

## **ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE**

### **QUESTIONS AND ANSWERS**

#### **Department of Health**

#### **Hon Sue Ellery MLC asked:**

- 1) What is the current indicative Practical Completion date for Perth Children's Hospital?

Answer: The below information is provided by Strategic Projects and Asset Sales within the Department of Treasury.

As at 14 November 2016, the most recent construction program from the Managing Contractor, John Holland Pty Ltd, includes a target Practical Completion date of 30 November 2016.

Performance against the program is being monitored on a daily basis by both John Holland Pty Ltd and the State.

- 2) Please provide a list of the categories of building defects that are still to be corrected for Perth Children's Hospital.

Answer: The below information is provided by Strategic Projects and Asset Sales within the Department of Treasury.

Unresolved defects can be identified by the trade discipline as follows:

- Acoustic
- Architectural
- Balustrade
- Building Management System
- Communications
- Dry Fire
- Electrical
- Façade
- Furniture, Fixtures & Equipment
- Hard Landscape
- Hydraulic
- Lifts
- Mechanical
- Medical Gas
- Nurse Call
- Pneumatic Tube
- Building Information Model
- Distributed Antenna System
- Sealing Fire Wall Penetration
- Smoke Management System
- Security

- Signage & Wayfinding
- Soft Landscape
- Structural
- Syfonic Drainage
- Wet Fire

3) What is the number of chairs that need to be replaced at Perth Children's Hospital because they are not fit for purpose and what is the cost associated with this replacement?

Answer: There are no chairs currently approved for replacement at Perth Children's Hospital because they are not fit for purpose. 23 Patient Reclining Chairs are currently under review for their fitness for purpose. If full replacement is deemed to be required following investigation of all available options and alternative uses, the anticipated cost is approximately \$140,000.

**Hon Peter Katsambanis MLC asked:**

4) Has linking welfare benefits to immunisation requirements been effective in increasing child immunisation rates?

Answer: Prior to 1 January 2016, for families to be eligible to receive Commonwealth child care and tax benefits, children were required to be fully immunised at ages one, two and five years.

On 1 January 2016, the criteria was extended to require children up to age 19 years to be fully vaccinated in order for families to be eligible to receive Child Care Benefit, Child Care Rebate and Family Tax Benefit Part A Supplement. In addition, conscientious objection was removed as a valid exemption from immunisation requirements.

I understand that data obtained by the Australian Immunisation Register indicates that childhood immunisation rates across Australia have increased since changes to immunisation requirements were introduced by the Commonwealth at the beginning of 2016. The overall trend in recent years is that immunisation rates have been steadily increasing, so the effect of these changes on rates is difficult to determine.

**Hon Sue Ellery MLC asked:**

5) Please confirm whether Fiona Stanley Hospital is currently storing;

- a) up to 1,000 new chairs that are not fit for purpose;

Answer: There are approximately 250 chairs in storage and all of these chairs are fit for purpose. A number of chairs will be used to replace old chairs at Fremantle Hospital and the remaining chairs will be used as replacement at Fiona Stanley Hospital, if required.

- b) 20 medical fridges that are not being used; and

Answer: There are three medical fridges awaiting repair. There are no unused medical fridges in storage.

- c) A large number of paper scanners that are not being used.

Answer: There are no paper scanners in storage.

- 6) Please provide details of the equipment maintenance program that the Fiona Stanley Hospital contractor is expected to provide, and if available, documentation of what the maintenance program looks like.

Answer: The Managed Equipment Service (MES) is one of the 25 service lines under the facilities management services contract. MES carry out all planned maintenance and repairs on approximately 17,500 items in Fiona Stanley Hospital.

Equipment maintenance and repairs at Fiona Stanley Hospital fall under warranty or maintenance contracts. All maintenance programs are based on manufacturer's recommendations, and industry best practice, and are set accordingly. Maintenance contracts are in place for all new equipment.

- 7) Were there costs associated with getting the water tanks at Fiona Stanley Hospital to function as required? If so, what was the cost?

Answer: There were no rectification works to the potable water tanks at Fiona Stanley Hospital as they have been functioning as designed. No costs to remediate have therefore been incurred.

Advice provided in the Hearing in relation to water tanks incorrectly cited that remediation was required. Remediation of the waste heat boilers was the correct reference. This detail is provided in the response to D9.

- 8) Is there a design flaw in the hand basins installed at Fiona Stanley Hospital and possibly St John of God Midland Public Hospital, which if left unremediated creates an infection risk? Is the tool that was designed to deal with that design flaw not working as required?

Answer: An issue was identified with hand basin drains in patient rooms at Fiona Stanley Hospital (FSH). FSH has reviewed the issue and implemented an enhanced cleaning regime to maintain the hygiene standards of the sinks and continues to monitor the drains regularly. FSH is currently working with Caroma to improve the cleaning tool that has been provided.

Sinks installed at St John of God Midland Public Hospital (SJGMPH) are the same as FSH. SJGMPH met with FSH prior to the opening of the hospital for a site visit and discussed the sinks and cleaning regimes used. SJGMPH established preventative cleaning regimes including grate removal and cleaning and this was added to the regular cleaning schedule.

- 9) (a) How has the trigeneration plant at Fiona Stanley Hospital assisted with energy efficiency?
- (b) Were there any problems with commissioning the trigeneration plant?
- (c) Did the trigeneration plant not meet standards when it was first inspected, and had to be fixed as a result?

Answer (a-c): The trigeneration plant was commissioned by Brookfield Multiplex and signed off by an independent certifier as part of practical completion. One component of the trigeneration plant is the waste heat boilers. Worksafe identified non-compliance issues with the waste heat boilers post-Practical Completion.

It is the responsibility of Brookfield Multiplex to remediate the issue relating to the waste heat boilers. They have been proactively working with Worksafe to resolve the issue. There is no operational impact in relation to the delivery of services at Fiona Stanley Hospital.

**Hon Kate Doust MLC asked:**

- 10) (a) Has the Department of Fire and Emergency Services (DFES) done a complete audit of the new Perth Children's Hospital Site?

Answer: The below information is provided by Strategic Projects and Asset Sales within the Department of Treasury.

The Managing Contractor for the Perth Children's Hospital (PCH), John Holland Pty Ltd, has advised that the Department of Fire and Emergency Services (DFES) has not completed an audit of the new Perth Children's Hospital site. However, DFES has made a number of visits to the PCH and reviewed installation and design documentation.

- (b) Has DFES connected the building site to the WA fire brigade?

Answer: The Managing Contractor has advised that DFES has not connected the PCH to the WA fire brigade at this time. The DFES Direct Brigade Line (DBA) has been installed and will be connected, subject to DFES review and approval of the documentation, installation and test results, once the PCH Smoke Management System is completely commissioned.

- (c) Has DFES received all of the building and test plans for the various systems that need to be submitted for review before the final inspection?

Answer: The Managing Contractor has advised that DFES has not received all of the building and test plans for the various systems that need to be submitted for review before the final inspection. DFES requires final commissioning results to be completed before a final review of documentation can be performed. A number of meetings have been held between DFES and the Managing Contractor to ensure DFES is fully informed on the relevant progress to date, and to familiarise DFES with relevant systems.

- (d) Has DFES approved the building for occupancy?

Answer: DFES approval has not been issued for occupancy of the building as DFES is not an approving authority in this regard. However, DFES has approved the documents and installation of Wet Fire protection systems: Hydrants,

Sprinklers, Heli Deck, Booster Cabinet and inlet valves. As indicated above, DFES will also be required to approve DBA connection.

11) I refer to the approval by the Executive Director of Public Health to establish a system of annual reporting by designated officers for the authorisation of the posthumous collection of gametes:

- (a) What information that has been collected from this new system of annual reporting is able to be made available?
- (b) Can a version of the report be provided that redacts any sensitive identifying information?
- (c) What statistical data can the department make available that can clarify the extent to which the posthumous collection of gametes is occurring in Western Australia?

Answer: (a-c) Data on the cases of posthumous collection of gametes for the 2015-16 financial year is expected to be collated and validated by December 2016. Following this, any release of the data will be considered in line with the *National Health Information Standards and Statistics Committee Guidelines for the Disclosure of Secondary Use of Health Information for Statistical Reporting, Research and Analysis* (the Guidelines).

Information pertaining to the 2014-15 financial year was detailed in response to question on notice 4296. In keeping with the Guidelines, the number of cases reported for this year was not disclosed due to the small number and potential risk of patient identification.

**Hon Alanna Clohesy MLC asked:**

12) How many residents of the Quadriplegic Centre were admitted in the last 12 months?

Answer: For the 2015/16 Financial Year, 34 residents were admitted to the Quadriplegic Centre.

13) Is it possible to table the business case for the Quadriplegic Centre? If not, will a section 82 notice be issued?

Answer: The business case can not be provided at this time as it forms part of a submission to Cabinet, and as such is Cabinet in Confidence.

Consideration may be given to provide the information at a later date.

**Hon Sue Ellery MLC asked:**

14) Are you aware of general practice services operating out of Child and Parent Centres on school sites?

Answer: Child and Parent Centres are committed to providing broad health services depending on community needs and other available resources.

For example, the Swan Child and Parent Centre at Middle Swan Primary School has a General Practitioner, provided by Derbarl Yerrigan Health Service Inc. who offers general family GP services.

15) Can you provide a copy of the reports from Press Ganey Associates regarding consumer satisfaction (in relation to the \$783,000 market research expenditure mentioned in Table 39 of the Metropolitan Health Service Annual Report).

Answer: South Metropolitan Health Service (SMHS) commenced continuous Patient Experience surveying in October 2015, prior to the establishment of the East Metropolitan Health Service. This surveying was undertaken by Press Ganey across the following sites and patient groups:

Sites	Patient Groups			
	Day surgery patients	Emergency Department patients	Inpatients	Mental Health Inpatient
Armadale Health Service	Day surgery patients	Emergency Department patients	Inpatients	Mental Health Inpatient
Bentley Health Service	Day surgery patients		Inpatients	Mental Health Inpatient
Fiona Stanley Hospital	Day surgery patients	Emergency Department patients	Inpatients	Mental Health Inpatient
Fremantle Hospital & Health Service	Day surgery patients		Inpatients	Mental Health Inpatient
Rockingham Peel Group	Day surgery patients	Emergency Department patients	Inpatients	Mental Health Inpatient
Royal Perth Hospital	Day surgery patients	Emergency Department patients	Inpatients	Mental Health Inpatient

For the three quarters that the surveys were undertaken in the 2015/16 financial year, Press Ganey produced a total of 144 reports.

The reports consist of Overall Result Reports and Comment Reports available to all SMHS sites for each of the patient groups as listed above and Overall SMHS Corporate Reports for all of the patient groups.

In view of the substantive number of reports and the fact that the Comment Reports contain confidential information regarding patients and staff, a summary results brochure which is provided to patients and staff has been attached (**Attachment 1**) to provide an overview of the results.

This document has been produced in hard copy as well as being available on the SMHS intranet and internet (<http://ww2.health.wa.gov.au/About-us/South-Metropolitan-Health-Service/Reports-and-publications/Patient-experience-survey-2016>).

16) What is the loss of income that has arisen as a result of practitioners failing or being unable to bill private patients' insurance companies or overseas patients?

Answer: The Department of Health estimates an amount between \$5.1 million and \$7.3 million for the 2015-16 financial year.

17) What proportion of children actually receive regular checks from the School Dental Health Services compared to the those enrolled in the program?

Answer: Students are generally provided with an initial course of care during the first year of enrolment in the School Dental Service. Students are then placed on a recall waiting list to undergo a periodic examination which is dependent upon their clinical needs. Emergency dental care is provided immediately as required.

In 2015/16, there were 364,801 students enrolled in the School Dental Service of which a total of 163,591 students were provided with an examination/assessment and treatment via 280,604 occasions of service.

As at 30 June 2016, there were 98,858 enrolled students who have not responded to an offer of treatment. These students are still eligible to participate in the School Dental Service and may attend as an emergency patient should the need arise.

18) What are the current FTEs of school nurses and child health nurses in each region?

Answer:

#### **Child and Adolescent Health Service**

Child and Adolescent Community Health (CACH) services are provided across ten designated health regions in metropolitan Perth.

Total school health nurse and child health nurse FTE by CACH region as at 31 October 2016 is provided in the table below.

<b>CACH Region</b>	<b>Child Health</b>	<b>School Health</b>	<b>Clinical Nurse Managers</b>
	<b>FTE</b>	<b>FTE</b>	<b>FTE</b>
Armadale	20.7	15.8	2.0
Bentley	17.2	19.1	2.0
Central	15.5	10.2	2.0
City	10.8	10.7	1.0
Fremantle	17.2	15.4	2.0
Joondalup - Wanneroo	31.1	25.8	3.0
Lower West	6.0	11.1	1.0
Peel	9.9	7.0	1.0
Rockingham - Kwinana	18.2	16.2	2.0
Swan and Hills	21.4	14.4	2.0
<b>Subtotal</b>	<b>167.9</b>	<b>145.7</b>	<b>18.0</b>

Specialist Child Health	40.8		2.0
Specialist School Health		11.1	1.0
<b>Subtotal</b>	<b>40.8</b>	<b>11.1</b>	<b>3.0</b>
<b>TOTAL</b>	<b>208.7</b>	<b>156.8</b>	<b>21.0</b>

### **WA Country Health Service**

The WA Country Health Service (WACHS) child and school health nurse FTE by region as at 31 October 2016 is provided in the table below.

<b>WACHS Region</b>	<b>Child Health</b>	<b>School Health</b>
	<b>FTE</b>	<b>FTE</b>
Kimberley	10.5	13.4
Pilbara	14.4	8.5
Midwest	14.5	11.2
Goldfields	10.6	13.0
Wheatbelt	13.0	11.8
South West	20.0	22.9
Great Southern	9.0	11.5
<b>TOTAL</b>	<b>92.0</b>	<b>92.3</b>

#### **Note:**

- These figures do not include Community Health Managers (who cover a wide range of services including community health nurses) or the Speech Pathology positions funded under the State Government's School Health Initiative.
- WA Country Health Service (WACHS) employed community health nurses work flexibly across the community health sector, including child and school health services as required; as a consequence figures provided are approximate.

19) What is the percentage of children receiving child health assessments, by region, for 2015 and to date in 2016, for:

- newborn,
- zero to 42 days;
- three to four months;
- eight months;
- 18 months; and
- and three to three and a half years?

Answer:

### **Child and Adolescent Health Service**

Child and Adolescent Community Health services are provided across ten (10) designated health regions in metropolitan Perth.

<b>Completion rate by contact type, Full Year 2015</b>						
<b>Region</b>	<b>UPV^ (0-10d)</b>	<b>UPV (0-41d)</b>	<b>3-4 Months</b>	<b>8 Months</b>	<b>18 Months</b>	<b>3-3.5 Years</b>
Armadale	47%	99%	73%	47%	31%	15%



Bentley	60%	100%	78%	55%	34%	16%
Central	78%	99%	82%	61%	41%	19%
City	60%	97%	83%	62%	41%	18%
Fremantle	72%	99%	81%	61%	43%	16%
Joondalup - Wanneroo	68%	99%	83%	60%	43%	22%
Lower West	73%	97%	89%	59%	42%	17%
Peel	56%	99%	71%	54%	37%	20%
Rockingham - Kwinana	67%	100%	76%	54%	39%	21%
Swan and Hills	66%	99%	79%	59%	41%	23%
<b>Metro Total *</b>	<b>65%</b>	<b>100%</b>	<b>79%</b>	<b>57%</b>	<b>39%</b>	<b>19%</b>

**Completion rate by contact type, Year to Date 2016 as at 30 September 2016**

Region	UPV (0-10d)	UPV (0-41d)	3-4 Months	8 Months	18 Months	3-3.5 Years
Armadale	53%	99%	79%	54%	34%	19%
Bentley	70%	100%	87%	60%	41%	16%
Central	63%	99%	87%	63%	47%	19%
City	61%	98%	84%	64%	43%	17%
Fremantle	69%	98%	80%	59%	43%	18%
Joondalup - Wanneroo	66%	99%	84%	59%	43%	24%
Lower West	76%	97%	91%	65%	48%	18%
Peel	47%	99%	74%	52%	39%	19%
Rockingham - Kwinana	68%	98%	80%	54%	40%	20%
Swan and Hills	64%	100%	81%	56%	45%	24%
<b>Metro Total*</b>	<b>64%</b>	<b>100%</b>	<b>85%</b>	<b>60%</b>	<b>43%</b>	<b>21%</b>

\* Total metropolitan completion rate includes additional scheduled contacts provided by teams delivering targeted services to families across metro. This service activity cannot be reported by region, but contributes to higher overall completion rates. There were an additional 1,366 contacts in 2015-16 and 1,461 between 1 July 2016 and 30 September 2016.

^ Universal Postnatal Visit

**WA Country Health Service**

Completion rate by contact type, Full Year 2015						
Region	UPV^ (0-10d)	UPV (0-41d)	3-4 Months	8 Months	18 Months	3-3.5 Years
Kimberley	45%	88%	83%	67%	67%	53%
Pilbara	52%	93%	87%	65%	65%	46%
Midwest	73%	100%	81%	65%	72%	68%
Goldfields	72%	95%	77%	63%	62%	44%
Wheatbelt	70%	93%	87%	72%	69%	49%
South West	59%	97%	85%	69%	65%	61%

Great Southern	63%	100%	80%	66%	68%	63%
<b>WACHS Total</b>	<b>62%</b>	<b>98%</b>	<b>83%</b>	<b>67%</b>	<b>67%</b>	<b>55%</b>
<b>Completion rate by contact type, Year to Date 2016 as at 30 September 2016</b>						
<b>Region</b>	<b>UPV^ (0-10d)</b>	<b>UPV (0-41d)</b>	<b>3-4 Months</b>	<b>8 Months</b>	<b>18 Months</b>	<b>3-3.5 Years</b>
Kimberley	47%	91%	61%	60%	60%	49%
Pilbara	47%	90%	75%	56%	63%	37%
Midwest	62%	95%	65%	62%	60%	54%
Goldfields	64%	90%	73%	64%	66%	39%
Wheatbelt	73%	99%	94%	77%	76%	72%
South West	56%	97%	75%	72%	52%	52%
Great Southern	64%	100%	82%	75%	61%	62%
<b>WACHS Total</b>	<b>59%</b>	<b>95%</b>	<b>75%</b>	<b>67%</b>	<b>62%</b>	<b>52%</b>

20) What number of Aboriginal children, by region, are currently being screened for ear health and what has the investment in the glue ear program been since funding for the Telethon Speech and Hearing ear bus ceased?

Answer:

**Metropolitan Area**

In the metropolitan area between 1 January and 30 September 2016, 5,207 hearing screens were completed on Aboriginal children. A breakdown of hearing screens by region is presented in the table below.

<b>Ear health screens completed on Aboriginal children, Jan-Sep 2016</b>	
<b>CACH Region</b>	<b>Completed ear health screens</b>
Armadale	1078
Bentley	542
Central	354
City	160
Fremantle	457
Joondalup-Wanneroo	540
Lower West	35
Peel	330
Rockingham-Kwinana	890
Swan and Hills	821
<b>TOTAL</b>	<b>5207</b>

Following the expiry of the Telethon Speech and Hearing contract the funding was redirected to the Child and Adolescent Community Health Aboriginal Health Team for the provision of Aboriginal ear health screening services.

**Regional Area**

In country WA, ear health screening for Aboriginal children occurs through a range of programs including: the statewide newborn hearing screening program; child and school health checks (where indicated); and via dedicated ear health programs.

Ear screening and treatment for otitis media is provided by various of agencies including WA Country Health Service, Aboriginal Community Controlled Health Organisations (ACCHOs) and private providers.

The number of Aboriginal children screened by region is not known as the screening data is kept independently by each separate agency.

Ear health screening and treatment services are provided as part of block funded community health programs, contracted services and by private agency funding; therefore an individual breakdown for glue ear programs is not available.

### **Improving Ear, Eye and Oral Health initiative**

Additional ear health screening occurs in the Kimberley, Pilbara, Midwest and Goldfields health regions as part of the four year \$6 million State funded Initiative, *Improving Ear, Eye and Oral Health in children living in rural and remote Aboriginal Communities*.

Between April 2015 and September 2016, 3,765 children received an ear health screen through ACCHOs, funded by this State initiative:

- 1,440 in the Kimberley
- 995 in the Pilbara;
- 299 in the Midwest; and
- 1,031 in the Goldfields.

21) In the summary of Key Performance Indicators, the average costs per casemix adjusted separation for non-tertiary hospital has a variation of around \$1,900. Why is there a substantial difference on last year?

Answer: The higher average expenditure for non-tertiary hospitals was affected by the reconfiguration of services during 2015-16, following the:

- Closure of Swan District Hospital in November 2015.
- Fremantle Hospital being reclassified as a non-tertiary facility from 2015-16.

Fremantle Hospital provides specialist services of higher complexity and cost more so than some other non-tertiary facilities. This, as well as a period of less efficient service provision during Swan District Hospital transition to St John of God Midland Public Hospital, increased the average cost across all non-tertiary hospitals.

The lower average cost for tertiary hospitals in 2015-16 compared to 2014-15 is attributable to more efficient service provision, particularly at Fiona Stanley Hospital, which opened in February 2015 and had its first full year of operation in the 2015-16 financial year.

22) What is the average length of stay for WA metropolitan tertiary patients, both for those who come from the country and those who come from the metropolitan area?

Answer: The average length of stay for WA metropolitan tertiary patients in 2015-16 was 4.0 days for patients from the country and 2.9 days for patients from the metropolitan area.

23) How many applications for nursing graduate placements were received by way of registration on GradConnect in 2015 and how many in 2016?

Answer: The number of Nursing Graduate applications received via GradConnect was 2,431 in 2015 and 1,580 in 2016.

**Hon Sally Talbot MLC asked:**

24) In relation to Chronic Disease Services in the south west and the great southern regions:

- (a) how many are in the specialist team;
- (b) where are they located; and
- (c) with whom do they work in the communities?

Answer (a-c): Please refer to table below:

Note: Only WA Country Health Service employees and known visiting services are reflected in the table, however there may be other privately provided services within the Great Southern and South West communities.

	(a)	(b)	(c)
<b>South West</b>	<u>5.0 FTE:</u> <ul style="list-style-type: none"> <li>- 2.0 FTE Geriatrician</li> <li>- 3.0 FTE General Physician</li> </ul>	<u>Bunbury:</u> <ul style="list-style-type: none"> <li>- 1.3 FTE Geriatrician based at Bunbury Hospital servicing inpatients and outpatients</li> <li>- 3.0 FTE General Physician based at Bunbury Hospital servicing inpatients and a small number of follow-up outpatients</li> </ul> <u>Busselton:</u> <ul style="list-style-type: none"> <li>- 0.4 FTE Geriatrician based at Busselton Health Campus servicing inpatients and outpatients</li> </ul> <u>Collie Hospital / Warren District Hospital:</u> <ul style="list-style-type: none"> <li>- 0.3 FTE Geriatrician providing outreach outpatient clinics at Collie Hospital and Warren District Hospital</li> </ul>	<p>The team works with General Practitioners, Aged Care Providers and Non-Government Organisations to support discharge follow up and ongoing management of clients that have been inpatients or who have been referred for specialist (Geriatrician) review.</p>
<b>Great Southern</b>	<u>5.9 FTE:</u> <ul style="list-style-type: none"> <li>- 1.0 FTE Chronic Disease Coordinator (nursing)</li> <li>- 1.0 FTE Community Physiotherapist</li> <li>- 0.5 FTE Dietitian</li> <li>- 1.0 FTE Rheumatology nurse (0.2 FTE vacant)</li> <li>- 1.5 FTE Podiatry (plus 0.5 FTE contracted services)</li> <li>- 0.4 FTE Respiratory Medicine Physician</li> <li>- Weekly Visiting</li> </ul>	<u>Albany</u> <ul style="list-style-type: none"> <li>- 1.0 FTE Chronic Disease Coordinator servicing community clients</li> <li>- 1.0 FTE Community Physiotherapist servicing community clients</li> <li>- 0.5 FTE Dietitian servicing community clients</li> <li>- 1.0 FTE Rheumatology nurse servicing community clients</li> <li>- 1.5 FTE Podiatry servicing community clients and outpatients</li> <li>- 0.4 FTE Respiratory Medicine Physician servicing inpatients and outpatients</li> <li>- Weekly Visiting Respiratory Medicine Physician service</li> <li>- Weekly Visiting Cardiology service</li> </ul>	<p>The team works in the area of early intervention and early treatment to prevent hospitalisations in the adult population. Clients mostly referred to the services by general practitioners but can self-refer.</p>

	Respiratory Medicine Physician service - Bi Monthly Visiting Rheumatology service - Weekly Visiting Cardiology service	- Bi monthly Visiting Rheumatology service Visiting specialists deliver services to community clients through the use of privately provided rooms in Albany. <u>Katanning:</u> - 0.5 FTE contracted podiatry service servicing community clients	
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25) Which four of the 76 endorsed recommendations from the Stokes Review are due for completion in 2016-17?

Answer: The following four recommendations from the Stokes Review are due for completion in 2016-17:

- **Recommendation 1.1.4:** Oversight of the compliance of policies by the various service providers and reporting on those services that do not comply.
- **Recommendation 1.1.5:** Working closely with the Office of the Chief Psychiatrist to ensure compliance with regulations from that Office.
- **Recommendation 4.2:** Clinicians must ensure the service in which they are working does not deviate from the standards and protocols set.
- **Recommendation 4.5:** Compliance with the electronic information system is mandatory.

**Hon Alanna Clohesy MLC asked:**

26) Which years in the forward estimates is the funding for the Kalamunda Redevelopment Stage 2?

Answer: The funding for the Kalamunda Redevelopment Stage 2 is currently cashflowed beyond the current Forward Estimates period (2019-20).

27) What is the scope of works for the remaining Kalamunda Redevelopment Stage 2 and will it stay the same as what was announced for the Redevelopment Stage 2?

Answer: The funding was originally allocated to the Kalamunda Redevelopment project for major and minor refurbishment works. The utilisation of the project funds will be subject to Business Case consideration, which will also approve the scope and timeframe.

28) What is the Armadale – Kelmscott Hospital redevelopment expected completion date and the scope of works?

Answer: Please refer to supplementary information D29

29) For Armadale, in the budget for the year 2014-15 and in the budget for the year 2015-16 there was an amount of \$15 million. Where is that money and why has it been removed?

Answer: An allocation of \$15.97 million was provided for the Armadale Kelmscott Hospital Development to enable the facility to be upgraded and redeveloped, with the scope of works to be determined. In 2009, capital works which included the redevelopment of the Emergency Department and expanding capacity from 25 to 47 beds, was completed at a total cost of

\$9.27 million. The implementation of the Government's Budget Corrective Measures, reflecting more favourable construction market conditions, reduced the project allocation by \$0.8 million. As part of the 2016-17 Budget, based on priorities and current needs, \$4 million from the project budget was reallocated to the Picture Archiving and Communication System and Radiology Information System (PACS-RIS) project. The balance of the project funds of \$1.9 million allocated to 2018-19 in the 2016-17 Budget is subject to business case consideration which would approve scope and timeframes for further works.

**Hon Rick Mazza MLC asked:**

30) There has been some media on mosquito research, possibly in Queensland, involving release of uninfected mosquitos and findings of no Zika virus and a reduction in Barmah Forest virus. Do we have any similar research in WA?

Answer: The research referred to is being carried out in Brazil to release mosquitoes infected with a particular bacterium that interrupts and reduces transmission of Zika virus. Neither Zika virus nor the main mosquito carrier, *Aedes aegypti*, occur in Western Australia and therefore there is no similar work being undertaken here.

The Department of Health (DoH) has collaborated with interstate colleagues to determine that the risk of transmission of Zika virus, if it was to be introduced to Australia by our own (native) mosquito species, is very low. The DoH is also involved in other research projects with local governments and universities to improve understanding of and ability to manage Australian mosquito-borne diseases such as Ross River, Barmah Forest and Murray Valley encephalitis viruses.





According to our patients, the best thing about their health journey was:

*"Found staff in admissions very helpful to make sure what was being said was understood."*

*"Every midwife that I encountered was fantastic, friendly, kind and knowledgeable."*

*"The doctor in the resuscitation ward gave the clearest and most understandable explanation I've ever had."*

*"From a bad situation, my hospital experience was excellent to help me care for myself in the future."*

## Where to from here

Our individual hospitals are listening to their patients. Your feedback is guiding the various teams to reassess how they can better keep their patients and families informed throughout their hospital and health service journey.

Through ongoing patient experience surveys over the next two years, we will continue to make the necessary changes to meet our patients' expectations and build on what we already do well. Your feedback is central to this process, so if you receive a survey in your letterbox, please take the time to complete it.

It is through this focus that we will continue to improve your experience while under our care.

## Hospital contacts:

### **Armadale Health Service**

PO Box 460, ARMADALE WA 6112  
Telephone: (08) 9391 2000  
[www.ahs.health.wa.gov.au](http://www.ahs.health.wa.gov.au)

### **Bentley Health Service**

PO Box 158, BENTLEY WA 6982  
Telephone: (08) 9416 3666  
[www.bhs.health.wa.gov.au](http://www.bhs.health.wa.gov.au)

### **Fiona Stanley Hospital**

Locked Bag 100, PALMYRA DC 6961  
Telephone: (08) 6152 2222  
[www.fsh.health.wa.gov.au](http://www.fsh.health.wa.gov.au)

### **Fremantle Hospital and Health Service**

PO Box 480, FREMANTLE WA 6959  
Telephone: (08) 9431 3333  
[www.fh.health.wa.gov.au](http://www.fh.health.wa.gov.au)

### **Rockingham General Hospital**

PO Box 2033, Rockingham WA 6967  
Telephone: (08) 9599 4000  
[www.rkpg.health.wa.gov.au](http://www.rkpg.health.wa.gov.au)

### **Royal Perth Hospital**

GPO Box X2213, PERTH WA 6847  
Telephone: (08) 9224 2244  
[www.rph.health.wa.gov.au](http://www.rph.health.wa.gov.au)

This document can be made available in alternative formats on request.

You've told us....  
**we're listening**



The South Metropolitan Health Service aims to provide seamless access to safe, high quality health care – *the right care, at the right time, in the right place, by the right team* – through our network of hospitals and health services.

Guiding us to achieve this is direct feedback received from our patients following a stay or visit to one of our hospitals.

We have entered a new era of capturing our patients' health care experience through the commencement of our first patient experience survey, conducted on our behalf by an independent survey provider.

The randomised, two-year continuous patient experience survey is being implemented throughout our hospital network, including Royal Perth, Fiona Stanley, Rockingham General and Fremantle hospitals, as well as the Bentley and Armadale health services. Four surveys are being conducted each year, with feedback sought from Emergency Department and Day Surgery Unit patients, as well as general and mental health inpatients.

## What you told us

Our first half 2016 results show we are providing a good service; however, further work is required to improve the hospital/health service experience for our patients.

You determined our overall strengths to be:

- **Staff courtesy to patients**
- **Staff attitudes towards visitors**
- **Room cleanliness**

## Where we need to focus

Your feedback has revealed a consistent theme:

***We need to keep you and your family better informed.***

Based on your feedback, we are currently looking for opportunities within each hospital to ensure we are providing information in a more meaningful way to you and your family.

We have developed our top ten areas that we will focus on to improve your experience, and have included our current score so you can see how we're tracking in these key focus areas:

### Communicate and connect

Our response to your concerns and complaints

Current mean score: **80.9**  
Yearly goal\*: 83.2

Communication between doctors and nurses

Current mean score: **79.7**  
Yearly goal\*: 84.4

Information to family about condition and treatment

Current mean score: **79.9**  
Yearly goal\*: 84.3

Time doctor spends with you

Current mean score: **77**  
Yearly goal\*: 82



### Patient centred care

Addressing a patient's emotional needs

Current mean score: **80.2**  
Yearly goal\*: 83.5

***"Some nurses were exceptions in their care. Loved their jobs."***

***"The nurses and other staff were friendly and cheerful."***

Nurses effort to include you in decisions

Current mean score: **81.7**  
Yearly goal\*: 84.8

The comfort of our visitors

Current mean score: **78.2**  
Yearly goal\*: 81.3

### Patient understanding and information

Instructions for care at home

Current mean score: **79.9**  
Yearly goal\*: 83.9

Nurses kept you informed

Current mean score: **81.7**  
Yearly goal\*: 84.2

**Disclaimer:** Yearly goal\* is based on the survey provider's results obtained from comparable, relevant healthcare organisations.