Tibial Fractures.
• Changes in biochemical markers after lower limb fractures. Submitted to Bone.
• Intraosseous blood flow disturbance during a medial or lateral arthrotomy in total knee arthroplasty: a Laser Doppler flowmetry study.
• Comparison of invasive and non-invasive methods for measuring ligament strain: isolated and in vitro studies.
• Software development and validation for an in vitro tibio-femoral force measurement hardware system.
• Design of a rig for passive motion testing in the knee joint.
• "Tibial Tubercle Osteotomy for Total Knee Replacement: a Biomechanical Study of Fixation Techniques.
• Ligamentous balancing in Total Knee Replacement. A cadaver study. Currently the data will be analysed and the paper will be presented in October at the AOA congress. Dr Jeffcote was a recipient of an AOA grant.
• Should the lateral approach become the standard for TKA. A prospective randomised study comparing the medial and lateral approach for TKA.
• Influence of plate length, number and position of screws and material properties of an LC-DCP on construct stiffness and stress shielding.
• The pull out strength of locked internal fixators and conventional plates.
• The bilateral Popliteal Artery Entrapment Syndrom (PAES) in a young patient.
• Radiological migration analysis of the uncemented Fitek cup in total hip arthroplasty.
• Biomechanical assessment of current trochanter refixation devices.
Pain Clinic
- Cortisol as an Indicator of Change in the Treatment of Chronic Pain.
- Chronic Pain and Hyperventilation.

Pharmacy
- Factors affecting metformin plasma concentrations. Amani Phillip/Sohaila Shareef Almadhi, Dr David Bruce, Dr Rhonda Clifford, Richard Wojnar-Horton
- Peritoneal dialysis associated peritonitis. Liz Georgeson
- Association between gabapentin and UTI’s. Laura Hoskin

Physiotherapy

Psychology Department

Renal Unit
- Role of the steroidogenic acute regulatory (StAR) protein gene in aldosterone synthesis. (paper submitted)
- Effects of smoking on renal function in patients with diabetes (paper submitted).
- Pilot study of the role of pentoxifylline (Trental) in the treatment of anaemia and hypoferritinaemia in chronic renal failure.
- Albumin-corrected or ionised calcium in end-stage renal disease? The need for an improved algorithm.

School Of Medicine & Pharmacology
- The Expression of Divalent Metal on Iron Transporter 1 (DMT1) in Patients with Iron Deficient Anaemia of Uncertain Origin.
- A Phase III, Multinational, Multi-Site, Double-Blind, Placebo-Controlled, 36 Week Study to Assess the Safety and Efficacy of the Engineered Human Anti-TNF-Alpha Antibody, CDP571, to Prevent Disease Flare Whilst Allowing Steroid Withdrawal in Steroid Dependent Patients With Crohn's Disease Following an Intravenous Dose of 10mg/kg CDP571 Given at 8 Week Intervals. Protocol No. CDP571-013.
- Long-Term Assessment of Treatment Outcomes with Entecavir and Lamivudine for Chronic Hepatitis B Infection in Patients who have Enrolled in Phase III Entecavir Trials. Protocol No. A1463-049.
- A Randomised, Double-Blind Trial of LdT (Telbivudine) Versus Lamivudine in Adults with Compensated Chronic Hepatitis B. Protocol No. NV-02B-007.
- WA Colorectal Cancer Screening Project.
- A Multicentre, Randomised, Parallel Group, Active and Placebo-Controlled, Double-Blind Study Conducted Under In-House Blinding Conditions to Determine the Incidence of Gastroduodenal Ulcers in Patients with Rheumatoid Arthritis After 12 Weeks of Treatment
- Dose Ranging Study of S 15261-3 Administered Orally b.i.d. at the Dose of 12.5 mg, 25 mg, 50 mg, 100 mg and 200 mg for 12 Weeks in Type 2 Diabetic Patients: A Multicentre, Randomised, Double-Blind, Phase Ib Study Versus Placebo and Metformin.
- A 16 Week, Multi-Centre, Multi-National, Open, Randomised, Three-Group Parallel Study Comparing Administration of Insulin Detemir at 12 Hour Intervals, Insulin Detemir Morning and Bedtime and NPH Morning and Bedtime in Subjects With Type 1 Diabetes.
- Effect of AC2993 (Synthetic Exendin-4) Compared with Insulin Glargine in Patients with Type 2 Diabetes Also Using Combination Therapy with Sulfonylurea and Metformin. Protocol No. H8O-MC-GWAA.

School Of Surgery & Pathology
- Genetic Profiling in Venous Ulcer Patients: A Pilot Study.
- Genetic Association Study in Chronic Venous Ulceration.
• An evaluation of the NHMRC Guidelines for the prevention, early detection and management of colorectal cancer; A guide for patients, their families and friends; The perspective of the colorectal cancer patient.
• A Multi-centre, prospective, randomised study to compare the efficacy of a new compression bandage system with PROFORE in the treatment of venous leg ulcers. Protocol CT00/04
• Signal Transduction Through Protease Activated Receptors During Wound Healing.
• Pilot Study of Medicated Honey in Chronic Venous Leg Ulcers.
• Genetic Profiling in Venous Ulcer Patients II.
• Preventing Complications of Cholecystectomy: Population Trends, Case Selection and Intra-operative Cholangiography.
• An Evaluation of Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers (Pilot Study Fremantle Hospital).

Urology
• Prospective Audit of Radical Cystectomy & Ileal Neo-bladder reconstruction at Fremantle Hospital 2003/04. Dr SE La Bianca.
• Comparison of tensile strengths of various suture materials used in current urological practice. Dr A Vujovic.
• Prospective Audit of Laparoscopic Radical Prostatectomy at Fremantle Hospital 2004. Dr D Sofield.

Ward V6
• Prevention of Sporadic Colorectal Adenomas with Celecoxib. Mollison, Lindsay
• A Randomised Double Blind, Placebo Controlled Trial of a Chinese Herbal Medicine Preparation (CH100) for the Treatment of Chronic Hepatitis C Infection.
LIST OF ONGOING RESEARCH BETWEEN 1 JULY 2004 - 30 JUNE 2005

**Alma Street Centre FH (Mental Health)**
- The Use of Circadian Heart Rate Pattern Analysis to Evaluate Response of Prescribed Treatment for Psychiatric Disorders in a Hospital Setting.
- e-STAR Electronic Schizophrenia Treatment Adherence Registry.
- Assessment of Circadian Heart Rate Patterns, Body Mass Index, Serum Lipid Levels and Blood Sugar Levels in Patients with Schizophrenia Undergoing Treatment with ‘Clozapine’ Compared to ‘Depot’ Injections.

**Armadale Health Service**
- Post Natal Depression intervention that includes both mothers and fathers.
- A preliminary study of the pharmacokinetics and clinical efficacy of hydromorphone nasal analgesia spray.

**Mental Health**
- Personality Factors Associated with Help Seeking Behaviour in Adolescents at Risk of Suicide.

**Ngala**
- Working with Mums and Dads: A Community-Based Response to Post-Natal Depression Research.

**Biochemistry**
- Busselton Androgens and Cognition Study, with B Yeap, and others.
- Prevalence and predictors of osteoporosis in patients with type 1 diabetes, with E Hamilton, T Davis and others.

**Cardiothoracic Surgery**
- The effect of Opioids and Benzodiazepines on myocardial function after acute inflammatory response syndrome in the isolated rat heart model (Grant 2005 - Fremantle Hospital Medical Research Foundation).
- Evaluation of a kangaroo pericardial scaffold for tissue engineered heart valves.
- Evaluation of kangaroo carotid arteries as a possible alternative substitute for small diameter vascular bioprosthetic conduits.

**Cardiovascular Medicine**
- ADONIS STUDY: American-Australian Trial with Dronedarone in Atrial Fibrillation or Flutter Patients for the Maintenance of Sinus Rhythm. Protocol No. EFC4788.
- ONTARGET STUDY: ONgoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial. TRANSCEND STUDY: Telmisartan Randomised AssessmeNT Study in ACE INtolerant Subjects with Cardiovascular Disease.
- ORIGIN STUDY: Outcome Reduction with Insulin Glargine Intervention A Randomised Controlled Trial. A Multicentre, International, Randomised 2 x 2 Factorial Design Study to Evaluate the Effects of Lantus® (Insulin Glargine) Versus Standard Care, and of Omega-3 Fatty Acids Versus Placebo, in
Reducing Cardiovascular Morbidity and Mortality in High Risk People With Impaired Fasting Glucose (1fg), Impaired Glucose Tollerance (1gt) or Early Type 2 Diabetes Mellitus. Protocol No. HOE901/4032.

- **ACUITY Study**: A Randomised Comparison of Angiomax® (Bivalirudin) Versus Lovenox®/Clexane® (Enoxaparin) in Patients Undergoing Early Invasive Management for Acute Coronary Syndromes Without ST-Segment Elevation. Protocol No. TMC-BIV-02-408.
- **CHABLIS Study**: Chronic Heart Failure Angiotensin Blockade with Irbesartan Study. Protocol No. Monash University: CP-02/02.
- **BEAUTIFUL STUDY**: Effects of Ivabradine on Cardiovascular Events in Patients with Stable Coronary Artery Disease and Left Ventricular Systolic Dysfunction: A Three Year, Multi-Centre, International, Randomised, Double-Blind, Placebo-Controlled Study. Protocol No. CL3-16257-056.
- **EZETIMIBE/SIMVASTATIN STUDY**: An Open-Label, Multicentre Study to Assess the Efficacy of Switching to a Combination Tablet Ezetimibe/Simvastatin 10mg/40mg, Compared to Doubling the Dose of Statin in Patients Hospitalised with a Coronary Event. Protocol No. 808-00.

**Coronary Care Unit**
- **OAT STUDY**: Occluded Artery Trial.

**Centre for Applied Nursing Research**
- Randomised Control Trial Comparing the Effectiveness of a Structured Versus Non-Structured Intervention to Enhance Implementation of Evidence Based Guidelines Into Clinical Practice.

**Community & Geriatric Medicine**
- Improving the Mental Health of Dementia Carers: A Health Promotion Approach.
- Prediction of Response to Cholinesterase Inhibitor Therapy in a Prospective Study of Regional Cerebral Blood Flow Measured by Tc-99m-ECD SPECT, Cognition and Neuropsychiatric Symptoms in Patients with Early Dementia.
- Diabetes and Dementia: Studies with the Fremantle Diabetes Study Cohort.
- A Study of the Validity of the General Health Status Questionnaire in the Diagnosis of Depression in People with Diabetes.
- Qualitative Analysis of the Causes Leading to Adverse Drug Events (ADEs) at Fremantle Hospital Utilising Human Error Therapy (Human Factors Engineering.)
- Efficacy of 15mg and 50mg of S 18986 on Cognitive Symptoms in Mild Cognitive Impairment Patients Treated Over a 12-Month Oral Administration Period. An International, Multicentre, 3 Parallel Groups, Randomised, Double-Blind, Placebo-Controlled Phase.

**Community & Women’s Health**
- Evaluation of Type 2 Diabetes Education Programs in the Fremantle Health Service.

**Dermatology Department**
- An Open Multicentre, Phase III Study of Photodynamic Therapy with Metvix 160 mg/g Cream in Patients with "High Risk" Basal Cell Carcinoma. Protocol No. PC T310/00.
- A Multicentre, phase III, double blind study of photodynamic therapy (PDT) with Metvix® 160mg/g cream in comparison to PDT with placebo cream in patients with primary nodular basal cell carcinoma. Protocol No. PC T308/00.
- An Open-Label Study to Evaluate the Safety and Long-Term Clinical Efficacy of Imiquimod 5% Cream Applied Once Daily 7 Days Per Week for 6 Weeks in the Treatment of Superficial Basal Cell Carcinoma. Protocol No. 1413 - IMIQ.
• A Double-Blind, Multicentre, Randomised, Parallel Group Study to Demonstrate the Equivalence of the Response to a Vaccination of a Tacrolimus Ointment Regimen to a Steroid Ointment Regimen in Children with Moderate to Severe Atopic Dermatitis. Protocol No. FG-506-06-27.

• Comparison of Metvix® PDT with Cryotherapy in Subjects with Actinic Keratoses on Locations Other than the Face and Scalp. Protocol No. RD.03.SPR.29041.

• A 12 Week Multicentre Study Consisting of a 6 Week Double Blind, Randomised, Vehicle Controlled, Parallel Group Phase, Followed by a 6 Week Open Label Phase, to Assess the Safety and Efficacy of Elidel Cream 1% in Mild to Moderate Head and Neck Atopic Dermatitis of Patients Intolerant of topical Cortico Steroids. Protocol No. CASM981C2442.

Diabetes Education Unit
• A Survey of Younger Patients with Diabetes Mellitus to Identify Factors Influencing the Delivery and Receipt of Diabetes Care.

Diagnostic Unit
• Prospective, Randomised, Controlled, Double-Blind, Multi-national, Multi-centre Study of G17DT Immunogen in Combination with Gemcitabine Versus Placebo in Combination with Gemcitabine in Previously Untreated Subjects with Locally Advanced (Nonresectable Stage II and III), Recurrent Disease Following Primary Resection, or Metastatic (Stage IV) Adenocarcinoma of the Pancreas. Clinical Study PC4.

• A Randomised Phase III Clinical Trial Comparing Surgery Alone With Concurrent Pre-operative Chemotherapy and Radiation Followed by Surgery for Localised Resectable Carcinoma of the Oesophagus.

• The Australasian, Multi-Centre, Prospective, Randomised Clinical Study Comparing Laparoscopic and Conventional Open Surgical Treatments of Colon Cancer in Adults (ALCCaS).

Diving and Hyperbaric Medicine Unit
• Decompression Illness and S100B – A new biochemical marker? Prospective data collection currently underway.

• Comparison of US Navy Treatment table 6 and Fremantle Hospital Treatment table 01 - A randomised double blind trial comparing the efficacy of treatment tables currently underway.

• Bleomycin and Hyperbaric therapy – What is the risk? An extensive literature search currently underway.

• DAN (Divers Alert Network) Data collection. Fremantle Hospital is part of world wide data collection on multiple facets of diving medicine and injury.

• A Randomised Double Blind, Prospective Study Comparing a Modified USN Table 6 with a Modified USN Table 5 for the Initial Management of Minor Neurological, Pain, Lymphatic/Skin and Constitutional Decompression Illness.

Endocrinology Department
• Influence of Testosterone on the Motor and Behavioural Disorders of Parkinson’s Disease.

• Assessment of Androgen Deficiency in the Elderly Male and it's Relationship to Cognitive Impairment: The Fremantle Endocrinology of Ageing Research Study (FEARS).

Emergency Medicine
• Comparison of Routes of Injection for the Treatment of Envenomation by Red-back Spider: The CRITTER Trial.

• Implementing a Forensic Educational Package for Registered Nurses in West Australian (WA) Emergency Departments.

• Randomised Controlled Trial of Antivenom Treatment for Redback Spider Bite: Intravenous Versus Intramuscular Antivenom.

• Serial Venom and Antivenom Level Analysis in Patients withClinical or Suspected Envenoming Following Snakebite.

• Clinical Spectrum and Mechanisms of Anaphylaxis.

• Comparison of available models of evaluating the cost-benefits, cost effectiveness and return on investments in clinical decision support information technology.

• Emergency Care Hospitalisation and Outcome (ECHO) Study.
Eye Clinic
- A Multicentre, Investigator- Masked, Randomised, Parallel, Six Month Study (with Treatment Extended To 12 Months) of the Safety and Efficacy of Lumigan® 0.3% Ophthalmic Solution Compared with Latanoprost 0.005% Ophthalmic Solution Administered Adjunctively With Timolol Ophthalmic Solution in Patients With Glaucoma or Ocular Hypertension. Protocol No. 192024-710-01.

F5 Clinics
- Immune Responses to Allergens in Patients with Respiratory Allergic Disease.
- The Australian Society for Clinical Immunology and Allergy National Primary Immuno-deficiency Disorder Register.
- Study to Investigate the Prevalence of Coeliac Disease in a Healthy Population, Including a Subset with Iron Deficiency, and Investigation of Other Causes for Iron Deficiency in this Sub-group.
- Clinical Trial coded GID09: Immunogenicity Study of Three Dosages of Inactivated, Split Virion Influenza Vaccine Administered by Intradermal Route in the Elderly.

Gastroenterology Department
- Investigations of the Clinical and Molecular Characteristics of Colonic Hyperplastic Polyps and Their Relationship to Colorectal Cancer.
- DNA Methylation, Folate and Methylation-Related Genotypic Factors as Markers of Risk for the Development of Colonic Polyps or Cancer.
- Randomised, Double-Blind, Placebo-Controlled Study of VSL#3 Versus Placebo in the Maintenance of Remission in Crohn’s Disease.

Haematology
- AML12 Study (ALLG) A randomised trial of Idarubicin dose escalation in consolidation therapy following intensive induction chemotherapy incorporating high dose cytarabine in patients with untreated adult AML (AML12).
- Mabthera Trial (Roche) Randomised study of Mabthera in patients with relapsed follicular lymphoma prior to high dose therapy as In Vivo purging and to maintain remission following high dose therapy.
- Primary Thrombocythaemia Trial (ALLG/UK MRC) A Medical Research Council randomised trial to compare Aspirin vs Hydroxyurea vs Anegristide in Primary thrombocythaemia.
- CLL-8 Study Phase III trial of combined immunochemotherapy with Fludarabine, Cyclophosphamide and Rituximab (FCR) versus chemotherapy with Fludarabine and Cyclophosphamide (FC) alone in patients with previously untreated chronic lymphocytic leukaemia.
- CORAL Study Randomised study of ICE plus Rituximab (R-ICE) versus DHAP plus Rituximab (RDHAP) in previously treated patients with CD20 positive diffuse large B-cell lymphoma, eligible for high-dose chemotherapy and transplantation followed by randomised maintenance treatment with Rituximab.
- PRIMA Study A multicentre, phase III, open label, randomised study in patients with advanced follicular lymphoma evaluating the benefit of maintenance therapy with Rituximab after induction of response with chemotherapy plus Rituximab in comparison with no maintenance therapy.
- CML6 Extension A phase II study in adult patients with newly-diagnosed chronic myeloid leukaemia of initial intensified Glivec therapy, and sequential combination therapy for non-responders.
- MINT Study Group: Intergroup Trial of First Line Treatment for Patients with Diffuse Large B-Cell Non-Hodkin's Lymphoma with a CHOP-Like Chemotherapy Regimen with or without the Anti-CD20 Antibody Rituximab (MabThera)(IDEC-C2B8) Protocol No. M39045.
- Acute Promyelocytic Leukaemia APM3 Protocol: A Phase II Trial of ATRA and Idarubicin Followed by Molecular Monitoring in Patients with Acute Promyelocytic Leukaemia.
- A Phase II Study of Flexible Low Intensity Combination Chemotherapy (FLICC) for Elderly Patients (>60 years) with Acute Myeloid Leukaemia.
- A Multicentre, Randomised Phase II Study of Low-Dose Thalidomide, Prednisolone and Zeolodronic Acid Versus Prednisolone and Zeolodronic Acid for Post-ASCT Maintenance Therapy in Patients with Multiple Myeloma (MM6).
- A Phase II Study in Adult Patients with Newly-Diagnosed Chronic Myeloid Leukaemia of Initial Intensified Glivec® Therapy and Sequential Combination Therapy for Non-Responders. Protocol No. CSTI571AU008 (ALLG CML6)
- A Double-Blind, Placebo Controlled, Parallel Multicentre Study on Extended VTE Prophylaxis in Acutely Ill Medical Patients with Prolonged Immobilisation. Protocol No. XRP4563C/3501.
• Lymphoma Working Party Randomised Study of Rituximab (Mabthera™) in Patients with Relapsed Follicular Lymphoma Prior to High Dose Therapy as In Vivo Purging and to Maintain Remission Following High Dose Therapy.


• A Randomised Trial of Idarubicin Dose Escalation in Consolidation Therapy Following Intensive Induction Chemotherapy Incorporating High Dose Cytarabine in Patients with Untreated Adult Acute Myeloid Leukaemia. (AML M12 Trial)

• Analysis of Tissue Factor Levels and Cellular Expression of Tissue Factor in Haematological Malignancy.

• A Multicentre, Phase II Study of Risk-Adjusted Outpatient-Based Salvage therapy for Relapsed and Refractory Lymphoma.


• AUSTRALIAN LEUKAEMIA STUDY GROUP AML M7 PROTOCOL. A Randomised Phase 3 Trial to Evaluate the Effect of High-Dose Versus Conventional Cytarabine in Consolidation Therapy Following Intensive Induction Chemotherapy Supported by Lenograstim (Rhu-GSF) for Adult Acute Myeloid Leukaemia.

• International Phase III Trial of Primary Therapy for B-Cell Chronic Lymphocytic Leukaemia (An Australasian Leukaemia & Lymphoma Group Study).

• A Medical Research Council Randomised Trial to Compare Aspirin Versus Hydroxyurea/Aspirin in Intermediate Risk Primary Thrombocythaemia and Hydroxyurea/Aspirin Versus Anagrelide/Aspirin in 'High Risk' Primary Thrombocythaemia.

• A Post-Marketing Surveillance Study to Assess the Safety and Efficacy of Biostate® as Factor VIII Replacement therapy for Haemophilia A. Protocol No. CSLCT-BIO-03-96.

• Randomised Study of ICE Plus Rituximab (R-ICE) Versus DHAP Plus Rituximab (R-DHAP) in Previously Treated Patients with CD 20 Positive Diffuse Large B-Cell Lymphoma, Eligible for Transplantation Followed by Randomised Maintenance Treatment with Rituximab.


• Phase III Trial of Combined Immunochemotherapy with Fludarabine, Cyclophosphamide and Rituximab (FCR) Versus Chemotherapy with Fludarabine and Cyclophosphamide (FC) Alone in Patients with Previously Untreated

Submitting to Ethics
• CML STI571 Trial A randomised open-label study of 400 mg versus 800 mg of Gleevec/Glivec (imatinib mesylate) in patients with newly diagnosed, previously untreated chronic myeloid leukemia in chronic phase (CML-CP) using molecular endpoints.

Infectious Diseases Department
• Improving Sexual Health in Adolescents.

• Safety and Efficacy of AmBisome Versus Conventional Amphotericin B In the Treatment of Patients With Suspected or Confirmed Mycosis. Protocol No. 104-CM-AUS.

• A Prospective Study of the Relationship Between Pre-morbid Psychiatric Disorder and Depression on Depression Levels During Interferon Treatment for Hepatitis C.

• Affective Dysregulation and Behavioural Disinhibition in Borderline Personality Disorder (BPD): A Comparison of the Emotional Stroop and the Stop Signal Task.

• A Retrospective Study of the Clinical Experience of Cancidas® (Caspofungin acetate) Use in the Treatment of Invasive Fungal Infection in Adults (Cancidas® Case Study).

• A Phase 3, Randomised, Double-blind, Multinational Trial of Intravenous Telavancin Versus Vancomycin for Treatment of complicated Gram-Positive Skin and Skin Structure Infections with a Focus on Patients with Infections Due to Methicillin-resistant Staphylococcus aureus. Protocol No. 0017.
• Prevalence and Predictors of Osteoporosis in Patients with Type 1 Diabetes.
• Molecular epidemiology and clinical features of invasive group A streptococcal infection in Western Australia - Dr Duncan McLellan, principal investigator (funded by the Fremantle Hospital Medical Research Foundation)
• A Large, Simple Trial Comparing Two Strategies for Management of Anti-Retroviral Therapy (SMART Study) - Dr. John Dyer, principal investigator.
• Evaluation of PEG-Intron in Control of Hepatitis C Cirrhosis (EPIC study) - Dr. Lindsay Mollison, principal investigator
• A Randomised Double blind, Multicentre Study to compare the safety and efficacy of Viramidine to Ribavirin in treatment naïve patients with Chronic Hepatitis C (VISER 1 study) - Dr. Lindsay Mollison, principal investigator
• Phase 3 study, global multicentre, double blind, randomised study of the safety and antiviral activity of Entecavir vs Lamivudine in adults with chronic hepatitis B infection who are positive for hepatitis B e-antigen (Protocol A1463-022) – Dr. John Olynnyk, principal investigator; Dr. Lindsay Mollison co-investigator
• A preliminary assessment of safety and antiviral activity of open label entecavir plus lamivudine therapy in subjects with chronic hepatitis B who have viraemia on monotherapy in other entecavir trials (Protocol A1463-901) – Dr. John Olynnyk, principal investigator; Dr. Lindsay Mollison co-investigator
• A Phase 3, prospective, randomised, double blind, 3 arm, multicentre study to compare the efficacy and safety of celecoxib versus placebo in reducing the occurrence of newly detected adenomatous polyps in the colorectum at year 1 and/or year 3 after endoscopic polypectomy (Protocol Strang 98-008 NYPH-Cornell: 0298-108) – Dr. Lindsay Mollison principal investigator, Dr. Digby Cullen co-investigator
• Phase IV of tailored therapy with Peg-interferon alfa-2b and Ribavirin for patients with Genotype 3 and High Viral Load (Get-C Study) - Dr. Lindsay Mollison principal investigator, Dr. John Dyer co-investigator
• A prospective longitudinal Australian cohort study of newly acquired hepatitis C (HCV) infection, and the impact and efficacy of therapy with Peginterferon alfa 2a (ATAHC) - Dr. Lindsay Mollison principal investigator, Dr. John Dyer co-investigator
• A Multicentre, active-controlled, randomised, open-label study to evaluate the safety, tolerability, and efficacy of Albuferon recombinant human albumin-interferon alfa fusion protein in combination with ribavirin in interferon alfa naïve subjects with chronic hepatitis C Genotype 1 (Protocol ALFR-HC-04) - Dr. Lindsay Mollison principal investigator, Dr. John Dyer co-investigator
• A multicentre, open label expanded access program of Peginterferon alfa-2a monotherapy and combination therapy with ribavirin in patients with hepatitis C who have not responded to treatment or who have relapsed (EAP Protocol BV16209) - Dr. Lindsay Mollison principal investigator, Dr. John Dyer co-investigator

Intensive Care Unit
• Assessing Quality of Life in Elderly Survivors of Intensive Care.
• Venticute (rSP-C Surfactant) in Patients with Pneumonia or Aspiration of Gastric Contents Leading to Intubation, Mechanical Ventilation and Severe Oxygenation Impairment (VALID STUDY): A Randomised, Multinational, Multicentre, Parallel Group, Double-Blind
• Developing and Evaluating Evidence-Based Guidelines for Nutritional Support in the Intensive Care Unit: A Cluster Randomised Trial.
• Effect of Glucose-Insulin-Potassium Infusions on Elective Coronary Artery Bypass Patients.
• Neuropsychological Outcomes Following Minimally Invasive Cardiac Surgery.
• A Prospective, Randomised, Double-Blind, Placebo-Controlled, Dose-Ranging, Multicentre Study of the Safety and Efficacy of Three Days Continuous Intravenous Infusion of GR270773 in the Treatment of Suspected or Confirmed Gram-Negative Severe Sepsis in Adults. Protocol No. EMD20001.
• Normoglycaemia in Intensive Care Study (NICE Study): A Multi-Centre, Open Label, Randomised, Controlled Trial of Two Target Ranges for Glycaemic Control in Intensive Care Patients. Protocol No. 293201.
• Molecular Epidemiology of E Coli Responsible for Peritonitis Following Gut Perforation.

Mental Health Services
• Managing BPSD – A Training Program for Residential Carers. Sue Dicker, Dr Sudarshan Chawla, Margaret Duckworth, Seniors Mental Health Service, Fremantle.
• Depression in Memory Problems in Old Age. Dr Sudarshan Chawla, Seniors Mental Health Service, Fremantle
• Structured Interview for Judgement and Insight in the Elderly. Dr Sudarshan Chawla, Seniors Mental Health Service, Fremantle.
• The Sensitivity and Specificity of the Mini-Freo as a Screening Instrument of Cognitive Deficits in Patients with Language Impairment. Consultation Liaison Psychiatry.
• Screening for Sleep-Related Disorders in Patients Referred to Consultation-Liaison Psychiatry. Christine Axten.
• Early Psychosis Outcome Evaluation System (EPOES). Neil Preston.

Microbiology
• A Multicentre, Randomised, Double-Blind Comparison of the Safety and Efficacy of Tigecycline With Those of Vancomycin With Aztreonam to Treat Complicated Skin and Skin Structure Infections in Hospitalised Patients. Protocol No: 3074A1-305-WW.
• A Prospective, Multicentre, Population-Based Study of Candidemia in Australia Over a Three-Year Period. Protocol No. FCA-0-1.
• A Multicentre, Double-Blind, Comparison Study of the Efficacy and Safety of Tigecycline to Imipenem/Cilastatin to Treat Complicated Intra-Abdominal Infections in Hospitalised Patients. Protocol No. 3074A1-306-WW.

Nuclear Medicine
• 131I-anti CD20 radioimmunotherapy of relapsed/refractory non-Hodgkins lymphoma. A phase II clinical trial of a non-myeloablative dose regimen of chimeric rituximab radiolabeled in a hospital.
• Autologous bone marrow/peripheral blood stem cell transplantation for relapsed or refractory B-cell non-Hodgkin’s lymphoma, using radioimmunotherapy (I-131 rituximab) and BEAM conditioning: A phase I/II single centre study.
• Phase II single centre assessing the efficacy and safety of 131I-rituximab radioimmunotherapy of relapsed or refractory diffuse large B cell lymphoma.
• A Pilot study of radioimmunotherapy of 131I-basiliximab anti-CD 25 antibody for relapsed or refractory Hodgkin’s disease and other lymphoproliferative malignancies expressing IL-2R.
• Phase I/II clinical trial of intrahepatic rhenium-188 lipiodol therapy of unresectable hepatocellular carcinoma.
• Technetium-99m ECD quantitative brain SPECT imaging prediction of therapeutic response to cholinesterase inhibition in early Alzheimer’s disease.
• Influence of testosterone on the motor and behavioural disorders of Parkinson’s disease.
• A Pilot Study of 177Lu-octreotide therapy of neuroendocrine malignancy unresponsive to standard treatment.
• Comparison 99mTc sestamibi & 99mTc DBODC in patients with confirmed coronary artery disease.
• Tracer dose and injection timing in myocardial rest-stress perfusion scans: a phantom study.
• The influence of SPECT/CT image fusion on diagnostic accuracy in gallium infection imaging.
• Reducing kidney damage during radiopetide therapy of neuroendocrine tumours: evaluation of renal protective agents in rats.
• A Phase II, Open-Label, Multicentre Study to Evaluate the Efficacy of OctreoTher™ Administered Intravenously to Patients with Advanced Metastatic Cancers Expressing Somatostatin Receptors as Determined by OctreoScan® (90Y-SMT 487) Scintigraphy. Protocol No. CSMT487A 0103.
• A Phase II, open-label, multi-centre study to evaluate the efficacy and safety of OctreoTherTM in subjects with metastatic insulinoma (Protocol CSMT 487A 2201)
• A Phase II, open-label, multi-centre study to evaluate the efficacy and safety of OctreoTherTM in subjects with symptomatic malignant carcinoid tumours (Protocol CSMT 487A 2202)
• A Phase I/II Study of Rhenium-188 Lipiodol Intrahepatic Arterial Radionuclide Therapy of Unresectable Hepatocellular Carcinoma.

Nursing Evaluation & Research
• The Good Nurse: Evidential Cues.
Occupational Therapy

- A 'Multi-centre randomised clinical controlled trial comparing treatment techniques after extensor tendon repair in zones 3-4 and 5-8’ involving Fremantle Hospital, RPH, SCGH and UWA.
- A Study Into the Efficacy of Drama Therapy as a Therapeutic Tool for Clients With Long Term Mental Illness.

Oncology Department

- A Multicentre Phase III Randomised Trial Comparing Docetaxel in Combination With Doxorubicin and Cyclophosphamide (TAC) Versus Doxorubicin and Cyclophosphamide (Followed by Docetaxel (AC—\( \rightarrow \)T) as Adjuvant Treatment of Operable Breast Cancer Her2neu Negative Patients With Positive Axillary Nodes (BCIRG 005)
- A Multicentre Phase III Randomised Trial Comparing Doxorubicin and Cyclophosphamide Followed by Docetaxel (AC—\( \rightarrow \)T) with Doxorubicin and Cyclophosphamide Followed by Docetaxel and Trastuzumab (AC—\( \rightarrow \)TH) and with Docetaxel, Platinum Salt and Trastuzumab (TCH) in the Adjuvant Treatment of Node Positive and High Risk Node Negative Patients With Operable Breast Cancer Containing the Her2neu Alteration. Protocol No. BCIRG006/TAX GMA 302.
- Phase III, Randomised, Double-Blind, Placebo-Controlled Study of Rofecoxib (VIOXX®) in Colorectal Cancer Patients Following Potentially Curative Therapy.
- A Phase III, Randomised Study of Cetuximab (Erbitux™, C225) and Best Supportive Care Versus Best Supportive Care in Patients with Pretreated Metastatic Epidermal Growth Factor Receptor (EGFR)-Positive Colorectal Carcinoma. Protocol No. CO.17
- A Phase III Feasibility Study of Pre-operative and Post-operative Chemotherapy Using Epirubicin, Cisplatin and Protracted Venous Infusion of Fluorouracil (ECF) in Patients with Advanced but Operable Gastric Cancer.
- A Randomised Phase II Study Evaluating a Weekly Schedule of Docetaxel with Cisplatin and 5-FU (wTCF) or with Capecitabine (wTX) in Advanced Oesophago-Gastric Cancer. Protocol No. AG0603G.
- An Expanded Access Program of Tarceva® (Erlotinib) in Patients with Advanced Stage IIIB/IV Non-Small Cell Lung Cancer. Protocol No. MO18109.
- First-line Bevacizumab and Chemotherapy in Metastatic Cancer of the Colon or Rectum First BEAT (Bevacizumab Expanded Access Trial). Protocol No. MO18024.

Orthopaedic Surgery Department

- An In Vitro Study for Simultaneous Measurements of Changes of the Tibio-Femoral Load and Strain in the Surrounding Tissue During Total Knee Arthroplasty.
- Should the Lateral Approach to the Knee Combined with a Tibial Tubercle Osteotomy Become the New Standard in Total Knee Arthroplasty?
- Cement Augmentation of Hip Screw: A Biomechanical Cadaver Study”
- The effects of angular stability and plate to bone compression on fracture motion and implant failure in diaphyseal fractures and intraarticular type C fractures.
- Volar vs dorsal locking plates in dorsally comminuted distal radius fractures: a biomechanical study.
- Locking plates for calcaneus fractures: a need or just marketing? A biomechanical investigation.
- Development of a computer model of a new internal fixator for plate osteosynthesis.

Paediatric Unit

- The Fremantle Lead Study Part 2.

Pharmacy

- Antibiotic switch (IV to oral) project. Lana Cerbe, Dr John Dyer
- Review of antibiotic use in ICU. Anna Allman
- Trial of a discharge liaison pharmacist (DLP) service at Fremantle Hospital. Liana Johnson
- National Antimicrobial Utilisation Program. Richard Donnelly
• Triggers and markers as an effective tool for recognising adverse drug events. Nicky Alderton, Kerry Fitzsimons, Tandy-Sue Copeland, Dr Ian Craib
• Quality analysis of the causes leading to adverse drug events at Fremantle Hospital utilising human error theory (human factors engineering). Dr David Bruce, Dr Ian Craib, Tandy-Sue Copeland, Paul Hopkins
• Evaluation of febrile neutropenia drug treatment and micro-organisms. Tandy-Sue Copeland, Dr John Dyer, Dr Rebecca Howman
• Review of medication chart annotation: Ward B3, B9N. Tandy-Sue Copeland, Liz Jolly
• Design of an Education Program to Minimise Prescribing Related Medical Errors in a Teaching Hospital.
• Evaluation of Analgesic Use in Paediatric Patients with Post-operative Pain.
• Management of Insomnia in Older Hospitalised Patients with Mental Illness.
• Trial of a Discharge Liaison Pharmacy Service at Fremantle Hospital.

Physiotherapy
• Multicentred extensor tendon research trial in the hand therapy clinic.
• MILS Project - The MILS project was initiated to address the treatment and management of patients with Chronic Obstructive Pulmonary Disease (COPD) and was funded by the Department of Health’s, Inpatient and Continuing Care Reference Group. The project has been successful in meeting all project deliverables.
• Falls in the Elderly: The Effect of Targeted Physiotherapy Intervention for People at Risk.

Psychiatry & Behavioural Science Department
• Reduction in the Morbidity Associated with Naltrexone Implants in “High Risk” Heroin Users.
• A Study of the Effectiveness of Goal-Centred Training with Adult Mental Health Clients of the Fremantle Living Skills Centre.
• A Spaced Retrieval Programme to Aid Memory in Patients Diagnosed with Mild to Moderate Dementia.

Radiation Oncology Department
• A Phase II Study to Assess the Effect of Intermittent Androgen Blockade in the Treatment of Advanced Prostate Cancer.

Renal Unit
• Investigator initiated trials
  • The RIAT-Int trial: An international registry in essential hypertension.
  • BK virus in Liver Transplant Recipients.
  • A quality assurance protocol of intradermal Hepatitis B vaccination in non-responsive dialysis patients and patients with stage IV chronic kidney disease.
  • Iron Metabolism in Anaemia Associated with Chronic Kidney Diseases (CKD)
  • A Quality Assurance Protocol of Intradermal Hepatitis B Vaccination in Non-Responsive Dialysis Patients with Stage IV Chronic Kidney Disease.
  • Irbesartan Versus Placebo in Combination with Standard Cardiovascular Protection ACE-I Therapy with Ramipril for Treatment of Albuminuria in Hypertensive Subjects at Elevated Cardiovascular Risk. Protocol No. CV131169.
  • A Multicentre, Randomised, Controlled, Prospective Parallel Group Trial to Determine Whether Treatment by Peritoneal Dialysis Using a Low GDP and Neutral pH PD Solution (Balance) is Associated With Clinically and Statistically Significant Preservation of Residual, Native Renal Function Compared to Similar Treatment With a Standard PD Solution. balANZ Study. Protocol No. AP/2004/PD.balance.ANZ_001.
  • A Randomised, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of Cinacalcet HCl in Chronic Kidney Disease (CKD) Subjects with Secondary Hyperparathyroidism Not Receiving Dialysis. Protocol No. 20000178.
  • Pilot Study of the Role of Pentoxifylline (Trental) in Treatment of Anaemia and Hypoferritinaemia in Chronic Renal Failure.

Sponsored trials
• A Multicentre, Randomised, Controlled, Prospective parallel group trial to determine whether treatment by peritoneal dialysis using a low GDP and neutral pH PD solution (balance) is associated
with clinically and statistically significant preservation of residual, native renal function compared to similar treatment with a standard PD solution. balANZ Study.

- A Randomised, Double-Blind, Placebo-controlled Study to Assess the Efficacy and Safety of Cinacalcet HCl in Chronic Kidney Disease (CKD) subjects with Secondary Hyperparathyroidism not Receiving Dialysis.
- Study of Heart and Renal Protection (SHARP): A randomised placebo controlled study to assess the effects of cholesterol-lowering therapy with a combination of simvastatin and ezetimibe on the risk of major cardiovascular complications among individuals with renal impairment.
- Pre-transplant pharmacokinetics as a predictor of dose requirement post renal transplantation.

**Respiratory Medicine Department**

- A Multicentre, Multinational, Randomised, Double-Blind, Controlled Clinical Study of the Efficacy and Safety of Oral Telithromycin 800 mg Once a Day for 5 Days Versus Azithromycin (500 mg OAD Day 1 then 250 mg OAD for 4 Days) in the Treatment of Acute Exacerbation of Chronic Bronchitis in Adult Outpatients With Chronic Obstructive Pulmonary Disease. Protocol No. HMR3647A/4014.
- A Double-Blind, Randomised, Placebo-Controlled Study of the Efficacy and Tolerability of Roxithromycin Alone and in Combination with Doxycycline for 12 Weeks in Adults with Chronic Obstructive Pulmonary Disease (COPD) and Seriologically Proven Infection With Chlamydia Pneumoniae. Protocol No. RU28965/4024.

**Rockingham/Kwinana Health Service**

- Low Acuity Patients in the Emergency Department: An Analysis of Reasons Behind Self-Referral of Patients to Outer Metropolitan Emergency Departments.
- Prevalence of Schistosomiasis and Patterns of Seroconversion in Australian Travellers to Malawi.
- A Phase III Study of the Safety and Antiviral Activity of Entecavir vs Lamivudine in Adults with Chronic Hepatitis B Infection Who are Positive for Hepatitis B e Antigen. Protocol No. A1463-022
- The Role of SPARC in Inflammatory Bowel Disease.
- Classification of IBD Subtypes by Gene Expression Profiling.
- A Phase III, Multicentre, Open-Label, Long-Term Study of the Safety, Tolerability and Efficacy of Intravenous Antegren™ (Natalizumab) in Crohn’s Disease Subjects who have Previously Participated in in Antegren Crohn’s Disease Studies. Protocol No. ELN100226-CD351.
- A Preliminary Assessment of Safety and Antiviral Activity of Open-Label Entecavir Plus Lamivudine Therapy in Subjects with Chronic Hepatitis B who have Viremia on Monotherapy in Other Entecavir Trials. Protocol No. A1463-901.
- A Phase III Multi-national, Multi-centre, Double-blind Placebo-controlled Parallel Group, 26 Week Study to Assess the Maintenance of Clinical Response to Humanised anti-TNF PEG Conjugate CDP870 400mg sc, (Dosed 4-Weekly from Weeks 8 to 24), in the Treatment of Patients With Active Crohn’s Disease Who Have Responded to Open Induction Therapy (Dosed at Weeks 0, 2 and 4) with CDP870. Protocol No. CDP870-032.
- A Phase III Multi-national, Multi-centre, Open-label, 52 Week Safety Study to Assess the Safety to Re-exposure After a Variable Interval and Subsequent Chronic Therapy with the Humanised anti-TNF PEG Conjugate CDP870 400mg sc, (Dosed at Weeks 0, 2 and 4 Then 4-Weekly to Week 48), in the Treatment of Patients With Active Crohn’s Disease Who Have Previously Been Withdrawn From Studies CDP870-031 or CDP870-032 Due to Exacerbation of Crohn’s Disease. Protocol No. CDP870-034.
- A Phase III Multi-National, Multi-Centre, Open-Label, 52 Week Safety Study to Assess the Safety of Chronic Therapy With the Humanised Anti-TNF PEG Conjugate CDP870 400mg sc, (Dosed 4-
• A Phase 3, Multicentre, Randomised, Double-Blind, Parallel-Arm, 52-Week Dose Comparison Study of the Efficacy and Safety of 25mg QD and 50mg QD of OPC-6535 Oral Tablets and 800mg BID of Asacol® in the Maintenance of Remission in Subjects with Ulcerative Colitis. Protocol No. 197-02-220.

• A Phase III, Multi-centre, Double-blind, Placebo-controlled Study of the Safety and Efficacy of Intravenous Antegren™ (Natalizumab) in Subjects with Moderately to Severely Active Crohn’s Disease with Elevated C-Reactive Protein. Protocol No. ELN100226-CD307.

• A Comparison of Cellular Changes Accompanying Liver Damage Induced by Alcohol, Iron-Overload and Hepatitis C Virus in Humans.

• A Cross Sectional Study to Determine the Relationship Between Disease Severity and a Patient’s Quality of Life in Crohn’s Disease.

• A Phase 3, Multicentre, 52-Week, Open-Label, Rollover Study of the Safety and Efficacy of 25mg or 50mg of OPC-6535 Oral Tablets in the Treatment of Subjects with Ulcerative Colitis. Protocol No. 197-02-219.


• ADVANCE (Action in Diabetes and Vascular Disease). A Factorial Randomised Controlled Trial of Blood Pressure Lowering with a Fixed Low-Dose Perindopril-Indapamide and Intensive Glucose Control with a Modified-Release Gliclazide (Gliclazide MR)-Based Regime for the Prevention of Vascular Disease Among High Risk Individuals With Type 2 Diabetes Mellitus.

• A 24 Month Multicentre, Open-Label, Randomised, Parallel Group, Long Term Safety Trial Comparing Intensive Treatment of Pulmonary Inhaled Human Insulin Aspart Administered s.c., Both in Combination with NPH, in Subjects with Type I Diabetes. Protocol No. NN1998-1496.

• AT.LANTUS Study: A Phase IV, Multinational, Multicentre, Randomised, Open Study to Establish the Optimal Method for Initiating and Maintaining Lantus® (Insulin Glargine) Therapy Based on a Comparison of Two Treatment Algorithms in Subjects with Type 1 Diabetes Mellitus. AT.LANTUS Study HOE901/3505.

• AT.LANTUS Study: A Multicentre, Multinational, Randomised, Open Study to Establish the Optimal Method for Initiating and Maintaining Lantus® (Insulin Glargine) Therapy Based on a Comparison of Two Treatment Algorithms to Determine Optimal Metabolic Outcomes, Safety and Satisfaction in Subjects With Type II Diabetes Mellitus. AT.LANTUS Study HOE901/3504.

• Hypoglycaemic Avoidance with Lantus Trial (HALT) - A Multicentre, Open Clinical Trial to Assess the Effect of Insulin Glargine on Symptomatic Hypoglycaemia, Fear of Hypoglycaemia and Quality of Life in Patients with Type-1 Diabetes Mellitus. A Sub-study of AT.LANTUS HOE901/3505.

• Hypoglycaemic Avoidance with Lantus Trial (HALT) - A Multicentre, Open Clinical Trial to Assess the Effect of Insulin Glargine on Symptomatic Hypoglycaemia, Fear of Hypoglycaemia and Quality of Life in Patients with Type-2 Diabetes Mellitus. A Sub-study of AT.LANTUS HOE901/3504.

• A Multicentre, Double-Blind, Randomised, Placebo-Controlled Study to Evaluate the Safety and Efficacy of the Addition of MK-0767 to Patients with Type 2 Diabetes with Inadequate Glycaemic Control on Combined Metformin and Sulfonylurea Therapy. Protocol No. 025-00

• An Open-Label Study Examining the Long-Term Safety of Exenatide Given Twice Daily to Patients with Type 2 Diabetes Mellitus. Protocol No. H80-MC-GWAN.

• A Randomised, Double-Blind Trial to Evaluate the Efficacy and Safety of Fixed Dose Rosiglitazone/Metformin Combination Therapy Compared to Both Rosiglitazone and Metformin Monotherapies in Drug-Naïve Type 2 Diabetes Mellitus Subjects. Clinical Study No. SB712753/007.

• An Open-Label Trial to Evaluate the Safety and Efficacy of Fixed Dose Rosiglitazone/Metformin Combination Therapy in Poorly-Controlled Subjects With Type 2 Diabetes Mellitus. Clinical Study No. SB-712753/004.

• A Phase 3, Randomised, Double-Blind, Active Controlled, Multicentre Trial to Evaluate the Safety and Efficacy of BMS-298585 in Combination with Metformin Compared to Pioglitazone in Combination
• ILLUMINATE Study. A Phase 3, Multicentre, Double-Blind, Randomised, Parallel Group Evaluation of the Fixed Combination Torcetrapib/Atorvastatin, Administered Orally Once Daily, Compared With Atorvastatin Alone, on the Occurrence of Major Cardiovascular Events in Subjects With Coronary Heart Disease or Risk Equivalents. Protocol No. A5091043.

• Type 1 Diabetes Genetics Consortium (T1DGC). Analyses of Components of Wound Fluid from Difference Chronic Wound Types. Protocol No. FH-2004-V1.

• The FIELD Study: A Multicentre, Randomised, Double-Blind, Parallel-Group, Placebo-Controlled Study to Evaluate the Efficacy, Safety and Tolerability of Tesaglitazar Therapy when Added to the Therapy of Patients with Type 2 Diabetes Poorly Controlled on Metformin Alone. Study Code D6160C00031.

• The Field Study: Quality of Life and Cost of Care Sub-study.

• A 24-Week, Randomised, Double-Blind, Parallel-Group, Multi-centre, Placebo-Controlled Study to Evaluate the Efficacy, Safety and Tolerability of Tesaglitazar Therapy when Added to the Therapy of Patients with Type 2 Diabetes Poorly Controlled on Metformin Alone. Protocol No. CV168025.

• Pharmacokinetics and Pharmacodynamics of Oral and Rectal Piperaquine in Healthy Volunteers.


• The FIELD Study: A Randomised Trial of the Effects on Coronary Mortality and Morbidity of Comorbidised Fenofibrate in Patients with Diabetes at Risk of Coronary Artery Disease.

• The Field Study: Quality of Life and Cost of Care Sub-study.

• A 24-Week, Randomised, Double-Blind, Parallel-Group, Multicentre Study to Evaluate the Efficacy, Safety and Tolerability of GW427353B at 10mg, 25mg, 50mg and 100mg, Administered Orally, Once Daily, as Monotherapy in Subjects with Type 2 Diabetes Mellitus. Protocol No. B3A20006.

• Pharmacokinetics and Pharmacodynamics of Oral and Rectal Piperaquine in Healthy Volunteers.


• The Field Study: Quality of Life and Cost of Care Sub-study.

• A 24-Week, Randomised, Double-Blind, Parallel-Group, Placebo-Controlled Study to Evaluate the Efficacy, Safety and Tolerability of Tesaglitazar Therapy when Added to the Therapy of Patients with Type 2 Diabetes Poorly Controlled on Sulphonylurea Alone. Study Code D6160C00032.

• A 12-Week, Parallel-Group, Double-Blind, Randomised, Placebo-Controlled, Multicentre Study to Evaluate the Efficacy, Safety and Tolerability of GW427353B at 10mg, 25mg, 50mg and 100mg, Administered Orally, Once Daily, as Monotherapy in Subjects with Type 2 Diabetes Mellitus. Protocol No. CV168025.

• Pharmacokinetics and Pharmacodynamics of Oral and Rectal Piperaquine in Healthy Volunteers.


• The Field Study: Quality of Life and Cost of Care Sub-study.

• A 24-Week, Randomised, Double-Blind, Parallel-Group, Multicentre Study to Evaluate the Efficacy, Safety and Tolerability of GW427353B at 10mg, 25mg, 50mg and 100mg, Administered Orally, Once Daily, as Monotherapy in Subjects with Type 2 Diabetes Mellitus. Protocol No. CV168025.

• Pharmacokinetics and Pharmacodynamics of Oral and Rectal Piperaquine in Healthy Volunteers.

Social Work Department
- The Social Work Department contributes to research in the area of Deliberate Self Harm presentations to the Emergency Department. The data is collected for the Ministerial Council for Suicide Prevention, Telethon Institute for Child Health Research. It is also used by the Auditor General.
- Social Work also contributes to the research for the Memory Clinic at Moss St.

Speech Pathology
- The Evaluation of Intensive Aphasia Therapy in a Tertiary Hospital Setting.
- Outcomes of Rehabilitation Programming for Neurogenic Dysphagia: a Controlled Trial.
- An Investigation of Clinical and Demographic Factors Predicting Aspiration Pneumonia in Acute Stroke Patients.

Surgical Services
- Doctoral thesis on Clinical Information system adoption in tertiary care.

Urology Department
- Trial Use of Salmon Calcitonin in Chronic Bladder Pain.

Ward V6
- Multicentre Open Label Expanded Access Program of Peginterferon alfa-2a (Ro 25-8310) Monotherapy and Combination Therapy with Ribavirin (Ro 20-9963) in Patients with Chronic Hepatitis C. Protocol No. BV16209D.
- PEG-Intron™ Plus REBETOL® for the Treatment of Subjects with Chronic Hepatitis C Who Failed to Respond to Previous Combination Therapy (Any ? Interferon Treatment in Combination with Ribavirin). Protocol No. P02370. PEG-Intron™ as Maintenance Therapy
- Randomised, Double-Blind, Multicentre Study to Compare the Safety and Efficacy of Viramidine to Ribavirin in Treatment-Naïve Patients with Chronic Hepatitis C. Protocol No. RNA003142-301.
- The CHARIOT Study: A Phase IV, Randomised, Multicentre, Efficacy and Safety Study Examining the Effect of Induction Dosing with the Combination of Pegylated Interferon Alfa-2a and Ribavirin in Patients with Chronic Hepatitis C Infected with Hepatitis C Genotype 1. Protocol No. ML17908.
- Phase IV Study of Tailored Therapy with Peg Interferon alfa 2b and Ribavirin for Patients with Genotype 3 and High Viral Load. Protocol No: P04143.
- A Phase 2b, Randomised, Multi-Centre, Active-Controlled, Open-Label Study to Evaluate the Efficacy and Safety of Albuferon™ (Recombinant Human Albumin-Interferon Alfa Fusion Protein) in Combination with Ribavirin in Interferon Alfa Naïve Subjects with Chronic Hepatitis C Genotype 1. Protocol No. ALFR-HC-04
KEMH
Research studies supported by WIRF

THE DEVELOPMENTAL ORIGINS OF HEALTH AND DISEASE
Investigators: Dr Timothy Moss PhD; Professor John Newnham FRANZCOG; Dr Ilias Nitsos PhD; Dr Deborah Sloboda PhD (Forrest Fetal Science Fellow); Dr Neil Mulrooney MD, Dr Craig Pennell FRANZCOG (Forrest Maternal Fetal Medicine Fellow); Dr Dorota Doherty PhD; Ms To Phuong Quach BSc (Hons); Mr Shaofu Li MSc; Ms Jenni Henderson MPH; Ms Amanda Johnson BSc (Hons); Ms Alana Mason BSc (Hons); Mr Adrian Jonker.
Collaborators: Professor Alan Jobe MD, Professor Machiko Ikegami MD; Dr Boris Kramer MD; Professor Richard Harding DSc; Associate Professor Sandra Rees PhD; Professor Mark Hanson PhD

MAKING PREMATURE BIRTH SAFER
Investigators: Professor John P Newnham FRANZCOG; Dr Timothy Moss PhD; Dr Ilias Nitsos PhD; Dr Deborah Sloboda PhD (Forrest Fetal Science Fellow); Dr A Shub FRANZCOG (Telethon Research Fellow); Professor Machiko Ikegami MD; Dr Boris Kramer MD; Dr A Shub FRANZCOG (Telethon Research Fellow)

INFLAMMATION DURING PREGNANCY: A CONTRIBUTOR TO CHILDHOOD ILLNESS
Investigators: Dr Timothy J M Moss PhD; Professor John P Newnham FRANZCOG; Dr Ilias Nitsos PhD; Professor Alan Jobe MD; Dr Deborah Sloboda PhD (Forrest Fetal Science Fellow); Professor Machiko Ikegami MD; Dr Boris Kramer MD; Dr A Shub FRANZCOG (Telethon Research Fellow)

MATERNAL PERIDONTAL DISEASE IN PREMATURITY AND PREGNANCY OUTCOME
Investigators: Dr A Shub FRANZCOG (Telethon Research Fellow); Professor John P Newnham FRANZCOG; Dr Johathon Swain BSc, BDSc, MDSc; Dr Ian Newnham BDSc MDSc FRANCDS (Perio); Dr Clement Wong BDSc; Dr Dorota Doherty PhD; Ms Jenny Francis RN RM

MULTIPLE PREGNANCY
Investigators: Associate Professor Jan Dickinson MB BS MD FRANZCOG DDU CMFM; Associate Professor Sharon Evans MSc PhD AStat; Dr Greg Duncombe MB BS FRANZCOG DDU; Dr Noel French MBChB DCH FRACP; Associate Professor (Clinical) Ronald Hagan MBBCh BSc MBA DABP

INDUCTION OF LABOUR
Investigators: Dr Craig Pennell PhD FRANZCOG (Forrest Maternal Fetal Medicine Fellow); Dr Melissa Jewell MBBS; Dr Dorota Doherty PhD; Associate Professor Jan Dickinson MD FRANZCOG DDU CMFM

PAIN RELIEF AND ANAESTHESIA
Investigators: Associate Professor Jan Dickinson MD FRANZCOG DDU CMFM; Associate Professor Michael Paech MB BS DA DRLOG FRCA FRANZA; Associate Professor Sharon Evans MSc PhD AStat; Professor Sue McDonald RN RM BAppSc PhD FACMI
Study: Intranasal Opioid Spray for Postoperative Pain Relief
Study: Are new pain-relieving drugs safe to use by breastfeeding women?
Study: Does Magnesium Sulphate reduce the short and long term requirements for pain relief following caesarean section?
Study: Does Pethidine and/or local anaesthetic solution in the abdominal cavity reduce pain after laparoscopic operations?
Study: Which Disposable Laryngeal Mask is better?
Study: How much blood should be injected for a “Blood Patch”?
Investigators: Associate Professor Michael Paech MB BS DA DRLOG FRCA FRANZA; Dr Emma-Jane Bennett MBBS; Dr Raymond Goy FANZCA; Dr Timothy Pavy FANZCA; Dr Dorota Doherty PhD; Associate Professor Ken Illett PhD; Professor Everett (Pat) Magann MD FRANZCOG; Dr Lisa Verity MBBS MRANZCOG; Mr C B (Stephen) Lim MPharm; Mr Malcolm Roberts MHA
NEWBORN MEDICINE
Study: Postnatal immunity of the neonate (SPIN)
Investigators: Dr D Burgner PhD; Dr P Richmond FRACP; Professor K Simmer PhD; Professor S Prescott PhD; Dr D Doherty PhD

Study: Maximising the fat content of milk expressed by mothers who deliver prematurely
Investigators: Dr J Sherriff PhD; Professor K Simmer PhD; Professor P Hartmann PhD

Study: Feeding the premature infant with chronic lung disease post discharge
Investigators: Mrs G McLeod Grad Dip Dietetics; Dr J Sherriff PhD; Professor K Simmer PhD

Study: Determinants of Vitamin B12 status in infants
Investigators: Dr J Colvin MBBS; Dr B Lewis; Professor K Simmer PhD; Dr C Bower PhD; L Greed; Dr D Doherty PhD

Study: Relationship between early feeding and communication development in infants: Birth to 12 months
Investigators: Ms S Massey BSc; Dr K Hird PhD; Professor K Simmer PhD

Study: Development of a rodent model for neonatal necrotising enterocolitis
Investigators: Dr J N Travadi MD; Dr S Patole FRACP; Dr A Charles MD; Professor K Simmer PhD

Study: Effect of phototherapy on the incidence of patent ductus arteriosus in extremely preterm infants
Investigators: Dr J N Travadi MD; Associate Professor R Hagan MBA DABP; Dr J Ramsay FRACP; Professor K Simmer PhD

Study: Lung function of preterm infants
Investigators: Dr J Pillow FRACP PhD (Dist)

POSTNATAL DEPRESSION
Investigators: Dr Craig Speelman (2004-2005); Associate Professor Sherryl Pope PhD
Associate Investigators: Janette Brooks B Psych; Dr Dorota Doherty PhD
Project Staff: Janette Brooks; Jocelyn Bristol; Colleen Ball; Sandy McLean; Monica Howard; Debbie Lien; James Humphries

URINARY INCONTINENCE
Study: HRT for overactive bladder in postmenopausal women
Investigators: Dr Michelle Atherton FRANZCOG CU; Dr Nic Tsokos FRANZCOG CU; Associate Professor Sharon Evans PhD AStat; Ms Jill Elder BSc; Ms Charlotte Hosking PostGrad Dip Physio (Women's Health); Ms Jenni Henderson MPH; Ms Jenny Francis RN RM

Study: Effect of TVT surgery on the tissues of the urinary system in female sheep
Investigators: Dr Michelle Atherton FRANZCOG CU; Dr Timothy Moss PhD; Mr John Taylor FRACS CU; Dr Adrian Charles FRCPA; Associate Professor Sharon Evans PhD AStat; Mr Adrian Jonker; Dr Ilia Tsotsos PhD; Dr Phil Dabor MRANZCOG

BREASTFEEDING
Chief Investigator: Professor Peter E HJartmann PhD
Lecturers: Dr Mark D Cregan; Dr Jill L Sherriff PhD; Dr Naomi Trengove PhD
Postdoctoral Associates: Dr Jacqueline C Kent PhD; Dr Leon R Mitoulas PhD; Dr Cathy M Fetherstone PhD
Postgraduate Students: Mr Khalidah Aljazaf MMR; Mr Ching Tat Lai MSc; Ms Jennifer Henderson MPH; Ms Donna T Ramsay DMU
Research Assistants: Mr John Koppen BSc; Ms Tracey Williams BSc
Associate Investigators: Professor Tom Hale PhD; Professor Karen Simmer MBBS PhD

Study: The effect of pumping regimen on milk production in mothers of pre-term infants
Investigators: Dr Leon R Mitoulas PhD; Mr Ching Tat Lai MSc; Professor Karen Simmer MBBS PhD; Professor Peter E Hartmann PhD
Study: Effectiveness of therapeutic ultrasound in treatment of blocked milk ducts  
Chief Investigator: Ms Lyn David PostGrad Dip Physio (Women's Health)  
Co-Investigators: Ms Donna Ramsay PostGrad Dip (Science); Dr Dorota Doherty PhD

MENOPAUSE
Study: The aim of the clinic is to offer effective management of menopausal symptoms to women with a history of breast cancer  
Investigators: Associate Professor Martha Hickey MD FRANZCOG; Professor Christobell Saunders FRACS; Associate Professor Kate White PhD; Ms Pip Kelly

GYNAECOLOGY
Study: A randomised trial of stripping and ablation of ovarian endometriomas on ovarian failure  
Investigators: Dr Roger Hart MD FRANZCOG MRCOG; Professor Ray Garry MD FRANZCOG FRCOG; Dr Krish Karthigasu FRANZCOG; Dr Dale Hamilton FRANZCOG

SUBSTANCE USE IN PREGNANCY
Study: A preventative intervention for illicit drug using mothers and their infants (HIT Study)  
Investigators: Associate Professor Anne Bartu PhD MPH Grd Dip Hlth Scs BA (Hons) RN FRCNA; Ms Jennifer Sharp BHSc (Nurs) RN RM MRCNA; Associate Professor Sharon Evans MSc PhD AStat; Dr Dorota Doherty PhD; Dr Joanne Ludlow Mb ChB MRCOG FRANZCOG DDU; Ms Jenny Francis RN RM; Ms Sharon Stonely RN RM; Ms Penny Jackson RN RM; Ms Lee Anne Mahoney RN RM

Study: Pilot study of the Western Australian Register of Buprenorphine Treatment in pregnancy and lactation  
Investigators: Dr Dale Hamilton MBBS FRANZCOG; Associate Professor Anne Bartu PhD MPH Grd Dip Hlth Scs BA (Hons) RN FRCNA; Dr Dorota Doherty PhD; Dr Kathy Martin  
Co-Investigators: Associate Professor Ken Ilett; Dr Joanne Ludlow

TEENAGE PREGNANCY
Investigators: Dr Rachel Skinner PhD; Associate Professor Martha Hickey MD FRANZCOG; Dr Dorota Doherty PhD

PHYSIOTHERAPY
Chief Investigator: Ms Charlotte Hosking PostGrad Dip Physio (Women’s Health)  
Co-Investigators: Ms Lyn David PostGrad Dip Physio (Women's Health); Dr Nic Tsokos MBBS FRANZCOG CU; Dr Tim Jeffery MBS FRCOG FRANZCOG; Mr John Taylor MBBS MRCP FRCS FRACS FRCOG FRANZCOG

PMH
<table>
<thead>
<tr>
<th>RESEARCHERS</th>
<th>STUDY TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Helen Leonard</td>
<td>The health, functioning and needs of children and young adults with Down Syndrome in 2004</td>
</tr>
<tr>
<td>Prof Carol Bower</td>
<td>A one year, placebo controlled, multicentre study to determine safety and efficacy of Risedronate in children with osteogenesis imperfecta, followed by 2 years of open labelled treatment. Protocol No:  2003100-HMR4003I/3001</td>
</tr>
<tr>
<td>Dr Elizabeth Davis</td>
<td>AEWS02P1: A pilot study of low dose antiangiogenic chemotherapy in combination with standard multiagent chemotherapy for patients with newly diagnosed metastatic Ewings Sarcoma family of tumour</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ANHL0221: A phase 2 study of the combination of Cyclophosphamide, Prednisone, &amp; Rituximab (CPR) in children, adolescents and young adults with CD20 positive post-transplant lymphoproliferative disease (PTLD) following solid organ transplantation (SOT)</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ACCL0331: A randomised, double blind placebo controlled clinical trial to assess the efficacy of Traumeel®S for the prevention and treatment of mucositis in children undergoing haematopoietic stem cell transplantation</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ALTE03N1: Key adverse events after childhood cancer</td>
</tr>
<tr>
<td>Dr Russell Troedson</td>
<td>Brain glucose metabolism using FDG PET in children and adolescents attending for clinical oncology PET studies</td>
</tr>
<tr>
<td>Andrew Campbell</td>
<td>Prospective evaluation of responses to hypoglycaemia in newly diagnosed young patients with type 1 diabetes: does intensive diabetes management prevent loss of glucagon response and hypoglycaemia awareness?</td>
</tr>
<tr>
<td>RESEARCHERS</td>
<td>STUDY TITLE</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dr Sunalene Devadason Professor Peter LeSouef Dr Graham Hall</td>
<td>Independent assessment of cigarette output and components in real life situations</td>
</tr>
<tr>
<td>Professor Peter LeSouef</td>
<td>A Phase II Study to determine the safety and efficacy of inhaled Dry Powder Mannitol in Cystic Fibrosis (Bronchitol in Cystic Fibrosis)</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>AAML03P1: A pilot study for the treatment of newly diagnosed childhood Acute Myeloid Leukaemia (AML) using intensive MRC-based therapy and Gemtuzumab Ozogamicin</td>
</tr>
<tr>
<td>Dr Simon Erickson</td>
<td>Glucose control and organ failure in paediatric intensive care.</td>
</tr>
<tr>
<td>A/Prof Theo Gotjamanos</td>
<td>Research into a New Treatment for Dental Decay</td>
</tr>
<tr>
<td>Dr Sunalene Devadason Prof Peter LeSouef Dr Andre’ Schultz Nicole Schaefer</td>
<td>Defining the optimal breathing technique for young children using holding chambers</td>
</tr>
<tr>
<td>Dr Helen Mead</td>
<td>Serial venom and antivenom level analysis in patients with clinical or suspected envenoming following snakebite</td>
</tr>
<tr>
<td>Dr Sunalene Devadason Prof Peter LeSouef A/Prof Steve Stick Dr Peter Franklin Dr Graham Hall Ms Amira Wahdan Mr Maurice Swanson</td>
<td>Measurement of exposure to environmental tobacco smoke (ETS) by young non-smoking adults who visit hospitality venues</td>
</tr>
<tr>
<td>Ms Lynn Jensen</td>
<td>Motor control intervention for children and adolescents with chronic non-specific musculoskeletal pain</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ANHL01P1: A Pilot study to determine the toxicity of the addition of Rituximab to the induction and consolidation phases and the addition of Rasburicase to the reduction phase in children with newly diagnosed Advanced B-Cell Leukemia/Lymphoma Treated with LMB/FAB Therapy</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ACNS05122: A Phase II study to assess the ability of neoadjuvant chemotherapy +/- second look surgery to eliminate all measurable disease prior to radiotherapy for NGCT.</td>
</tr>
<tr>
<td>Dr Catherine Cole</td>
<td>PBMTC GVH0313: A Phase II Study of Pentostatin for the treatment of high risk or refractory chronic graft versus host disease (GVHD) in children</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ANBL0032: Phase III randomised study of chimeric anti-GD2 in high risk Neuroblastoma following Myeloablative Therapy and Autogous Stem Cell Rescue</td>
</tr>
<tr>
<td>Dr Timothy Jones</td>
<td>Detection of hypoglycaemic episodes in Type 1 diabetic patients using the hypoglycaemia monitor (HypoMon®)</td>
</tr>
<tr>
<td>Ms Renee DeLeuil</td>
<td>Assessing the effect of severe food allergy on the quality of life of children and their Care-givers</td>
</tr>
<tr>
<td>Dr Lynn Meuleners</td>
<td>Vulnerable Road Users</td>
</tr>
<tr>
<td>A/Prof Deborah Lehmann</td>
<td>Neonatal immunization with pneumococcal conjugate vaccine in Papua New Guinea</td>
</tr>
<tr>
<td>Ms Helen Beaton MS Carolyn Oliff Dr John Wray</td>
<td>Clinical outcomes of Infants Presenting with Torticollis</td>
</tr>
<tr>
<td>Dr Rina Cercarelli</td>
<td>Princess Margaret Hospital for Children Childhood Falls Study</td>
</tr>
<tr>
<td>Professor Harvey Coates</td>
<td>The role of Biofilm in the Aetiology of Adenotonsillar Disease in Children</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ANBL00P3: A Phase II/III study of the use of intravenous gammaglobulin therapy for patients with Neuroblastoma-associated Opsoclonus-Myoclonus-Ataxia syndrome</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>AHOD0321: A Phase II study of weekly Gemcitabine and Vinorelbine in children with recurrent or refractory Hodgkins disease</td>
</tr>
<tr>
<td>Ms Fiona Wood</td>
<td>A prospective study to evaluate the efficacy and safety of ReCell Autologous Cell Harvesting Device in Epidermal Reconstruction, Protocol No: PSR-02</td>
</tr>
<tr>
<td>Assoc Professor Tim Jones</td>
<td>Acute effects of hypoglycaemia on cognitive and neurological function</td>
</tr>
<tr>
<td>RESEARCHERS</td>
<td>STUDY TITLE</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dr Sarah Cherian</td>
<td>Eosinophilic Oesophagitis – Prevalence, clinical and laboratory features in Western Australian children</td>
</tr>
<tr>
<td>Ms Kim Laird</td>
<td>Longitudinal evaluation of recovery of musculoskeletal and cardiopulmonary changes in children who are in remission from cancer</td>
</tr>
<tr>
<td>Dr Peter Heinz</td>
<td>Evaluation of the use of a compulsory monitoring tool for infants presenting to the Emergency Department with injury, poisoning or burns</td>
</tr>
<tr>
<td>Dr Janine Spencer</td>
<td></td>
</tr>
<tr>
<td>Assoc Professor Tim</td>
<td>Management of glycaemia following moderate versus intermittent exercise in individuals with type 1 diabetes mellitus: Measurement of live glucose production and whole body glucose utilisation</td>
</tr>
<tr>
<td>Jones</td>
<td></td>
</tr>
<tr>
<td>Dr Paul Fournier</td>
<td></td>
</tr>
<tr>
<td>Dr Cem Kibar</td>
<td>Too Long in the Tooth: A descriptive study of adults presenting to a paediatric emergency department</td>
</tr>
<tr>
<td>Dr Meredith Borland</td>
<td></td>
</tr>
<tr>
<td>Dr Graham Hall</td>
<td>Determining the time to maximal response to bronchodilators in asthmatic children</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>The Australian Paediatric Cancer Registry</td>
</tr>
<tr>
<td>Assoc Prof Joanne</td>
<td></td>
</tr>
<tr>
<td>Aitken</td>
<td></td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>AGCT01P1: A pilot study of Cisplatin, Etoposide, Bleomycin and escalating dose cyclophosphamide therapy for children with high-risk malignant germ cell tumours</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ADVL0421: A phase II study of Oxaliplatin in children with recurrent solid tumours</td>
</tr>
<tr>
<td>Dr Lana Bell</td>
<td>The effect of exercise on Insulin resistance in obese children</td>
</tr>
<tr>
<td>Dr Liz Davis</td>
<td></td>
</tr>
<tr>
<td>Ms Elizabeth Seah</td>
<td>Attachment styles of Adolescents with Eating Disorders</td>
</tr>
<tr>
<td>Ms Jodie Hulm</td>
<td>The effects of surgical plume to exposed staff in the operating room environment. Are we at risk?</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>AOST0221: A Phase II study of aerosolised GM-CSF in Osteosarcoma patients with first pulmonary recurrence of Osteosarcoma.</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ARST0331: Vincristine, Dactinomycin and lower doses of Cyclophosphamide with or without radiation therapy for patients with newly diagnosed low-risk embryonal/botryoid/spindle cell Rhabdomyosarcoma</td>
</tr>
<tr>
<td>Dr Peter Richmond</td>
<td>A phase II, open, randomised, controlled, multicentre primary and booster vaccination study of GSK Biologicals’ Hib-MenCY-TT conjugate vaccine versus ActHIB and MenC conjugate licensed vaccine when given according to the 2-4-6 month schedule to healthy infants with a booster dose at 12 to 15 months of age. Protocol No: 102370/007</td>
</tr>
<tr>
<td>Dr Paul Fournier</td>
<td>Carbohydrate utilisation during exercise as a predictor of the risk of late-onset post-exercise hypoglycaemia in adolescents with type 1 diabetes: the effect of glycaemia control</td>
</tr>
<tr>
<td>Dr Luis Ferreira</td>
<td></td>
</tr>
<tr>
<td>Dr Tim Jones</td>
<td></td>
</tr>
<tr>
<td>Dr Andrew Wilson</td>
<td>A pivotal phase 3 study of MEDI-524 (Numax™), an enhanced potency humanized Respiratory Syncytial Virus (RSV) monoclonal antibody, for the prophylaxis of serious RSV disease in high-risk children. Protocol: MI-CP110</td>
</tr>
<tr>
<td>Assoc Prof Stephen</td>
<td></td>
</tr>
<tr>
<td>Stick</td>
<td></td>
</tr>
<tr>
<td>Mr Matthew Gmelig</td>
<td>A pilot study into the use of parent diaries within the Intensive Care Environment</td>
</tr>
<tr>
<td>Ms Huaqiong Zhou</td>
<td>Children’s pain ratings post appendectomy compared to ratings by parents and nurses</td>
</tr>
<tr>
<td>Dr Tim Jones</td>
<td>Efficacy and safety of insulin glulisine compared with insulin lispro in children and adolescents with type 1 diabetes mellitus: a 26-week, multicentre, open, parallel clinical trial. Protocol No: HMR1964D/3001</td>
</tr>
<tr>
<td>Dr Elizabeth Davis</td>
<td></td>
</tr>
<tr>
<td>Ms Rachael Dunn</td>
<td>A discursive analysis of therapist/patient talk with adolescent females diagnosed with anorexia nervosa</td>
</tr>
<tr>
<td>Mr Chris Harris</td>
<td></td>
</tr>
<tr>
<td>Dr Cori Williams</td>
<td>Ear disease in urban Aboriginal children: prevalence and effect on literacy skills</td>
</tr>
<tr>
<td>Assoc Prof Harvey</td>
<td></td>
</tr>
<tr>
<td>Coates</td>
<td></td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ACNS0231: A phase III randomised trial for the treatment of paediatric high grade gliomas at first recurrence with a signle high dose chemotherapy and autologous stem cell transplant versus three courses of intermediate dose chemotherapy with peripheral blood stem cell (PBSC) support</td>
</tr>
</tbody>
</table>

*Metropolitan Health Services Annual Report 2004-05*  
*Page 232 of 243*
<table>
<thead>
<tr>
<th>RESEARCHERS</th>
<th>STUDY TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Peter Richmond</td>
<td>Hospitalisation of young children in Victoria and Western Australia for acute gastroenteritis attributable to rotavirus during 1998/99 to 2002/03</td>
</tr>
<tr>
<td>Assoc Prof Stephen Stick</td>
<td>A 6-month open-label, flexible-dosage study to assess the safety and effectiveness of PROVIGIL® (Modafinil) treatment in children and adolescents with excessive sleepiness associated with narcolepsy or obstructive sleep apnoea/hypopnoea syndrome</td>
</tr>
<tr>
<td>Dr Toni Redman</td>
<td>Central motor pathways and changes that occur with Botulinum Toxin A therapy for upper limb spasticity in hemiplegic cerebral palsy: pilot study</td>
</tr>
<tr>
<td>Dr Sujeeva Ashanthi Munasinghe</td>
<td>Enzyme supplementation in autism spectrum disorders</td>
</tr>
<tr>
<td>Dr Peter Franklin</td>
<td>The effect of an allergy free school on symptoms in school children</td>
</tr>
<tr>
<td>Miss Alisha Thompson</td>
<td>The effect of exercise on insulin sensitivity in obese children</td>
</tr>
<tr>
<td>Dr Aveni Haynes</td>
<td>Update of diabetes register at Princess Margaret Hospital</td>
</tr>
<tr>
<td>Dr Graham Hall</td>
<td>Validation of respiratory function reference data in Western Australian children</td>
</tr>
<tr>
<td>Dr Peter Richmond</td>
<td>An open-label, multi-centre study to evaluate the safety, tolerability and immunogenicity of CSL’s influenza vaccine in a paediatric population (&lt;6 months to &lt; 9 years of age)</td>
</tr>
<tr>
<td>Assoc Prof Ian Jacobs</td>
<td>Functional status of survivors of out-of-hospital cardiac arrest in Perth, Western Australia</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>Treatment of late isolated extramedullary relapse from acute lymphoblastic leukaemia (ALL)</td>
</tr>
<tr>
<td>Dr Catherine Cole</td>
<td>Paediatric and Adult Intercontinental Registry of Chronic Immune Thrombocytopenic Purpura (PARC-ITP)</td>
</tr>
<tr>
<td>Assoc Prof Susan Prescott, Dr Jan Dunstan</td>
<td>Investigation of the therapeutic and immunological effects of ASTHMASTOP in children with allergic asthma</td>
</tr>
<tr>
<td>Assoc Prof Susan Prescott, Dr Jan Dunstan</td>
<td>The immunomodulatory effects of omega-3-polyunsaturated fatty acids: role in allergy prevention</td>
</tr>
<tr>
<td>Professor Stephen Zubrick</td>
<td>Western Australian Indigenous Child Health Survey – Phase 2</td>
</tr>
<tr>
<td>Dr Meredith Borland</td>
<td>Suspected snake bite in children: changes in presentation and management over the past 10 years</td>
</tr>
<tr>
<td>Dr Alpana Kulkarni</td>
<td>Defining the clinical phenotype of autism and its underlying genetic basis</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>AAML0121: A phase II study of Amifostine in children with myelodysplastic syndrome</td>
</tr>
<tr>
<td>Dr Karen Prosser</td>
<td>The role of biofilm in the aetiology of nasal and sinus disease in children</td>
</tr>
<tr>
<td>Dr Sunalene Devadason</td>
<td>Lung deposition of 99mTc-fluticasone propionate delivered via pMDI-spacer in children and adolescents with mild asthma</td>
</tr>
<tr>
<td>Dr Tim Jones, Dr Elizabeth Davis</td>
<td>TrialNet Natural History Study of the Development of Type 1 Diabetes</td>
</tr>
<tr>
<td>Dr Ian Walpole</td>
<td>Parents’ willingness to pay for genetic testing for congenital deafness</td>
</tr>
<tr>
<td>Dr Rina Cercarelli</td>
<td>Development of a Western Australia Trauma Registry</td>
</tr>
<tr>
<td>Professor Peter Sly, Dr Sunalene Devadason</td>
<td>Bronchoprovocation testing in children using mannital powder aerosols</td>
</tr>
<tr>
<td>Dr Elizabeth Milne</td>
<td>Australian study of childhood brain tumours</td>
</tr>
<tr>
<td>Assoc Prof Susan Prescott, Dr Jan Dunstan</td>
<td>The role of the placenta in early immune development</td>
</tr>
<tr>
<td>Ms Noula Gibson</td>
<td>Investigation of the functional benefit and the peripheral and central pathway changes that occur with strength specific training for upper limb function with and without Botulinum Toxin A in children with spastic hemiplegic cerebral palsy: A randomised controlled trial</td>
</tr>
<tr>
<td>Dr Barry Clements</td>
<td>A phase 3, double-blind, multicentre, multinational, randomised, placebo-controlled trial evaluating Aztreonam Lysinate for inhalation in cystic fibrosis</td>
</tr>
<tr>
<td>RESEARCHERS</td>
<td>STUDY TITLE</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>patients with pulmonary <em>P. aeruginosa</em> (AIR-CF1)</td>
</tr>
<tr>
<td>Assoc Prof Susan</td>
<td>AALL0331: Standard risk B-precursor Acute Lymphoblastic Leukaemia</td>
</tr>
<tr>
<td>Prescott</td>
<td>Follow-up of infant immune function and clinical atopic disease (Phase 2 of</td>
</tr>
<tr>
<td></td>
<td>Fetomaternal immunological interactions in the aetiology of allergic disease—</td>
</tr>
<tr>
<td></td>
<td>Reg. No: 698/EP</td>
</tr>
<tr>
<td>Ms Ingrid Laing</td>
<td>Genetics influences on casual pathways of pneumonia in infants from Papua</td>
</tr>
<tr>
<td></td>
<td>New Guinea</td>
</tr>
<tr>
<td>Dr Damian Roland</td>
<td>Do Emergency Department clinicians assess dehydration in the same way?</td>
</tr>
<tr>
<td>Dr Peter Franklin</td>
<td>Exposure of infants to air pollution in homes and day-care centres</td>
</tr>
<tr>
<td>Dr Deirdre Speldewinde</td>
<td>Current emergency department management of paediatric status epilepticus:</td>
</tr>
<tr>
<td></td>
<td>a basis for future prospective research</td>
</tr>
<tr>
<td>Dr David Baker</td>
<td>ACNS0423: A phase II study of concurrent radiation and Temozolomide</td>
</tr>
<tr>
<td></td>
<td>followed by Temozolomide and Iomustine (CCNU) in the treatment of children</td>
</tr>
<tr>
<td></td>
<td>with high grade Glioma</td>
</tr>
</tbody>
</table>
Please note the publications listed are currently under audit and not confirmed.

<table>
<thead>
<tr>
<th>Bibliography</th>
</tr>
</thead>
</table>
Bibliography


Jagoe, J.M., Magann, E.F., Chauhan, S.P. and Morrison, J.C. Does the frequency of outpatient visits in addition to the regularly scheduled prenatal visits identify a poor pregnancy outcome?, Australian and...
<table>
<thead>
<tr>
<th>Bibilography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simmer, K. and Patele, S. Longchain polyunsaturated fatty acid supplementation in preterm infants (Review), Cochrane Database of Systematic Review, CD000375:1 (2004)</td>
</tr>
</tbody>
</table>
Bibliography


Completed Research Projects for 2004-05

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Sunalene Devadason</td>
<td>Dept of Respiratory Medicine PMH</td>
</tr>
<tr>
<td>Dr Peter Chauvel</td>
<td>Dept of Paediatric Rehabilitation, PMH</td>
</tr>
<tr>
<td>Dr Beverly Petterson</td>
<td></td>
</tr>
<tr>
<td>Professor Peter Sly</td>
<td></td>
</tr>
<tr>
<td>Dr Stephen Stick</td>
<td></td>
</tr>
<tr>
<td>Dr Peter Richmond, Dr Richard Loh, Professor Peter Sly</td>
<td></td>
</tr>
<tr>
<td>Professor Peter Sly</td>
<td></td>
</tr>
<tr>
<td>Mrs Lynn Priddis</td>
<td></td>
</tr>
<tr>
<td>Dr Stephen Stick</td>
<td></td>
</tr>
<tr>
<td>Mr Harvey Coates</td>
<td></td>
</tr>
<tr>
<td>Dr Greg Day, Mr Anthony Geddes</td>
<td></td>
</tr>
<tr>
<td>Ms Natarlie deCinque, Dr Leanne Monterosso, Dr Marianne Phillips</td>
<td></td>
</tr>
<tr>
<td>Ms Kylie Johnson</td>
<td></td>
</tr>
<tr>
<td>Dr Carol Bower, Dr Elizabeth Elliott, Dr Anne Morris, Assoc Professor Eric Haan</td>
<td></td>
</tr>
<tr>
<td>Assoc Professor David Forbes</td>
<td></td>
</tr>
<tr>
<td>Dr Peter Richmond, Professor Peter Sly, Dr Richard Loh and Dr Dominic Mallon</td>
<td></td>
</tr>
<tr>
<td>Applicant</td>
<td>Title</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ms Fiona Wood</td>
<td>Prospective surveillance assessment of ReCell autologous cell harvesting kit.</td>
</tr>
<tr>
<td>Dr Gary Geelhoed</td>
<td>Can steroids reduce the symptoms of bronchiolitis in four hours and decrease admissions?</td>
</tr>
<tr>
<td>Dr Tse Wing Season Yeung</td>
<td>Immune cell distribution in normal human corneas.</td>
</tr>
<tr>
<td>Ms Julie Holschier</td>
<td>&quot;And So to Sleep&quot; program evaluation.</td>
</tr>
<tr>
<td>Ms Fenella Gill</td>
<td>Evaluation of a clinical performance assessment tool.</td>
</tr>
<tr>
<td>Dr Peter Richmond</td>
<td>Double-blind, randomised phase IIIb, clinical trial to compare the immunogenicity and reactogenicity of GSK Biologicals’ DTPa vaccine(InfanrixTM), with GSK Biologicals’ dTpa (BoostrixTM) administered to healthy children 4 to 6 years of age.</td>
</tr>
<tr>
<td>Dr Bruce Hullett</td>
<td>A comparison of tramadol and morphine for adenotonsillectomy in children.</td>
</tr>
<tr>
<td>Dr Stephen stick</td>
<td>Usability evaluation of the paediatric vista mask.</td>
</tr>
<tr>
<td>Dr Yuri Gilhotra</td>
<td>Predicting diabetic ketoacidosis in children by measuring end tidal CO2 via non-invasive nasal capnography.</td>
</tr>
<tr>
<td>Ms Marg Sayers</td>
<td>Community and professional services pilot consultation programme(metropolitan and outer metropolitan regions) for males aged 17-35 years.</td>
</tr>
<tr>
<td>Dr Sarah Skeldon</td>
<td>Utilisation of therapies in autistic children who have been diagnosed at the State Child Development Centre in Western Australia.</td>
</tr>
<tr>
<td>Dr Peter Richmond</td>
<td>A phase III, open, randomised, controlled, multi-centre study to demonstrate the non-inferiority of the meningococcal serogroup C response to GSK Biologicals’ Haemophilus influenzae type b(Hib)-meningococcal serogroup C (MenC) conjugate (Hib-MenC).</td>
</tr>
<tr>
<td>Professor Peter Le Souef</td>
<td>A multicentre, double-blind, randomised, placebo controlled study to determine the effect of montelukast as an episode modifier in the treatment of infrequent episodic asthma in children. Protocol No: 165.</td>
</tr>
<tr>
<td>Dr Elizabeth Croston</td>
<td>The effects of high dose steroids on cardiac injury and lung function following bypass for heart surgery.</td>
</tr>
<tr>
<td>Dr Alan Duncan</td>
<td>Investigation of the efficacy and safety of Drotrecogin Alfa (activated) in paediatric severe sepsis (A randomised, double-blind, placebo-controlled, multicentre, phase 3 study of drotrecogin alfa (activated) administered as a continuous 96-hour intravenous.</td>
</tr>
<tr>
<td>Professor Peter Sly</td>
<td>Treatment of asthma in paediatric patients. Comparison of inhaled Ciclesonide 160 ?g/day and Budesonide 400 ?g/day. A 12 week double-blind, double-dummy, randomised, 2-arm, parallel group, multi-centre, multi-national study Protocol no: BY9010/M1-204.</td>
</tr>
<tr>
<td>Mrs Annie Mullan</td>
<td>A longitudinal study of the emotional and behavioural adjustment of pre-adolescent children who were born either very preterm or term.</td>
</tr>
<tr>
<td>Dr Tim Jones</td>
<td>Diabcare Asia: An audit and benchmarking study on type 2 diabetes management in childhood and adolescence in the Western Pacific regional countries.</td>
</tr>
<tr>
<td>Ms Eleanor Mennie</td>
<td>A comparison of standard digital axillary temperature measurement and Traxit wearable phase change thermometers in children 0-10 months old.</td>
</tr>
<tr>
<td>Dr Elizabeth Thomas</td>
<td>The role of FDG-PET in paediatric malignancy.</td>
</tr>
<tr>
<td>Ms Penelope Shannon</td>
<td>Teenagers: Can they cope with the adult hospital system; do they know how? Can the adult hospitals cope with teenagers?</td>
</tr>
<tr>
<td>Dr Peter Heinz</td>
<td>Comparison of a computer-based teaching package and a lecture in terms of knowledge acquisition, staff preference and practical performance in compulsory paediatric life support training.</td>
</tr>
<tr>
<td>Dr Aveni Haynes</td>
<td>Update of diabetes register at Princess Margaret Hospital.</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>ABN</td>
<td>Australasian Biospecimen Network</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team</td>
</tr>
<tr>
<td>ACEM</td>
<td>Australasian College for Emergency Medicine</td>
</tr>
<tr>
<td>ACHS</td>
<td>Australian Council of HealthCare Standards</td>
</tr>
<tr>
<td>ACIR</td>
<td>Australian Childhood Immunisation Register</td>
</tr>
<tr>
<td>AHS</td>
<td>Armadale Health Service</td>
</tr>
<tr>
<td>AKMH</td>
<td>Armadale Kelmscott Memorial Hospital</td>
</tr>
<tr>
<td>ALHMWU</td>
<td>Australian, Liquor, Hospitality and Miscellaneous Workers Union</td>
</tr>
<tr>
<td>AMA</td>
<td>Australian Medical Association</td>
</tr>
<tr>
<td>AMHS</td>
<td>Area Mental Health Service</td>
</tr>
<tr>
<td>AMI</td>
<td>Acute Myocardial Infarction</td>
</tr>
<tr>
<td>ANTA</td>
<td>Australian National Training Authority</td>
</tr>
<tr>
<td>APGAR</td>
<td>Activity (muscle tone/movement), Pulse, Grimace (reflex), Appearance (skin colour - blue etc), Respiration</td>
</tr>
<tr>
<td>ARA</td>
<td>Australasian Reporting Award</td>
</tr>
<tr>
<td>ASC</td>
<td>Alma Street Centre</td>
</tr>
<tr>
<td>BHS</td>
<td>Bentley Health Service</td>
</tr>
<tr>
<td>CALD</td>
<td>Cultural and Linguistically Diverse</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child And Adolescent Mental Health Service</td>
</tr>
<tr>
<td>CAP</td>
<td>Care Awaiting Placement</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive and Behavioural Therapy</td>
</tr>
<tr>
<td>CCI</td>
<td>Centre for Clinical Interventions</td>
</tr>
<tr>
<td>CCRN</td>
<td>Clinical Research in Neuropsychiatry</td>
</tr>
<tr>
<td>CFMG</td>
<td>Centre for Food and Genomic Medicine</td>
</tr>
<tr>
<td>CPDSS</td>
<td>Country Patients' Dental Subsidy Scheme</td>
</tr>
<tr>
<td>CPI</td>
<td>Consumer Price Index</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>CPU</td>
<td>Clinical Practice Updates</td>
</tr>
<tr>
<td>CRC</td>
<td>Co-operative Research Centre</td>
</tr>
<tr>
<td>CT</td>
<td>Computerised Tomography</td>
</tr>
<tr>
<td>CTG</td>
<td>Cardiotocography</td>
</tr>
<tr>
<td>CWLB</td>
<td>Central Wait List Bureau</td>
</tr>
<tr>
<td>DHS</td>
<td>Dental Health Service</td>
</tr>
<tr>
<td>DLPP</td>
<td>Discharge Liaison Pharmacy Project</td>
</tr>
<tr>
<td>DMFT</td>
<td>Decayed, missing or filled teeth</td>
</tr>
<tr>
<td>DNAMER</td>
<td>Department of Nursing and Midwifery Education and Research</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DRG</td>
<td>Diagnostic Related Groups</td>
</tr>
<tr>
<td>DVA</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>DVT</td>
<td>Deep Venous Thrombosis</td>
</tr>
<tr>
<td>CBT</td>
<td>Cognitive Behaviour Therapy</td>
</tr>
<tr>
<td>ECG</td>
<td>Electrocardiography</td>
</tr>
<tr>
<td>ECU</td>
<td>Edith Cowan University</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EDIS</td>
<td>Emergency Department Information System</td>
</tr>
<tr>
<td>EEO</td>
<td>Equal Employment Opportunity</td>
</tr>
<tr>
<td>EMA</td>
<td>Emergency Management Australia</td>
</tr>
<tr>
<td>ENT</td>
<td>Ear Nose Throat</td>
</tr>
<tr>
<td>EQuIP</td>
<td>Evaluation and Quality Improvement Program</td>
</tr>
<tr>
<td>FHS</td>
<td>Fremantle Health Service</td>
</tr>
<tr>
<td>FHHS</td>
<td>Fremantle Hospital and Health Service</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FISH</td>
<td>Fluorescence In Situ Hybridisation</td>
</tr>
<tr>
<td>FNOF</td>
<td>Neck of Femur</td>
</tr>
<tr>
<td>FOI</td>
<td>Freedom of Information</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HACC</td>
<td>Home and Community Care</td>
</tr>
<tr>
<td>HACCP</td>
<td>Home and Community Care Program</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HMDS</td>
<td>Hospital Morbidity Data System</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resource</td>
</tr>
<tr>
<td>HRC</td>
<td>Health Reform Committee</td>
</tr>
<tr>
<td>HRMC</td>
<td>Human Resource Management Committee</td>
</tr>
<tr>
<td>iCM</td>
<td>Isoft Clinical Manager</td>
</tr>
<tr>
<td>ICMHS</td>
<td>Inner City Mental Health Service</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>ISO</td>
<td>International Standards Organisation</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>IV</td>
<td>Intravenous</td>
</tr>
<tr>
<td>JDF</td>
<td>Job Description Form</td>
</tr>
<tr>
<td>KEMH</td>
<td>King Edward Memorial Hospital for Women</td>
</tr>
<tr>
<td>LHMU</td>
<td>Liquor Hospitality and Miscellaneous Union</td>
</tr>
<tr>
<td>MAST</td>
<td>Mirrabooka Assessment Support Team</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>MHS</td>
<td>Mental Health Service</td>
</tr>
<tr>
<td>MHSB</td>
<td>Metropolitan Health Service Board</td>
</tr>
<tr>
<td>MPDSS</td>
<td>Metropolitan Patients' Dental Subsidy Scheme</td>
</tr>
<tr>
<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
</tr>
<tr>
<td>MSOAP</td>
<td>Medical Specialist Outreach Assistance Program</td>
</tr>
<tr>
<td>NAATI</td>
<td>National Accreditation Authority for Translators and Interpreters</td>
</tr>
<tr>
<td>NATA</td>
<td>National Association of Testing Authority</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Government Organisation</td>
</tr>
<tr>
<td>NHMRC</td>
<td>National Health Medical Research Council</td>
</tr>
<tr>
<td>NICS</td>
<td>National Institute of Clinical Studies</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>NMAHS</td>
<td>North Metropolitan Area Health Service</td>
</tr>
<tr>
<td>OAMH</td>
<td>Older Adult Mental Health</td>
</tr>
<tr>
<td>OHCWA</td>
<td>Oral Health Centre of WA</td>
</tr>
<tr>
<td>OPD</td>
<td>Out Patient Department</td>
</tr>
<tr>
<td>OPH</td>
<td>Osborne Park Hospital</td>
</tr>
<tr>
<td>OPHP</td>
<td>Osborne Park Hospital Program</td>
</tr>
<tr>
<td>OPSSC</td>
<td>Office of Public Sector Standards Commissioner</td>
</tr>
<tr>
<td>OSH</td>
<td>Occupational Safety and Health</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>PARK</td>
<td>Peel &amp; Rockingham Kwinana</td>
</tr>
<tr>
<td>PARKHS</td>
<td>Peel and Rockingham/ Kwinana Health Service</td>
</tr>
<tr>
<td>PACS</td>
<td>Picture and Archiving Communication System</td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase Chain Reaction</td>
</tr>
<tr>
<td>PET</td>
<td>Positron Emission Tomography</td>
</tr>
<tr>
<td>PGME</td>
<td>Post Graduate Medical Education</td>
</tr>
<tr>
<td>PHP</td>
<td>Population Health Program</td>
</tr>
<tr>
<td>PID</td>
<td>Public Interest Disclosure</td>
</tr>
<tr>
<td>PIMS</td>
<td>Patient Information Management System</td>
</tr>
<tr>
<td>PMH</td>
<td>Princess Margaret Hospital</td>
</tr>
<tr>
<td>PR</td>
<td>Public Relations</td>
</tr>
<tr>
<td>PSOLIS</td>
<td>Psychiatric Services Online Information System</td>
</tr>
<tr>
<td>QEIIMC</td>
<td>Queen Elizabeth II Medical Centre</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>RAT</td>
<td>Rapid Assessment Team</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>RKHS</td>
<td>Rockingham Kwinana Health Service</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>RPH</td>
<td>Royal Perth Hospital</td>
</tr>
<tr>
<td>SAMU</td>
<td>Sub-acute medical unit</td>
</tr>
<tr>
<td>SARC</td>
<td>Sexual Assault Resource Centre</td>
</tr>
<tr>
<td>SCGH</td>
<td>Sir Charles Gairdner Hospital</td>
</tr>
<tr>
<td>SDN</td>
<td>Staff Development Nurse</td>
</tr>
<tr>
<td>SHS</td>
<td>Swan Health Service</td>
</tr>
<tr>
<td>SKHS</td>
<td>Swan Kalamunda Health Service</td>
</tr>
<tr>
<td>SMAHS</td>
<td>South Metropolitan Area Health Service</td>
</tr>
<tr>
<td>SPC</td>
<td>Shenton Park Campus</td>
</tr>
<tr>
<td>SWIH</td>
<td>School of Women’s and Infants' Health</td>
</tr>
<tr>
<td>TAFE</td>
<td>Technical and Further Education</td>
</tr>
<tr>
<td>TIS</td>
<td>Translating and Interpreting Service</td>
</tr>
<tr>
<td>TOPAS</td>
<td>The Open Patient Accounting System</td>
</tr>
<tr>
<td>TTY</td>
<td>Teletypewriter</td>
</tr>
<tr>
<td>UWA</td>
<td>University of WA</td>
</tr>
<tr>
<td>VRE</td>
<td>Vancomycin-Resistant Enterococci</td>
</tr>
<tr>
<td>WAIRC</td>
<td>WA Industrial Relations Court</td>
</tr>
<tr>
<td>WASON</td>
<td>WA School of Nursing</td>
</tr>
<tr>
<td>WAIRF</td>
<td>WA Institute for Medical Research</td>
</tr>
<tr>
<td>WAFSS</td>
<td>WA Family Study of Schizophrenia</td>
</tr>
<tr>
<td>WACHS</td>
<td>WA Country Health Service</td>
</tr>
<tr>
<td>WATMHC</td>
<td>WA Transcultural Mental Health Centre</td>
</tr>
<tr>
<td>WCHS</td>
<td>Women’s and Children’s Health Service</td>
</tr>
<tr>
<td>WIRF</td>
<td>Women and Infants Research Foundation</td>
</tr>
</tbody>
</table>