

Performance



Honkey nut
Honky Nuts

23

Safety as our priority

The provision of safe, high-quality care remains the number one priority for EMHS. We continually look for new and innovative ways of improving our performance and reducing the risk of clinical and other errors.

Emergency departments embrace triage-triggered texts

In March 2022, EMHS introduced an innovative initiative that ensures patients presenting to our busy EDs receive timely information about what they can expect from their visit.

A welcome text is sent to the patient's mobile phone once they have been triaged. The text is generated automatically upon entry of their details into our hospital system.

The message includes important information about raising concerns in the event of patient deterioration, and also provides links to the relevant hospital's website.

This safe and environmentally friendly service improvement was inspired by a similar initiative operating at SJGMPH and was prompted by the need to ensure patients, carers and family members are provided with important information and opportunities to escalate care as early as possible.

Aishwarya's CARE Call

In October 2021, EMHS changed the name and look of its existing care call system — the system that enables families and carers to escalate care in the event of a deteriorating patient.

The changes at RPH, AHS, BHS and KH were part of a WA Health system-wide collaboration involving all HSPs and were implemented in response to the tragic death of a young girl at Perth Children's Hospital.



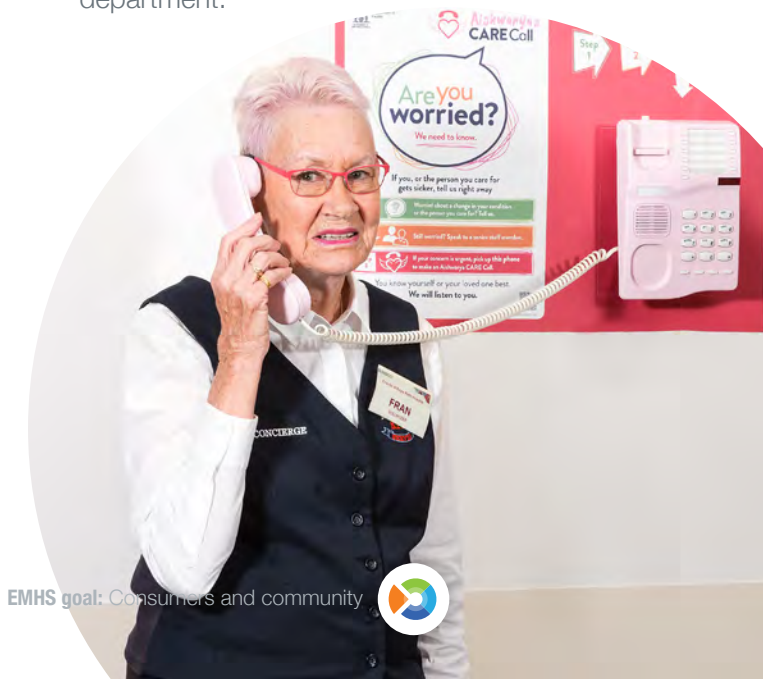
Rebranded **Aishwarya's CARE Call**, the revamped system was designed to empower families and carers to alert hospital staff to deterioration in a patient's condition, prompting an escalation in care.

In our EDs, clearly sign-posted fixed phones were installed that provide automatic connection to the Aishwarya CARE Call number, while the presence of our waiting room nurses was also bolstered.

Since the adoption and implementation of Aishwarya's CARE call, **114** calls have been made at EMHS hospitals.

Of these:

- **76** related to seeking an escalation in clinical care. Of these 76 calls:
 - **26** required clinical intervention and remained on the ward/department
 - **2** required transport to another ward/department.



EMHS' smoke-free status

EMHS was proud to have worked towards stamping out smoking in 2021-22.

Smoking — including the use of vaping and e-cigarettes — is now prohibited across EMHS grounds, including our:

- hospitals
- community health centres
- office buildings
- car parks
- vehicles
- garden or outdoor areas.

The change was phased in gradually, with BHS becoming our first smoke-free site.

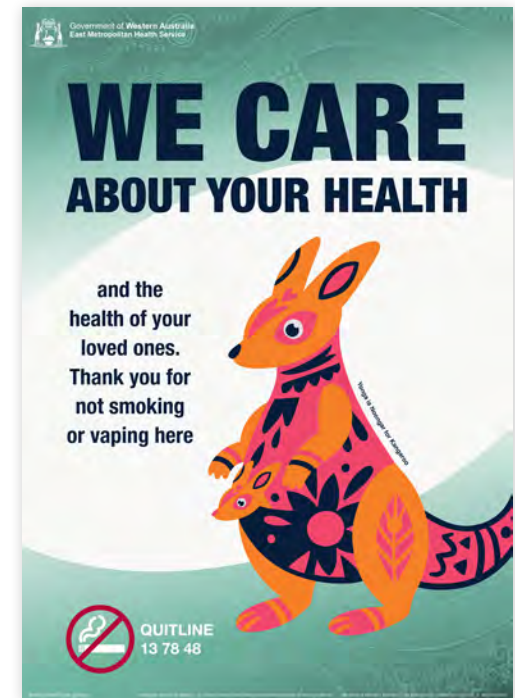
A dedicated **EMHS Smoke-free Team** was created to ensure EMHS was well prepared for the changes. It did this by:

- implementing a comprehensive communications plan and smoke-free learning pathway

- providing education and training to staff members on best-practice management of nicotine dependency
- developing a suite of new ward-based resources
- increasing access to the staff nicotine replacement therapy (NRT) program — with staff now having access to a free 12-week course per year
- developing a new suite of smoke-free signage for hospital sites to replace the outdated “no smoking” signs. The colourful new designs depict flora and fauna indigenous to our local area.

By providing a smoke-free environment for our patients, staff and visitors, we are reducing the harm from second-hand smoke exposure and supporting people who have recently stopped — or are trying to stop — smoking.

EMHS recognises that there is no safe level of exposure to tobacco smoke.



Risk management and audit

The three lines of defence model employed by EMHS clearly defines functions that are involved and responsible for effective risk management.

These lines of defence are:

- 1) own and manage risks
- 2) oversee risks
- 3) provide independent assurance.

The EMHS Board Audit and Risk Committee forms part of the organisation's wider governance framework and provides a key oversight role for the second and third lines of defence through the risk management and audit functions.

Risk management

The 2021-22 highlights of the risk management function included the:

- assessment of risks against new WHS Legislation to ensure EMHS continues to provide a safe workplace
- improvements to the assessment of ICT risks, including patient safety impacts and cyber risks
- assessment of clinical risks and frontline risk identification, to ensure risks can be identified and escalated from the frontline and are aligned to clinical data

- review of the EMHS strategic risk profile and confirmation of key strategic risks and responsibility for control improvements.

Additionally, EMHS has undertaken a maturity assessment of the risk management function, which has assessed EMHS as having a maturity level of evolved, as well as being aligned with its industry peers. The assessment has identified a series of recommendations towards achieving its target maturity, which will be implemented over the next 12 months.

Internal audit

In 2021-22, the internal audit function undertook a quality assessment review to ensure activities performed are in accordance with the International Standards for the Professional Practice of Internal Auditing. It was found that the internal audit services conform to the auditing standards and the maturity of the function, maximising its capability to provide objective and insightful assessment for the organisation.

The risk-based Audit Plan saw major reviews conducted in high priority areas such as violence and aggression, misconduct prevention and complaints management. Recommendations from

these reviews are being implemented to provide continuous improvements to processes and service delivery at EMHS.

In 2021-22, management was able to close **62%** of the internal and external recommendations logged for the year, while **38%** were in progress at the time of this report. There is a robust governance process in place headed by the Board Audit and Risk Committee, to monitor and query management and implementation of these audit recommendations.

Complaints management audit

Health consumer feedback is a valuable component of the quality improvement cycle, and the complaints process is one of the vital instruments in place at EMHS through which the organisation can obtain this feedback.

In 2021-22, EMHS commenced an internal audit of complaints management in order to determine the effectiveness of controls and systems in place for the management of feedback — including complaints from patients, families, carers and the general public.



Listening to our consumers and community

Engaging and partnering with consumers and our community remains key to achieving our vision of healthy people, amazing care.



L-R: Brenda Greenfield (Aboriginal community group member), Denese Griffin (Director Aboriginal Health Strategy) and Robert Morrison (A/Senior Development Officer Community Engagement) in the Aboriginal Family Garden

Improving the consumer experience

In 2021-22, EMHS:

- opened an **Aboriginal Family Garden** at RPH, to provide a supportive space for family members
 - designed a new **Mental Health Unit (MHU)** at RPH in consultation with consumers
 - returned volunteer concierges in the EDs and hospital entrances, supporting patients upon entry to our sites
 - progressed KH's new **Day Hospice**, which was designed by consumers with lived experience and staff who are experts in end-of-life care
 - continued to use **Care Opinion**, an online platform to enable members of the public to tell us about their experience with our services
- further implemented the Australian Commission on Safety and Quality in Health Care's **Australian Hospital Patient Experience Question Set (AHPEQS)**, which has introduced the use of validated, standardised patient experience questions by way of an SMS-based survey after discharge to outpatients clinics and EDs.

AHPEQS results summary	
AHPEQS question	EMHS
My views and concerns were listened to	91.0%
My individual needs were met	90.4%
I felt cared for	91.9%
I was involved as much as I wanted in making decisions about my treatment and care	88.8%
I was kept informed as much as I wanted about my treatment and care	88.7%
As far as I could tell, the staff involved in my care communicated with each other about my treatment	89.6%
I received pain relief that met my needs	91.9%
When I was in the hospital, I felt confident in the safety of my treatment and care	91.9%
Overall, the quality of the treatment and care I received was good or very good	91.9%

Consumer feedback

Consumers provide valuable feedback and contribute to improving the safety and quality of services. Feedback is also used to recognise staff and teams who go above and beyond our patients' expectations

In 2021-22, through our formal processes, EMHS received:

1480 compliments via formal feedback processes



90 entirely complimentary stories via Care Opinion

This recognises only compliments provided through a formal mechanism, but does not take into account the multitude of compliments and thanks fed back to staff informally and directly by patients, carers and their loved ones.

328 instances of consumer feedback received via the EMHS Ministerial Liaison Unit

EMHS also received:

1759 complaints via formal feedback processes

80 complaints via Care Opinion



EMHS manages patient feedback consistent with the [WA Health Complaints Management Policy \(2019\)](#), with all complaints acknowledged, investigated and responded to within appropriate timeframes, and quality improvement activities initiated to address issues where appropriate.

EMHS had **15** consumer advisory groups with **165** members



Ben Horgan (Community Development Officer, RPBG Consumer Engagement)



Examples of quality improvements arising from consumer feedback

Situation #1

Feedback received via the Outpatient Survey highlighted difficulty for consumers accessing parking during periods of peak demand.



Changes implemented as a result

This feedback was tabled at the Outpatient Reform Project Control Group (ORPCG), where it was agreed that information relating to onsite parking needed to be improved. A consultation process, which involved partnering with consumers, took place and resulted in the hospital website being updated with clarity on alternative options and improved descriptions on public parking available.

Situation #2

Feedback was submitted to the AKG Consumer Liaison Office in relation to the recently opened Ambulatory Assessment Unit within the ED. The consumer providing the feedback had recently been an ED patient and was confused by their experience. Their concerns were around the patient flow and why some patients in the waiting room appeared to have been seen faster for what seemed to be a less severe injury.



Changes implemented as a result

Immediate improvements were made to the Ambulatory Assessment Unit by giving patients leaflets explaining what to expect in the ED, including patients being seen in order of their illness severity. Visual communication providing information via the television within the waiting room was also added for consumers to refer to.

Situation #3

Patient Experience received feedback from an elderly patient who, following discharge from the ED after hours, was concerned to only be provided with a telephone number for a taxi company and advised to wait at Lord Street.



Changes implemented as a result

Details of the complaint were provided to the ED for education to staff about after-hours discharge, specifically extra consideration for elderly or vulnerable patients. Furthermore, the discharge process was adapted to ensure any patient waiting for a taxi home is directed to wait in an alternative foyer, which is secure and monitored.



Feedback from Care Opinion

"I would like to give 10 stars to the maternity dept, and Liz the midwife, she has done a fantastic job. We felt she is a very, very nice lady and she helped my wife so much, we really appreciate it. I would like to give 10 stars to all the staff involved in our care. They really helped us through the whole thing and made us feel so relaxed. Liz particularly, she didn't even leave when she could have gone home, she decided to stay so she could be there to support my wife through the birth."



"My relative had two significant falls. He presented to Armadale ED twice. The first time, he was assessed, investigated, admitted, seen by the social worker/ physio/geriatrician and sent home with a plan for follow-up.



A week later, he fell again, and we presented to Armadale ED. Again, he was assessed, investigated and a management plan enacted. I felt it was clear he could no longer manage at home on his own due to developing dementia. He was seen by a multidisciplinary team recurrently. He was admitted to the ward and transition to aged care placement was managed.

At all times I have found the staff supportive, caring and holistic in their approach. It is a particularly stressful life change for my relative and the staff supported him beautifully over this time. He spent just over four weeks in hospital and is now very happy in the same home as his wife.

A big shout out to all the staff in ED/ward involved in his care — the support staff, nursing staff, medical staff and allied health staff. What a great job you did. I really appreciate your care. Keep up the good work. Go Armadale Health Campus."

"My elderly grandmother was admitted to the dementia unit (7A). Her English is very limited, and she has great difficulty hearing, which in addition to her advancing dementia, I think makes her care more complicated for staff. From the nurses on the ward, I expected competence, and kindness. The care that was in fact provided was so kind and loving that it brought tears to my eyes."



"Had an absolutely fantastic team care for me for my day surgery. From admission to discharge I cannot say thank you enough to my caregivers. I believe you are all a credit to your commitment in providing fantastic care."



"I encouraged my older son to attend to have his abdominal pain assessed. We had gone to urgent care prior, but he needed further tests. This wasn't an emergency, so we expected to wait. I watched the nurses — triage, wait room, concierge and the others that were busily coming in and out. We were both warmed by the level of care, compassion, professionalism and knowledge that we felt they demonstrated to all patients in the waiting room.



Once being brought into the main area, we were greeted by a very competent doctor and nurse that made it easy for my son to feel cared for. Thank you so much guys! Feel proud because I think you are all a truly great team and do amazing work ❤️❤️"



Paraffin and pets

Occupational Therapists (OTs) are an integral part of the EMHS' allied health workforce, employed across hospital, community, and rehabilitation settings, where they provide assessment of — and help with — patients' physical, cognitive and psychosocial skills, abilities and difficulties.

At AHS, a popular OT program is the **paraffin wax treatment**, which is used in hand therapy to improve joint mobility. It involves coating the patient's hand in wax by dipping it in a bath of warm wax. The hand is then wrapped in plastic and a towel.

The treatment is used in conjunction with mobilisation exercises to improve hand function in patients with post-traumatic stiffness, arthritis, or chronic pain.

Pet therapy is another OT program that is popular with both patients and staff. It is used in the State Trauma Unit at RPH, in two of the rehabilitation wards at BHS, and at AHS.

On special visiting days at RPH, patients can request a visit from therapy dog **Zoe**, a Golden Retriever-German Shepherd Cross. At BHS, Cavoodle **Lexi** enjoys all the pampering and little **Kit** loves the attention at AHS.



Caring for our community

EMHS' catchment includes a large portion of people experiencing homelessness due to mental health issues. Two new services were progressed in 2021-22 to offer support to this particularly vulnerable consumer cohort.

Mental Health Transitional Care Unit

Work to transform a former residential aged-care facility into a contemporary mental health unit was well underway by the end of June 2022, with the first of the two-part development scheduled to open later in the year.

St James Transitional Care Unit – Bidi Wungen Kaat Centre — will provide support for up to **40** people aged 18 to 64 years, providing continuity of care as they transition from hospital back into the community, or to keep them from needing ED admission.

The unit will be made up of two 20-bed units:

- a **Prevention and Recovery Unit**, which will provide short-term care, and
- a **Rehabilitation and Recovery Unit** that will provide care for periods up to approximately six months.

The new facility will be staffed around the clock by skilled mental health clinicians and peer-support workers and will fill an important gap in support for people in the community who are experiencing a mental illness.

Individuals assessed as being ready and able to participate in a mental health rehabilitation program while living in a community setting will be accommodated in the unit, which will adopt a model of care that has been successful in the eastern states and internationally.



Medical Respite Centre

In October 2021, EMHS partnered with several community organisations to open a service that was aimed at improving the recovery prospects of newly discharged patients experiencing homelessness.

Located in the inner-city suburb of Northbridge, the 20-bed **Medical Respite Centre (MRC)** provides safe and therapeutic short-term accommodation for consumers who — while not sufficiently unwell to continue occupying a hospital bed — are too unwell to return to living on the streets.

Those whose referrals are accepted can spend up to 14 days at the facility, during which time they recuperate in a stable environment supported by nurses, a GP, support workers and addiction in-reach services provided by the RPBG Consultation Liaison and Alcohol and other Drug Service.



A focus on our youth



Community support for at-risk youth

In March 2022, a new eight-bed facility opened to provide interim supported accommodation for young people with mental health issues experiencing — or at risk of — homelessness.

Known as **Momentum QP** and located in Queens Park, the service caters to people between the ages of 16 and 24 years. It provides them with safe, comfortable accommodation for up to a year during which time they can take advantage of a range of clinical and other psychosocial support services,

all of which are designed to help get them back on their feet. This includes help finding work and alternative accommodation prior to leaving.

Through its provision of clinical in-reach, EMHS is one of several organisations that contribute to the service. Its in-reach is provided by a psychiatrist, psychologist and nurse, who are otherwise based at BHS.

Peer workers play a key role in the service which is led by Richmond Wellbeing and is supported by Cyrenian House and Anglicare WA.

Youth Community Assessment and Treatment Team (YCATT)

With young people disproportionately affected by mental ill-health and having the highest prevalence and incidence of mental illness across the lifespan, the launch of the **Youth Community Assessment and Treatment Team (YCATT)** filled a much-needed void in EMHS' suite of services for young people.

Opened for referrals in April 2022, YCATT provides a brief, targeted, evidence-based assessment and intervention service for young people and their carers. It will complement the work of the **East Metropolitan Youth Unit (EMyU)**, which was established in 2018 to provide inpatient care for young people experiencing complex and acute mental health issues.

In particular, the new service supports people transitioning back into the community from the EMyU.

YCATT's services are offered from BHS and satellite locations across the EMHS catchment area.



Plan to tackle youth drinking

EMHS' Health Promotion Team has played a key role in the launch of an ambitious plan to minimise alcohol-related harm among young people (12-17 years) in three local government areas (LGAs) within its catchment — the Town of Victoria Park and cities of Belmont and South Perth.

The **Youth Alcohol Action Plan (YAAP) 2022-25** — launched in June 2022 — sets out clear strategies and actions to be implemented over three years, focusing on five areas known to influence alcohol-related harm:

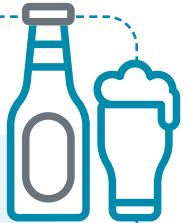
- underage drinking
- adult supply
- marketing
- accessibility
- community connections.

The YAAP is the result of a two-year collaboration between EMHS and the LGAs, Cancer Council WA, Alcohol and Drug Foundation, Department of Education, WA Police and Police and Citizens Youth Club, as well as extensive engagement with young people, community organisations and peak bodies.



Some sobering facts

- Binge drinking at a young age carries into adulthood for **90%** of males and **70%** of females
- Under 25's make up **22%** of all alcohol-related ED admissions
- Under 25's accounted for **30%** of all deaths on WA roads where alcohol was a factor
- The later teenagers delay their first alcoholic drink, the less likely they are to become regular users of alcohol



Caring for our multicultural community

Culturally safe COVID vaccination clinic

Lifting vaccination rates among vulnerable populations was an important part of EMHS' COVID-19 response.

Our Aboriginal community was not only extremely vulnerable to COVID, but also lagged behind the overall population in its rates of vaccination.

EMHS played a key role in efforts to increase those rates by partnering with other organisations to establish a culturally safe vaccination clinic.

The clinic was set up at the Derbal Yerrigan Health Service in East Perth, with RPH providing and delivering the vaccine.

Most people jabbed were Perth locals, but some were from towns as far away as Leonora, Kalgoorlie, Roebourne and Newman. Many had learnt of the clinic through the Noongar network.

Derbal Yerrigan Chair Joslyn Eades-Tass said her organisation was grateful to EMHS and other members of the partnership for their efforts in arranging the clinic because there had been considerable vaccine hesitancy in the Aboriginal community.

Former Miss NAIDOC, **Ilona McGuire**, was among those who lined up at the clinic to get vaccinated.



Progressing care for our multicultural community

The **EMHS Multicultural Plan 2021-23** was developed to outline the key actions, desired outcomes, timeframes and responsibilities for implementation over the next three years. The Multicultural Plan focuses on three policy priorities:

- 1) **Harmonious and inclusive communities**
- 2) **Culturally responsive policies, programs and services**
- 3) **Economic, social, cultural, civic and political participation.**

Policy priority 1: Harmonious and inclusive communities

- The **RPH Aboriginal Family Garden** was officially opened by the then Minister for Health, Hon Roger Cook MLA, in December 2021.
- A **Wayfinding Working Group**, in collaboration with EMHS Facilities Management and Pricewaterhouse Coopers Consulting (PwC), has developed and delivered a comprehensive review of signage across the RPH site. Positive 'cleaner air' signage was installed across campus with native animal illustrations as part of the smoke-free program.



Policy priority 2: Culturally responsive policies, programs and services

- The [EMHS Strategic Plan 2021-25](#) was endorsed and published in August 2021. Supporting diversity and inclusion is a service delivery principle, and has specific strategic objectives and priorities aligned.
- AKG has established a **Diversity and Inclusion Committee** with the remit to explore opportunities for improvements to existing systems and processes to meet the needs of their diverse cultural and linguistic community.
- The **top 10 languages** for the RPH and BHS sites have been determined. A demographic dashboard has been drafted to capture this information live. Further, an interactive tool identifying potential diverse patients who have not been previously identified for interpreter usage is being used by language services. Priority publications have been translated into the top five languages, including consent forms and critical patient information. There are also plans to translate a welcome pack for each site.

Policy priority 3: Economic, social, cultural, civic and political participation

The EMHS COVID Vaccination Team worked closely with the WA State Vaccination Program to promote and educate, Culturally and Linguistically Diverse (CaLD) communities on COVID vaccination. This included:

- Aboriginal Liaison Officer inpatient vaccination program — educating and vaccinating Aboriginal inpatients and their visiting family members.
 - Australian Islamic College — the team engaged with the school principal to understand cultural sensitivities and took advantage of a school family day to provide information around vaccination.
 - Neerigen Brook Primary School — the EMHS team joined the largest local family to yarn about their vaccine concerns (the elder would decide on behalf of the entire family whether or not it got vaccinated). A pop-up vaccination clinic promoted considerable discussion within the community and resulted in members of the family receiving their first vaccine dose. The principal also assisted with ideas to further engage the community.
- St Mary's Cathedral — two pop-up clinics helped to engage homeless, and Filipino and Croatian groups.
 - Door-to-door vaccinations — the team worked alongside WA Police in areas known to have heavy CaLD populations to provide vaccinations. This worked well, because many from these communities did not feel comfortable attending a local community clinic.





VALERINA DORIZZI

I have had asthma most of my life, which caused me to have heavy breathing for as long as I can remember. It wasn't until the early 1990s that I received medication to help me with the condition. For the past 20 years, I have been a diabetic which has its own challenges and led to a minor heart attack in 2008 which required a stent to be put in a year later. Within the past 10 years, I have also developed osteoarthritis.

I feel knowing and understanding how to self-manage my health allows me to make choices that will continue to support my health and wellbeing, whether it's self-support or calling on support from health services.

The two hospitals I have attended for my health conditions are Royal Perth Hospital and Midland St John of God Public Hospital. I also visit other health services and programs which provide me with support, including Derbarl Yerrigan Health Service, Mooditj Djena, Mooditj Koort, and People Who Care.

I also see a diabetic educator every three months which provides me with knowledge to help me manage my health. I also participate in a program called Heart Health Program which provides health education, an exercise regime conducted by physiotherapists and a healthy lunch provided every Thursday.

I now attend an exercise program provided by Mooditj Koort.

I also see a counsellor at Yorgum. I feel good talking to the counsellor as I'm starting to believe in myself and am building up my self-esteem which has helped with my overall wellbeing.

I am also part of the Aboriginal Health Community Advisory Groups (AHCAG). I feel this group has been good for my health as we get to review and discuss information about health and the health services, and we support each other in the community, which is good and encourages me to get out and about to stay mentally healthy.

I often show my kids and grandkids that living healthy means a good life, and that you live longer. As you get older, you will have the younger ones looking up to you.

I encourage my grandkids to stay mentally and physically healthy through many activities, including taking them for a walk in the bush and passing on my knowledge and culture.

To manage and support myself, I take my medication and if I'm not sure about one or I need to change it, I talk to my doctor. I also exercise regularly which has helped a lot with my mobility. My sisters support me a lot with my health and we all check in with each other.

I also get a lot of support from my church, health services and friends and family which helps me know that I am not forgotten and that there are people thinking about me.



Three tips to managing your health condition:

- Access health services and programs, you don't need to do it alone
- Exercise regularly
- Talk to your doctor, especially if you are not feeling right.

“ Get that education on medication and illness. Talk to your doctor and explain it to them. Ask questions to make sure you fully understand what the medication does and any side-effects. ”

Posters share stories in bid to inspire

Members of EMHS' Aboriginal Health Community Advisory Group (AHCAG) turned their hands to storytelling during the year in an effort to encourage others in the community to take care of their health.

The stories of their individual health journeys were captured on **14** posters, each of which also offered a special health message and featured the individual's photo and Aboriginal artwork.

The posters have been displayed across EMHS hospitals. Each of the storytellers had a chronic illness such as diabetes, asthma or lupus and their stories chronicled the support they had received from EMHS and key Aboriginal primary healthcare services.

One of the storytellers stressed the importance of exercising regularly, of having regular check-ups and of maintaining frequent contact with family and community, while another advised people to talk to their doctor — especially if they were “not feeling right” — and of accessing health services, because they didn't need to do it alone.

As members of the AHCAG, they had gained important insights into the health system and wanted to share their health experiences to help improve the health journeys of others in their community.



EMHS excellence on display

EMHS' annual **Excellence Symposium** enables us to showcase outstanding work across our organisation, to recognise staff for fantastic achievements and to share knowledge and ideas for the benefit of all.

Our third symposium was held in November 2021, giving staff the chance to learn about the exciting work being done by colleagues across EMHS and to hear from the event's guest speaker, former AFL coach and West Coast Eagles premiership player **John Worsfold** — who, in keeping with the symposium's theme — spoke on the top topic of Striving for Excellence – Together.

Seven projects were chosen to present at the excellence event. All exemplified EMHS' vision of healthy people, amazing care, Koorda moort, moorditj Kwabadak.

Photo L-R: Diane Barr (Executive Director AKG), John Worsfold and Christine Parry (Aboriginal Health Officer)



RPH Theatres' Green Team

A change in the anaesthetic used in RPH operating theatres has reduced the theatres' environmental footprint to a fifth of its 2018 level despite increased theatre activity, and has reduced spending on volatiles.



Supports Sustainable Health Review (SHR) recommendation 5 (see page 63)

Health in a Virtual Environment (HIVE)

This innovative service enables clinical experts to monitor patients remotely 24/7 and to integrate data collected from medical devices to detect the earliest signs of clinical deterioration.

Medical Multimedia Design

Medical Multimedia Design, previously known as Medical Illustrations, produces patient-focused multimedia for clinical purposes, including clinical photography and graphic design, as well as a range of services to EMHS, such as patient publications and marketing material.

GoShare

Information sent via text or email helped patients follow their healthcare plans more closely at SJGMPH.

Early intervention physiotherapy program

EMHS' Early Intervention voluntary program provides employees with five sessions of in-house physiotherapy to ensure early assessment and management of injuries.

Data and Digital Innovation COVID app

The secure COVID-19 digital application has been integral to WA's COVID response, enabling rapid screening at the airport, clinics and in hotel quarantine.

Nurse-led Glaucoma Assessment Clinic

Within five months of starting, a nurse-led Glaucoma Assessment Clinic (GAC) had enabled RPH to review an extra **330 patients**.

Opened in October 2020, to reduce a backlog of patients awaiting follow-up appointments, the GAC involves a senior ophthalmology nurse assessing patients, performing eye examinations, interpreting results and providing patients with potential disease progression, and immediate referral to the consultant-led clinic to expedite care.



Using technology to advance our care

In line with EMHS' vision of healthy people, amazing care, EMHS continues to progress the digital strategy — **smart EMHS** — and other digital initiatives to achieve our digital future state:

You connect with **us**, when and how **you** want to. **We** connect with **you**, when and how **you** need **us**.

A snapshot of just some of these initiatives is provided below:

Office of the Auditor General – General Computer Controls audit

EMHS participated in its second General Computer Controls (GCC) audit, which has resulted in a reduction from 18 open findings in 2021 to 11 open findings in 2022.

In the 12 months between audits, EMHS was able to close **nine**, and downgrade the severity of **two** of the 2021 findings — with **two** new findings identified. The qualification and significant findings relating to segregation of network and unauthorised device connectivity remain this year, and are being addressed through participation in the whole-of-health **Critical ICT Infrastructure Program**.

Registration of Rapid Antigen Test (RAT) results

EMHS has initiated a web-based application to register RAT results for patients being triaged in ED. This allows ED consultants and wards to see near real time views of the results of patients in the ED.

Transition to Microsoft (MS) Power BI

In 2021-22, EMHS progressed plans to transition to **Power BI** (business intelligence tool), which will bring innovation and integration opportunities, enabling users to perform data preparation and discovery and share insights in a single solution. The move to Power BI in early 2022-23 will improve integration with existing Microsoft products, including:

- easy sharing of content, including on MS Teams and SharePoint
- improved mobility with secure access to reporting and analytical content from inside or outside WA Health.

Staff Absence Management Process

Maintaining service delivery amid severe staff shortages has been a universal challenge for healthcare services throughout the pandemic.

An innovative dashboard, launched in February 2022, proved an invaluable tool for EMHS in maintaining oversight of staffing. The dashboard was part of a Staff Absence Management Process (SAMP) that was developed in-house by our award-winning DDI team in collaboration with our people and capability and clinical services teams. The SAMP has two components — a web-based furlough declaration form and staff absence management dashboard.

Staff unable to work due to COVID-related reasons or personal/sick leave complete a declaration form prior to the start of their shift. The dashboard extracts data from these forms to create a real-time snapshot of staff absences across EMHS by site, occupational group and area/department. Information in the dashboard is updated every 15 minutes and is used to coordinate staff and manage demand/critical services. This enables EMHS to identify and respond quickly to areas of staffing need.

RPBG Deputy Director of Clinical Services Dr Sumit Sinha-Roy said: "It enabled the RPBG medical workforce team that I manage, to pre-emptively (or really speedily), with collaboration from other clinical Heads of Departments, move junior doctors across services to supply clinical teams that were short-staffed, to maintain their services."



Valentine's Day marks the start of Wi-Fi milestone

Keeping in touch with loved ones became easier for EMHS patients who found themselves in hospital on Valentine's Day 2022.

That's because 14 February was the day patients joined staff in being able to access free **Wi-Fi**, fulfilling the final milestone in the **EMHS' Digital Infrastructure Enablement (EDIE)** Wi-Fi project.

The Wi-Fi project — that made EMHS sites Wi-Fi hotspots — was a massive undertaking and its completion was a major achievement.

Putting Wi-Fi into sites after they were built — especially ones that were built before electricity was standard — was a challenging experience.

The provision of Wi-Fi to patients enables them to stay connected to loved ones and communities, helping them feel more comfortable while in hospital.

Ambulatory video electroencephalographic monitoring

An accurate diagnosis of epilepsy and similar conditions is essential for safe and high-quality patient care. Inpatient video electroencephalographic monitoring (vEEG) is the gold standard for diagnosis, but requires hospitalisation, is expensive and is inconvenient for patients.

The pandemic prompted EMHS to consider approaches other than traditional inpatient care. Home-based **Ambulatory vEEG monitoring (AVEM)** was trialled as an alternative option because it replicates inpatient vEEG monitoring, is less expensive and is more accessible for patients.

During the reporting period, EMHS' Innovation Hub piloted an AVEM program at RPH. The pilot, led by Consultant Neurologists **Dr Jacqui-Lyn Saw**, **Dr Nicholas Lawn** and **Professor John Dunne**, has to date enrolled eight patients with unexplained paroxysmal neurological symptoms, requiring



prolonged EEG monitoring. AVEM was able to clarify symptoms and inform clinical management in six of eight patients, a proportion comparable to that obtained with vEEG.

This preliminary data indicates that home-based AVEM has the potential to transform the investigation and management of patients with paroxysmal neurological symptoms, with lower costs and improved patient convenience.



Information technology given end-user focus

As part of the **EMHS Digital Strategy**, improving the end-user computing (EUC) experience for staff and patients continued to be an important focus for EMHS during the reporting period.

As part of its EUC program, EMHS has been working on initiatives that will not only make accessing and navigating applications easier, but also possible from anywhere, at any time and from one or more devices.

Workstation on Wheels (WoW) and **Desktop Device Refresh** were two initiatives of the EUC program that made a real difference to EMHS activity in 2021-22.

WoW is a practical initiative that has enhanced the delivery of care on our wards. Doctors, for example, without having to leave the patient's bedside, are able to look up results in real time, or discuss x-ray results more easily.

At KH, WoWs have enabled social workers and patients to attend National Disability Insurance Scheme (NDIS) meetings together from the patients' bedside.

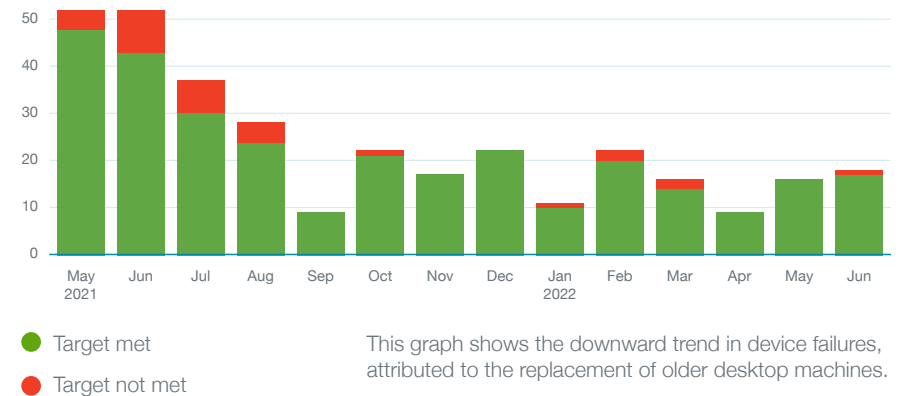
The Desktop Device Refresh involved the replacement of more than **1000** desktop and laptop computers, most of which were more than seven years old and running outdated software.

The newer devices and applications have improved workflow and security by providing staff with access to virtual desktops (which enabled them to work from home) while products such as MS Teams enabled them to collaborate safely during the COVID-19 emergency. Enhanced authentication features also reduced the risk of non-authorized access to restricted information.



Dr Andrew Hart
(Consultant Palliative
Care Physician) with
a WoW

Complete digital workspace failure by volume



Virtual getaways prove treat for patients

Palliative care patients at KH got the chance to escape their hospital rooms for a while — without needing to move an inch.

As part of a **virtual reality** (VR) trial exploring how VR technology could improve quality of life, the patients donned special headsets, where they had

the chance to travel back to their hometowns or tick off bucket list items and final wishes.

The project's lead, Senior Occupational Therapist Karina Bowden, learnt of the technology at a conference, where the idea was promoted as an innovative way to increase patients' quality of life while in hospital.

Feedback from the patients was positive with all saying how nice it was to escape from their rooms and experience the natural world for a while.

“Globally there isn't much research about the benefit it could have for patients, but we've seen it successfully used in places like the United Kingdom during COVID as a way for patients to connect with and see their loved ones,” Karina said.



Continuing to deliver safe and high-quality care

Learning from clinical incidents

EMHS is very proud of the significant improvements we continue to make in providing safe and high-quality care for our patients and consumers. This is our number one priority.

It is recognised, however, that in such a complex and challenging industry, sometimes things can go wrong. We are committed to providing an open and transparent environment that includes supporting staff to report incidents in the event that something does not go according to plan.

During 2021-22, there were **141,793** patient admissions to EMHS hospitals. In addition, **213,508** patients were seen in our EDs and another **716,000** patients were seen in an outpatient clinic or setting.

As a testament to our professional and skilled workforce, the overwhelming majority of these interactions occurred without incident. However, for a very small percentage of patients, errors did regrettably occur during their care — and in some cases, these errors resulted in unintended harm.

In the interests of transparency, we are sharing the number of serious clinical incidents that occurred in 2021-22 at our hospitals and health services.

Every incident provides a critical learning opportunity that enables us to put in place strategies to prevent others from being harmed.

During 2021-22, there were **109** clinical incidents reported with a Severity Assessment Code (SAC) rating of 1 (SAC1). A SAC1 incident is a clinical incident that has, or could have, caused serious harm or death, and which is attributed to health care provision (or lack thereof) rather than the patient's underlying condition or illness.

The number of SAC1 incidents is reflective of a strong culture of reporting. The most reported types of incidents include; infection control, mental health and patient accidents/falls incidents. All SAC1 clinical incidents are subject to a rigorous investigation with the reports being reviewed by members of the EMHS Executive, as well as the EMHS Board Safety and Quality Committee.

Morbidity and mortality (M&M) review is a forum for clinicians to openly and transparently discuss the quality of care provided to patients who have died or experienced significant morbidity while under the care of a health service. The EMHS has continued to mature and strengthen its M&M review processes. M&M review is an essential component of an integrated approach to identifying clinical incidents, opportunities for quality improvement and organisational learning through peer review.

EMHS has implemented a number of other initiatives to reduce the number and severity of SAC1 incidents.



EMHS established a **Reducing Falls with Harm Improvement Group** to review and discuss patient falls in health care. EMHS sites shared current strategies in the prevention of harm from falls, including minimisation plans based on best practice and evidence to improve patient outcomes. The review of previous falls SAC1 recommendations was shared across EMHS, enabling sites to learn from past incidents.

In 2021-22, EMHS introduced **paediatric sepsis pathways** across sites with paediatric services, resulting in an evidence-based and consistent approach to the identification and management of sepsis in the paediatric setting. Further implementation of inpatient adult sepsis pathways is also occurring.

EMHS participates in healthcare associated infection (HAIs) surveillance programs including the monitoring of hospital acquired blood stream infections (HABSIs), enabling review of current



practice. EMHS has created an HABS I action plan to reduce HAIs to ensure practice improvement and better patient outcomes.

EMHS has implemented the **Care Coordination in Mental Health Framework** project, which revised and implemented a mental health framework of care and pathways to support consumers in a recovery orientated approach. A key aspect of the Care Coordination Framework aims to support consumers from point of entry or re-entry to discharge, to ensure there is a seamless transition from mental health services to the next point of care during this higher-risk period.

Of the **109** serious incidents reported in 2021-22, the patient outcome¹ was noted as:



Learnings from a serious clinical incident

Situation

A patient with cognitive abilities was admitted for a surgical procedure following a recent fall. Upon admission multiple carers and family members were recorded within the patient demographic information system. However, the patient's official state-appointed guardian was not included as next of kin.

Following the procedure and subsequent discharge from the hospital, the patient developed an infection of the surgical site requiring further healthcare intervention.

A lack of effective and clear patient information may have led to a missed opportunity for the patient and/or their official guardian to recognise and seek earlier assistance for symptoms of a surgical site infection.



Recommendation

The service (in conjunction with the Diversity and High-Risk Working Group) will develop a patient information leaflet (or similar) which outlines the risks of infection and advises patients on what to do if signs of infection develop post-discharge. This leaflet will cater to differing levels of health literacy.

Result

The outcome will be empowerment of patients to recognise and seek earlier assistance for symptoms of a surgical site infection, which may enable earlier treatment if infection is present.



New era of medication management on horizon

Plans to modernise the management of medications across EMHS moved a step closer to fruition in 2021-22.

It comes after an international medical software solutions company, with offices in Perth, was awarded a contract to design, build and commission EMHS' **Electronic Medication Management solution** (EMMs).

The successful vendor was announced in June 2022 following a competitive tender process.

The new system will be customised to support the management of controlled substances and other high-risk medications across all EMHS sites, replacing current paper-based recordkeeping systems to enhance safety, efficiency, oversight, and accountability.

Staff across our hospitals can expect to spend less time looking for medications and performing controlled substance transactions and discrepancy investigations once the new system is in place.



The system should improve patient safety by enhancing medication workflows. Other benefits of the EMMs will be automatic imprest ordering, improved inventory control and reduced wastage.

The new system is expected to be ready for implementation by late 2022.

L-R: Yang Lui, Sandra Miller, Bronagh Rice and Simon Scholes (EMHS Electronic Medication Management solution Team)



Sustainable Health Review

Since the April 2019 release of the [Sustainable Health Review](#) (SHR) report, the DoH and HSPs have been progressing this ambitious reform agenda to create a modern healthcare system that includes actions to address prevention, brings care closer to home, and delivers equity in health outcomes. EMHS has prioritised seven SHR recommendations, in line with current EMHS strategic priorities.



Recommendation 2a

Halt the rise in obesity in WA by July 2024 and have the highest percentage of population with a healthy weight of all states in Australia by July 2029



Recommendation 11a

Improve timely access to outpatient services through moving routine, non-urgent and less complex specialist outpatient services out of hospital settings in partnership with primary care



Recommendation 14

Transform the approach to caring for older people by implementing models of care to support independence at home and other appropriate settings, in partnership with consumers, providers, primary care and the Commonwealth



Recommendation 3a

Reduce inequity in health outcomes and access to care with a focus on Aboriginal people and families in line with the WA Aboriginal Health and Wellbeing Framework 2015-30



Recommendation 11b

Improve timely access to outpatient services through requiring all metropolitan HSPs to progressively provide telehealth consultations for 65% of outpatient services for country patients by July 2022



Recommendation 23

Build a system-wide culture of courage, innovation and accountability that builds on the existing pride, compassion and professionalism of staff to support collaboration for change



Recommendation 5

Reduce the health system's environmental footprint and ensure mitigation and adaptation strategies are in place to respond to the health impacts and risks of climate change. Set ongoing targets and measures aligned with the established national and international goals



Recommendation 13

Implement models of care in the community for groups of people who are frequent presenters to hospital



A snapshot of our work to support the SHR

Recommendation 2a

EMHS progressed **28** actions in the **EMHS Obesity Prevention Strategy 2020-25** (strategy), which included:

- advanced **Massive Open Online Courses** (MOOCs) to upskill health professionals in nutrition communication skills
- contributed to the multi-agency Fair Food WA collaboration, which was awarded the Moore Australia (WA) gold award for **Best Practice in Collaboration Between Government and Any Other Organisation** at the 2021 IPAA awards
- developed and released **[Shift: A guide for media and communications professionals](#)** — to change the way we talk about weight and reduce stigma.



Recommendation 3a

Initiatives to increase the number of Aboriginal people employed within EMHS were implemented, resulting in a workforce that is reflective of the Aboriginal population within the EMHS catchment area. This included:

- identifying tools, resources and pathways for Aboriginal people to build a support network for jobseekers and applicants
 - developing resources for managers to assist and guide their understanding regarding Aboriginal employment.
- appointment to a new Equity, Diversity and Inclusion role within the EMHS People and Capability Team





Recommendation 5

In an effort to reduce our environmental footprint, EMHS' focus throughout the year has been the development of the **EMHS Sustainability Plan**, which prioritises initiatives focused on waste separation and management.

Recommendation 11a

EMHS' Outpatient Reform Program 2020-25 (OPR) is designed to transform the patient journey by making the system easier to navigate. An EMHS Outpatient 2030 forum in 2021 resulted in the development of an **Outpatient Future 2030 Roadmap** to guide EMHS priorities.

Patient experience and access, new models of care, collaboration, and workforce engagement were priorities for the OPR program in 2021-22.

Recommendation 11b

EMHS continued to implement the **EMHS Telehealth Plan 2020-22**, which aims to improve access to specialist care closer to home and improve care coordination and collaboration between health professionals and patients in WA. COVID-19 has accelerated this work and virtual care uptake increased significantly in 2021-22.

Recommendation 13

As the WA Health system-wide response lead for this recommendation, this year EMHS progressed extensive analysis and broad consultation with stakeholders — with a focus on patients with Chronic Heart Failure (CHF) or Chronic Obstructive Pulmonary Disease (COPD). This has brought together a suite of key themes and recommendations, which could help to reduce avoidable hospital presentations for people with chronic conditions.

Recommendation 14

In 2021-22, EMHS commenced implementation of several initiatives from the **EMHS Health Care of the Older Adult Service Model**, aimed at improving and optimising health pathways and integration of care for our older adult community.

Recommendation 23

Through this recommendation, EMHS aims to develop great leaders with the capability and behaviours to lead engaged and productive teams. The **EMHS Leadership Development Framework** guides a significant program of work, which prioritises coaching and supporting our leaders, including the **Leadership and Management Program, Leading People and Performance Education Framework** (conversation series), **Talent Management Program** and the **Change Management/ Project Management Mentoring Program**.



EMHS goal: A better tomorrow



Innovation and research

2021-22 innovation snapshot



17 innovation events and hackathons with **325** attendees



175 EMHS staff registrations for the online **COVIDEAS** challenge in 2021-22



7 innovation projects commenced. Several ideas from the inaugural ideas challenge in 2020-21 were funded and have commenced as projects in 2021-22, including the **Plastic Surgery Virtual Hand Injury Clinic**, the **Ambulatory Video EEG Monitoring Project** (see [page 57](#)) and **virtual reality in palliative care** (see [page 59](#)).



97 students engaged in youth health innovation consultation via the **Youth Innovation Think Tank** event, **HabitHack** project and **Byford Health Hub Youth Hackathon** (see [page 182](#)), to co-design innovative solutions to real-world health challenges being addressed by EMHS



10 submissions for innovation grants. The EMHS Innovation Team supported EMHS staff to develop innovative applications for grant opportunities in 2021-22 from the **WA Health Future Health and Research Innovation Fund**



40 Innovation Champions alumni. Innovation Champions programs aim to encourage problem re-framing, human-centred design thinking and behavioural insights



2021-22 research snapshot

In 2021-22, there has been a **20%** increase in research projects, largely due to a **30%** increase in clinical trials and a **58%** increase in studies conducted with national collaborative research groups.

120 new research projects

37 investigator-initiated projects conducted by local staff and sites within WA Health

19 projects conducted in collaboration with not-for-profit organisations and institutions

47 clinical trials commenced

17 projects conducted in collaboration with WA universities



Researcher highlights need to raise bar on stillbirth data

Quality research plays a vital role in advancing patient care — and quality research relies on quality data.

In November 2021, research led by AHS Head of Obstetrics and Gynaecology **Dr Sangeeta Malla Bhat** highlighted a failure among high-income countries to pursue data on stillbirths in minority ethnic populations.

The consultant obstetrician also found that lack of a standardised approach to classifying stillbirth could be undermining efforts to better understand factors that impacted stillbirth rates.

Dr Malla Bhat had set out to investigate ethnic variation in causes of stillbirth in high-income countries through a systematic review of relevant scientific literature.

“The more we understand about the influence of ethnicity on stillbirth, the better we can care for women during pregnancy,” she explained.

But in her paper, published in the **International Journal of Gynaecology & Obstetrics**, Dr Malla Bhat concluded that even among high-income nations, there was a lack of high-quality information on the causes of stillbirth in many ethnicities.

Dr Malla Bhat’s paper also noted the wide variation in how stillbirth was defined, even between countries and reputable bodies such as the WHO and Perinatal Society of Australia and New Zealand.

She said a standardised definition would be needed to assess whether the causes of stillbirth differed across ethnic groups.

Following these findings, Dr Malla Bhat is planning to undertake a retrospective analysis of stillbirths at AHS over the past 10 years. She hoped that confining her focus to a single health service may help identify any patterns linking stillbirth to ethnicity.



EMHS getting to the heart of chest pain

Cardiology has blazed new trails during 2021-22. At RPH, the introduction of two specialised invasive investigations of coronary circulation has paved the way for enhanced diagnosis and care of patients experiencing previously unexplained chest pain.

It makes RPH the first — and currently only — hospital in WA to offer these tests, which are performed in a systematic way as an extension of the standard invasive coronary angiogram — a procedure used to detect significant coronary artery disease and restrictions in coronary arteries that carry blood to the heart muscle.

One of the new tests measures resistance within the microcirculation (the network of tiny vessels

responsible for supplying oxygenated blood to the heart muscle cells, which are too small to be seen on conventional coronary angiography yet make up 90% of the overall coronary circulation), which may suggest structural microvascular disease. The other test — acetylcholine provocation — may reveal vasomotor disorders (such as coronary artery vasospasm).

The addition of these studies to the suite of tests already available through RPH, represents a significant expansion of the hospital's coronary physiology program and provides fresh hope for patients with unresolved and troublesome anginal symptoms.

It also offers exciting research opportunities, which the RPH team has capitalised on, by becoming

the first in the world to recruit patients into two pioneering multicentre research studies within the field of coronary physiology.

RPH Interventional Cardiology Consultant **Dr Jon Spiro**, who has driven the establishment of this testing in WA, said many of these patients would go from doctor to doctor and incur significant expense in their quest for answers.

“In the meantime, their health, work, relationships and life in general will suffer,” he said.

“To be able to provide a physiological cause for these patients' previously unexplained anginal symptoms can have profound benefits for them, including enhanced symptom management, improved lifestyle choices and better engagement in their own healthcare.”

Hon Roger Cook MLA and Sandra Miller with Dr Jon Spiro and members of the RPH Cardiology team



Pilot to test value of early warning system for brain injury

Every year about 100 Western Australians are admitted to an ICU to be treated for a traumatic brain injury (TBI). Sadly, only about half of these patients will return to a functioning or semi-functioning life.

But RPH Director of Intensive Care Research **Dr Robert McNamara** hopes he can improve the outcome for these patients.

He is leading world-first research that is trialling the use of machine learning — a form of artificial intelligence — to predict when a patient is likely to experience a rise in intracranial pressure.

This pressure is a serious complication of TBI which, if not alleviated rapidly, causes further damage, leading to worsening of the patient's injury. In severe cases, rises in intracranial pressure can reduce blood flow to the brain and cause permanent damage or death.

“The problem we face in treating these rises is that we're only putting out fires — not preventing them,” Dr McNamara explains.

His project is piloting machine-learning algorithms — developed within WA Health — that can sound the alarm on these rises **up to 30 minutes before they occur**, giving ICU staff the chance to get on the front foot in treating the patient.

Significantly, the algorithms learn as they go and are adaptive to the individual patient. The algorithms being used in the project were developed by Shiv Meka, a data scientist who works with the EMHS' HIVE.

They work by looking for patterns in large volumes of real-time data, captured by monitors at the patient's bedside. The captured data includes intracranial pressure, temperature, oxygen saturation levels, blood pressure, heart rate and respiratory rate.

Dr McNamara's project will determine whether TBI patients randomly assigned to receive monitoring from these algorithms, have better outcomes than those assigned to care as usual.

The pilot will also run in other trauma ICUs across Australia in 2023.

The Pawsey Supercomputing Centre in Kensington was instrumental in the algorithms' development, providing the computing power needed to process the vast volumes of early data.

More than half of TBI patients sustain their injury in a traffic accident, about 20% on the sporting field, and between 10 and 15% during an assault.

Young people are disproportionately affected by TBIs which — in addition to the enormous human toll — cost Australian society an estimated \$8-10 billion annually.



EMHS infrastructure - investing for our patients' care

Heliport heralds new era in rescues

The opening of RPH's new \$10 million **heliport** in May 2022 ushered in a new era of access to care for critically injured and sick patients across WA.

As home to the State's Major Trauma Unit and Spinal Service, RPH receives about **300** patients per year by helicopter.

The heliport features a **788 square metre** elevated deck — **49m above ground** — and link-bridge connected to an inpatient reception area.

Unlike the helipad it replaces, the new landing facility can support the arrival of larger next-generation helicopters, which are expected to be in service and assisting WA communities by late 2023.

These aircraft feature enhanced technology and have greater range and speed than earlier models. They will enable patients to be airlifted faster and from more distant locations than previously possible.

The new heliport was needed to meet Civil Aviation Safety Authority regulations and is capable of accommodating aircraft such as Blackhawk and

Seahawk helicopters, should they be required in a state emergency. On 26 April 2022, a Blackhawk helicopter performed a test landing on the new heliport ahead of its opening.

The landing captured the imagination of staff who were eager to catch a glimpse of the spectacular one-off event.

The new heliport was officially launched on 26 May 2022 by Health Minister Amber-Jade Sanderson (MLA) and Emergency Services Minister Stephen Dawson (MLC).



New ward helping to keep patients on the move

Ensuring patients have access to the care they need, when they need it, is a challenging goal but one for which EMHS continually strives.

The opening of Ward 1 — a slow-stream rehabilitation ward at BHS in March 2022 — was an important development that is playing a key role supporting patient flow through RPBG.

By providing appropriate rehabilitative support for patients who no longer require acute inpatient — or intensive specialist rehabilitation — care, Ward 1 helps free up beds at RPH.

While the 15-bed ward caters for patients nearing the end of their RPBG admission, it continues to support their rehabilitation, focusing on functional independence and maintaining improvements already made.

In the pipeline

A major redevelopment of KH is set to significantly enhance the patient experience for those receiving care at the facility for life-limiting illnesses.

In May 2022, builders turned the first sod on the \$9.5 million project that will transform the hospital to include:

- a refurbished wing to provide a new **Day Hospice** with fit-for-purpose therapy rooms, a dedicated entrance, waiting rooms and a social room
- upgraded rooms and ensuites in the inpatient unit
- two rooms with facilities designed for bariatric patients

- a redeveloped family room, for families to stay overnight, which also includes a hydrotherapy bath
- enhanced landscaping and improved access to outdoor spaces.

KH has been an important part of the local community since 1973 and is EMHS' specialty palliative care inpatient service.

The works will position KH as a centre of palliative care excellence, and improve the environment for both patients and their loved ones.

Kalamunda Hospital
Day Hospice



RPH's new Intensive Care Unit

In March 2022, RPH opened a new **24-bed ICU**.

The unit became the fourth ICU to be built at EMHS' tertiary hospital (its first was built in 1966) and was designed to accommodate the sickest of our patients.

The development of the new facility was a departure from the initial plan to refurbish the hospital's existing ICU.



The resultant space was more than one and a half times the size of its forerunner — **2550sqm** versus 1800sqm — and includes:

- a positive pressure room
- four negative pressure rooms
- two dedicated bariatric rooms
- a dedicated simulation training room to support the ongoing development and education of the ICU workforce
- a private room to support family and friends during some of the most difficult times.

The design also facilitated frequent air changes throughout, separate patient rooms fitted with switch glass windows, and a ventilation system that enables the safe accommodation of both COVID and non-COVID patients.

To improve clinician access to patients for procedures — and enable easy reconfiguration of rooms — ceiling-mounted pendants were installed that were both movable and equipped with power, oxygen, suction, a patient monitor, storage for airway equipment and emergency call buttons.



A circadian lighting system to assist in the management of patients at risk of experiencing delirium is another special feature of the unit. It works by mimicking natural lighting rhythms to help patients gauge the time of day.

The new unit was also wi-fi enabled and equipped with a Clinical Information System to support improved patient care through enhanced management of clinical information.

Natural light floods the unit during the day, enhancing the environment for staff and patients.

Brightly coloured artworks which depict the six seasons of the Noongar calendar adorn the unit. These were fabricated in a special glass to enable easy cleaning and compliance with strict ICU infection prevention and control standards.



EMHS puts nurses on fast-track to ICU

A critical shortage of ICU nurses and an expected surge in COVID cases forced EMHS to become creative in boosting its ICU nursing workforce.

It developed an intensive **Accelerated Training Program** (ATP) that gave registered nurses the chance to fast-track careers into ICU nursing, irrespective of their previous work experience.

The ATP launched at the end of 2021 and by the close of 2021-22, it had boosted EMHS' ICU nursing contingent by **50.32 FTE** — 44.32 at RPH and six at AHS. (At AHS, a further nine nurses from other wards and departments completed the training and were available for the ICU, as activity demand increased or permanent ICU FTE became available.)

The ATP is believed to be unique in Australia, in that it is designed to provide a long-term workforce solution to staff shortages, rather than a temporary short-term fix. Also novel, is that it is open to nurses with little or no experience of working in an ICU or other high acuity setting.

The program, which was developed by senior ICU staff and staff development nurses, provides two to three months of intense, supported training that



includes ICU theory, simulation exercises and on-the-job training alongside experienced ICU nurses.

Nurses who complete the program emerge equipped and competent to care for ICU patients unsupervised, including being able to assist with intubation.

Intake of ICU nurses as part of the Accelerated Training Program



Unit boosts treatment options for complex mental health patients

In June 2022, EMHS opened a new **Mental Health Unit (MHU), Dabakarn**, at RPH — a major addition to EMHS’ suite of mental health services.

Establishment of the unit significantly bolstered our capacity to treat patients with acute and complex mental illness, with capacity to accommodate up to 12 consumers in separate rooms.

Significantly, as RPH’s first authorised ward, it can provide for the care of individuals under the *Mental Health Act 2014* requiring a locked-ward bed, as well as voluntary patients.

Dabakarn’s focus on recovery-oriented care in an involuntary setting strengthens the integrated consumer recovery journey across EMHS. The unit will also play an important role in alleviating pressure on RPH’s ED by assisting patient flow.

New Bentley modular ward taking shape

A new 30-bed modular ward is starting to take shape at BHS, which is part of a 2021 State Government commitment to increase bed capacity across WA’s public health system.

The building is made up of three pods — administration, inpatient and therapy pods — the latter incorporating a gymnasium, dining room and group therapy area.

A lightweight construction technique has been used for the build to expedite the project, which will build capacity at BHS and help free up tertiary beds at RPH for patients requiring more acute care.

The new pods are expected to be finished by mid to late September 2022.



Mental Health Unit, Dabakarn

