

Overview of agency

Vision statement

Vision

To deliver a safe, high quality, sustainable health system for all Western Australians.

Values

WA Health's Code of Conduct identifies the values that we hold as fundamental in our work and describes how these values translate into action.

Our values are:



Priorities

Our strategic priorities are focused on a continuum of care to support and guide health care through integrated service delivery from prevention and health promotion, early intervention, primary care through to diagnosis, treatment, rehabilitation and palliation.

Ensuring people in Western Australia receive safe, high quality and accessible health services underpins our strategic priorities. This includes delivering health services that are patient centred, based on evidence and within a culture of continuous improvement.

WA Health's strategic priorities are:

1. Prevention and Community Care Services
2. Health Services
3. Chronic Disease Services
4. Aboriginal Health Services.

Executive summary

The 2015–16 financial year marked the end of an era for WA Health, as the health system made preparations to move away from a centralised governance structure and embrace a devolved structure as of 1 July 2016.

Guided by the *WA Health Reform Program 2015–2020*, WA Health spent 2015–16 planning for the transition to the new governance arrangements, which will support the ongoing sustainability and performance of the health system, and make it more responsive to local communities.

Central to the new structure was the passing of the *Health Services Act 2016*, which received Royal Assent on 26 May 2016.

The new legislation allowed for the creation of five Health Service Providers as separate statutory authorities, governed by Boards, which are legally responsible and accountable for the oversight of hospital and health service delivery in their area. This included the creation of the new East Metropolitan Health Service.

The Health Information Network, Health Corporate Network and Health Supply Network were also amalgamated as Health Support Services which from 1 July 2016 was created as a non-Board governed Health Service Provider.

The legislation also established the Department of Health as the ‘System Manager’, responsible for the overall management, performance and strategic direction of WA Health.

Also in 2015–16, the *Mental Health Act 2014* was enacted and the long-awaited *Public Health Bill 2014* passed through Parliament, replacing 100-year-old legislation and introducing a contemporary approach to managing public health.

In addition, the State’s \$7 billion infrastructure program continued its success, with the opening of the 307-bed St John of God Midland Public Hospital, which replaced the outdated Swan District Hospital.

Significant headway was also made in preparation for the opening of the new Perth Children’s Hospital in the coming months.

Information and Communications Technology (ICT) service delivery was also improved with the upgrade of more than 90 per cent of WA Health’s computer fleet and the establishment of an Incident Management Triage team to provide a 24-hour a day, seven-day-a-week, on-call facility for hospital staff requiring assistance with an ICT issue.

Roll-out of core clinical applications continued and the Psychiatric Online Information System was upgraded to support the implementation of changes to the *Mental Health Act 2014*. A contract was also awarded for the implementation of a new Laboratory Information System to support the delivery of pathology services.

The most notable achievement of 2015–16, however, was the way in which WA Health’s professional, 42,000-strong workforce continued to excel at its core business of delivering world-class health care to the people of Western Australia, while also meeting increasing demand on the system.

In 2015–16 WA Health managed:

- more than 562,000 inpatient separations, an increase of 25,000 on the previous year
- more than one million emergency department attendances, an increase of 20,000 on the previous year
- more than 2.4 million outpatient occasions of service – an increase of 145,000 on the previous year.

WA Health also performed well for the community against the four strategic priorities outlined in the *WA Health Strategic Intent 2015–2020*: Prevention and Community Care Services; Health Services; Chronic Disease Services; and Aboriginal Health Services.

Prevention and Community Care Services

The Metropolitan Health Service delivers a number of prevention programs, focusing on the health and wellbeing of whole populations. These programs include comprehensive health education, disease control, public health and mental health services to people living in the metropolitan region.

In 2015–16, Child Health Services continued to offer a universal schedule of child health and developmental assessments to every child in the metropolitan area at the key developmental ages of 0–10 days, 6–8 weeks, 3–4 months, 8 months, 18 months and three years. In addition, School Health Services promoted improved health outcomes for school aged children and young people using a population-based approach to universal and targeted prevention, health promotion, and early identification and intervention for children and adolescents in schools.

The Child and Adolescent Community Health Service also ran a range of programs targeting vulnerable families including: the Best Beginnings Program – a voluntary, structured, home-visiting service for families with additional risk factors; and the Refugee Health Team, which assists transitioning families to access local health services, and helps young children enter the community health Universal Contract Schedule.

The Perth metropolitan Child Development Service provided community-based allied health and developmental paediatric services to children (0–16 years of age) with, or at risk of, developmental delays such as speech or motor delays. Services included:

- Parent workshops
- Home and school programs
- Individual or group intervention sessions.

Also in 2015–16, two new dental clinics opened in the metropolitan area to address the increase in children eligible for treatment via the School Dental Service.

The South Metropolitan Health Service sites providing mental health services introduced Mental Health Assessment Treatment Teams and Community Treatment Teams to enable timely community access to, and supported discharge from, mental health facilities. These teams improve the quality of mental health services provided to patients accessing mental health services. In addition, the Individual Placement and Support program implemented at Fremantle Hospital and Health Service, Armadale Health Service and Bentley Health Service continued to help mental health clients find employment according to their strengths and abilities.

Other mental health initiatives across the metropolitan region included:

- The one-year anniversary of Touchstone, the metropolitan area's integrated, multi-disciplinary specialist mental health service for 12 to 16-year-olds
- The establishment of the Child and Adolescent Mental Health Specialist Aboriginal Mental Health Service
- Co-location of Ward 4H at Princess Margaret Hospital (PMH) to Bentley Adolescent Unit, ahead of the move to Perth Children's Hospital.
- Full implementation of 69 out of 83 recommendations for the Child and Adolescent Health Service in the 'Stokes Report'.

PathWest worked with Health Care Infection Council of WA to reduce hospital acquired infections, and contributed to implementing the Models of Care for HIV, Hepatitis C and sexually transmitted infections.

Also, in 2015-16, North Metropolitan Health Service (NMHS) Public Health and Ambulatory Care achieved 'Gold workplace recognition' from Healthier Workplace WA for its wellness at work program. The program, designed to create healthier, happier and more supportive workplace environments, increased awareness of the benefits of implementing health lifestyle behaviours.

NMHS also collaborated with the City of Bayswater to identify priority areas for a new Public Health Plan in its geographic area.

Health Services

The new 307-public bed St John of God Midland Public Hospital opened its doors on 24 November 2015. The new hospital, operated by St John of God Health Care, is Western Australia's third public-private hospital partnership. It provides a comprehensive range of services, enabling higher acuity and more complex clinical care to be delivered locally. Swan District Hospital closed after serving the community for more than 61 years to make way for the new hospital.

Also in 2015–16, the \$15 million Telethon Children's Ward at Joondalup Health Campus opened. The ward, which is double the size of its predecessor, offers the latest in technology and design to benefit children and their families.

Fiona Stanley Hospital (FSH) celebrated its first year of operation in February 2016, with some impressive statistics regarding the amount of service it provided to the community. For example, more than 100,000 patients were treated in the FSH emergency department, an average of 275 a day; 40,000 people were admitted as inpatients; and 22,600 surgeries were performed – 12,600 of which were elective.

FSH also:

- became the first hospital in Western Australia to implement the Pharmacy Automation solution, resulting in improved patient safety, increased efficiencies and enhanced medication governance
- became the first Intensive Care Unit in Western Australia to provide an integrated, paperless and automated charting system called the Intensive Care Unit Clinical Information System
- installed a fourth linear accelerator at the FSH Cancer Centre, enabling more patients to receive radiation treatment.

Rockingham General Hospital celebrated 40 years of service – and joined Armadale Health Service in further developing services and treating patients requiring more complex care.

In 2015–2016, significant planning continued in preparation for the opening of the Perth Children's Hospital (PCH). More than 1,400 Princess Margaret Hospital staff, volunteers and representatives of non-government organisations participated in a seven-week site tour program. Reform programs were undertaken to support the upcoming move to the new hospital, such as the reconfiguration of wards at PMH to facilitate the introduction of a short-stay surgical model and alignment with the ward configuration at PCH.

A number of new ICT systems were implemented across Child and Adolescent Health Service (CAHS) to streamline communications and prepare for the move to PCH, such as the 'iLearn' Learning Management System; the Notification and Clinical Summary System (NaCS); and eDiet/CBORD – an electronic dietary requirements package that also addresses the safety requirements of documenting and tracking allergy alert information.

Progress was also made in planning for the State Quadriplegic Centre, as well as the divestment of Graylands Hospital by 2025.

Also in 2015–16:

- PMH launched a database for the Child Protection Unit to enable more efficient and timely reporting to health and other professionals
- Fremantle Hospital began to provide an additional 881 endoscopy procedures for over-boundary patients across the metropolitan area
- PathWest rolled out 2D identification patient bands at Sir Charles Gairdner and King Edward Memorial Hospitals in preparation for the roll-out of eOrder. Together these increase positive patient identification when collecting pathology samples.
- A Gender Diversity Service was established within CAHS.

PathWest realigned referred pathology work from the South Metropolitan Health Service (SMHS) hospitals to the Fiona Stanley Hospital hub laboratory. Providing more timely reporting of referred pathology from SMHS general/secondary hospitals.

In addition, the NMHS prepared for the transfer of Kalamunda Hospital and some of its community-based services to the South and East Metropolitan Health Services. It also undertook necessary preparations for the continuation of contract management for the St John of God Midland Public Hospital, up until its transfer to the East Metropolitan Health Service on 1 July 2016.

Chronic Disease Services

Chronic diseases are the main cause of death and illness in the metropolitan area, and are strongly associated with lifestyle risk factors, such as smoking, physical inactivity, poor diet, and being overweight and obese.

Metropolitan Health Services target chronic disease through prevention programs in areas such as tobacco control, health literacy, physical activity and healthy eating.

BreastScreen WA opened a new clinic in Wanneroo, providing easier access to screening mammograms for local women through an additional screening unit, enhanced parking, and public transport and disability access.

This year also saw the launch of the *WA Rare Diseases Strategic Framework and Implementation Plan 2015–2018*. The first of its kind in Australia, this Framework is a comprehensive plan for improving the health and wellbeing of people living with a rare disease, enabling more timely diagnosis and better integrated care.

PathWest developed and implemented new genetic testing using Next Generation Sequencing to provide early detection of auto-inflammatory disease. It also developed a better diagnostic service for patients with possible immunodeficiency.

The Dental Health Service played an important role in preventing major chronic disease and maintaining the health of vulnerable populations across WA. Some of its initiatives in 2015–16 included:

- partnerships with Aboriginal Community Controlled Health Organisations and the Royal Flying Doctor Service to provide dental services in rural and remote areas.
- subsidised treatment for health care card and pensioner concession card holders
- partnerships with mental health services to develop a model for delivering oral health to mental health consumers, with a pilot program underway to examine the oral health of mental health patients as part of their physical health check.
- emergency dental treatment provided to Corrective Services patients.

In addition, the first phase of the Institute for Social Inclusion opened at Royal Perth Hospital in June 2016 to address the health care needs of homeless people and to ensure that upon discharge the patients have the greatest chance of being housed with the required support mechanism in place.

Aboriginal Health Services

The Metropolitan Health Service continues to support and invest in the delivery of services and programs that seek to close the gaps in the health and wellbeing of Aboriginal people. In 2015–16, the South Metropolitan Health Service delivered a number of programs aimed at addressing the key issues and improving health outcomes for Aboriginal people, such as:

- Moorditj Djena – a mobile community outreach service providing chronic disease assessment, diabetes education and podiatry services
- Journey of Living with Diabetes – an Aboriginal diabetes health education program delivered through residential workshops and 10-weekly programs across SMHS
- Nidjalla Waangan Mia (Aboriginal Health and Wellbeing Centre Mandurah) – primary health care services and health promotion programs for Aboriginal people living in the Peel area.
- Aboriginal Maternity Group Practice Program – a community-based maternity service that provides an Aboriginal Health Officer and Grandmother.

The NMHS partnered with Nyoongar Wellbeing and Sports Association to increase participation of Aboriginal people in physical activity and healthy eating, resulting in 55 Aboriginal people participating in the 2015 City to Surf event through the initiative.

PathWest introduced a training scholarship program for Aboriginal applicants to study Certificate III in Pathology in order to diversify its frontline workforce and strengthen and improve services to the Aboriginal people of WA.

Sir Charles Gairdner Hospital, in conjunction with the WA Chamber of Commerce and Industry, ran a pilot initiative which employed 26 Aboriginal people on six-month contracts in patient support roles, giving them experience to better position them for future employment opportunities.

Dental Health Service had a six per cent increase in Aboriginal patient attendance at clinics compared to last financial year.

Also, in 2015–16, a comprehensive evaluation of the statewide Specialised Aboriginal Mental Health Service began to give consideration to extending funding beyond June 2017. The Service helps to address the mental health needs of Aboriginal people throughout Western Australia.

The Child and Adolescent Community Health Service Aboriginal Health Team (AHT) provided culturally appropriate and secure services to the Aboriginal community across the Perth metropolitan area. The AHT provided additional support to families through targeted and intensive services, specifically designed for vulnerable families. Services focused on children, adolescents, young people and their families who are socially or economically disadvantaged. These groups include migrants, refugees, culturally and linguistically diverse groups and Aboriginal people.

The North, South and Child and Adolescent Health Services – along with the newly established East Metropolitan Health Service – enter the new year keen to consolidate and build upon the reforms and achievements of 2015–16.

Metropolitan WA at a glance



In metropolitan WA a male is expected to live to **81.5** years of age and female to **86.2** years of age



428,771
discharges from a metropolitan public hospital in 2015



1,737
people on any day will present to a metropolitan emergency department



1,342
deaths in metropolitan WA are caused by coronary heart disease



9,661
people in metropolitan WA were diagnosed with cancer in 2014



43,386
people were treated by a WA metropolitan specialised public mental health service in 2015



44.1%
of all potentially preventable hospitalisations in metropolitan WA were due to chronic conditions



60.3%
of WA children living in the metropolitan area do not undertake sufficient physical activity



25.6%
of adults living in the metropolitan area are obese



92.1%
of adults living in the metropolitan area do not eat 2 serves of fruit and 5 serves of vegetables daily



317,789
WA school children were enrolled in the school dental service in 2015



120,000
WA women have a mammogram each year to screen for breast cancer

Operational structure

Enabling legislation

The Metropolitan Health Service was established under sections 15 and 16 of the *Hospitals and Health Services Act 1927*. The Minister for Health is incorporated as the Metropolitan Health Service under section 7 of the *Hospitals and Health Services Act 1927*, and has delegated all of the powers and duties as such to the Director General of Health.

Administered legislation

Please refer to the *Department of Health's Annual Report 2015–16* for administered legislation.

Accountable authority

The Director General of Health, Dr David Russell-Weisz, was the reporting officer for the Metropolitan Health Service in 2015–16.

Responsible Minister

The Metropolitan Health Service is responsible to the Minister for Health, the Hon. John Day.

WA Health structure

WA Health encompasses five health service areas:

1. Department of Health
2. Metropolitan Health Service
3. WA Country Health Service
4. Quadriplegic Centre
5. Queen Elizabeth II Medical Centre Trust (see Figure 1).

Each service area is composed of health service providers and/or support service providers. The Quadriplegic Centre and the Queen Elizabeth II Medical Centre Trust are responsible for submitting their own annual reports.

The WA Health structure is displayed in Figure 1.

Figure 1: WA Health structure

WA Health			
Department of Health	Metropolitan Health Service	WA Country Health Service	
<ul style="list-style-type: none"> • Office of the Director General • Office of the Deputy Director General and Health Reform • Public Health • Clinical Services and Research and Office of the Chief Medical Officer • System Policy and Planning • Purchasing and System Performance • Office of the Chief Psychiatrist • System and Corporate Governance 	<ul style="list-style-type: none"> • North Metropolitan Health Service (includes Dental Health Services and PathWest Laboratory Medicine WA) • South Metropolitan Health Service • Child and Adolescent Health Service 	<ul style="list-style-type: none"> • Aboriginal Health • Corporate Services • Executive Services • Infrastructure • Medical Services • Nursing and Midwifery • Primary Health and Engagement 	<p style="text-align: center;">Queen Elizabeth II Medical Centre Trust</p> <hr/> <p style="text-align: center;">Quadriplegic Centre</p>

Metropolitan Health Service management structures

In 2015–16 the Metropolitan Health Service consisted of three separate entities, the North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service. The management structure for each respective entity is provided in Figures 2 to 4.

The Metropolitan Health Service Chief Executives are also on the State Health Executive Forum that advises the Director General. For information and the management structure of the State Health Executive Forum, please refer to the *Department of Health Annual Report 2015–16*.

Figure 2: North Metropolitan Health Service management structure



Figure 3: South Metropolitan Health Service management structure



Figure 4: **Child and Adolescent Health Service management structure**



Senior officers

Senior officers and their area of responsibility for the Metropolitan Health Service as at 30 June 2016 are listed in Tables 1 to 3.

Table 1: **North Metropolitan Health Service senior officers**

Area of responsibility	Title	Name	Basis of appointment
North Metropolitan Health Service	Chief Executive	Wayne Salvage	Term Contract
Aboriginal Health	Director	Cheryl Smith	Substantive
Clinical Planning and Redevelopment	Executive Director	Caroline Langston	Secondment
Facilities Management	Executive Director	John Fullerton	Term Contract
Finance	Executive Director	Alain St Flour	Term Contract
Medical Services	Executive Director	Dr Timothy Williams	Term Contract
Mental Health	Executive Director	Patrick Marwick	Acting
Nursing Services	Executive Director	Anthony Dolan	Term Contract
PathWest	Executive Director	Silvano Palladino	Term Contract
PathWest	Chief Pathologist	Dr Dominic Mallon	Term Contract
Public Health and Ambulatory Care (including Dental Services)	Executive Director	Roslyn Elmes	Substantive
Safety, Quality and Performance	Executive Director	Olly Campbell	Acting

Area of responsibility	Title	Name	Basis of appointment
Sir Charles Gairdner Osborne Park Health Care Group	Executive Director	Dr Victor Cheng	Term Contract
Women and Newborn Health Service	Executive Director	Dr Peter Wynn Owen	Term Contract
Workforce	Executive Director	Cynthia Seenikatty	Term Contract
Perth Children's Hospital Integration	Executive Director	David Mulligan	Term Contract
Contract Management and Procurement	Executive Director	Philip Alyward	Secondment
Reform	Executive Director	Sandra Miller	Acting
Projects	Project Director	Sylvia Meier	Secondment
Office of Chief Executive	Director	Dawnia Chiu	Substantive

Table 2: South Metropolitan Health Service senior officers

Area of responsibility	Title	Name	Basis of appointment
South Metropolitan Health Service	Chief Executive	Dr Robyn Lawrence	Term Contract
South Metropolitan Health Service	Deputy Chief Executive	Jodie South	Acting
Finance	Executive Director	Brad Sebbes	Acting
Population Health	Executive Director	Kate Gatti	Substantive
Strategy, Workforce and Organisational Development	Group General Manger	Jane Saligari	Acting
Strategic Issues	Director	Joel Gurr	Acting
Contract Management	Executive Director	Leon McIvor	Substantive
Royal Perth Bentley Group	Executive Director	Dr Aresh Anwar	Acting
Fiona Stanley Hospital	Executive Director	Dr Paul Mark	Acting
Rockingham Peel Group	Executive Director	Geraldine Carlton	Substantive
Armadale Health Service	Executive Director	Shae Seymour	Acting

Table 3: **Child and Adolescent Health Service senior officers**

Area of responsibility	Title	Name	Basis of appointment
Child and Adolescent Health Service	Chief Executive	Prof Frank Daly	Term Contract
Aboriginal Health	Director	Leah Bonson	Substantive
Child and Adolescent Community Health	Executive Director	Trulie Pinnegar	Term Contract
Child and Adolescent Mental Health Service	Executive Director	Wade Emmeluth	Term Contract
Child and Adolescent Mental Health Service	Clinical Director	Dr Caroline Goossens	Term Contract
Finance and Contract Management	Executive Director	Wayne Millen	Term Contract
Medical Services	Executive Director	Dr Mark Salmon	Term Contract
Nursing	Director	Sue Peter	Term Contract
Perth Children's Hospital Commissioning	Executive Director	Tina Chinery	Term Contract
Princess Margaret Hospital	Executive Director	Dr Gervase Chaney	Term Contract
Organisational Development	Executive Director	Michelle Dillon	Term Contract
Strategic Issues	Director	Erin Gauntlett	Term Contract

Metropolitan Health Service 2015–16

North Metropolitan Health Service

The North Metropolitan Health Service provides public hospital, and community and mental health services to a population of approximately one million people living in Perth's north and north-eastern suburbs. The North Metropolitan Health Service consists of:

- Sir Charles Gairdner Hospital
- King Edward Memorial Hospital
- Kalamunda Hospital
- Swan District Hospital (closed November 2015)
- Graylands Hospital
- Osborne Park Hospital
- Joondalup Health Campus
- St John of God Midland Public Hospital.

A range of statewide, highly specialised multi-disciplinary services are also offered from several hospital and clinic sites such as:

- emergency services
- intensive and high-dependency care
- coronary care
- medical services
- mental health
- maternity and newborn services
- surgical services
- cancer services
- rehabilitation and aged care
- mental health services
- ambulatory care
- community-based services
- clinical support services
- public health.

South Metropolitan Health Service

The South Metropolitan Health Service provides a comprehensive range of medical, surgical, emergency, mental health, rehabilitation, ambulatory and primary health services. This includes specialised statewide services to patients from across Western Australia, as well as tertiary, secondary and community-based services to people living in Perth's southern suburbs.

South Metropolitan Health Service includes the following hospitals and health services:

- Armadale Health Service
- Fiona Stanley Hospital (including Rottneest Island Nursing Post)
- Fremantle Hospital and Health Service
- Peel Health Campus (South Metropolitan Health Service oversees the provision of contracted public health care from this privately operated facility)
- Rockingham Peel Group (including Murray District Hospital)
- Royal Perth Group (including Bentley Hospital).

Other services provided include communicable disease control, health promotion and Aboriginal health.

The South Metropolitan Health Service has continued to make changes to its delivery of services during 2015–16 to meet the hospital and health needs of the south metropolitan area and the broader WA community within its allocated budget/funding. These changes include the governance for Fremantle Hospital and Fiona Stanley Hospital, which realigned under a new Fiona Stanley Fremantle Hospitals Group on 1 February 2016 to have with a single and unified management structure.

Child and Adolescent Health Service

The Child and Adolescent Health Service comprises:

- Princess Margaret Hospital for Children
- Child and Adolescent Community Health Service
- Child and Adolescent Mental Health Service
- Perth Children's Hospital Commissioning.

Princess Margaret Hospital is a paediatric tertiary teaching hospital. It is Western Australia's only dedicated paediatric hospital for treating children and adolescents.

Child and Adolescent Community Health Service provides a comprehensive range of health promotion and early identification and intervention community based services to children and families in the Perth Metropolitan area. Services are provided in a variety of settings including homes, local community health centres, child and parent centres, and schools. Child and Adolescent Community Health Service provides services across the Perth metropolitan area, which covers 7,250 square kilometres. This area includes 174 Statistical Areas 2 (SA2) and 34 Local Government Areas. Child and Adolescent Community Health Service facilities extend from Two Rocks in the north to Waroona in the south and out to Chidlow in the east.

The Child and Adolescent Mental Health Service provides mental health services to infants, children, young people and their families across the Perth metropolitan area. Services include inpatient care at the Child and Adolescent Mental Health Service Inpatient Unit, which is currently on the Bentley Hospital site but will be relocating to the Perth Children's Hospital.

Perth Children's Hospital, located at the QEII Medical Centre in Nedlands, will replace Princess Margaret Hospital. It will include an integrated paediatric research and education facility, and will provide inpatient, ambulatory and outpatient services. It will also house WA's only paediatric trauma centre.

Performance management framework

To comply with its legislative obligation as a WA government agency, WA Health operates under the Outcome Based Management performance management framework. This framework describes how outcomes, services and key performance indicators are used to measure agency performance towards achieving the relevant overarching whole-of-government goal. WA Health's key performance indicators measure the effectiveness and efficiency of the health services provided by WA Health in achieving the stated desired health outcomes.

All WA Health reporting entities contribute to the achievement of the outcomes through health services delivered either directly by the entities or indirectly through contracts with non-government organisations.

WA Health's outcomes and key performance indicators for 2015–16 are aligned to the State Government goal of “*greater focus on achieving results in key service delivery areas for the benefit of all Western Australians*” (see Figures 5 and 6).

The WA Health outcomes for achievement in 2015–16 are as follows:

Outcome 1: Restoration of patients' health, provision of maternity care to women and newborns, and support for patients and families during terminal illness

Outcome 2: Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care

The health service activities that are aligned to Outcome 1 and 2 are cited below (Figures 5 and 6).

Activities related to Outcome 1 aim to:

1. Provide quality diagnostic and treatment services that ensure the maximum restoration to health after an acute illness or injury.
2. Provide appropriate after-care and rehabilitation to ensure that people's physical and social functioning is restored as far as possible.
3. Provide appropriate obstetric care during pregnancy and the birth episode to both mother and child.
4. Provide appropriate care and support for patients and their families during terminal illness.

Activities related to Outcome 2 aim to:

1. Increase the likelihood of optimal health and wellbeing by:
 - providing programs which support the optimal physical, social and emotional development of infants and children
 - encouraging healthy lifestyles (e.g. diet and exercise).
2. Reduce the likelihood of onset of disease or injury through:
 - immunisation programs
 - safety programs

3. Reduce the risk of long-term disability or premature death from injury or illness through prevention, early identification and intervention, such as:
 - programs for early detection of developmental issues in children and appropriate referral for intervention
 - early identification and intervention of disease and disabling conditions (e.g. breast and cervical cancer screening; screening of newborns) with appropriate referrals
 - programs that support self-management by people with diagnosed conditions and disease (e.g. diabetic education)
 - monitor the incidence of disease in the population to determine the effectiveness of primary health measures.
4. Provide continuing care services and programs that improve and enhance the wellbeing and environment for people with chronic illness or disability, enabling people with chronic illness or disability to maintain as much independence in their everyday life as their illness or disability permits, supporting people in their homes for as long as possible and providing extra care when long-term residential care is required. Services and programs are delivered to:
 - 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
 - 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.

Performance against these activities and outcomes are summarised in the Agency Performance section and described in detail under Key Performance Indicators in the Disclosure and Compliance section of this report.

Figure 5: **Outcomes and key effectiveness indicators aligned to the State Government goal for the Metropolitan Health Service**

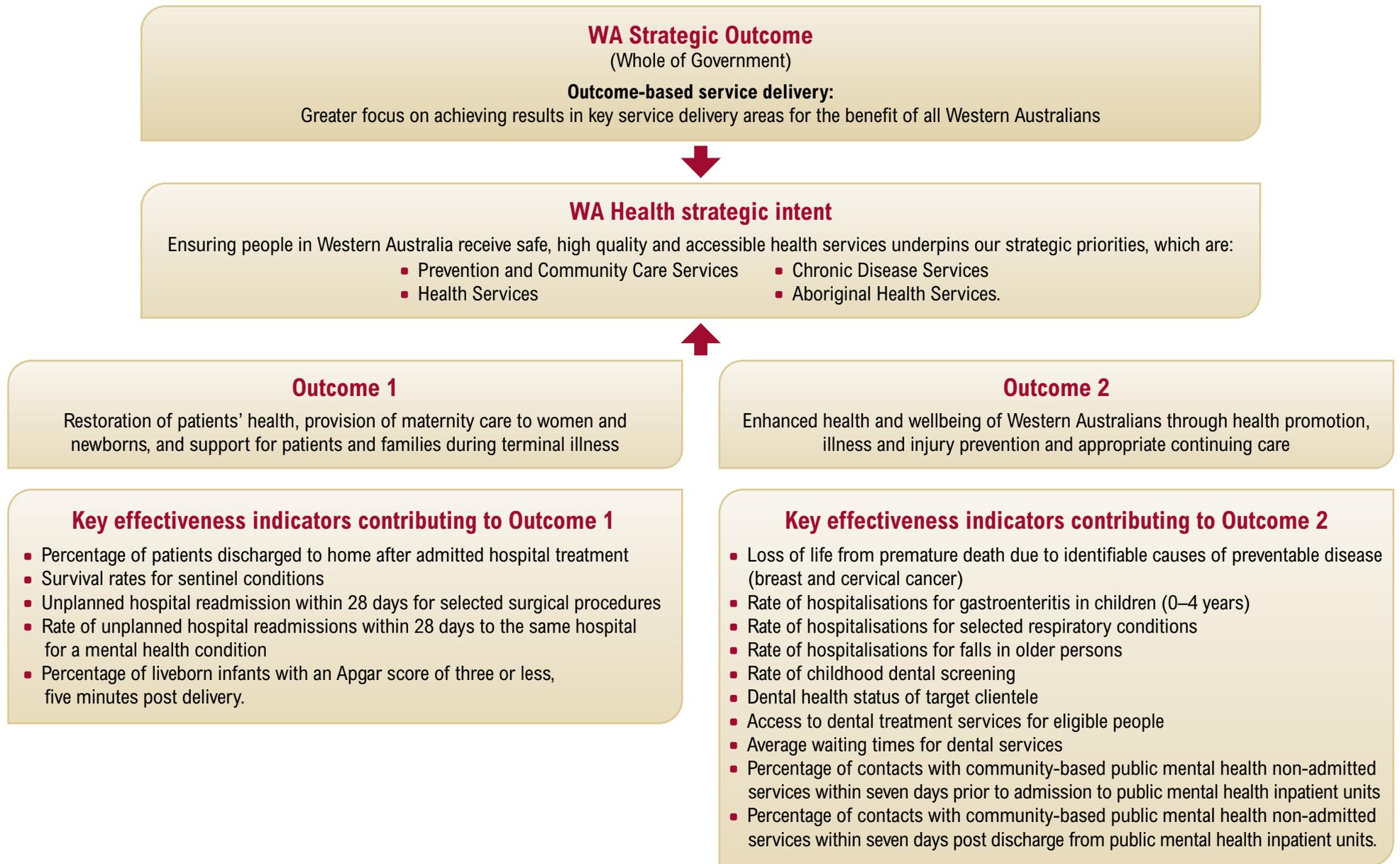


Figure 6: **Services delivered to achieve WA Health outcomes and key efficiency indicators for the Metropolitan Health Service**

Outcome 1

Restoration of patients' health, provision of maternity care to women and newborns, and support for patients and families during terminal illness.

Outcome 2

Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care.

Services delivered to achieve Outcome 1

1. Public hospital admitted patients
2. Home-based hospital programs
3. Palliative care
4. Emergency department
5. Public hospital non-admitted patients
6. Patient transport.

Services delivered to achieve Outcome 2

7. Prevention, promotion and protection
8. Dental health
9. Continuing care
10. Contracted mental health.

Key efficiency indicators for services within Outcome 1

- Average cost per casemix adjusted separation for tertiary hospitals
- Average cost per casemix adjusted separation for non-tertiary hospitals
- Average cost of public admitted patient treatment episodes in private hospitals
- Average cost per bed-day for admitted patients (small hospitals)
- Average cost per home-based hospital patient day
- Average cost per client receiving contracted palliative care services
- Average cost per emergency department attendance
- Average cost per public patient non-admitted activity
- Average cost per trip of Patient Assisted Travel Scheme.

Key efficiency indicators for services within Outcome 2

- Average cost per capita of Population Health Units
- Average cost per breast screening
- Average cost of service for school dental service
- Average cost of completed courses of adult dental care
- Average cost per bed-day in specialised mental health inpatient units
- Average cost per three-month period of care for community mental care.