



ST JOHN OF GOD  
Midland Public & Private  
Hospitals

# Annual Report 2021/2022











# Contents

## Introduction

Fast facts .....	4
Welcome from the Group CEO .....	7
Introduction by the CEO.....	8
About us.....	11

## Key personnel

Key personnel.....	12
--------------------	----

## Services

Public hospital services.....	14
Community.....	16
Aboriginal health.....	20
Private hospital services.....	24
Links with general practitioners.....	25

## Operational report

Performance and quality.....	26
Assessments, accreditation and audits.....	26
Public hospital patient activity.....	28
Performance indicators.....	30
Patient and consumer satisfaction.....	32
Innovations and technology.....	35

## Our people

Our people .....	36
Volunteers.....	36
Education and training.....	38
Employee recognition.....	39
Research.....	39
Disability Access and Inclusion Plan .....	40

## Arts and health

Arts and health .....	42
-----------------------	----

## Appendices

Director's report.....	45
Auditor's independence declaration.....	46
Financial report .....	46
Director's declaration.....	55
Independent auditor's report.....	56
Carers Compliance Survey .....	60

# Fast facts



**74,407**  
emergency presentations

**68**  
volunteers



**10,411**  
public procedures



**2,773**  
caregivers



**1,069**  
mental health admissions



**87,555**  
public outpatient appointments\*

**2,070**  
births



**62,112**  
COVID Testing Clinic presentations



*\*does not include COVID Testing Clinic presentations*

**34,869**

public patient admissions



**106,376**

public patient bed days

**367**  
public and private beds



**574**  
doctors



**Busiest**  
**24 hours**  
**in 2021/22**

**160**  
admissions (3/8/21)

**278**  
Emergency Department presentations (26/12/21)

**69**  
procedures (23/11/21)

**13**  
babies born (23/7/21)

**530**  
COVID tests (28/2/22)





# Welcome

from the Group CEO

It is my pleasure to present the St John of God Midland Public and Private Hospitals 2021/2022 Annual Report.

The content of this annual report is testament to the unwavering support and dedication of caregivers at the hospital to provide high quality care to patients.

Over the past 12 months our caregivers have gone over and above to support the community with the COVID-19 pandemic, in what can only be described as a very challenging period. I thank each and every one of them for their amazing efforts to support patients, visitors and colleagues.

I would like to extend my thanks to Michael Hogan, who stepped down as the hospital's CEO in May 2022 to return to Bendigo.

Michael made an indelible mark on the hospital over the past six years and he instigated a range of initiatives and strategies to provide high quality services to the community and support patient flow and the patient experience.

We are continuing to progress our short term and long term plans and initiatives to assist with the high demand on our hospital services, under the capable leadership of the hospital's new CEO Paul Dyer.

Previously, Paul was the CEO of St John of God Midland Private Hospital from September 2017 until May 2019, before taking over as CEO at St John of God Mt Lawley Hospital.

As always, our number one priority is to ensure the hospital provides safe and high quality care.

We recognise the trust that has been placed in us to operate St John of God Midland Public Hospital, as one of Western Australia's health care public private partnerships, and we value highly the community and government's ongoing support for our services.

Demand for health care in and around our catchment area continues to grow across multiple services and we were very pleased that, with government support, we were able to continue to meet this growing demand for public health care.

Finally, thanks to the leadership at East Metropolitan Health Service with whom we work closely and constructively to provide great care to those that we exist to serve.



**Dr Shane Kelly**  
Group CEO  
St John of God  
Health Care



# Introduction

by the CEO

I am delighted to be providing an introduction to the 2021/2022 annual report for St John of Midland Public and Private Hospitals.

I would like to commence by acknowledging and thanking the work of my predecessor Michael Hogan, who left the hospital in May to commence a similar role at our Bendigo Hospital.

It is thanks to the efforts and dedication of Michael and the senior leadership team that the hospital was able to develop strategies to ensure the hospital continued to provide high quality services whilst managing a high demand on services and challenges resulting from the COVID-19 pandemic.

It was also the hospital's fantastic caregivers that ensured our hospital continued to provide an exemplary level of care to patients, despite the challenges and pressures.

Our key performance indicator reporting shows that we are delivering high standards of care to patients.

Survey results from our Net Promoter Score show patient experience levels are similar to previous years, with the majority of our inpatients very satisfied with their hospital stay over the past year.

Patient feedback demonstrated that we were able to provide a positive patient experience and that patients felt valued, cared for and heard.

## St John of God Midland Public Hospital

The high demand on our services is fully evident when reviewing our financial year performance, which reveals high activity levels across a number of areas, despite COVID-19 restrictions and surgery cancellations.

During the 2021/2022 financial year, there were 106,376 patient bed days, 34,869 patient admissions, 87,555 outpatient appointments, 74,407 emergency presentations, 1,069 mental health admissions, 10,441 procedures and 2,070 births undertaken at St John of God Midland Public Hospital.

In addition, our workforce increased to 2,773, a nine per cent increase over the previous year.

This growth in activity continues an annual trend of high demand on our services since the hospital opened in 2015.

## Capacity and demand

To help support this high demand, we launched our Patient Access Program to develop initiatives that would enhance patient flow and ensure patients presenting to the Emergency Department are seen, admitted or discharged in a timely manner.

We also continued to seek efficiencies in the way our services are delivered to ensure that financial





sustainability is maintained and to assist us with meeting the high demand on our services, whilst providing a high quality experience for patients.

### **St John of God Midland Private Hospital**

St John of God Midland Private Hospital continued to experience growth in activity over the past financial year.

As the only private hospital providing medical and surgical care to Perth's east metropolitan and adjacent Wheatbelt regions, we take great pride in delivering outstanding services closer to home and with minimal waiting times.

We are currently examining a number of opportunities to expand our private offering so that we can provide even more private services to the local community.

### **Thank you to all**

The high level of service provided to our patients and the community is a direct reflection of the commitment and dedication of our caregivers.

On returning to this hospital, I have been delighted to see that enduring commitment of caregivers to go over and above to support patients, colleagues and the wider community.

I sincerely thank everyone who has contributed to the hospital's success over the past year, including the hospital's executive team, the broader St John of God Health Care group, East Metropolitan Health Service, State Government, WA Health, local health agencies, community service providers and patient support groups.

**Paul Dyer**  
CEO  
St John of God Midland  
Public and Private Hospitals





# About us

St John of God Health Care is a leading Catholic not for profit health care group, serving communities across Australia and New Zealand.

We aim to provide exceptional care to patients at our Midland facility, which includes a 307-bed public hospital and co-located 60-bed private hospital.

St John of God Midland Public Hospital is operated by St John of God Health Care and provides public hospital services under the terms of a Service Agreement with the State Government, which is monitored by the East Metropolitan Health Service (EMHS).

The 20-year contract is managed by EMHS, which sets an annual budget for activity and oversees our service compliance.

As part of our contract, we report on a range of performance indicators and EMHS undertakes a number of audits each year to measure our performance and service compliance. Our results demonstrate we consistently strive to go beyond our contractual obligations to maintain a high quality service for the community in which we serve.

Our co-located 60-bed private hospital offers private health services close to home for people living in the region.

The benefits of our private services include the opportunity to select a doctor of choice, reduced waiting times and access to a range of treatment and procedure options.

Both our public and private hospitals strive to serve the common good by providing holistic, ethical and person centred care and support to patients.

## Vision and Values

We aim to go beyond high quality clinical outcomes to provide an experience for people that honours their dignity, is compassionate and affirming, and leaves them with a reason to hope.

Our Mission and Values reflect our heritage and guide our service delivery and behaviour.

Our Values are Hospitality, Compassion, Respect, Justice and Excellence.

## Links to health service providers

Our services are led by some of Perth's leading clinicians who are committed to providing exceptional health care to patients in the region.

We work closely with other general and tertiary hospitals. We also provide telehealth to regional facilities, which enables our doctors to connect to regional based patients by videoconferencing and other technology.

We place great focus on establishing strong links with the community, particularly local health service providers, to ensure seamless health care for patients.

As part of this, we strive to develop strong relationships with other hospitals, general practitioners, community mental health providers and other community services.

We have taken a leading role in undergraduate and postgraduate teaching and training, to help develop the careers of the next generation of clinicians. As part of this, we have established strong ties with WA universities and other medical, nursing and allied health training facilities.



# Key personnel

## Hospital Management Committee

**Paul Dyer**

Chief Executive Officer  
(commenced 9 May 2022)

**Michael Hogan**

Chief Executive Officer  
(departed: 13 May 2022)

**Michele Allum**

Director Mission Integration

**Dr Amanda Boudville**

Acting Director Medical Services  
(departed: 3 July 2021)

**Dr Anthony Bell**

Director Medical Services  
(commenced: 5 July 2021)

**Gareth Jones**

Director Finance and  
Business Services  
(departed: 12 November 2021)

**Colin Young**

Director Finance and  
Business Services  
(commenced: 29 November 2021)

**Janet Jones**

Director of Nursing, Midwifery  
and Clinical Governance

**Sarah Tegeler**

Director Strategy  
and Service Development

**Royce Vermeulen**

Chief Operating Officer

**Erin Wilson**

Director of Allied Health  
and Outpatient Services



## Key clinical caregivers\*

### **Dr Amanda Boudville**

Head of Department Aged Care and Rehabilitation

### **Dr Andrew Langlands**

Co-Head of Department General Medicine and Medical Specialties

### **Dr Ashish Davda**

Head of Service, Critical Care

### **Dr Cameron Britton**

Acting Co-Head of Department General Medicine and Medical Specialties (commenced: 12 October 2021)

### **Caroline Grennan**

Nursing Director Mental Health

### **Debra Goddard**

Nursing Director Perioperative, Admissions and Perinatology (including Moort Boodjari Mia)

### **Dr Francesco Piccolo**

Head of Service Respiratory and Sleep

### **Gail Miller**

Nursing Director Emergency Department and Clinical Operations

### **Dr Gavin Clark**

Head of Department Orthopaedics

### **Dr Jacqui Saw**

Head of Service Neurology

### **Dr Jee Kong**

Head of Service Gastroenterology

### **Katherine Wray**

Deputy Director of Finance

### **Dr Kalindu Muthucumarana**

Head of Service Renal and Nephrology

### **Lucille Ridley**

Director COVID Operations (commenced: 7 January / departed: 7 July 2022)

### **Dr Mary Theophilus**

Head of Department General Surgery

### **Dr Matthew Summerscales**

Co-Head of Department Emergency Department

### **Dr Michele Genevieve**

Co-Head of Department Emergency Department

### **Dr Noel Friesen**

Head of Department Paediatrics

### **Dr Ohide Otome**

Head of Service Infectious Disease

### **Oliver Brennan**

Hospital Procurement Director

### **Dr Premala Paramanathan**

Head of Department Obstetrics and Gynaecology

### **Dr Ranbir Dhillon**

Head of Service Palliative Care

### **Dr Sayed Ali**

Head of Department Medical Oncology

### **Dr Shedleyah Dhuny**

Head of Department Anaesthetics

### **Dr Siang Ung**

Head of Services Cardiology

### **Dr Siew Chong**

Co-Head of Department General Medicine and Medical Specialties (departed: 12 October 2021)

### **Dr Stefan Schutte**

Head of Department Psychiatry

### **Dr Sukesh Chandrin**

Head of Service Diabetes and Endocrinology

### **Dr Tony Calogero**

Head of Service Haematology

### **Tracey Piani**

Nursing Director Aged Care and Rehabilitation, General Medicine and Critical Care

\*Based on time of publication

# Services

## Public hospital services

We provide an extensive range of public services for inpatients and outpatients, including:

- **Allied health:**
  - Aboriginal health
  - Nutrition and dietetics
  - Occupational therapy
  - Physiotherapy
  - Podiatry
  - Psychology
  - Social work
  - Speech pathology
- **Critical care / intensive care**
- **Emergency care**
- **General medicine**
- **General surgery:**
  - Gastroenterology
  - Ear, nose and throat
  - Gynaecology
  - Ophthalmology
  - Orthopaedic
  - Urology
  - Vascular surgery
  - Plastic surgery
- **Geriatric and aged care**
- **Maternity:**
  - Antenatal and postnatal care
  - Moort Boodjari Mia (Aboriginal maternity service)
- **Medical specialties:**
  - Cardiology
  - Respiratory
  - Endocrinology
  - Neurology
  - Renal
  - Palliative care
  - Immunology
  - Rheumatology
  - Infectious diseases
- **Mental health:**
  - Adult and older adult inpatients
  - Adult and older adult emergency presentations
  - Emergency care for children and adolescents
- **Neonatology**
- **Oncology**
- **Paediatrics**
- **Pastoral services**
- **Pathology**
- **Pharmacy**
- **Radiology**
- **Stroke and adult/aged rehabilitation**

## Community support for COVID-19

We continued to provide support to the community during the COVID-19 pandemic, by caring for and treating COVID positive and suspected patients as well as assisting with the prevention and management of the disease.

Our COVID Testing Clinic was established to provide a vital service to the public. Operating from 25 March 2020 to 15 July 2022, it undertook more than 107,000 swabs, making it one of the busiest in Perth. The team included about 30 nurses, security officers, administration support and cleaners. The clinic's busiest day was on 1 February 2021, the first day of Perth's second lockdown, in which 1,163 swabs were undertaken.

A COVID Vaccination Clinic operated within the hospital from 8 March 2021 to 2 July 2021. The clinic administered 5,280 vaccinations to frontline workers and high risk members of the community. The clinic was established as a short term measure to support the vaccine roll out for hospital and other frontline workers. The hospital continued to provide COVID vaccinations following its closure, but only for caregivers and inpatients.





# Community

## Community and linguistically diverse support

We are committed to supporting people from culturally and linguistically diverse backgrounds. Our catchment area includes people from a diverse range of backgrounds, including those born in Australia, New Zealand, United Kingdom, India, Italy, Philippines, South Africa, Netherlands, Germany, Zimbabwe and Vietnam.

The most frequent languages requested by patients wanting an interpreter included Arabic, Vietnamese, Farsi, Dari, Mandarin, Italian, Burmese, Cantonese, Hazaragi and Thai.

## Community relationships

We work closely with local service providers and local general practitioners to support patients.

Examples of community groups and providers with which we maintain key relationships include: Alcoholics Anonymous, Alzheimers WA, Australian Red Cross, Avon-A-Ride, Centrecare Family Support, Child and Parent Centre Swan, Complex Needs Coordination Team, Cyrenian House, DADAA, Department of Communities, Department of Health, Department of Human Services, Derbarl Yerrigan Health Service, Djinda Services, Grow, Health Consumers' Council of WA, HelpingMinds, Holyoake, Ignite, Indigo Junction, Koolkuna Women's Refuge, Meerilinga Children and Community Foundation, Men's Shed Bassendean, Mental Health Advocacy Service, Midland Community Mental Health Centre, Midland Head to Health, Midland Information Debt and Legal Advocacy Service, Mental Illness Fellowship of WA, Moorditj Djena, Moorditj Koort Aboriginal Corporation, Ngalla Maya, Parkinson's WA, Pat Giles Centre, REACH, Relationships WA, Residential Care Line, Richmond Wellbeing (Hearing Voices), Rise Network, Rehabilitation in the Home, RUAH Community Services (Choices program), Swan Districts Stroke Support, Vinnies Mental Health Service, WA Health Child Development Service, WA Primary Health Alliance, Wheatbelt Mental Health Service, Wungen Kartup and Wungening Aboriginal Corporation.

In addition, our conference centre is utilised by a number of community and patient support groups for meetings and workshops.

We also maintain relationships with local schools and universities and the leadership team regularly attend and present at local business and community events.

## Community Wellbeing Grants

In December 2020, 10 local community groups were selected as recipients of our Community Wellbeing Grants. They received a total of \$23,000 for a range of initiatives that support mental and physical health and wellbeing.

The grant recipient projects rolled out throughout 2021 and included a peer ambassadorship program for Aboriginal youth, a dance exercise program for people living with a disability and a wellness essentials program for youth at risk of homelessness.



## Initiatives in the community

We maintain partnerships and relationships with key community health, social services and support organisations to ensure patients have access to a range of services and appropriate accommodation before or after their hospital stay.

An extensive community engagement program is undertaken at the hospital. The program focuses on providing health information and education to patients and the local community as well as promoting hospital services.

The hospital is a member of the Midland District Leadership Group which includes representatives from the Department of Health, Communities, Justice, Education and City of Swan. The group's aim is to foster partnerships and improve community engagement, deliver government reform initiatives, share expertise and resources in a coordinated way, and identify where further investment is required so the region can prosper.

Departments across the hospital also held a variety of health promotion weeks and celebrations to enhance consumer awareness and knowledge on a variety of health issues and medical conditions to help them lead healthier lives.







ST JOHN OF GOD

Midland

Public Hospital



# Community

## Consumer and Community Advisory Council

Our Consumer and Community Advisory Council forms part of our commitment to delivering excellent health care.

The council provides a forum for consumer and community input into the provision of our services and activities.

Its role is to represent the local consumer voice and enhance the patient experience at the hospital by providing input into our service delivery and planning.

Local community representatives on the Council represent a variety of backgrounds and many are heavily involved in other community boards, councils and committees.

Council members visited patients to gather feedback firsthand and to help enhance the patient experience.

## Consumer and Community Advisory Council members\*

### Community members

**Jean Applin**

Chair

**Helen Dullard**

Deputy Chair

**Emma Wignell**

**Thomas Fairley**

**Sandy McKiernan**

**Maxine Martin**

**Mike Rennie**

**Karen Wickham**

### East Metropolitan Health Service representative:

**Anne-Marie Presho**

Director, Office of the CE EMHS

## Hospital representatives

**Paul Dyer**

CEO, St John of Midland Public and Private Hospitals

## Hospital attendees (non voting):

**Michele Allum**

Director of Mission Integration

**Janet Jones**

Director of Nursing, Midwifery and Clinical Governance

**Natalia Marais**

Patient Experience Coordinator

**Brendon Heley**

Quality and Risk Manager

**Heather Wootton**

Council Secretary

*\*As of 30 June 2022*

## Mental Health Consumer and Carer Advisory Group

Our Mental Health Consumer and Carer Advisory Group (MHCCAG) provides a voice for mental health consumers and carers.

The group offers feedback into the planning, design, delivery, monitoring and evaluation of mental health services at the hospital.

Members are required to have experienced mental illness firsthand, either as an individual or as a carer, and have a recovery orientated focus on enhancing the needs of consumers and carers.

Due to COVID-19 restrictions, some meetings were cancelled during the financial year. During this period, regular informal online meetings were held for members to discuss a range of topics, including patient feedback, mental health strategic plans, local community mental health initiatives and service design and development.

In addition, members regularly visited the mental health wards to gain feedback from patients and their carers about services provided in the Mental Health Unit.

# Aboriginal health

## Aboriginal health strategy

Over the past year we continued to implement, develop and progress our Aboriginal health strategy framework.

The intent of the strategy is to enable St John of God Midland Public and Private Hospitals to be a culturally responsive health service, as recognised by the local Noongar community.

**The framework covers six focus areas, they are:**

1. Aboriginal workforce
2. Cultural security
3. Patient engagement and support
4. Community engagement
5. Research, evaluation and continuous improvement
6. Early years (birth to five years)

To assist with the implementation and progress of the Aboriginal health strategy, the Aboriginal Quality Improvement Committee was established. The objective of the committee is to guide and progress the Aboriginal health strategy action plan and includes representation across the hospital. Unfortunately, due to COVID-19 restrictions and a surge in community case numbers some committee meetings were postponed during the year.

**Key achievements and priorities accomplished through the strategy included:**

- Providing cultural education delivered at monthly face to face orientation with junior doctors, students and new caregivers.
- Impromptu cultural education sessions, including the delivery of cultural conversations to new cohorts of medical, nursing and other students and caregivers.
- Recommencement of collaborative meetings with key stakeholders in the local area to develop and implement coordinated care pathways, ensuring patients have a successful discharge into the community. Key stakeholders include:
  - Derbarl Yerrigan Health Service Midland
  - Wungening Aboriginal Corporation
  - Moorditj Koort Integrated Team (chronic disease program)
  - City of Swan
  - We The People (WA) Limited
  - KM Noongar Consultancy service.
- Ongoing representation and input at stakeholder meetings, including EMHS Aboriginal Workforce Advisory Group, Swan Hills/Midland Aboriginal Health Community Advisory Group, Consumer and Carer Mental Health Advisory Group and Midland NAIDOC committee.







- Winter placement planning for two Aboriginal nursing intern students via the Career Trackers program. One of these students secured a graduate nursing placement at the hospital (commenced in July 2022).
- Holding an Aboriginal caregivers lunch, which provided an opportunity for caregivers to catch up, yarn and relax.

## Aboriginal Health Team

Our Aboriginal Health Team, with the support of hospital caregivers, continue to advocate and ensure the hospital provides a high quality, culturally responsive service within a culturally secure environment for patients.

Over the past financial year, our hospital supported people who identified as being Aboriginal or Torres Strait Islander on 14,347 occasions (about five per cent of total patient occasions).

The team work in collaboration with multidisciplinary teams to provide a culturally secure health journey for Aboriginal and Torres Strait Islander patients, and their families and carers.

Whilst our face to face cultural engagement and advisory service remains a priority, COVID-19 restrictions did limit some services. As such, the team utilised alternative measures to provide necessary services to assist patients with their health care needs.

These services included telehealth appointments, telephone follow up, bedside telephone consultations and transport services for outpatient appointments.

In addition, the team continued to encourage patient engagement to provide support and information. They also identified strategies for patients to improve lifestyle risk factors and manage existing illness to improve clinical outcomes and quality of life.

## Cultural celebrations

We recognise that Aboriginal cultural beliefs, values, family and community connectedness is central to a person's health and wellbeing.

As part of this we acknowledge and celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander people. This is achieved by promoting, celebrating and acknowledging culturally significant days and weeks throughout the year within the hospital, including Close the Gap Day, NAIDOC Week and National Reconciliation Week.

# Aboriginal health

## Moort Boodjari Mia

Moort Boodjari Mia provides a dedicated maternity healthcare and education program for women and their families who identify as Aboriginal or Torres Strait Islander and live in Perth's east metropolitan region (which represents approximately ten per cent of our total obstetrics patients).

The program aims to help women stay healthy during their pregnancy and give their babies the best possible start in life. Antenatal care, advice, education and support is provided in the lead up to the birth of their baby and postnatal care for two weeks afterwards.

The team supports and provides information to families to help them make informed decisions about their pregnancy and birthing plan in a culturally responsive way, using Aboriginal specific resources when available.

Working closely with the hospital's Maternity team, services include dedicated antenatal clinics, external community liaison and a "drop in" service for patients who require flexibility around access to maternity care.

### Key highlights over the past year included:

- Caring for 186 babies over the past year, a six per cent increase over the previous year. Of these the majority had an average birth weight of 3,243 grams.
  - A comprehensive and safe maternity service was maintained during COVID-19 lockdowns and related restrictions.
  - Utilising Healthily GoShare perinatal education platform to support clients, which includes videos featuring past clients talking about pregnancy, childbirth and mother crafting, alongside maternity information that is Aboriginal specific, relevant and evidence based.
  - Commenced using Baby Coming You Ready (Ngangk Yira Institute for Change, Murdoch University) perinatal mental health assessment and screening tool. The tool is used to monitor mental health status, family domestic violence issues, smoking and substance misuse and has been widely accepted by clients.
  - A memorandum of understanding agreement undertaken with the Swan Child Parenting Centre, to enable staff from the centre to attend Moort Boodjari Mia antenatal clinic to support clients. Due to COVID-19 restrictions there was a delay in implementing the program, which will commence in the following financial year.
- In addition, the team provided assistance to patients facing health barriers to accessing care and worked closely with local service providers to support patients, including Derbarl Yerrigan, the Midvale Child and Adolescent Community Health's Aboriginal Child Health Team and Swan Child Parenting Centre (Koongamia and Middle Swan hubs).
- Team members were also involved in a collaboration pilot project with Midvale Child and Adolescent Community Health, which helped families continue to access culturally secure care post discharge.







## Reconciliation Action Plan

Our vision for reconciliation is that each person who identifies as Aboriginal and Torres Strait Islander is given the same respect and consideration as others in Australian society and access to employment, health care and education.

We seek to play our part in creating a society where the dignity and worth of every person is prioritised, and where Aboriginal and Torres Strait Islander people are supported to make their unique contribution to a future that is full of hope.

Our Innovate Reconciliation Action Plan outlines St John of God Health Care's continued commitment to playing

our role in reconciliation and our intent to build on our meaningful partnerships and opportunities with Aboriginal and Torres Strait Islander peoples.

This plan is used to inform our Aboriginal health strategy and identifies ways we can build upon our successes by increasing our activities in already established areas, including enhancing employment and internship opportunities, building effective relationships and community partnerships and providing culturally safe and responsive health services.

As part of this we support Aboriginal businesses where possible, such as the purchase of stationery and office supplies through indigenous company Kulbari.



# Private hospital services

St John of God Midland Private Hospital expanded its services and number of specialists working at the hospital over the past year.

**Our highly qualified specialists work across a number of areas at the hospital, including:**

- Aged care medicine
- Bariatric surgery
- Cardiology
- Dental surgery
- Diabetology
- Ear, nose and throat surgery
- Endocrinology
- Gastroenterology
- General medicine
- General surgery
- Gynaecology
- Haematology
- Infectious diseases
- Neurology
- Ophthalmology
- Orthopaedic surgery
- Paediatric gastroenterology and hepatology
- Paediatric general surgery
- Pain management
- Plastic surgery
- Podiatric surgery
- Radiology
- Renal medicine
- Respiratory medicine
- Sleep medicine
- Stroke medicine
- Urology
- Vascular surgery.

**The private hospital offers a range of allied health services, including:**

- Aboriginal cultural support
- Clinical psychology
- Nutrition and dietetics
- Occupational therapy
- Physiotherapy
- Podiatry\*
- Social work\*
- Speech pathology.

*\*Available for inpatients only.*





## Links with general practitioners

We regularly engage with general practitioners (GPs) to ensure continuity of patient care.

Pregnant women who are considered low risk are able to be cared for by their GP under shared care arrangements with our Maternity Unit.

New services or changes to hospital processes are communicated to GPs via a number of communication channels, including letters, newsletters, flyers and service directories.

Discharge letters and outpatient letters are provided to GPs, to ensure they are aware of their patient's ongoing care and progress.

GP education events are held regularly to assist GPs with professional development and provide them with information on the hospital's services (note: some events were suspended due to COVID-19 restrictions).

A Director GP Liaison assists with building relationships with local GPs, responding to GP queries and developing education events.

In addition, the Marketing team liaises with GP practices in the catchment area and provides support to specialists wanting to present on a variety of topics at the GP practices.

The hospital's web site includes a dedicated GP page and "Find a Doctor" listing application to provide GPs with information on referral pathways, events and specialists.

# Operational report

## Performance and quality

We provide high quality standards of clinical care in line with best practice initiatives.

Patient care is supported by an integrated quality and risk management framework within a culture of open communication, transparency, responsibility and awareness.

The Quality and Risk team assists and supports caregivers in their patient safety and quality initiatives. It also assists teams and departments with internal audits and quality improvement projects.

## Assessments, accreditations and audits

Over the past financial year the hospital has undertaken a number of performance and quality assessments and audits, aligned to National Safety and Quality Health Service Standards and National Standards for Mental Health Services.

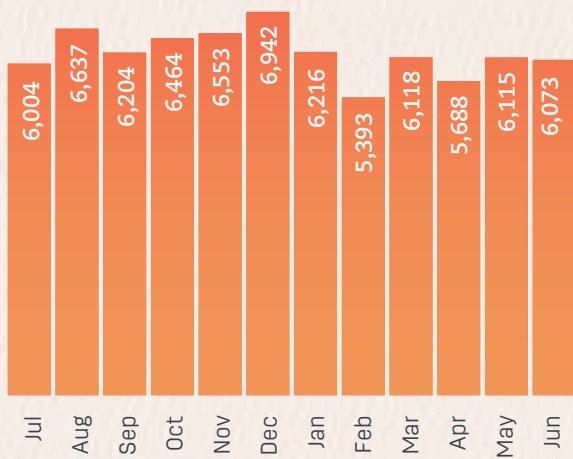
In addition, the hospital participated in 21 external audits as part of our contractual obligations with the State Government.



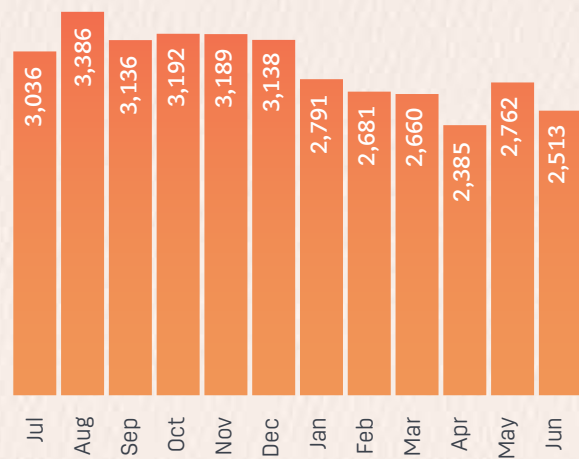


# Public hospital patient activity 2021/2022

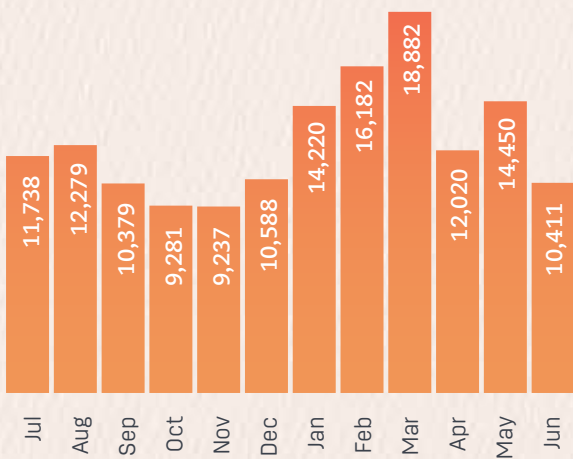
## Emergency presentations (all)



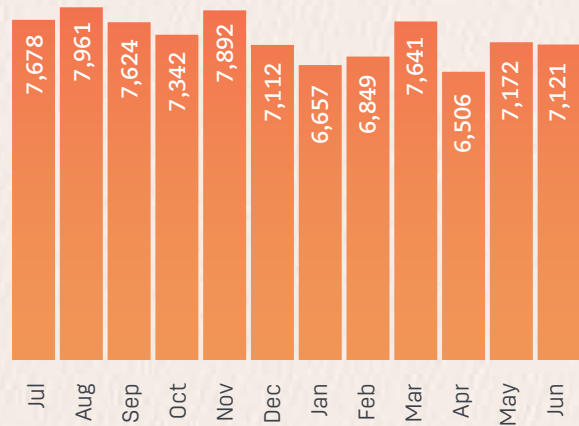
## Inpatient admissions



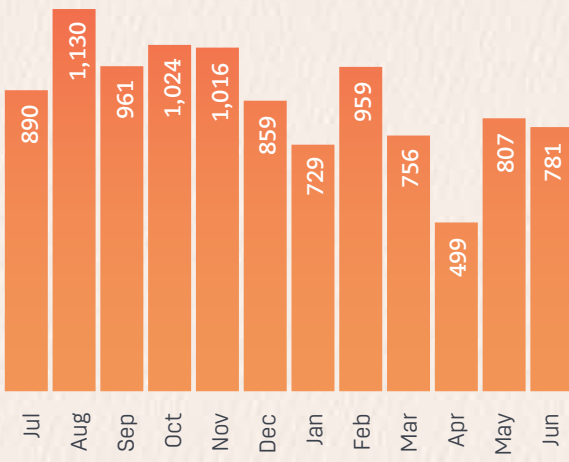
## Outpatient visits (including COVID)



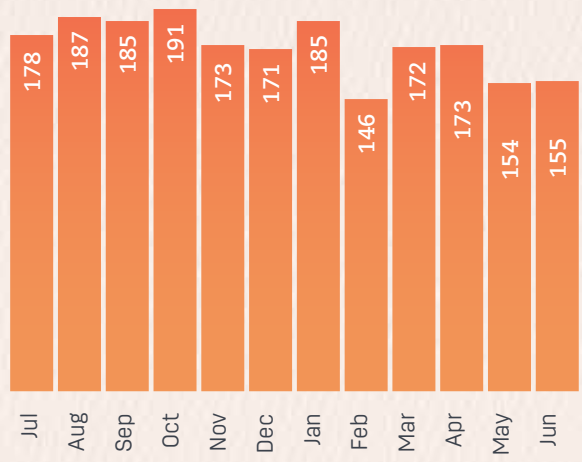
## Outpatient visits (excluding COVID)



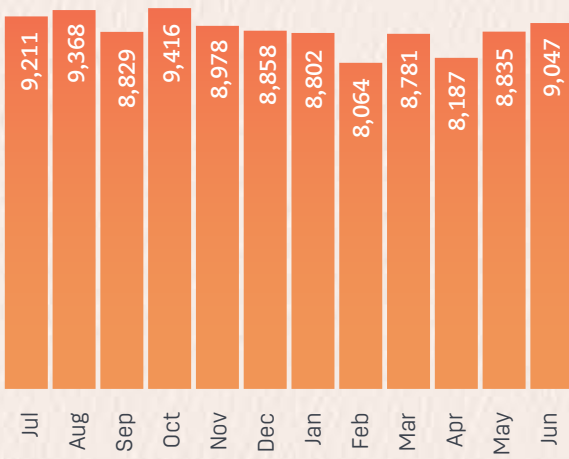
## Procedures



## Deliveries



## Patient days





# Performance indicators

## Emergency Department performance

Percentage of patients treated within nationally recognised timeframes as outlined in the service agreement (as of June 30 2022).

### Resuscitation (immediately)

THRESHOLD	ACHIEVED
<b>&gt;=98%</b>	<b>99.8%</b>

### Critical (within 10 minutes)

THRESHOLD	NOT ACHIEVED
<b>&gt;=70%</b>	<b>67.8%</b>

### Urgent (within 30 minutes)

THRESHOLD	NOT ACHIEVED
<b>&gt;=50%</b>	<b>14.2%</b>

### Semi-urgent (within 60 minutes)

THRESHOLD	NOT ACHIEVED
<b>&gt;=50%</b>	<b>33.1%</b>

### Less urgent (within 120 minutes)

THRESHOLD	ACHIEVED
<b>&gt;=70%</b>	<b>76.3%</b>

## Elective surgery performance

Percentage of patients treated within recommended timeframes (as of June 30 2022).

### Category 1 – urgent

(within 30 days)

**92%**

### Category 2 - semi urgent

(within 90 days)

**80%**

### Category 3 - non urgent

(within 365 days)

**89%**

## Clinical indicator performance

Rate of hospital acquired complications (as of June 30 2022):

Rate of pressure injuries per 1,000 patient days

BENCHMARK	ACHIEVED
<b>≤0.181</b>	<b>0.051</b>

Rate of falls resulting in fracture or intracranial injury per 1,000 patient days

BENCHMARK	NOT ACHIEVED
<b>≤0.105</b>	<b>0.285</b>

Rate of healthcare-associated infections per 1,000 patient days

BENCHMARK	ACHIEVED
<b>≤4.088</b>	<b>2.674</b>

## Clinical indicator performance (continued)

Rate of venous thromboembolism per 1,000 patient days

BENCHMARK	ACHIEVED
≤0.214	0.214

Rate of medication complications per 1,000 patient days

BENCHMARK	ACHIEVED
≤0.772	0.620

## Infection control indicator performance

Performance against infection control indicators (as of June 30 2022)

Healthcare-associated staphylococcus aureus bloodstream infection (HA-SABSI) per 10,000 occupied bed days

BENCHMARK	ACHIEVED
≤1.00	0.38

Rate of hospital acquired central line associated bloodstream infections in Critical Care Unit

BENCHMARK	ACHIEVED
≤ 2.00	0.00

Rate per 10,000 bed days of hospital identified clostridium difficile infection (HI-CDI)

BENCHMARK	ACHIEVED
None	6.22

Rate per 10,000 bed days of healthcare associated infections due to methicillin-resistant staphylococcus aureus (MRSA)

BENCHMARK	ACHIEVED
≤ 0.83	0.23

Results from hand hygiene initiative audits

BENCHMARK	ACHIEVED
≥ 80%	81.30%

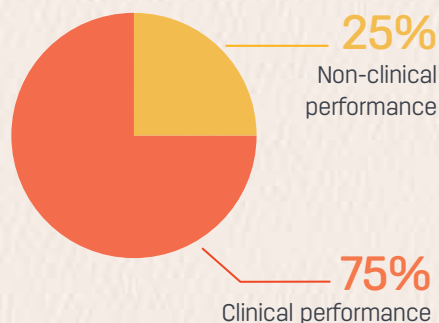
Rate per 10,000 bed days of occupational exposure to blood and/or body fluids

BENCHMARK	ACHIEVED
≤ 5.40	4.10

## Service agreement key performance indicators

The hospital has a service agreement with the State Government to operate 307 beds within the facility as public patient beds. This agreement contains 216 key performance indicators (KPIs). It also provides a reporting mechanism to the State Government for contract management and benchmarking performance against national standards and peer hospitals.

## Service agreement KPIs by category



## Private facility written down value

If the State Government wished to purchase the private facility, a key component of that cost would be the escalated written down value of the private facility, which was \$69,894,906 if notice was given on 30 June 2022 and allowing for the three year notice period.

# Patient and consumer satisfaction

As part of our consumer engagement framework, we partner with our patients, family members and carers to enhance the performance of our services and provide a high standard of person centred care.

**Feedback can be provided to the hospital via a number of formats, including:**

- Caregivers
- Patient feedback forms
- Website ([sjog.org.au/Midland](http://sjog.org.au/Midland))
- Email ([info.midland@sjog.org.au](mailto:info.midland@sjog.org.au))
- Patient Experience Team
- Care Opinion website ([careopinion.org.au](http://careopinion.org.au))
- Post discharge survey, sent via SMS

Our Patient Experience Team coordinates the feedback process for the hospital and is available to discuss any concerns that patients, family members and carers may have about the care provided during a patient's stay.

In addition, every patient room has a patient journey board, which includes information about the process to escalate any concerns they may have about a patient's condition.

## Feedback (compliments, concerns and complaints)

The hospital has a comprehensive and timely response process to feedback. Over the past financial year the team recorded 667 forms of contact with patients and family members, including compliments, concerns and complaints.

On average, the hospital received ten formal complaints per month over the past financial year, a very slight increase from the previous year. This monthly figure is comparable with other public hospitals of a similar size.

Approximately 83 per cent of the formal complaints received were resolved within 30 business days.

The majority of concerns raised by a patient, family member or carer were managed and resolved by caregivers in the area in which they were reported. If a concern was not able to be resolved, information is provided to the patient on how to submit a formal complaint to the Patient Experience Team.

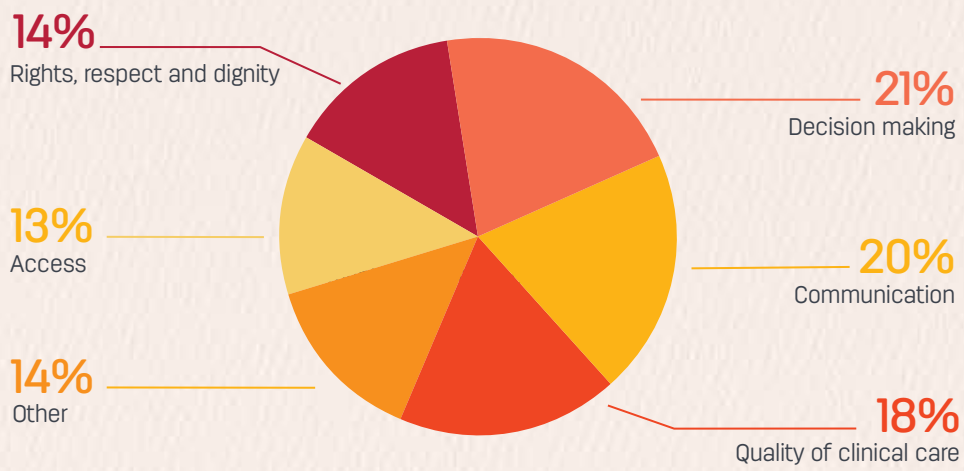
## Net Promotor Score

Since 2019, all patients discharged from the hospital receive an invitation via SMS to complete a Net Promotor Score (NPS) survey. The survey provides timely feedback from patients on the care they received during their admission. The results are reviewed regularly to help identify areas where changes can be implemented to enhance the patient experience.

More than 7,164 responses were received in the past financial year for inpatients (does not include Emergency Department, Outpatient Department or the Mental Health Unit), giving an accumulative NPS of 68.1. Of these, 75 per cent were promoters, 18 per cent were passive and seven per cent were detractors. This is a similar score to previous years.



## Feedback themes





# Innovation and technology

## Innovation in clinical systems and equipment

Over the past year a number of projects and activities were implemented to improve our digital clinical systems to enhance the quality and safety delivered by the hospital.

### Achievements include:

- A successful pilot was undertaken on the roll out of Progress Notes in the Paediatrics Department as part of the Clinical Information System (CIS) inpatient record digitisation project and then extended to the Oncology and Emergency Departments.
- Enhancing the underlying infrastructure to maintain the CIS, including the completion of a rapid sign-in process for clinicians and the rollout of a new fleet of mobile workstations.
- Completion of works to send demographic, event, pathology and radiology information to WA Health systems. Progress was also made on the implementation of the Alerts and Allergies Interchange.

### In addition, the hospital also progressed plans with the following:

- Establishing an Ambulatory Emergency Care Unit (AECU) in late 2022 to help patients avoid overnight admissions, where feasible. Suitable patients will be identified in the ED waiting room and transferred to the AECU to enable a more rapid assessment.
- Implementing patient flow and electronic task management software across the hospital and electronic triage software in the Emergency Department.

### A number of innovative services and activities were implemented over the past year, including:

- The Paediatric Acute Recognition and Response Observation Tool (PARROT), was rolled out to provide an evidence based, state-wide system and standardised approach to help recognise and respond to early signs when a child's health condition is deteriorating. Funded by the WA Health Research Translation Network and Curtin University, PARROT was rolled out across the ED,

Post Anaesthesia Care Unit and Ward 2D (paediatric ward) over the past year. An audit demonstrated the success of PARROT and patient escalation processes at the hospital.

- The Patient Access Program was established to identify and implement initiatives and activities to enhance patient flow and the patient experience. To assist with the high demand on hospital services, the project identified a number of initiatives to improve access to overnight beds and minimise wait times in our Emergency Department. Initiatives included:
  - Command Centre established in April 2022 to centralise and coordinate patient flow and discharge planning processes. The Command Centre has provided a more efficient, organised and cohesive service that is responsive to ward requirements during the discharge planning process.
  - Geriatric Emergency Department team launched as a pilot service in February 2022 in the Emergency Department. The multidisciplinary team consists of a consultant geriatrician, geriatric registrar, nurse practitioner, physiotherapist, occupational therapist and social worker, and is linked in to other services in the hospital. Funded by the Department of Health, the team was established to assist with the rapid triage and management of older adults.
  - Specialised Respiratory Team established in February 2022 to enable consultant reviews and respiratory services to be provided earlier to patients.
  - Medical Ambulatory Care Assessment team established in February 2022 to avoid overnight admissions through the delivery of an ambulatory care service within an emergency short stay setting.
  - Medical Early Review Clinic established in February 2022 to facilitate admission avoidance and discharges of general medical patients from the ED by providing follow-up in an outpatient setting with early senior decision-making and consultant oversight.



# Our people

We have the largest workforce of St John of God Health Care's hospital and health care services, with 2,773 caregivers.

As our services have increased, so has our workforce. Over the past financial year, our workforce increased by approximately nine per cent.

Our staff are known as caregivers, as every person, regardless of whether they are involved in direct patient care, contributes to the wellbeing of patients.

Our caregivers cover a variety of occupations across nursing, midwifery, medicine, allied health, engineering, hospitality and corporate services.

As a values-driven organisation, great focus is placed on ensuring our Values influence how caregivers deliver services throughout the organisation.

Caregivers are encouraged to uphold behaviours that bring to life our Mission and Values of Hospitality, Compassion, Respect, Justice and Excellence.

## Volunteers

Our volunteers provide invaluable support to staff, patients and visitors at the hospital.

While COVID-19 restrictions limited the roles of our volunteers, 68 supported our hospital over the past year for which we are extremely grateful.

Our volunteers provide support across a number of areas, including greeting and escorting patients and visitors, companionship and support with activities across a number of wards and departments.



THEATRE  
THIS SIDE  
OF CORRIDOR







## Education and training

We provide a number of learning opportunities for caregivers within a supportive environment, as part of our focus on providing safe, high quality care to patients.

Key milestones in education, training and research over the past year included:

- Training undertaken by:
  - 31 medical interns
  - 226 resident medical officers
  - 411 registrars
  - 31 graduate nurses and midwives at the hospital, including:
    - 15 registered nurses (general)
    - 11 enrolled nurses
    - 5 registered nurses mental health.
- Clinical placements were undertaken by:
  - 284 medical students
  - 615 student nurses
  - 51 student midwives
- 10 paramedicine students
- 10 patient care assistant students
- 101 allied health students
- 2 Aboriginal health placements.
- Placement of novice nurses as part of the Progression Pathway initiative which included:
  - 20 nurses in the Emergency Department (known as the GROW program)
  - 18 nurses in general wards.
- Edith Cowan University speech pathology students ran a student-led weekly clinic at the hospital for a variety of neurological disorders, supervised by our Speech Pathology team (the only such hospital-based clinic in Western Australia).

*Note: some of the training listed above was impacted due to COVID-19 pandemic restrictions.*



# Employee recognition

A number of our caregivers and teams were recognised for their professional, education, research and personal work over the past year.

## External awards

- Governor General's National Bravery Award and the Surf Life Saving WA's annual Coastal Bravery Award (2021): Father Liam Ryan, Catholic Chaplain.
- Journal of Clinical Practice in Speech Language Pathology Editor's Prize at the Speech Pathology Australia National Conference: Julia Hardy, Senior Speech Pathologist.
- Brightwater Mindlink Award for Interdisciplinary Research at the Australasian Society for the Study of Brain Impairment conference: Meaghan McAllister, Senior Speech Pathologist and the Healing Right Way trial group.

## Internal awards

- Foundation Day Going Beyond Together Award winner (October 2021) – Ward 3D.
- St John of God Day Going Beyond Together Team Award winner (March 2022) – Clinical Coding and Documentation Team.
- SJGMPPH Caregiver of the Year 2021: Mary O'Connell, Registered Nurse.

# Research

Research steadily increased at the hospital over the past financial year, reflected by 136 ethically approved open studies – the highest number to date since the hospital opened.

## Research highlights over the year included:

- An allied health academic secondment from Curtin University to assist the Allied Health team with research development and delivery. This position offers academic support to caregivers and optimises grant funding opportunities. This is the second academic secondment of its kind at the hospital, with the first being a similar nursing and midwifery position.
- Collaboration with Notre Dame University to offer a number of PhD scholarships to caregivers.
- A joint research initiative with the University of Notre Dame Australia, including work undertaken by inaugural Chair in Digital Health and Telemedicine, has led to the development of work on digital triaging to help reduce waiting times and patient deterioration in ED.
- The establishment of Midland's first commercially sponsored multinational, randomised, double blind controlled trial, involving adolescents with eosinophilic esophagitis.
- Commencement of a trial evaluating the efficacy and safety of a respiratory syncytial virus vaccine in women during pregnancy in collaboration with Telethon Kids Institute.
- Commencement of a study to establish general movements as an early biomarker of cognitive impairment in infants.
- The stroke team successfully recruited 13 out of 108 patients who were enrolled state wide to a study aiming to enhance rehabilitation services for Aboriginal Australians after brain injury. Originally the hospital recruited the very first patient, which was a great achievement and the team received special recognition for their efforts, support and commitment to patients on the trial.



# *Disability Access and Inclusion Plan*



Our Disability Access and Inclusion Plan builds upon our existing achievements to ensure that people with disability experience a culture of hospitality and understanding.

The plan covers caregiver engagement, service delivery, working environment and employment opportunities, as outlined below.

### **Our caregivers:**

- Demonstrate understanding and knowledge of issues faced by people with disability who receive services at our hospitals.
- Ensure people with disability who apply for vacant positions are met with an informed and respectful process.

### **Service users:**

- Enable people with disability who use our facilities to both inform and influence the services we provide and the environment in which they are delivered.
- Our caregivers monitor and ensure the physical environment in which we work and provide services is cognisant of the needs of people with disability.

### **Our community**

- Increase employment opportunities for people with disability registered with Disability Employment Services (DES).
- Work experience opportunities through local DES and other organisations is a recognised feature at our hospitals.

In addition the hospital submits an annual contractor progress report for the State Government's Disability Access and Inclusion Plan.

### **The plan ensures that people with disability receive or have:**

- the same opportunities as other people to access services and events.
- the same opportunities as other people to access buildings and other facilities.
- information in a format that will enable them to access information as readily as other people are able to access it.
- the same level and quality of service from staff as other people receive.
- the same opportunities as other people to make complaints.
- the same opportunities as other people to participate in any public consultation.
- the same opportunities as other people to obtain and maintain employment and public authority.



# Arts and health

We consider the arts to be an important component of holistic health care, including the healing and wellbeing of people in our care and the broader community.

Artworks have been seamlessly incorporated into the hospital through public grants and donations from the community. Art exhibitions are held regularly at the hospital.

Note, as a result of increasing community spread and COVID-19 restrictions, music and arts activities were put on hold over the financial year.



# Appendices





# Directors report

For the year ended 30 June 2022

The directors of St John of God Midland Health Campus Ltd present their report for the year ended 30 June 2022.

## Directors

The names and details of the Company's directors in office during the financial year and until the date of this report are set out below. Directors were in office for this entire period unless otherwise stated.

Mr S Goldsworthy  
Dr S Kelly  
Ms L Johnstone

## Company Secretary

The Company secretary from 1 July 2021 to 30 June 2022 was Ms L Johnstone.

## Dividends

The Company's Constitution prevents the declaration or payment of dividends. The Company does not have any options on issue, nor does it have any unissued shares.

## Principal activities

The principal activity of the Company is to operate and maintain the St John of God Midland Public Hospital (the Hospital). Detailed financial information is provided in the Company's Financial Report.

The Company passed through (without release from the primary obligation to perform) its obligations to St John of God Health Care Inc. (the Parent) to operate and maintain the Hospital.

There have been no other significant changes in the nature of these activities during the year.

## Significant events after the balance date

No matter or circumstances has arisen since the date of this report that has significantly affected the Company's activities, results or state of affairs.

## Environmental regulation and performance

While the Company is not subject to any significant environmental regulation under either the Commonwealth or State legislation the Parent Entity provides annual compliance reporting under the National Greenhouse and Energy Reporting Act.

## Indemnification and insurance of directors and officers

### Indemnity

In accordance with the Company's Constitution the Company has indemnified every past and present officer of the Company against all liability to another person or company as an officer of the Company unless the liability arises out of conduct involving a lack of good faith.

### Insurance

The Parent holds an insurance policy under which the insurer has agreed to indemnify the Company's directors and officers against personal liabilities from wrongful acts committed by those directors or officers in connection with their duties and responsibilities. Wrongful acts include breaches of trust, neglect, error, or misstatement. The insurer will reimburse all expenses incurred in defending these actions. The terms of the policy require the Company to keep details of the premium confidential.

## Indemnification of auditors

To the extent permitted by law, the Company has agreed to indemnify its auditors, Ernst & Young, as part of the terms of its audit engagement agreement against claims by third parties arising from the audit (for an unspecified amount). No payment has been made to indemnify Ernst & Young during or since the financial year.

This report is made in accordance with a resolution of the directors.



**Dr S Kelly**  
Director  
21 September 2022

# Auditor's independence declaration

to the directors of St John of God Midland Health Campus Ltd



In relation to our audit of the financial report of St John of God Midland Health Campus Ltd for the financial year ended 30 June 2022, and in accordance with the requirements of Subdivision 60-C of the *Australian Charities and Not-for-profits Commission Act 2012*, to the best of my knowledge and belief, there have been:

- a. No contraventions of the auditor independence requirements of the Australian Charities and Not for-Profits Commission Act 2012 or any applicable code of professional conduct; and
- b. No non-audit services provided that contravene any applicable code of professional conduct.

Ernst & Young

Timothy G Dachs

Partner

21 September 2022

## Financial report

For the year ended 30 June 2022

### Statement of profit or loss and other comprehensive income

For the year ended 30 June 2022

	Notes	2022 \$	2021 \$
Revenue from ordinary activities	4	313,010,744	312,817,442
Other expenses	4	(313,010,744)	(312,817,442)
<b>Surplus for the period</b>		-	-
Other comprehensive income for the period		-	-
<b>Total comprehensive income for the period</b>		-	-

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.

## Statement of financial position

As at 30 June 2022

	Notes	2022 \$	2021 \$
<b>Current assets</b>			
Cash and cash equivalents	5	4,381,448	5,121,578
Trade and other receivables	6	30,998,559	31,301,872
<b>Total current assets</b>		<b>35,380,007</b>	<b>36,423,450</b>
<b>Total assets</b>		<b>35,380,007</b>	<b>36,423,450</b>
<b>Current liabilities</b>			
Trade and other payables	7	26,224	87,741
Funding received in advance	8	17,741,861	12,531,479
Amounts due to related entity	9	17,611,922	23,804,230
<b>Total current liabilities</b>		<b>35,380,007</b>	<b>36,423,450</b>
<b>Total liabilities</b>		<b>35,380,007</b>	<b>36,423,450</b>
<b>Net assets</b>		<b>-</b>	<b>-</b>
<b>Equity</b>			
Accumulated surplus		-	-
<b>Total equity</b>		<b>-</b>	<b>-</b>

The above statement of financial position should be read in conjunction with the accompanying notes.



## Statement of changes in equity

For the year 30 June 2022

	Accumulated Surplus \$	Total \$
<b>As at 1 July 2020</b>		
Total comprehensive income	-	-
At 30 June 2021	-	-
<b>As at 1 July 2021</b>		
Total comprehensive income	-	-
At 30 June 2022	-	-

The above statement of changes in equity should be read in conjunction with the accompanying notes.

## Statement of cash flows

For the year ended 30 June 2022

	Notes	2022 \$	2021 \$
<b>Operating activities</b>			
Receipts from the Government of Western Australia		318,524,439	312,629,629
Payments to suppliers		(313,072,260)	(312,970,105)
Net cash flows from/(used in) operating activities		5,452,178	(340,476)
<b>Financing activities</b>			
Net amounts (paid)/advanced from related party		(6,192,308)	2,893,932
Net (decrease)/increase in cash and cash equivalents		(740,130)	2,553,456
Cash and cash equivalents at 1 July		5,121,578	2,568,122
Cash and cash equivalents at 30 June	5	4,381,448	5,121,578

The above statement of cash flows should be read in conjunction with the accompanying notes.

## Notes to the financial statements

For the year ended 30 June 2022

### 1. Corporate information

St John of God Midland Health Campus Ltd (the Company) is a company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business are:

#### Registered office

Level 1  
556 Wellington Street  
West Perth WA 6000

#### Principal place of business

1 Clayton Street  
Midland WA 6056

### 2. Significant accounting policies

#### 2.1 Basis of preparation

The financial report is a general purpose financial report, which has been prepared in accordance with the requirements of the *Australian Charities and Not-for-profits Commission Act 2013* and *Australian Accounting Standards - Simplified Disclosures*.

The Company is a not-for profit private sector entity which is not publicly accountable. The directors of the Company have determined that the Company is permitted to apply Tier 2 reporting requirements as set out in *AASB 1053 Application of Tiers of Australian Accounting Standards*.

The financial report has been prepared on a historical cost basis.

The financial report is presented in Australian dollars which is St John of God Midland Health Campus Ltd's functional and presentation currency.

The financial statements provide comparative information in respect of the previous period.

#### 2.2 Changes in accounting policies and disclosures

There are a number of Australian Accounting Standards and Interpretations apply for the first time in 2022, but do not have an impact on the Company's financial statements.

A number of Australian Accounting Standards and Interpretations have been issued or amended but are not yet effective. The impact of these new or amended Accounting Standards is not expected to give rise to material changes in the Company's financial statements.

#### 2.3 Summary of significant accounting policies

##### a) Revenue recognition

The Company recognises revenue under AASB 15 or AASB 1058 when appropriate. In cases where there is an 'enforceable' contract with a customer with 'sufficiently specific' performance obligations, the transaction is accounted for under AASB 15 where income is recognised when (or as) the performance obligations are satisfied (i.e. when it transfers control of a product or service to a customer).

##### b) Taxes

###### Current income tax

No provision has been made for income tax as the income of the Association is exempt from income tax under section 50-30 of the Income Tax Assessment Act 1997 as amended.

###### Goods and services tax (GST)

Revenues, expenses, assets and liabilities are recognised net of the amount of GST, except:

- When the GST incurred on a sale or purchase of assets or services is not payable to or recoverable from the taxation authority, in which case the GST is recognised as part of the revenue or the expense item or as part of the cost of acquisition of the asset, as applicable.
- When receivables and payables are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the statement of financial position. Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.

Cash flows are included in the statement of cash flows on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as part of operating cash flows.

##### c) Cash and cash equivalents

Cash and short-term deposits in the statement of financial position comprise cash at banks and on hand and short-term highly liquid deposits with a maturity of three months or less, that are readily convertible to a known amount of cash and subject to an insignificant risk of changes in value.

## Notes to the financial statements (continued)

For the period ended 30 June 2022

### *d) Trade and other receivables*

Trade receivables, which generally have 14 to 30 day terms, are recognised and carried at original invoice amount less an allowance for any uncollectible amounts.

For trade receivables and contract assets, the Company applies a simplified approach in calculating ECLs. Therefore, the Company does not track changes in credit risk, but instead recognises a loss allowance based on lifetime ECLs at each reporting date. The Company has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment.

### *e) Trade and other payables*

Trade and other payables are carried at cost and represent liabilities for goods and services provided to the Company prior to the end of financial year that are unpaid and arise when the Company becomes obliged to make further payments in respect of the purchase of these goods and services. The amounts are unsecured, non interest bearing and usually paid within 30 to 60 days of recognition.

The Services Agreement with the State of Western Australia stipulates that the Company must ensure that all medical equipment and non-medical furniture, fittings and equipment necessary to perform the services is maintained in accordance with good operating practice and available in accordance with the agreement. The Company receives specific funding and/or sets aside amounts of public service revenue received that it is required to expend on the replacement of public assets.

## **3. Significant accounting judgements, estimates and assumptions**

In applying the Company's accounting policies, management continually evaluates judgements, estimates and assumptions based on experience and other factors, including expectations of future events that may have an impact on the Company. All judgements, estimates and assumptions made are believed to be reasonable based on the most current set of circumstances available to management. Actual results may differ from judgements, estimates and assumptions.



#### 4. Revenue and expenses

<i>Revenue from ordinary activities</i>	<b>2022</b> \$	<b>2021</b> \$
<b>Revenue from the State of Western Australia:</b>		
Operation of the Midland Public Hospital	313,010,744	312,817,442
	<b>313,010,744</b>	<b>312,817,442</b>

Revenue from the State of Western Australia: Operation of the Midland Public Hospital is recognised over time and derived in Australia.

<i>Other expenses</i>	<b>2022</b> \$	<b>2021</b> \$
Costs associated with the operation of Midland Public Hospital	313,010,744	312,817,442
	<b>313,010,744</b>	<b>312,817,442</b>

#### 5. Cash and cash equivalents

	<b>2022</b> \$	<b>2021</b> \$
Cash at bank and on hand	4,381,448	5,121,578
	<b>4,381,448</b>	<b>5,121,578</b>

Cash at bank earns interest at floating rates based on daily bank rates.

#### 6. Trade and other receivables

	<b>2022</b> \$	<b>2021</b> \$
State of Western Australia	30,998,559	31,301,872
	<b>30,998,559</b>	<b>31,301,872</b>

Trade receivables are non-interest bearing, generally have 14 to 30 day terms, and are recognised and carried at original invoice amount less an allowance for any uncollectible amounts and expected credit losses.

## 7. Trade and other payables

	2022 \$	2021 \$
Goods and services tax	26,224	87,741
	<b>26,224</b>	<b>87,741</b>

Trade payables are non-interest bearing and are normally settled on 30 to 60 day terms.

## 8. Funding received in advance

	2022 \$	2021 \$
Public asset replacement funds	11,535,352	8,442,387
Revenue received in advance	6,206,509	4,089,092
	<b>17,741,861</b>	<b>12,531,479</b>

The majority of funding received in advance is in the form of grant and state funding. This includes grants to which conditions of use of the funds may be attached.

The Company receives specific funding and/or sets aside amounts of public service revenue received that it is required to expend on the replacement of public assets.

## 9. Related parties

### Amounts due to related entity

	2022 \$	2021 \$
Parent Entity: St John of God Health Care Inc.	17,611,922	23,804,230
	<b>17,611,922</b>	<b>23,804,230</b>

The amounts due to St John of God Health Care Inc. (the Parent) are interest-free and have no fixed terms of repayment.

### Recharges from related entity

The Parent entity recharges costs incurred on behalf of the Company. The costs charged for the year ended 30 June 2022 are \$313,010,744 (2021: \$312,817,442) and are limited to the revenue recognised.

## 10. Auditors' remuneration

The auditor of St John of God Midland Health Campus Ltd is Ernst & Young. The audit fees are borne by the parent entity, St John of God Health Care Inc.

## 11. Commitments and contingencies

### Commitment to manage and operate St John of God Midland Public Hospital

On 14 June 2012, the Company entered into a number of agreements (Transaction Documents) with the State of Western Australia (the State) to design, construct, operate and maintain the St John of God Midland Public Hospital (Hospital). The two primary contracts are the:

- Design & Construct (D&C) Agreement governing the design and construction of the St John of God Midland Public Hospital; and
- Services Agreement governing the operation and maintenance of the St John of God Midland Public Hospital during the Operational Phase.

The Company passed through (without release from the primary obligation to perform) its obligations under the D&C Agreement to Brookfield Multiplex Constructions Pty Ltd (BMC) under the terms of a D&C Subcontract. Construction of the Hospital commenced in July 2012 and was completed in November 2015.

The Company passed through (without release from the primary obligation to perform) its obligations under the Services Agreement to St John of God Health Care Inc (SJGHC) under the terms of a Key Services Subcontract. The term of the Services Agreement commenced on completion of the construction of the St John of God Midland Public Hospital and terminates 20 years thereafter. The State has the option to extend the term of the Services Agreement for a further period of two years.

As part of the transaction, the State requires the Company to provide security for its obligations to the State under the Transaction Documents. The State also requires SJGHC to provide security to further secure the company's obligations. In summary the security consists of:

- The Company providing a fixed and floating charge over its assets and undertakings (General Security Agreement).
- In respect of the Services Agreement, the Company providing the State with performance bonds initially in the amount of \$40 million, reducing to \$25 million after 12 months of operation and increasing back to \$40 million two years before the 20 year term of the Services Agreement expires (all amounts CPI indexed). SJGHC provided the \$25 million performance bond to the State on the Company's behalf on 10 November 2016.

- A parent guarantee provided by SJGHC in favour of the State securing the Company's obligations under the D&C Agreement and the Services Agreement. This parent guarantee is limited to 50% of the Contract Sum during the D&C Phase and to the equivalent of one year's revenue during the Operational Phase.
- The Australian holding company of BMC provided a parent company guarantee to the Company securing BMC's obligations to the Company under the D&C Subcontract noting that BMC's liability to the Company under this sub-contract will be limited to 50% of the contract sums under the D&C Subcontract.
- SJGHC providing the State with a charge over SJGHC's interest as a member in the Company.



## 12. Reconciliation of the surplus to the net cash flows from operating activities

	2022 \$	2021 \$
<b>Surplus for the year</b>		
(Increase)/Decrease in trade and other receivables	303,313	(2,980,495)
Decrease in trade and other payables	(61,517)	(152,664)
Increase in funding received in advance	5,210,382	2,792,683
<b>Net cash flows from/(used in) operating activities</b>	<b>5,452,178</b>	<b>(340,476)</b>

## **Directors' Declaration**

For the year ended 30 June 2022

In accordance with a resolution of the directors of St John of God Midland Health Campus Ltd, I state that:

### **1. In the opinion of the directors:**

- (a) the financial statements and notes of St John of God Midland Health Campus Ltd for the financial year ended 30 June 2022 are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
- (i) giving a true and fair view of the Company's financial position as at 30 June 2022 and of its performance for the year ended on that date; and
  - (ii) complying with *Australian Accounting Standards - Simplified Disclosures* and complying with the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
- (b) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

On behalf of the board



**Dr S Kelly**

Director

21 September 2022



**Building a better  
working world**

Ernst & Young  
11 Mounts Bay Road  
Perth WA 6000 Australia  
GPO Box M939 Perth WA 6843

Tel: +61 8 9429 2222  
Fax: +61 8 9429 2436  
ey.com/au

## **Independent auditor's report to the members of St John of God Midland Health Campus Ltd**

### **Opinion**

We have audited the financial report of St John of God Midland Health Campus Ltd (the Company), which comprises the statement of financial position as at 30 June 2022, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- a. Giving a true and fair view of the financial position of the Company as at 30 June 2022 and of its financial performance for the year ended on that date; and
- b. Complying with Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### **Basis for opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Information other than the financial report and auditor's report thereon**

The directors are responsible for the other information. The other information is the directors' report accompanying the financial report.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.





# EY

**Building a better  
working world**

## **Responsibilities of the directors for the financial report**

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-Profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

## **Auditor's responsibilities for the audit of the financial report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- ▶ Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- ▶ Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- ▶ Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- ▶ Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.



**Building a better  
working world**

- ▶ Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Ernst & Young

Timothy G Dachs  
Partner  
Perth  
21 September 2022

A member firm of Ernst & Young Global Limited  
Liability limited by a scheme approved under Professional Standards Legislation





# Carers Compliance Survey

Report to the Carers Advisory Council  
for the period 1 July 2021 – 30 June 2022

## 1. Current and new key initiatives and achievements in 2021-2022

**Update** on key initiatives implemented during the previous reporting period (2020-2021):

- Carers hold membership positions on the hospital's Consumer and Community Advisory Committee and the Mental Health Consumer and Carer Advisory Group.
- Inclusion of Carers Charter in NSQHS Standard 2 Partnering with Consumers staff training.
- General hospital orientation for all new caregivers and ongoing formation training includes education on the organisation's value of Respect and the requirement to uphold the dignity of patients, family, carers and community.
- Inclusion of the role of carers in the patient compendium (Your Stay with Us) provided to all hospital inpatients.
- The organisation's Consumer Partnership Framework is available to carers and acknowledges the role of carers in partnering within the hospital.
- Feedback is sought from patients and/or carers regarding their experience of their hospital stay; feedback is incorporated into Patient Experience Action Plan.

Area(s) of the *Carers Charter* the above initiatives relate to:

✓	Staff understand the Charter / Carers treated with respect and dignity	✓	Policy input from carers
✓	Carers' views and needs are considered	✓	Complaints and listening to carers

**Overview of new** key initiatives and achievements during the 2021-2022 reporting period:

- Re-establishing links to Carers WA and encouraging collaboration with other stakeholders through this membership.

Area(s) of the *Carers Charter* the above initiatives relate to:

✓	Staff understand the Charter / Carers treated with respect and dignity	✓	Policy input from carers
✓	Carers' views and needs are considered	✓	Complaints and listening to carers

## 2. Self-assessment against Carers Charter areas

### A. Staff understand the Charter / carers treated with respect and dignity

Carers must be treated with respect and dignity (*Carers Recognition Act 2004* Schedule 1 WA Carers Charter). Is information about the Charter readily available throughout the organisation's sites?

• Yes	No
-------	----

#### Awareness about the Charter

If the Charter is displayed across the site in **one or two** of the following formats it is deemed **developing**. If **more than two** formats it would be deemed **well developed**.

✓	Carers Charter & Carers Recognition Act 2004 brochures available throughout the site	✓	'Know Your Rights' poster or other informative posters are displayed
	The Charter is displayed in audio-visual formats	✓	The website has links to the Charter

#### Education during induction

##### Developing criteria

	All new staff receive information about the Act during induction		All new staff receive a copy of the Charter during induction
✓	The Act and Charter are discussed with staff during induction	✓	Practical examples of applying the Charter are discussed with staff during induction
✓	Information about key carer organisations and their roles is provided during induction		

##### Well developed criteria

	Staff training on the Act and Charter is <b>mandatory</b>		Carers are involved in staff inductions to provide examples of their experiences
	Carers are involved in staff recruitment	✓	Other

#### Education through training resources

##### Developing criteria

✓	Carer organisations are consulted when developing education modules that relate to carers and the Charter		The 'Caring Together' video is shown to staff
	Prepare to Care resources are discussed with staff		

##### Well developed criteria

✓	Training about the Act and/or Charter is also available online, e.g. Online Consumer/Patient Centred Care training links to the Act via the HealthPoint intranet	✓	Online Consumer/Patient Centred Care training includes references to carers
	Online Consumer/Patient Centred Care training is <b>mandatory</b>	✓	Other - Person Centre Carer 3 Cs program has been locally developed and introduced

## Education by other training methods

### Well developed criteria

✓	Carer representatives are invited into staff education sessions to give personal examples (e.g. monthly presentations by the hospital's Carers Advisory Council at staff forums)	✓	Carer representatives are invited to attend conferences or other educational opportunities that focus on caring (e.g. Carer Council members)
✓	Staff are supported to develop their cultural competency for working with carers from a diverse range of populations (e.g. regional, Culturally and Linguistically Diverse (CaLD), Indigenous)	✓	Staff have access to 'Caring Matters' web-bulletin
✓	Staff have access to 'Connecting' Carers WA Mental Health Newsletter online		Other

- All (100%) of staff inductions include information about the Charter

## Reporting on staff understanding/awareness of the Charter

### Developing criteria

✓	A simple measure is in place to assess staff understanding/awareness of the Charter
---	---

### Well developed criteria

	A simple measure is in place that indicates a high level of compliance with the Charter		Primary carers are identified using file stickers
✓	Primary carers are identified at a system level, e.g. Totally Open Patient Information System (TOPAS)	✓	A Quality Improvement Plan is in place e.g. implementation of a Quality Improvement Plan (consistent with Standard 2 of the Australian Council on Healthcare Standards) to increase consumer and carer involvement in training and education
	Other		N/A or insufficient data

## Other measures

- Awareness education in place surrounding our patient compendium which includes the role of carers.
- Carers are identified in patient notes.

## Overall compliance self rating

	Not yet developed	Developing	Well developed	Insufficient data available	Not applicable
Staff Understand the Charter			•		



## B. Policy input from carers

The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers (*Carers Recognition Act 2004* Schedule 1 WA Carers Charter).

### Enabling carer input into policy

#### Developing criteria

✓	Consultations are undertaken with key carer groups when reviewing policies
---	--

#### Well developed criteria

✓	A specific carer engagement policy exists	Other
---	---	-------

#### Consultations are undertaken with key carer groups:

- Members of Carers WA stakeholder group.
- Consumer representative participate on policy and procedure documents updates.

#### Carer input into policy is enabled in other ways, including:

- Development of the Consumer Partnership Framework included input from carers via the hospital's Consumer and Community Advisory Committee.
- Hospital policies and procedures reference the role of carers in organisational processes.
- The role of carers is included in the hospital's 'Rights and Responsibilities' statement and displayed in posters across the hospital.
- Feedback from carers informs the hospital's strategic planning in particular the Patient Experience Action Plan.

### Carer representation

#### Developing criteria

✓	Carers are represented on <b>one</b> committee	✓	A specific consumer reference group is in place (e.g. Consumer and Community Advisory Council (CCAC) or Lived Experience Advisory Group)
✓	At least one carer representative is included on the CCAC	✓	If carers are not represented on committees, recruitment strategies are in place to increase carer participation at committee level

#### Well developed criteria

✓	Carers are represented on <b>more than one</b> committee	✓	Carers are represented in decision-making bodies
✓	Carer diversity is considered when appointing committees or board representatives (e.g. regional, CaLD or Indigenous representation)	Other	

**Carers are also represented in other ways:**

- Carers hold membership positions on the hospital’s Consumer and Community Advisory Committee and the Mental Health Consumer and Carer Advisory Group.
- Hospital meal audit processes include invitations to carer representatives.
- Review of patient information communications can involve carer representatives.
- Review of hospital signage included feedback from consumers/carers.
- Involvement in the development of the Mental Health Patient Information booklet involved carer input.
- Feedback is sought from patients and/or carers regarding their experience of their hospital stay; feedback is incorporated into Patient Experience Action Plan.

**Measures are in place to track carer input, such as:**

- Carers hold membership positions on the hospital’s Consumer and Community Advisory Committee and the Mental Health Consumer and Carer Advisory Group.
- Feedback received from carers is identified and tracked.
- Carer engagement noted in minutes of National Safety and Quality Health Service standard committee meetings.

**Carers needs**

**Well developed** criteria

✓	are referenced in the Strategic Plan	✓	are referenced in the Annual Report
✓	are measured in other ways		

**Carers needs measures and key results:**

- Carers hold membership positions on the hospital’s Consumer and Community Advisory Committee and the Mental Health Consumer and Carer Advisory Group.
- At patient discharge, planning patient and carers needs are assessed.

**Overall compliance self rating**

	Not yet developed	Developing	Well developed	Insufficient data available	Not applicable
Policy Input from Carers			•		

## C. Carers views and needs are considered

The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers. (*Carers Recognition Act 2004* Schedule 1 WA Carers Charter).

### Education of Carers

#### Developing criteria

✓	Carers are given information about their rights at the initial meeting/admission	✓	Carers are given appropriate information at discharge
✓	A dedicated information area has been established for carers (e.g. Carer Corner or Hub)		

#### Well developed criteria

✓	Printed material is available in different languages (e.g. CaLD/ Indigenous)		Other education services are available
---	--	--	--

### Enabling carers' views to be heard

#### Developing criteria

✓	Carers' views are identified through a specific carer reference group (e.g. Carer Recognition Working or Reference Group; CACC in hospitals)	✓	Carers are included in discharge, care or planning reviews
✓	Carers with low English proficiency have access to an interpreter service (e.g. compliance with the Western Australian Language Services Policy)		

#### Well developed criteria

✓	Carers' views are gathered through a specific person (e.g. a Peer Support Customer Liaison Officer)		Carer Champions have been appointed to work across the hospital
	Carers' views are gathered via a carers forum or workshop		Carers' views are gathered via a survey
✓	Carers are involved in staff training or workshops about caring		Other

## Understanding carers' needs

### Developing criteria

✓	Liaison is undertaken with appropriate organisations to understand carer needs	✓	Carer diversity has been taken into account (e.g. liaison with regional, CaLD, Indigenous carers)
---	--	---	---

### Well developed criteria

✓	A Carer Status Assessment form is employed at admission		Staff attend conferences and other external carer related forums.
	Carers' needs have been taken into account when designing systems (e.g. identify carers on clinical records or modify forms for most convenient facility for post-surgery follow up)		Other

## Advocate on behalf of carers

### Developing criteria

✓	The organisation supports and promotes National Carers Week	✓	The organisation is directly involved in National Carers Week
✓	The organisation works to increase general awareness of carers needs		

### Well developed criteria

	The organisation has identified individual carers for recognition (e.g. nominated for awards or other forms of recognition)	✓	The organisation helps connect carers to other carers
✓	The organisation works towards helping carers identify themselves		The organisation has received recognition for their work with carers (not necessarily an award)
	Other		

- The organisation supports, promotes and/or is involved in National Carers Week with celebrations and board displays.

### The organisation helps connect carers to other carers, by:

- Speech Pathology Parkinson's peer support group.
- Information provided to carers regarding accessing peer support programs e.g. Mental Illness Fellowship WA

### The organisation works towards helping carers identify themselves:

- Encourage carers to identify themselves and be involved in patient journey and support discharge.

### The organisation advocates on behalf of carers:

- Collaborative meetings with National Disability Insurance Agency to support carers.



## Measuring/reporting on carers' views and needs

### Developing criteria

✓	A simple measurement is in place to track the extent carers believe their views have been acknowledged
---	--

### Well developed criteria

✓	A more detailed measurement system is in place	✓	Carers are involved or represented in the Strategic Plan
	Other		N/A or insufficient data

### Measures are in place to track the extent carers believe their views have been acknowledged:

- Feedback can be provided to the hospital via a number of formats, including:
  - Our staff/managers
  - Patient feedback forms
  - Our website ([sjog.org.au/Midland](http://sjog.org.au/Midland))
  - Email ([info.midland@sjog.org.au](mailto:info.midland@sjog.org.au))
  - Patient Experience team
  - Patient Opinion web site ([www.patientopinion.org.au](http://www.patientopinion.org.au)).
- The Patient Experience team is available to discuss and review any concerns that patients, their families and carers may have about their care.

### Carers views and needs are measured/reported in other ways:

- Feedback is used to support patient journey better and inform education sessions.
- Carers who have offered feedback are invited to education sessions if appropriate.

### Overall compliance self rating

	Not yet developed	Developing	Well developed	Insufficient data available	Not applicable
Carers views and needs are considered			•		

## D. Complaints and listening to carers

Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration. (*Carers Recognition Act 2004* Schedule 1 WA Carers Charter).

### Education of Carers

#### **Developing** criteria

✓	There is a complaints system in place for carers	✓	Carers are given information about the complaints process
---	--	---	---

#### **Well developed** criteria

✓	Carers are given information and reminded about ways to provide further feedback (not complaint related)		N/A
---	--	--	-----

### Information provided to carers about the complaints process

If **one or two** of the following are in place, a rating of **developing** applies. If **more than two**, a rating of **well developed** would apply.

✓	'How to Have Your Say' or 'Your Rights' brochures are handed to carers	✓	Carers are reminded about the complaints process (e.g. there are posters on display around the site)
✓	Information about the complaints process is provided in Carer Packs	✓	Information about the complaints process is provided on the website
	Other		

#### Information is provided to carers about the complaints process in other ways:

- Feedback can be provided to the hospital via a number of formats, including:
  - Our staff/managers
  - Patient feedback forms
  - Our website ([sjog.org.au/Midland](http://sjog.org.au/Midland))
  - Email ([info.midland@sjog.org.au](mailto:info.midland@sjog.org.au))
  - Patient Experience team
  - Patient Opinion web site ([www.patientopinion.org.au](http://www.patientopinion.org.au)).
- The Patient Experience team is available to discuss and review any concerns that patients, their families and carers may have about their care.

### Accessibility of complaint process

#### **Developing** criteria

✓	The complaints process is in a format accessible to all types of carers (e.g. young carers; regional carers; CaLD/Indigenous carers are given access to Translating and Interpreting Service)
---	---

#### **Well developed** criteria

✓	The welcome pack includes a complaint form	✓	Carers have the opportunity to provide feedback (not complaint related)
---	--	---	---

## Ways in which carers can make a complaint

If **one or two** of the following are in place, a rating of **developing** applies. If **more than two**, a rating of **well developed** would apply.

✓	Feedback forms	✓	A hard copy survey
✓	An online survey	✓	The ability to speak to a person by phone or in person
✓	The ability to speak to an advocate by phone or in person	✓	The ability to email concerns
	Other		

## Responding to complaints

### Developing criteria

✓	Staff are trained on how to handle carer complaints (e.g. with confidentiality, objectively)	✓	Staff encourage carers to submit feedback, particularly for problems or complaints
✓	There is a process in place to escalate complaints that require urgent resolution	✓	Carers are kept informed of the progress of their complaint

### Well developed criteria

	Carer identification is on all patient liaison feedback documentation		Other
--	---	--	-------

## Measuring/reporting on carers' complaints

### Developing criteria

✓	A simple carer satisfaction measure is in place (e.g. a measure of carers' satisfaction that their complaint has been heard and addressed)	✓	A simple time measure is in place (e.g. response times for the initial carer complaint and response times for subsequent follow ups with the carer)
✓	Key time and satisfaction measures are reported	✓	A simple review process is in place to provide objectivity in the carer complaint process

**Well developed** criteria

✓	An annual site review is undertaken to ensure brochures, flyers and posters relating to the complaints process are displayed and included in carer packs	✓	A more detailed carer satisfaction measure is in place (see below for example measures)
	Results have been formalised and reported widely (e.g. carer satisfaction measures appear in the Strategic Plan)		Complaints are reported in line with industry requirements (e.g. WA Complaints Management Policy)
	Complaints are managed using a web-based management system (e.g. Datix CFM)		Complaints and action taken are reported annually to the Health and Disability Services Complaints Office (HaDSCO)
	Carer results are reported separately to consumer results		There is an online monitoring system offering continuous reporting
	There is an independent review in place		Other
	N/A or insufficient data		

- Carers' complaints data may be collected in future via a complaint satisfaction survey, that will include carers..

**Overall compliance self rating**

	Not yet developed	Developing	Well developed	Insufficient data available	Not applicable
Complaints and listening to carers			•		

**4. Future carer related planned initiatives**

**Significant planned initiatives to be undertaken for the next reporting period:**

- Escalate report to Standard 2 for discussion to identify areas of opportunity to improve.

Area(s) of the *Carers Charter* the above initiatives relate to:

	Staff understand the Charter / carers treated with respect and dignity		Policy input from carers
✓	Carers' views and needs are considered	✓	Complaints and listening to carers







1 Clayton Street, Midland WA 6056  
PO Box 1254, Midland WA 6936

**T.** (08) 9462 4000  
**F.** (08) 9462 4050

**[www.sjog.org.au/midland](http://www.sjog.org.au/midland)**

*Published October 2022*