Overview of agency
Executive summary

Chair overview

The South Metropolitan Health Service (SMHS) became a statutory authority at the beginning of the 2016–17 financial year. As part of this change in the organisation’s governance structure, a Board was established comprising a number of highly qualified and experienced individuals.

This change created an opportunity to lay the foundations for delivering the best public health care services to a diverse community and becoming a health service that consistently:

- values a culture of safety, and quality
- engages with all staff
- demonstrates high performance across all areas.

With this focus and direction, the Board spent considerable time building a greater understanding of the business of the health service. It became apparent quite early there was a need for increased organisational oversight in specific areas to help achieve the vision of the health service. As a result, the Board established four interim committees:

- **Safety and Quality**: responsibilities concentrated on fostering safety and quality in patient care primarily through monitoring and quality assurance of clinical systems, processes and outcomes. The committee’s approach throughout the year has been focused on trend analysis and identifying whole-of-health service improvements that then flow through to the clinical workplace, directly benefitting patient care and staff wellbeing.

- **Culture and Engagement**: emphasised the need to develop a robust and engaged culture for patients, staff and the community. This committee’s focus has been on establishing strategies which put patients and families at the centre of care delivery. Improving staff morale and building public and stakeholder confidence was also a key consideration.

- **Audit and Risk**: set-up to identify, monitor and manage audit and risk. As well as establishing an understanding of the material risks facing the health service, this committee’s focus has been on forming relationships with auditors; creating a risk management framework; and determining key risk management and compliance policies in line with current best practice. An effective internal audit function has now been established.

- **Finance and Governance**: focused on the more specialised and complex finance and governance related issues. This committee’s attention was focused on budget management, increasing own-revenue sources and generating savings.
Another initiative put in place by the Board was the development of the SMHS Strategic Plan 2017–2020. It was considered essential from the Board’s perspective at the outset to set a strategic course for the next three years. The resultant plan unifies the health service under a single vision – **excellent health care, every time**. The priorities and goals provide a focus for decision making by purposefully aiming for the highest level of:

- safe quality clinical care
- patient experience
- staff engagement, development and leadership
- community partnerships
- innovation and financial sustainability.

The launch of the inaugural strategic plan was a significant step on the new SMHS journey. Considerable effort is required to convert the priorities and goals into tangible initiatives and projects. The Futures Program led by our SMHS Chief Executive, is a specific priority initiative aimed at identifying areas where improvements to processes will assist in streamlining the current service provision.

Ensuring the Board remains in touch with the workplace, Board to Ward monthly visits have been introduced. Two members of the Board informally visit wards and workplaces to meet patients, families and staff to hear and discuss their experiences and at the same time, identify potential opportunities for improvement.

Whilst there have been a number of initiatives implemented to date, there are several additional matters that still require attention, which include:

- Increasing patient numbers along with the ever challenging pressures this places on the organisation which is not expected to reduce in the foreseeable future.

- The financial environment is always challenging in a public health environment and every endeavour needs to be made to ensure all expenditure is made on a value-add basis.

- Contributing to and implementing the recommendations from the Government’s **Sustainable Health Review**.

In closing, I would like to thank my fellow Board members for their contribution and passion in the first year of the Board’s operation. In particular, I would like to acknowledge Professor Julie Quinlivan who left the Board mid-way through the year following her appointment to a role within the Federal Government.

I would also like to thank our inaugural Chief Executive Dr Robyn Lawrence for assisting to establish the new governance requirements. Dr Lawrence has now moved to the position of Chief Executive of Child and Adolescent Health Services and I wish her well. Similarly, appreciation is extended to the SMHS Executive and Board Secretariat for their valuable assistance. Finally I would like to thank Dr Russell-Wesiz, Director General and his officers from the Department of Health for their assistance in our first year of operation.

Rob McDonald  
**Board Chair**  
**South Metropolitan Health Service**
Chief Executive summary

The year 2016–17 has been one of significant change for the South Metropolitan Health Service (SMHS).

Having its own Board and Chief Executive means SMHS now has a greater prominence in discussions and development of future system-wide decisions and programs. Additionally, there is greater transparency in decision-making, better understanding of activity and budget allocations, and an ability to provide greater efficiencies while being more responsive in meeting the demand for services.

To build the capacity of our new-look health service, it was recognised that an innovative and forward-looking plan was required to guide our direction and provide a framework to achieve real benefits for our patients, staff and community.

From this came the SMHS Strategic Plan which sets out our priorities and goals through to 2020, with a key focus on safety and quality. It underpins our aim of becoming a zero harm organisation for our patients and staff. We provide complex services to often very sick patients, but when delivering care we know we want to avoid harm and will take the steps to do so.

The zero harm approach was reinforced by Professor Hugo Mascie-Taylor who was commissioned by the Director General of Health to review the WA health system’s safety and quality improvement journey. His report highlighted the need to continuously improve safety through change and to ensure systems and processes are transparent. To this end, SMHS has committed to publicly reporting its safety and quality indicators on our website (www.southmetropolitan.health.wa.gov.au).

To drive and deliver our strategic priorities, we have created a Futures Program; this program provides a structured framework to improve services, workforce and business function across the health service according to our five strategic priorities.

In the first year, this multi-faceted program focused on leadership, engagement, learning, and research. Along with the commencement of the SMHS Frontline Leadership Program and Institute of Healthcare Improvement (IHI) Chapter and Open School program, work has started in the following areas, which will continue into 2017–18:

- Clinician Engagement Framework
- Consumer and Community Engagement
- Choosing Wisely campaign
- Research Strategy.

SMHS hospitals and community-based services continued to deliver outstanding care and support to many thousands of people across wide-ranging services. This Annual Report provides further information about our activities, but it is also important for us to highlight significant areas of achievement.

Innovation and research

- FSH was the first WA hospital to introduce a system to keep newborns safe from accidental suffocation. The system, known as saturation assessment for early hours after birth or SAFE, allows infants to be with their mothers while their oxygen levels are continuously monitored via a tiny cuff on their wrist.
FSH was one of the top three recruiters in the world for the RevElution trial and is among the institutions leading the way in trialling this drug filled stent, which has the potential to achieve better outcomes for patients with coronary artery disease.

Enhanced services

The FSH Neonatal Service now cares for babies born up to 10 weeks premature, enabling both mother and baby to be cared for in one hospital. FSH is the only south metropolitan hospital where this can be done.

The Neuro-Interventional and Imaging Service of WA (NIISwa) started at FSH in September 2016, providing Interventional Neuroradiology service during business hours. This service has been shown to improve outcomes and recovery for stroke patients.

The new FSH fetal surveillance clinic is cutting wait times and freeing up urgent care beds for expectant mothers. This service effectively reduces appointment wait times to zero for pregnant women requiring regular cardiotocography (CTG) monitoring.

Supporting surgical patients coming through RGH's Emergency Department received a boost with the new 24/7 general surgical model of care. This directly translates into more timely care for general surgical presentations at RGH, as well as fewer patients requiring transfer to Fiona Stanley Hospital.

Celebrations and achievements

FSH performed its first heart and double lung transplant. This complex six-hour operation was a successful team effort involving ten medical staff and many more nurses and support staff.

RGH Endocrinology and Diabetes Service celebrated its 10th anniversary. The clinic provides diabetes education, consultant-led clinics, dietetics, psychology, podiatry and a Princess Margaret Hospital satellite service.

FSH successfully performed its 100th aortic heart valve replacement using the Transcatheter Aortic Valve Implantation (TAVI) technique. The keyhole procedure implants a bio-prosthetic valve, usually through the femoral artery in the groin, for patients aged 80 and older who are considered high risk for open heart surgery.

The Western Australian Limb Service for Amputees (WALSA) celebrated 20 years of service. WALSA facilitates prosthetic assessment, design, manufacture, repair and maintenance of prostheses. More than 3500 West Australians have benefited from WALSA's support over the past two decades.

While our challenges are always many, these are outweighed by our successes. We can only achieve this with the ongoing dedication and commitment of our staff and volunteers in caring for our patients, community and each other. As we continue to forge our identity and embed the values within the organisation, I am confident our health service is well-placed to deliver on its vision of excellent health care, every time.

Paul Forden
Acting Chief Executive
South Metropolitan Health Service
Vision statement

Excellent health care, every time

Integrity
We are accountable for our actions and always act with professionalism.

Care
We provide compassionate care to the patient, their carer and family. Caring for patients starts with caring for our staff.

Respect
We welcome diversity and treat each other with dignity.

Excellence
We embrace opportunities to learn and continuously improve.

Teamwork
We recognise the importance of teams and together work collaboratively and in partnership.
Strategic priorities

The development of the inaugural South Metropolitan Health Service (SMHS) Strategic Plan 2017–2020 provides a focus for service delivery and decision making within the health service for the next three years.

The five strategic priorities for SMHS are:

- Excellence in the delivery of safe, high quality clinical care.
- Provide a great patient experience.
- Engage, develop and provide opportunities for our workforce.
- Strengthen relationships with our community and partners.
- Achieve a productive and innovative organisation which is financially sustainable.
Within a catchment area stretching 3,300 square kilometres across the southern half of Perth, SMHS delivers hospital and community-based public healthcare services to a population of approximately 648,000 people. This represents nearly a quarter of the State’s population.

Over the next 10 years the SMHS catchment population is expected to increase by approximately 20 per cent, with the proportion of the population 65 years and older to increase from 14.8 per cent in 2016 to 17.3 per cent in 2026.

**SMHS consists of:**
- Fiona Stanley Hospital (including Rottnest Island Nursing Post)
- Rockingham General Hospital
- Fremantle Hospital
- Murray District Hospital
- Peel Health Campus delivered as a public private partnership with Ramsay Health Care Limited.

**A range of highly specialised multi-disciplinary services are offered to adults and children including:**
- medical
- surgical
- emergency
- rehabilitation and aged care
- coronary care
- cancer care
- intensive and high dependency care
- mental health
- paediatric
- obstetric and neonatal
- palliative care.

**In addition, the health service provides statewide services including:**
- adult burns
- hyperbaric
- rehabilitation
- heart and lung transplant.
SMHS is also responsible for delivering local health promotion and community-based programs.

- Health Promotion partners with community groups, workplaces, schools and local government within the SMHS catchment to reduce the prevalence of lifestyle-related chronic disease through public policy initiatives, advocacy and community-focused programs.

- Subacute service delivery programs help the facilitation of early discharge from hospital, support individuals in remaining independent and prevent re-admissions. These services are provided metropolitan-wide by SMHS:
  - **Complex Needs Coordination Team (CoNeCT)** provides an assessment and care coordination service to patients in the community with complex health needs.
  - **Community physiotherapy service** provides evidence-based, sub-acute physiotherapy rehabilitation at local community facilities.

- As part of its public health responsibilities, SMHS works in partnership with the WA Health Communicable Disease Control Directorate and other service providers to prevent and control the spread of communicable diseases.
Snapshot of SMHS hospitals

Fiona Stanley Fremantle Hospitals Group

Fiona Stanley Fremantle Hospitals Group (FSFHG) comprises of Fiona Stanley and Fremantle hospitals, and the Rottnest Island Nursing Post.

Fiona Stanley Hospital

Fiona Stanley Hospital (FSH) in Murdoch is the major tertiary hospital in the south metropolitan area and offers comprehensive healthcare services to communities south of Perth and across the State. It has 783 beds and offers a comprehensive range of services including:
- general and specialist medical and surgical
- sub-acute services including rehabilitation and aged care
- comprehensive cancer services
- State Adult Burns Unit
- State Rehabilitation Service
- State heart and lung transplant service
- emergency and intensive care
- mental health
- maternity, paediatric and neonate.

Fremantle Hospital

Fremantle Hospital (FH) is a 300-bed specialist hospital, focused on providing high-quality aged care, mental health, secondary rehabilitation, planned surgery and specialist medical services. Services include:
- aged care – geriatric and rehabilitation services
- elective surgery
- general medicine
- inpatient and community mental health
- general and ortho-geriatric rehabilitation.
Rockingham Peel Group

Comprising of two hospital campuses – Rockingham General Hospital (RGH) and Murray District Hospital (MDH) – Rockingham Peel Group (RkPG) provides 242-bed general hospital care. It offers a range of services including:

- general and specialist medical and surgical
- sub-acute services including rehabilitation and aged care
- emergency and intensive care
- inpatient and community mental health
- maternity and paediatric.

Murray District Hospital provides inpatient medical services as well as palliative care and allied health services.

In addition the group delivers community and mental health services across Peel, Rockingham and Kwinana.

Peel Health Campus

Peel Health Campus (PHC) is a 140-bed public hospital and is managed in partnership with private provider Ramsay Health Care Limited. It provides emergency, medical and surgical services including obstetrics, paediatrics, same day procedures, rehabilitation and aged care, renal dialysis, chemotherapy and palliative care.
Operational structure

Responsible Minister

SMHS is responsible to the Minister for Health.

Enabling legislation

SMHS was established as a board governed health service provider in the Health Services (Health Service Provider) Order 2016 made by the Minister for Health under Section 32 of the Health Services Act 2016. SMHS is responsible to the Minister for Health and the Department CEO of the Department of Health (System Manager) for the efficient and effective management of the organisation.

Administered legislation

Acts administered as at 30 June 2017

- Anatomy Act 1930
- Blood Donation (Limitation of Liability) Act 1985
- Cremation Act 1929
- Fluoridation of Public Water Supplies Act 1966
- Food Act 2008
- Health (Miscellaneous Provisions) Act 1911
- Health Legislation Administration Act 1984
- Health Practitioner Regulation National Law (WA) Act 2010
- Health Professionals (Special Events Exemption) Act 2000
- Health Services (Quality Improvement) Act 1994
- Health Services Act 2016
- Human Reproductive Technology Act 1991
- Human Tissue and Transplant Act 1982
- Medicines and Poisons Act 2014
- National Health Funding Pool Act 2012
- Nuclear Waste Storage and Transportation (Prohibition) Act 1999
- Pharmacy Act 2010
- Private Hospitals and Health Services Act 1927
- Prostitution Act 2000 (except s.62 and Part 5, which are administered by the Department of the Attorney General)
- Public Health Act 2016
- Radiation Safety Act 1975
- Royal Perth Hospital Protection Act 2016
- Surrogacy Act 2008
- Tobacco Products Control Act 2006
- University Medical School, Teaching Hospitals, Act 1955
- Western Australian Health Promotion Foundation Act 2016
The System Manager (Department of Health) and Minister for Health are not part of SMHS; however, the Minister and Director General, Department of Health have oversight of SMHS, and SMHS is responsible and accountable to both for performance. The Minister for Health appointment the SMHS Board and the System Manager is the employing authority of the SMHS Chief Executive.
Board of the Authority

SMHS Board is the governing authority. Appointed by the Minister for Health, members meet formally on a monthly basis and met on 11 occasions this period.

Mr Rob McDonald B.Bus CPA MAICD
Chair
Term: 3 years to 30 June 2019
Meetings attended: 11 out of 11

Mr McDonald has held leadership roles with WA Police, the Department of Treasury and the State Supply Commission and is the former Chair of the North Metropolitan Health Service Governing Council. Mr McDonald has broad experience in finance, human resources, policy development and information technology. Mr McDonald is a non-Executive Director on the Ability Centre and the Rottnest Island Authority Board and the Principal of Tiderock Consulting, specialising in management, organisational and financial reviews of government organisations.

Adjunct Associate Professor Robyn Collins RN RM B.App Sc MAICD
Deputy Chair
Term: 2 years to 30 June 2018
Meetings attended: 10 out of 11

Professor Collins is a committed and highly successful health service executive and board member with an extensive career in a broad range of governance, strategic, operational and financial management environments. Professor Collins is currently the Western Australia State Manager of the Australian Health Practitioner Regulation Agency (WA) and Cluster Lead of the Adelaide, Darwin and Perth offices. Professor Collins was the Acting Chair of the SMHS Governing Council for two years.
Clinical Adjunct Associate Professor Kim Gibson  
B.App.Sci (Physio) MA Public Sector Leadership FACHSM GAICD  
**Term:** 3 years to 30 June 2019  
**Meetings attended:** 11 out of 11  
Clinical Adj. Assoc. Professor Gibson’s career in health spans 30 years across clinical practice, clinical education, health professional regulation, health reform, health service management and governance both in Australia and overseas. Former Chair of the Clinical Senate of WA, Professor Gibson is passionate about health service improvement through clinician and consumer engagement. An experienced board member, she is past Deputy Chair of the North Metropolitan Health Service Governing Council.

Mr Julian Henderson  B.Eng MBA  
**Term:** 2 years to 30 June 2018  
**Meetings attended:** 11 out of 11  
Mr Henderson is a highly qualified senior executive with wide-ranging experience within the public and private sectors. He has a breadth of experience in diverse areas including strategic planning, policy development, project and management, operations and general administration. Mr Henderson was a member of the North Metropolitan Health Service Governing Council and is currently the CEO of The Family Planning Association of WA.

Professor Mark Khangure  AM, MB BS, MRCP (UK)  
FRCR FRANZCR  
**Term:** 2 years to 30 June 2018  
**Meetings attended:** 9 out of 11  
Professor Khangure is a highly qualified neuroradiologist. He was a previous Head of Department and Director of Imaging Services at Royal Perth Hospital and past President of The Royal Australian and New Zealand College of Radiology. This experience provided Professor Khangure with exposure to training and management of safety and quality. Professor Khangure has made a significant contribution to clinical teaching and medical research throughout his career.

Ms Michelle Manook  BA, Post GdDip ADAS, GAICD  
**Term:** 3 years to 30 June 2018  
**Meetings attended:** 8 out of 11  
Ms Manook has over 20 years’ experience in strategic corporate, government affairs and investor relations working across resources infrastructure, government and finance sectors. Ms Manook began her career in the health sector, working within clinical mental health, alcohol and drug prevention and the aged care sector. She has performed in high-level government, stakeholder, investor relations, business strategy and management roles, and has extensive board experience.
Ms Yvonne Parnell GAICD, GradCertDi

Term: 3 years to 30 June 2019  
Meetings attended: 9 out of 11

Ms Parnell is a Chief Executive Officer (CEO) within the community sector assisting people with disabilities and their families overcome significant life challenges. She previously held senior executive management and leadership roles in the corporate sector. Ms Parnell has a longstanding and wide-ranging involvement as a consumer representative in health having first joined the Sir Charles Gairdner Hospital Community Advisory Council in 2003. She is a past member of the North Metropolitan Health Service Governing Council and has served on a large number of health related committees and reference groups.

Professor Julie Quinlivan MBBS FRANZCOG PHD

Term: Resigned on 31 December 2016  
Meetings attended: 3 out of 5

Professor Quinlivan is a senior clinician and specialist in obstetrics and gynaecology. She has held senior roles in academic, clinical and administrative aspects of medicine in Western Australia, South Australia, Victoria and New South Wales. Professor Quinlivan has experience serving on tribunals, boards, governing councils and expert reference groups, and is currently the Chair of the Clinical Senate of WA.

Mr David Rowe BA (Soc Sc), Grad AASC, JP GAICD

Term: 3 years to 30 June 2019  
Meetings attended: 11 out of 11

Mr Rowe is an experienced board member and executive with a keen interest in medical research. Previously the Chairman of the Fremantle Hospital Medical Research Foundation Inc., Mr Rowe is also a past member of the SMHS Governing Council. He has an interest in the challenge of delivering high quality health care at an affordable price and in the development and further education of senior executives.

Ms Fiona Stanton B Juris, LLB

Term: 1 year to 30 June 2017 (term renewed)  
Meetings attended: 8 out of 11

Ms Stanton is a legal practitioner with over 25 years’ experience in both health law and employment law, and is a past member of the North Metropolitan Health Service Governing Council. Ms Stanton has a long-held interest in the provision of health services, particularly the challenge of providing safe, high-quality health care to all patients, and has significant professional experience in areas such as medical negligence and disciplinary proceedings concerning medical and other health practitioners.
## Senior officers

Senior officers and their area of responsibility within the South Metropolitan Health Service as at 30 June 2017.

<table>
<thead>
<tr>
<th>Area of responsibility</th>
<th>Title</th>
<th>Name</th>
<th>Basis of appointment</th>
<th>Position holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Metropolitan Health Service</td>
<td>Chief Executive</td>
<td>Mr Paul Forden</td>
<td>Acting</td>
<td>Dr Robyn Lawrence</td>
</tr>
<tr>
<td>Finance and Corporate Services</td>
<td>Executive Director</td>
<td>Mr Mark Cawthorne</td>
<td>Term contract</td>
<td></td>
</tr>
<tr>
<td>Safety, Quality and Consumer Engagement</td>
<td>Executive Director</td>
<td>Ms Mary Miller</td>
<td>Acting</td>
<td>Dr Maxine Wardrop</td>
</tr>
<tr>
<td>Clinical Service Planning and Population Health</td>
<td>Executive Director</td>
<td>Ms Kate Gatti</td>
<td>Term contract</td>
<td></td>
</tr>
<tr>
<td>Contract Management</td>
<td>Executive Director</td>
<td>Mr Leon McIvor</td>
<td>Term contract</td>
<td></td>
</tr>
<tr>
<td>Transformation</td>
<td>Executive Director</td>
<td>Ms Geraldine Carlton</td>
<td>Term contract</td>
<td></td>
</tr>
<tr>
<td>Fiona Stanley Fremantle Hospitals Group</td>
<td>Executive Director</td>
<td>Ms Janet Zagari</td>
<td>Acting</td>
<td>Mr Paul Forden</td>
</tr>
<tr>
<td>Rockingham Peel Group</td>
<td>Executive Director</td>
<td>Ms Kathleen Smith</td>
<td>Term contract</td>
<td>Ms Geraldine Carlton</td>
</tr>
<tr>
<td>Office of the Chief Executive</td>
<td>Director</td>
<td>Ms Adrienne Wehr</td>
<td>Acting</td>
<td>Mr Joel Gurr</td>
</tr>
<tr>
<td>Area Clinical Services</td>
<td>Director Clinical Services Fiona Stanley Fremantle Hospitals Group</td>
<td>Dr Paul Mark</td>
<td>Substantive</td>
<td></td>
</tr>
<tr>
<td>Area Nursing</td>
<td>Director Nursing and Midwifery Fiona Stanley Fremantle Hospitals Group</td>
<td>Ms Taylor Carter</td>
<td>Substantive</td>
<td></td>
</tr>
<tr>
<td>Area Allied Health</td>
<td>Director of Allied Health Fiona Stanley Fremantle Hospitals Group</td>
<td>Ms Kellie Blyth</td>
<td>Acting</td>
<td>Substantively vacant</td>
</tr>
<tr>
<td>Corporate Communications and Public Relations</td>
<td>Manager, Corporate Communications</td>
<td>Ms Jodie Pudney</td>
<td>Substantive</td>
<td></td>
</tr>
</tbody>
</table>
SMHS operates under the Outcome Based Management performance management framework and aligns to the State Government’s goal of “greater focus on achieving results in key service delivery areas for the benefit of all Western Australians”. (see figures 1 and 2)

In line with WA Health’s Strategic Intent of delivering a safe, high quality, sustainable health system, outcomes for achievement in 2016–17 were 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**

Activities undertaken within SMHS 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.
Outcome 2: Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care

Activities undertaken within SMHS 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 with appropriate referrals, e.g. breast and cervical cancer screening, screening of newborns
   - programs that support self-management by people with diagnosed conditions and disease, e.g. diabetic education.

4. Monitor the incidence of disease in the population to determine the effectiveness of primary health measures.

Performance against these activities and outcomes are summarised in the Agency Performance section (page 23) and described in detail under Key Performance Indicators (page 96) in the Disclosure and Compliance section of this report.

Changes to Outcome Based Management Framework

The Outcome Based Management Framework was updated in 2016–17 to reflect the implementation of the Health Services Act 2016.

Shared responsibility with other agencies

Integral to the success of SMHS in delivering health services is the ability to partner with others. In delivering care, SMHS works closely with numerous human service agencies, including but not limited to the Mental Health Commission, WA Police, Department of Corrective Services, Department of Communities and Disability Services Commission.
WA Government Strategic Outcome
Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians

WA Health Strategic Intent
To deliver a safe, high quality, sustainable health system for all Western Australians

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

Key effectiveness indicators contributing to Outcome 1
- Percentage of patients discharged to home after admitted hospital treatment
- Survival rates for sentinel conditions
- Proportion of elective wait list patients waiting over boundary for reportable procedures
- Unplanned hospital readmissions within 28 days for selected surgical procedures
- Rate of unplanned readmissions within 28 days to the same hospital for a mental health condition
- Percentage of live born infants with an Apgar score of seven or less, five minutes post delivery

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

Key effectiveness indicators contributing to Outcome 2
- Percentage of contacts with community-based public mental health non-admitted services within seven days prior to admission to public mental health inpatient units
- Percentage of contacts with community-based public mental health non-admitted services within seven days post discharge from public mental health inpatient units
## Figure 2: Services delivered to achieve outcomes and key efficiency indicators for the SMHS

<table>
<thead>
<tr>
<th>Outcome 1</th>
<th>Outcome 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restoration of patients’ health, provision of maternity care to women and newborns, and support for patients and families during terminal illness</strong></td>
<td><strong>Enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care</strong></td>
</tr>
</tbody>
</table>

### Services delivered to achieve Outcome 1
1. Public hospital admitted patients
2. Emergency department
3. Public hospital non-admitted patients
4. Patient transport

### Key efficiency indicators contributing to Outcome 1
- Average cost per case mix adjusted separation for tertiary hospitals
- Average cost per case mix adjusted separation for non-tertiary hospitals
- Average cost per bed-day for admitted patients (small hospitals)
- Average cost per emergency department attendance
- Average cost per public patient non-admitted activity
- Average cost per trip of Patient Assisted Travel Scheme

### Services delivered to achieve Outcome 2
5. Prevention, promotion and protection
6. Contracted mental health

### Key efficiency indicators contributing to Outcome 2
- Average cost per capita of Population Health Units
- Average cost per bed-day in specialised mental health inpatient units
- Average cost per three-month period of care for community mental care