

# 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:

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

# WACHS executive summary

The WA Country Health Service (WACHS) is the largest country health service in Australia and one of the biggest in the world. It delivers a range of comprehensive health services across a 2.5 million square kilometre area to more than 547,000 people, including an estimated 55,522 Aboriginal people.

The breadth and scope of WACHS is vast, with services being planned and delivered for a diverse and sprawling population with widely varying health needs. A highly transient population of tourists and fly-in-fly-out workers also exists in many of its regions.

Across the 71 hospitals and 27 nursing posts that reported emergency activity in the past year, WACHS managed around 40 per cent of the State's emergency presentations despite having only 21 per cent of WA's population. In addition, WACHS supported 80 per cent as many births as the State's major maternity hospital, King Edward Memorial Hospital. As well as the many country hospitals, there are also a number of smaller health centres and 27 nursing and remote nursing posts providing health and nurse-led emergency services spread across country WA.

The range of health services provided by WACHS includes emergency and hospital services, population, public and primary health care, mental health, drug and alcohol services, Aboriginal health, child and community health, and residential and community aged care services.

The *WACHS Strategic Directions 2015–2018: Healthier Country Communities through Partnerships and Innovation* was launched early in the financial year and builds on the achievements of the past decade. It aligns to the *WA Health Strategic Intent 2015–2020* and *WA Health Reform Program 2015–2020: Better Health, Better Care, Better Value*. Priorities for WACHS continue to be Aboriginal health, maternal and child health, health promotion, disease control, mental health, drug and alcohol issues, acute and sub-acute care, hospital infrastructure development and community and residential aged care. Timely access to services and improving the quality and safety of health care delivery also remain priorities.

## Infrastructure

In the most ambitious health infrastructure building program ever undertaken in country WA, more than 80 projects totalling more than \$1.5 billion in capital works projects are underway or have been completed recently in regional Western Australia. These are transforming the way health care is delivered to local communities.

In regional cities and large towns, emergency, inpatient and outpatient services are being brought together with other important health services in modern, functional buildings to create health care hubs. In smaller towns and districts, emergency, hospitals and health centres are being modernised with upgraded facilities and telehealth services providing access to top emergency medical specialists when required.

Some of the key infrastructure projects during the year included the opening of new developments for Esperance and Carnarvon, completion of the Exmouth Health Service, extensive upgrades to the emergency department at Broome Health Campus and the finalisation of all clinical works at Kalgoorlie Health Campus.

As part of the half-a-billion dollar Southern Inland Health Initiative (SIHI) program, funded by the Royalties for Regions program, upgrades transforming sites in the Wheatbelt, Great Southern, South West and Midwest into contemporary, integrated health services have been completed. Works have commenced on the Collie Health Service Redevelopment, with constructed works expected to start on the Katanning Health Service and Warren Health Service redevelopments in August and September 2016, respectively. Other district hospital projects including Merredin and Narrogin are out to tender, as is the Primary Health Care Demonstration site at Pingelly.

Construction works have been completed at the small hospital/nursing post sites of Gnowangerup, Kojonup, Tambellup and Wagin, with tenders out to market for Moora, Jurien Bay, Southern Cross, Beverley, Dalwallinu, York and Wongan Hills.

The \$13 million redevelopment of Harvey Health Service is progressing. When completed in 2017, the extended range of services will include a new emergency department and treatment room, improved facilities for community-based health services and improved outpatient facilities.

The \$207.15 million Karratha Health Campus is the biggest investment in a public hospital in regional WA. It will have an expanded emergency department, a brand new surgical centre, state-of-the-art CT scanner, new delivery suites and maternity wing, world-class telehealth services and expanded outpatients and essential services. The design phase is now underway, with construction expected to commence in the second half of 2016, and completion due in 2018.

## Southern Inland Health Initiative

The Southern Inland Health Initiative (SIHI), which commenced on 1 July 2011, comprises a capital works program and a health workforce and health services improvement program. It represents the State's biggest investment in regional health care in WA history.

Since the SIHI program began, more doctors have been attracted and retained in the SIHI catchment area to provide medical services, both in the community and the local emergency departments. Also, the introduction of the Premier's Award-winning Emergency Telehealth Service complements the existing 24-hour, seven-day-a-week nurse-led emergency care to achieve robust, safe emergency care coverage for more than 50 hospitals, health centres and nursing posts across the SIHI catchment. The SIHI investment has transformed emergency medical care in southern regional WA into a new innovative model which uses modern technology, including video conferencing, and has vastly improved rostering, access to specialists and support for the country medical and emergency workforce. This new approach is proving to be effective in providing communities with equitable access to safe, quality emergency care aligned to meet the described level of emergency services in the *WA Clinical Services Framework 2014–2024*.

SIHI has significantly increased the range of local health services that bring care closer to home and help people to avoid hospital. In partnership with non-government and community organisations, SIHI is building a more sustainable rural health system. New primary health initiatives have been established to better support people in this region, such as the Community Midwifery Service and primary health nurse practitioners. Telehealth services are used to improve access to specialist outpatient appointments and antenatal classes, and aid in monitoring chronic conditions, diabetes and other health issues in people's homes, at their local hospital or health centres. These services are providing people with more equitable access to health support and new options of care in more convenient locations.

The SIHI capital program is investing in upgrades to 37 hospital and health service facilities across the Wheatbelt, South West, Midwest and Great Southern. Upgrades will ensure these facilities continue to be equipped to deliver contemporary models of care now and in the future.

An evaluation of SIHI outlined in *SIHI Evaluation: Preliminary Key Findings Report* (March, 2016) indicates that this investment strategy has transformed the delivery of health care and emergency services in the southern inland area. SIHI is not complete and the program continues to be implemented and evaluated.

## Health services

WACHS continued to work with all levels of government, regional communities and service providers to address key country health challenges and deliver high quality health services in regional WA.

Services that assist people to understand and manage chronic conditions such as heart disease, respiratory disease and diabetes have been implemented in partnership with consumers and a range of services providers such as Silver Chain, Diabetes WA and Asthma WA. The focus has been to provide integrated and more accessible services to reduce episodes of acute illness and improve patient outcomes in the three priority conditions outlined in the *Chronic Conditions Prevention and Management Strategy 2015–2020*: diabetes, chronic respiratory disease and chronic heart disease.

WACHS has developed a partnership with the WA Primary Health Alliance (WAPHA) to improve access to chronic conditions care coordination and management services for rural consumers by sharing resources, data analysis, and co-funding effective, evidence-based programs.

Together with WAPHA, Rural Health West and the Aboriginal Health Council of WA, WACHS has undertaken joint service planning to ensure service gaps and duplication are reduced.

Work has continued during the year on the Bringing Dialysis Services Closer to Home Project, which provides an additional 17 dialysis chairs (located at Kalgoorlie, Fitzroy Crossing, Esperance and Roebourne) to the existing 77 chairs; and a total of 92 renal hostel beds (located at Broome, Derby, Kununurra, Fitzroy Crossing, Kalgoorlie and Carnarvon) due for completion in 2017–18.

The Improving Ear, Eye and Oral Health Initiative, funded through the Royalties for Regions Program, continued with Aboriginal Health Workers (AHWs) to screen for ear, eye and oral conditions. AHWs are supported in their role with video otoscopes and tablets promoting the use of Telehealth for timely ear health intervention and referral. The program also provides training for AHWs to apply of fluoride varnish to prevent tooth decay.

During the year, WACHS published the *WACHS Public and Primary Health Directions Strategy (2015–2018)* which identifies three priority action areas to improve health outcomes and health equity and decrease hospital demand: child health and development; chronic conditions prevention and management; and public health and communicable disease control. Two supporting documents, *The Healthy Country Kids Strategy* and the *Chronic Conditions Prevention and Management Strategy* were also published during 2015–16.

As part of the 2013–14 Budget the State Government committed \$6 million over four years for the Improving Ear, Eye and Oral Health of Children Living in Rural and Remote Aboriginal Communities. Since services commenced in late April 2015, a total of 2,955 screenings have been conducted across 462 clinics in 38 communities and referral pathways from the communities to specialist services strengthened.

The WA Trachoma Program, managed by WACHS, has successfully reduced the rates of trachoma, a bacterial eye infection, in rural and remote Aboriginal communities from 24 per cent in 2006 to 2.6 per cent in 2015. Transmitted through person-to-person contact or by flies, repeated infections with trachoma during childhood can lead to preventable blindness. Australia is the only developed country where trachoma still occurs and it is found almost exclusively in remote Aboriginal communities, including northern and remote WA.

WACHS has worked with the Lions Eye Institute's Lions Outback Vision Van to provide eye services to local people in regional and remote areas. Funded by WA Health, the Lions Eye Institute and the Australian Government, with additional support from LotteryWest, the van has three consulting rooms equipped with sophisticated diagnostic equipment, performing tests that are usually not available outside the metropolitan area.

Three WACHS regions – Kimberley, Midwest and the Great Southern – trialled Patient Opinion during the year. Patient Opinion is an independently moderated online feedback website where health consumers can share their stories for the purpose of service improvement. The service enhances the existing consumer feedback and complaints system and will be reviewed in the next financial year to assess its usefulness to WACHS and health consumers.

In May 2016, WACHS introduced 'WACHS Link', a planned inter-hospital patient transfer process that is patient focused and allows for metropolitan hospital inpatients to be transferred to their appropriate country hospital. 'WACHS Link' assists metropolitan hospitals in the initial stage of securing a bed in a WACHS hospital and assists with patient discharge planning. Planning is underway to expand this service to unplanned adult patient transfers in the second half of 2016.

The WACHS Emergency Care Capability Framework (ECCF) was produced during the year to develop minimum requirements and guidelines for sites providing emergency care within WACHS. The framework includes an emergency care role delineation capability matrix that determines the service to be delivered for each WACHS site and outlines the minimum requirements to support that service. It also outlines a basic set of guidelines to support and facilitate the delineation process.

## Mental Health

In Mental Health services, WACHS participated in reviewing the Mental Health Assertive Patient Flow and Bed Management for the Adult Services policy, implemented TeleMental Health projects to enhance mental health services, and provided ongoing education and training for non-mental health service providers in order to build local and regional mental health understanding and capacity.

The Statewide Specialist Aboriginal Mental Health Program has consolidated its approach, achieving increased access to culturally secure services for Aboriginal people in country WA.

WACHS hosted the biannual Rural and Remote Mental Health Conference in Bunbury during October 2015. The conference theme was 'Shining the Light on Rural Mental Health' and included a mental health carer and consumer engagement workshop. It was opened by the Minister for Mental Health and was attended by more than 200 people.

WACHS successfully implemented the *Mental Health Act 2014*, which required widespread awareness raising and communication across the entire mental health system, including specific training for all WACHS clinical staff involved in any aspect of mental health care.

Planning and implementation commenced for the new \$1.8 million Youth Mental Health program. This program is designed to enhance and improve young people's (16 to 24 years) access to mental health services, promoting early intervention and a 'wrap around' model of care to support existing staff to develop improved holistic approaches to the care of this vulnerable group and their families.

WACHS also initiated a functional review of its Central Office mental health functions and appointed an Area Director of Clinical Services Adult and Older Adult Mental Health. This senior Consultant Psychiatrist role has a responsibility for overseeing clinical governance, standards and practice across WACHS mental health, plus supporting and driving clinical reform. The role of Executive Director of Mental Health was introduced and has membership on the WACHS Executive, reinforcing the importance of mental health across all areas of day-to-day operations, planning and strategic development in WACHS.

## Aboriginal Health

Aboriginal health continues to be a key priority for WACHS, which delivers health services to an estimated 55,522 Aboriginal people or 10 per cent of the total WACHS population.

During the year, WACHS transitioned all Aboriginal Health funded programs for comprehensive Primary Health Care (PHC) and WA Footprints to Better Health (WAFBH) under the Delivering Community Services in Partnership policy, in line with the Holman Review recommendation.

The WAFBH program focuses on the delivery of health promotion, education and self-management programs targeting the early years, healthy lifestyles, healthy transition to adulthood, chronic disease self-management and the social determinants of health. The WAFBH program also focuses on the prevention and management of chronic illness which is attributed to approximately 80 per cent of the life expectancy gap between the Aboriginal and non-Aboriginal population. The procurement strategy for the WAFBH program is aligned with the principles and strategic direction of the *WA Aboriginal Health and Wellbeing Framework 2015–2030*.

The PHC program focuses on increasing access to comprehensive early intervention and primary health care treatment and clinical services, with a specific focus on improving antenatal, postnatal and early childhood outcomes such as child health checks and immunisations. It also consists of educational health promotion programs addressing healthy lifestyles choices and risk factors such as heart health, as well as the prevention of, and early intervention in, chronic illness.

The WACHS Aboriginal Health Improvement Unit (AHIU) delivered information sessions and workshops to support the transitioning of preferred providers from output funding to outcomes-based service provision. WACHS and the Department of Finance undertook seven, non-mandatory pre-tender briefings across WA.

WACHS continues to work with and support Aboriginal communities and the Aboriginal Health Planning Forums to review and update Regional Aboriginal Health Plans to improve health and service access.

The WACHS CEO chairs the Aboriginal Health Executive Group (AHEG) on behalf of WA Health which aims to ensure Aboriginal people in Western Australia have access to culturally secure, high-quality health care and services to improve health and wellbeing.

## Workforce

Maintaining a skilled and stable workforce is a key priority for WACHS. Work has continued to address workforce shortages in rural areas. Some recent initiatives included the development of innovative medical staffing models to address regional requirements, and improve the reporting and auditing of the contracted medical workforce.

WACHS consolidated the Community Residency Program to support the development of general practitioners, and developed the Nursing and Midwifery Strategic Plan to address key workforce issues. It also progressed the Agency Reduction Strategy to reduce reliance on agency staff.

Allied health graduates were supported through the introduction of the Transition to Practice Program, and allied health staff new to senior clinical roles had opportunities to participate in the Transition to Leadership Program.

In addition, a new Management Development Program supporting management career pathways for WACHS staff was developed during the year.

Increasing the number of Aboriginal people employed in the public sector is a goal for the State Government. WACHS has developed a number of strategies to meet the Public Sector Commission (PSC) target of 3.2 per cent, and has exceeded this target by employing 354 Aboriginal people, or 3.9 per cent of the WACHS workforce.

WACHS committed \$156,000 in recurrent funding to an Aboriginal Entry Level Employment Program that will enable WACHS regions to employ trainees, cadets, apprentices and/or employees in entry-level positions that require on-the-job training.

It also hosted six Aboriginal school-based traineeships across the Goldfields, Kimberley and Great Southern and supported the PSC Aboriginal Traineeship Program, which resulted in the allocation of seven PSC Aboriginal trainee scholarships for 2016–17.

In addition, WACHS offered nine Aboriginal employees a traineeship in allied health therapy assistance, and all participants successfully completed a Certificate III.

WACHS endorsed the establishment of senior level Regional Aboriginal Health Consultant (RAHC) roles that will form part of the Regional Executive Teams and will be responsible for leading and coordinating the development, implementation and evaluation of Aboriginal health projects, programs and services to close the gap in Indigenous health disadvantage.

WACHS concluded the year preparing for the new governance arrangements commencing on 1 July 2016 as a result of the passing of the *Health Services Act 2016*. WACHS enters the new financial year eager to build on the achievements of 2015–16 and to work diligently to respond to the new Board and the transition to a new governance system focused on delivering better health, better care and better value to local communities.

A handwritten signature in blue ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Dr D J Russell-Weisz  
**DIRECTOR GENERAL**  
**DEPARTMENT OF HEALTH**

# Country WA at a glance



In country WA a male is expected to live to **80.0** years of age and females to **84.2** years of age



**116,883**  
discharges from a country public hospital in 2015



**818**  
people on any day will present to a major country emergency department



**366**  
deaths in country WA are caused by coronary heart disease



**2,703**  
people in country WA were diagnosed with cancer in 2014



**15,742**  
people were treated by a country WA specialised public mental health service in 2015



**44.4%**  
of all potentially preventable hospitalisations in country WA were due to chronic conditions



**58.7%**  
of children living in county WA do not undertake sufficient physical activity



**34.5%**  
of adults living in country WA are obese



**92.6%**  
of adults living in country WA do not eat 2 serves of fruit and 5 serves of vegetables daily



**6,672**  
patients accessed the Royal Flying Doctor Service in 2015



**25,813**  
Telehealth occasions of service were accessed by patients in 2015

# Operational structure

## Enabling legislation

The WA Country Health Service is established by the Governor under sections 15 and 16 of the *Hospitals and Health Services Act 1927*. The Minister for Health is incorporated as the WA Country 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, is the reportable officer for the WA Country Health Service in 2015–16.

## Responsible Minister

The WA Country 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.

Figure 1: WA Health structure

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

## WA Country Health Service management structure

The WA Country Health Service has seven administrative regions supported by a central office in Perth (see Figure 2).

The seven administrative regions are the Goldfields, Great Southern, Kimberley, Midwest, Pilbara, South West and Wheatbelt. More information about the WA Country Health Service locations can be found in Appendix 1. Each region is managed by a Regional Director who reports to the WA Country Health Service Chief Executive Officer through the Chief Operating Officer – Operations.

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

Figure 2: WA Country Health Service management structure



## Senior officers

Senior officers and their area of responsibility for the WA Country Health Service as at 30 June 2016 are listed in Table 1.

Table 1: **WA Country Health Service senior officers**

Area of responsibility	Title	Name	Basis of appointment
<b>WA Country Health Service</b>	Chief Executive Officer	Jeffrey Moffet	Term Contract
<b>Corporate Services</b>	Executive Director	Jordan Kelly	Acting
<b>Medical Services</b>	Executive Director	Dr Tony Robins	Term Contract
<b>Nursing and Midwifery</b>	Executive Director	Marie Baxter	Term Contract
<b>Workforce</b>	Executive Director	Marshall Warner	Term Contract
<b>Operations</b>	Chief Operating Officer	Shane Matthews	Acting
<b>Strategy and Reform</b>	Chief Operating Officer	Melissa Vernon	Acting
<b>Finance</b>	Director	John Arkell	Substantive
<b>Mental Health</b>	Executive Director	David Naughton	Term Contract
<b>Regional Operations</b>	Regional Director Kimberley	Bec Smith	Term Contract
<b>Regional Operations</b>	Regional Director Midwest	Margaret Denton	Acting
<b>Regional Operations</b>	Regional Director Great Southern	Susan Kay	Term Contract
<b>Regional Operations</b>	Regional Director Pilbara	Ronald Wynn	Term Contract
<b>Regional Operations</b>	Regional Director Southwest	Kerry Winsor	Substantive
<b>Regional Operations</b>	Regional Director Wheatbelt	Sean Conlan	Acting
<b>Regional Operations</b>	Regional Director Goldfields	Geraldine Ennis	Substantive

## WA Country Health Service 2015–16

The WA Country Health Service is the largest country health service in Australia and one of the biggest in the world, delivering a range of comprehensive health services to more than 547,000 people – 21 per cent of WA's population (ABS ERP 2014). This includes an estimated 55,522 (10 per cent) Aboriginal people (ABS ERP 2012 Aboriginal proportions applied to ERP 2014) across a 2.5 million square kilometre area.

The breadth and scope of the WA Country Health Service is vast, with services being planned and delivered across a geographically dispersed population with diverse health needs. A highly transient population of tourists and fly-in-fly-out workers also exists in many of its regions.

Across its 71 hospitals (Clinical Services Framework 2014–2024) and 27 nursing posts (WACHS Emergency Care Capability Framework, 2016), the WA Country Health Service manages approximately 40 per cent of the State's emergency presentations – an estimated 394,120 ED occasions of service in 2015–16 – despite comprising only 21 per cent of WA's population. It also manages around 80 per cent as many births as the State's major maternity hospital, King Edward Memorial Hospital, with an estimated 4,700 births in 2015–16. As well as the many country hospitals, there is also a number of smaller health centres and 27 nursing and remote nursing posts providing health and nurse-led emergency services spread across country WA.

The range of health services provided by the WA Country Health Service includes emergency and hospital services, population health, public and primary health care, mental health, drug and alcohol services, Aboriginal health, child and community health, and residential and community aged care services.

The WA Country Health Service has established a network of District Health Advisory Councils across all regions, which comprise a wide range of community representatives and other consumers. The Councils engage, consult and interact with the WA Country Health Service to provide valuable input and feedback to improve health services for local communities.

## WA Country Health Service strategic directions and priorities

The WA Country Health Service continues to work with regional communities to deliver a healthier country WA. The current *WA Country Health Service Strategic Directions 2015–18* focuses on key priorities, strengthening governance, and improving performance and sustainability. Key strategies focus on embedding a culture of safety and quality, improving emergency and hospital services and infrastructure, further improving access to primary health care, emergency care, ambulatory care programs, metropolitan and regional specialist services. A key enabler of care closer to home is the availability of more clinical services via telehealth video conferencing and other e-health services.

Priorities for the WA Country Health Service are Aboriginal health, maternal and child health, health promotion, disease control, mental health, drug and alcohol issues, acute and sub-acute care, hospital infrastructure development and community and residential aged care, timely access to services and improving the quality and safety of health care delivery. The purpose and values of the WA Country Health Service is summarised in Figure 3.

Figure 3: **Purpose, guiding principles and values of the WA Country Health Service**

<b>Our Purpose</b>	WACHS improves the health and wellbeing of country Western Australians through access to quality services and by supporting people to look after their own health.
<b>Our Guiding Principles</b>	<ul style="list-style-type: none"> <li>• Consumers first in all we do.</li> <li>• Safe, high quality services and information at all times.</li> <li>• Care closer to home where safe and viable.</li> <li>• Evidence-based services.</li> <li>• Partnerships and collaboration.</li> </ul>
<b>Our Values</b>	<b>Community</b> Making a difference through teamwork, cooperation, a 'can do' attitude, generosity and country hospitality.
	<b>Compassion</b> Listening and caring with empathy, respect, courtesy and kindness.
	<b>Quality</b> Creating a quality health care experience for every consumer, continual improvement, innovation and learning.
	<b>Integrity</b> Accountability, honesty and professional, ethical conduct in all that we do.
	<b>Justice</b> Valuing diversity, achieving health equality, cultural respect and a fair share for all.

## 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 Figure 4).

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 Outcomes 1 and 2 are cited below (Figures 4 and 5).

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 by:
  - 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 4: **Outcomes and key effectiveness indicators for the WA Country Health Service aligned to the State Government goal**

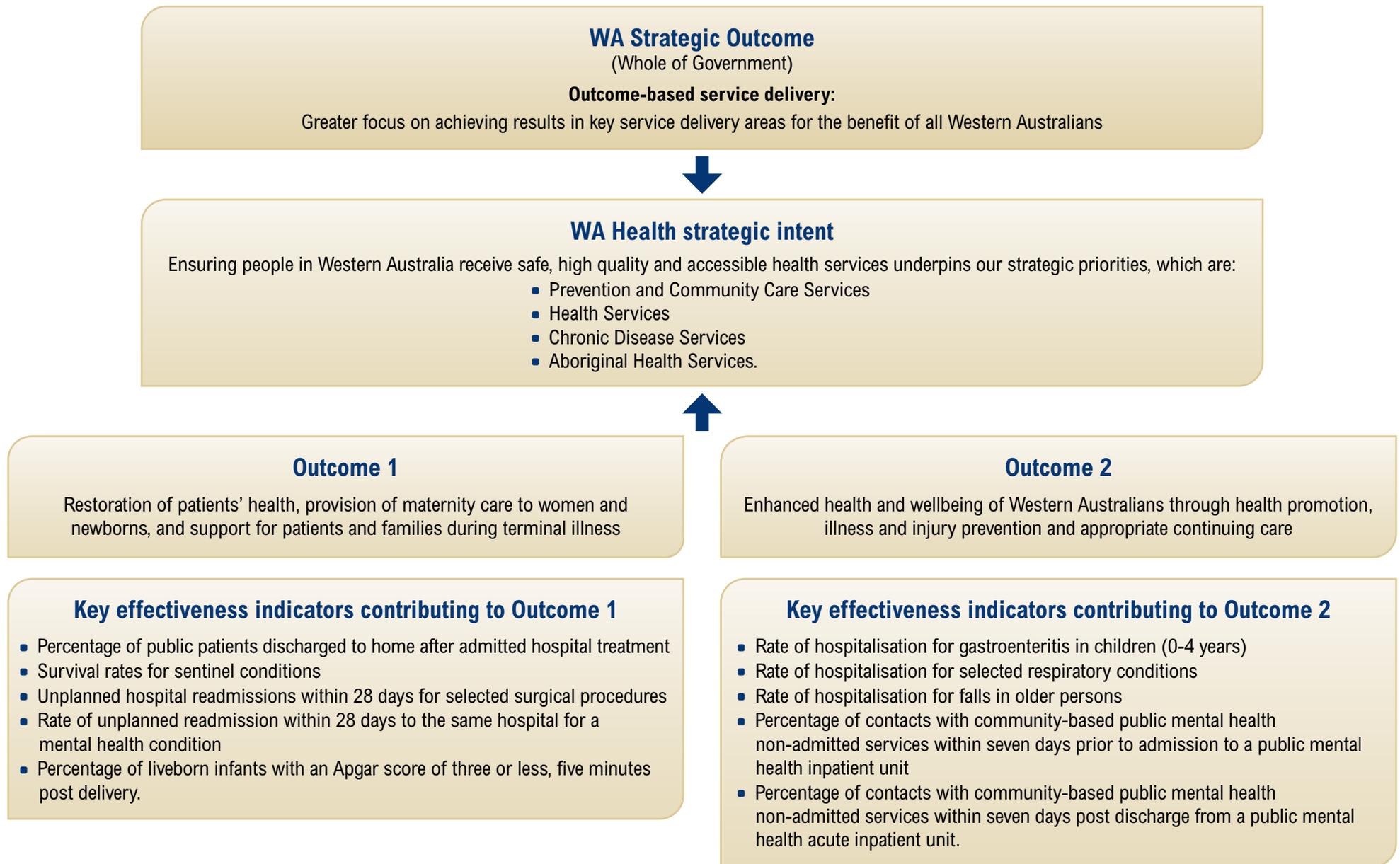


Figure 5: **Services delivered to achieve WA Health outcomes and key efficiency indicators for the WA Country Health Service**

### **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 non-tertiary hospitals
- Average cost per bed-day for admitted patients (selected small rural hospitals)
- Average cost per emergency department/service attendance
- Average cost per public patient non-admitted activity
- Average cost per non-admitted occasion of service provided in a rural nursing post
- 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 bed-day for specific residential care facilities, flexible care (hostels) and nursing home type residents
- Average cost per bed-day in specialised mental health inpatients units
- Average cost per three-month period of care for community mental health.