



# Annual Report

2020-2021



**ST JOHN OF GOD**  
Midland Public & Private  
Hospitals





### **Welcome to Country**

*Kya wanju wanju Nyoongar Wadjuk boodja  
Hello welcome to Nyoongar Wadjuk land  
Ngalla mia weirn mooditj  
This place is for healing*

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# Fast facts



**76,869**

emergency presentations

**82**

volunteers



**11,788**

public procedures



**2,525**

caregivers



**1,108**

mental health admissions



**98,917**

public outpatient appointments\*

**2,096**

births



**34,687**

COVID Testing Clinic presentations



*\*does not include COVID Testing Clinic presentations*



**37,251**

public patient admissions



**105,176**

public patient bed days

**367**

public and private beds



**240**

accredited doctors



**Busiest  
24 hours  
in 2020/21**

**263**

Emergency Department presentations

**162**

admissions

**67**

procedures

**14**

babies born

**713**

COVID tests





# Welcome

from the Group CEO

It is my pleasure to present the St John of God Midland Public and Private Hospitals 2020/2021 Annual Report.

Working in public health care is both a challenge and a privilege. We respond to complex health care needs in a growing and diverse population and St John of God Midland Public Hospital is a busy thriving hospital that is deeply integrated into the community.

We are mindful of the trust that has been placed in us to operate the hospital under a public private partnership with the State Government and of our continuing responsibility to the community to deliver first class health services.

The COVID pandemic continues to add a layer of complexity for all health care providers. While Western Australia has fortunately had low numbers of COVID-19 infections, early detection and community vaccination are a critical part of the public health response in managing the pandemic. We have been pleased to play our part in helping to keep the community safe through our COVID Testing Clinic and COVID Vaccination Centre, as well as remaining on standby to care for any patients that become infected by this highly contagious virus.

Aside from COVID-19, demand for services in the region continues to grow, as evidenced by the activity

numbers. We have responded to this growth and continually look for ways to expand services and meet the health care needs of the community with safe and compassionate care, delivered as cost effectively to the tax payer as possible.

Developing more services and additional capacity at our hospital campus remains an important part of our overall strategy to provide health care to the region. In 2021/22, we will explore opportunities to increase both our public and private health services and broaden the health care offering to the Perth east metropolitan and adjacent Wheatbelt regions.

I extend my thanks to St John of God Midland Public and Private Hospitals CEO Michael Hogan and all of our staff, who are deeply committed to delivering excellent high quality health care to the community and take great pride in being part of an outstanding hospital.

I also thank our colleagues at East Metropolitan Health Service and WA Health and look forward to continuing our successful partnership.

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







# Introduction

from the CEO



The 2020/2021 financial year will be remembered as a challenging year around the world due to the COVID-19 pandemic, especially with its impact on healthcare services.

## St John of God Midland Public Hospital

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

During the 2020/2021 financial year, there were 105,176 patient bed days, 37,251 patient admissions, 98,917 outpatient appointments, 76,869 emergency presentations, 1,108 mental health admissions, 11,788 procedures and 2,096 births undertaken at St John of God Midland Public Hospital.

In the past financial year, emergency presentations increased by six per cent, public patient admissions by 13 per cent, procedures by 25 per cent and public patient days by two per cent. Of note, we had our highest rate of births at the hospital since opening and a 14 per cent increase over the previous year.

The growth in activity this year continues a trend of delivering more health care to our community every year since the hospital's inception.

This annual report highlights the focus we are placing on providing high quality care and patient experience outcomes.

Survey results from our Net Promoter Score illustrate that the majority (76 per cent) of our inpatients were very satisfied with their hospital stay over the past year.

Patient feedback demonstrates that we are providing a positive patient experience and that patients feel valued, cared for and listened to.

## Capacity and demand

The high demand on our services together with bed capacity constraints has impacted our ability to consistently meet a number of performance targets relating to patient access. To assist with this, we continued to search for improvements to hospital-wide patient flow so as to ensure patients presenting to the Emergency Department are seen, transferred and discharged in a timely manner.

We also seek improvements to the timely discharge of patients to residential aged care and disability accommodation. The management of staffing levels remains a key focus to support high quality care at all times.

We continue 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.

Our key performance indicator reporting shows that we are delivering high standards of care to patients. This is a testament to the commitment of our organisation and all caregivers who contribute to delivering our services.





We are currently progressing a proposal to extend the hospital to create more capacity and services to help meet future growth in demand for health services.

Our facility expansion plans reflect the organisation's commitment to the local community.

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

St John of God Midland Private Hospital continued to experience pleasing 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, including a new standalone private day surgery, 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. Every day I see fantastic examples of caregivers going 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.

### **Michael Hogan**

CEO

St John of God Midland Public and Private Hospitals





Whiteboard with various charts and diagrams, including a red 'STOP' sign.

**CALL, DON'T FALL**  
AVOID A FALL IN THE HOSPITAL

1. Stay where you are
2. Push **GREEN** Nurse Station
3. Ask for the Nurse





# 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 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 over and beyond our contractual obligations to maintain a high quality of 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.

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 also taken a leading role in undergraduate and postgraduate teaching and training and established strong ties with WA universities and other medical, nursing and allied health training facilities.





# Key personnel

## Hospital Management Committee\*

### **Michael Hogan**

Chief Executive Officer

### **Michele Allum**

Director Mission Integration

### **Dr Sayanta Jana**

Director Medical Services  
(departed: 14 April 2021)

### **Dr Amanda Boudville**

Acting Director Medical Services  
(acting period: 19 April to  
3 July 2021)

### **Dr Anthony Bell**

Director Medical Services  
(commenced: 5 July 2021)

### **Gareth Jones**

Director Finance and  
Business Services

### **Janet Jones**

Director 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

### **Debra Goddard**

Nursing Co-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 Jee Kong**

Head of Service,  
Gastroenterology

**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 Michelle Ross-King**

Head of Service,  
Critical Care

**Dr Noel Friesen**

Head of Department,  
Paediatrics

**Oliver Brennan**

Hospital Procurement Director  
(commenced 14 June 2021)

**Dr Premala Paramanathan**

Head of Department for  
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 Siew Chong**

Co-Head of Department,  
General Medicine and  
Medical Specialties

**Dr Stefan Schutte**

Head of Department,  
Psychiatry

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

### Community support for COVID-19

We continued to provide support to the community with the prevention and management of the COVID-19 pandemic.

Opened on 25 March 2020, our COVID Testing Clinic has provided a vital service to the community, undertaking 34,687 COVID swabs over the past financial year. The clinic's busiest day was 1 February, when it undertook 713 swabs.

A COVID Vaccination Clinic operated within the hospital from 8 March 2021 to 2 July 2021. The clinic administered 5280 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.



# Community

A significant focus is placed on building relationships and having clear linkages with the local community and local service providers.

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.

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, New Zealand, India, Philippines, South Africa, Italy, Ireland, Germany, Netherlands and Sudan.

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

## Community relationships

We work closely with service providers across a range of areas. Examples of organisation with which we maintain key relationships, include: 360 Community and Health, Angelhands, Australian Red Cross, Black Swan Health, Breast Care WA, Cancer Council WA, City of Swan, Carers WA, Centrecare, Communicate WA, CoNeCT, Department for Child Protection and Family Support, Department of Communities, Department of Health, Department of Housing, Department of Human Services, Derbal Yerrigan Aboriginal Health Service, Facilitatrix, Helping Minds, Indigo Junction, Koolkuna Women's Refuge, Leukaemia Foundation, Meerlinga Young Children's Foundation, Mental Illness Fellowship of WA, Midland Family Violence Team, Midland Women's Health Care Place, Midlas, Midland Adult Community Mental Health, Moorditj Koort, My Aged Care Regional Assessment Service, Neurological Council of WA, Next Step Alcohol and Drug Services, Ngala, National Disability Insurance Agency,

Identity WA, Parkinson's WA, Red Cross, Rise Community Support, RUAH Community Services, Salvation Army, Sexual Assault Resource Centre, Silver Chain, St Johns Ambulance, St Vincent de Paul, Starick Domestic Violence Support Services, Stroke Foundation, Swan Chamber of Commerce, Swan Stroke Support Group, TPG Aged Care, WA Primary Health Alliance, Welfare Rights and Advocacy Service, Wheatbelt Aboriginal Health Service, Wheatbelt Mental Health Service, White Oak Home Care 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.

## Consumer engagement framework

A Consumer Partnership Framework was implemented last year, as part of our commitment to providing the best possible experience for patients and their carers and families.

The framework includes a description of how consumers can participate in the planning, delivery and evaluation of the services provided at the hospital.

## 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 recipients 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.





## PARTY program

The hospital continued its involvement in Royal Perth Hospital's highly-successful Prevent Alcohol and Risk-related Trauma in Youth (PARTY) program.

Coordinated by our Emergency Department, the injury prevention program supports secondary school groups visiting the hospital to learn about trauma and help young people recognise potential injury-causing situations and make informed prevention-oriented choices about activities.

Presenters included St John Ambulance paramedics, Police officers, emergency and intensive care doctors and nurses, physiotherapists, rehabilitation therapists, drug and alcohol experts, brain and spinal cord injury survivors and hospital volunteers.

Over the past financial year we were only able to host 13 schools, with 22 schools being cancelled due to COVID-19 lockdowns and restrictions. A total of 156 students attended the PARTY program, with most being in the target age group of 14 to 17 years of age.

About 54% of the students who attended the program had a learner's permit or a provisional licence to drive a motor vehicle.

Research undertaken on participants attending the program during 2020/2021 confirmed that it increased awareness on the consequences of undertaking risk-related behaviours.





# Community

## Consumer and Community Advisory Council

Our Consumer and Community Advisory Council forms part of our commitment to deliver 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 a consumer voice and enhance the patient experience at the hospital by providing input into our service delivery and planning.

Members represent a variety of backgrounds and many are heavily involved in the community, including representation on other boards, councils and committees.

This year Council members began visiting patients to gather feedback firsthand and to help enhance the patient experience.

## Community members

**Emma Wignell**  
Chair

**Helen Dullard**  
Deputy Chair

**Jean Applin**

**Thomas Fairley**

**Sandy McKiernan**

**Maxine Martin**

**Mike Rennie**

**Karen Wickham**

**Ian Wright**

## East Metropolitan Health Service representative

**Sandra Miller**  
Executive Director  
Safety Quality and Consumer Engagement

## Hospital representatives

**Michael Hogan**  
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

**Kristie Popkiss**  
Quality and Risk Manager

## Mental Health Consumer and Carer Advisory Group

Our Mental Health Consumer and Carer Advisory Group 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.

Meetings are held monthly 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 visit the mental health wards to gain feedback from patients and their carers about services provided in the Mental Health Unit.

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.





# Aboriginal health

## Aboriginal Health Strategy

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

The framework covers six focus areas:

- Aboriginal workforce
- Cultural security
- Patient engagement and support
- Community engagement
- Research, evaluation and continuous improvement
- Early years (birth to five years)

## Aboriginal Quality Improvement Committee

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 restrictions committee meetings were postponed during the year.

Key achievements and priorities accomplished through the strategy included:

- Hosting of two Aboriginal interns from North Metropolitan TAFE, who are studying communities and mental health. The students completed 120 hours of work placement.
- Re-commencement of a nursing intern placement for our Aboriginal students via Career Trackers program.
- Recruitment and commencement of two Aboriginal nursing graduates.
- Cultural education sessions with Curtin University medical students.
- Cultural education sessions with South Metropolitan TAFE students.
- Appointment of an additional Aboriginal Engagement and Cultural advisor position.





## Aboriginal Health Team

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

Over the past financial year, our hospital supported 2,122 inpatients and 5,914 outpatients (includes COVID Testing Clinic) who identified as being Aboriginal or Torres Strait Islander.

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.

With the uncertainty of the pandemic, 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, utilisation of the ambulance transport service and support for patients with transport issues who were required to attend the hospital for treatment and outpatient appointments.

## Cultural celebrations

We place great focus on acknowledging and celebrating the history, culture and achievements of Aboriginal and Torres Strait Islander people.

As part of this, we continued to promote, celebrate and acknowledge culturally significant days and weeks throughout the year within the hospital.

In 2021, the Aboriginal Health Team held Close the Gap Day activities, including a Grand Round presentation, as well as Reconciliation Week and NAIDOC Week celebrations.

As part of the celebrations, some of our Aboriginal service providers and stakeholders showcased their services in the foyer, including Derbarl Yerrigan Health Service, Moorditj Koort, Moorditj Djena and Midland Community Hub and Child Health Service.





# Aboriginal health

## Moort Boodjari Mia

Moort Boodjari Mia is 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.

The program aims to help women stay healthy during pregnancy and give their babies the best possible start in life by providing antenatal care, advice and support 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.

Working closely with the hospital's maternity team, the service includes dedicated antenatal clinics, external community clinics and a "drop in" service for patients.

### Key highlights over the past year included:

- Client numbers were consistent with the previous year and referral numbers were slightly higher, with 174 babies being born through the service.
- Most babies (92 per cent) cared for under the program were born within normal birth weight parameters (between 2500 to 4499 grams).
- A comprehensive and safe maternity service being maintained during COVID-19 lockdowns and related restrictions.
- Participation in the Healthily GoShare trial, including the development of videos featuring past clients talking about pregnancy, childbirth and mother crafting, alongside maternity information that is Aboriginal specific.

The team also 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).

The team were also involved in local research projects, including 'Baby Coming You Ready?' with Ngangk Yira

Aboriginal Research Centre at Murdoch University and the Early Moves Study being led by Curtin University and Perth Children's Hospital. A caregiver has been enlisted to specifically recruit Aboriginal and Torres Strait Islander families for the Early Moves Study, which will be expanded to include the hospital in late 2021, to provide cultural safety for participating families.

Team members were also involved in a collaboration pilot project with Midvale Child and Adolescent Community Health, which helped families continue to gain 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 in Australia is seen as important, and that 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 for 2020 to 2022 outlines St John of God Health Care's continued commitment to playing our role with reconciliation and our intent to build on our meaningful partnerships and opportunities with Aboriginal and Torres Strait Islander peoples over the next two years and beyond.

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 owned company Kulbardi.









## 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:**

- Clinical psychology
- Dietetics and nutrition
- Occupational therapy
- Paediatric dietetic
- Physiotherapy
- Speech pathology.



## 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 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 organises for our specialists 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 place great focus on providing 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 external performance and quality assessments and audits.

In May 2021 the hospital underwent an inspection for private licensing by the Department of Health's Licensing and Regulatory Unit.

In addition, the hospital participated in 13 external audits over the past financial year as part of our contractual obligations with the State Government.

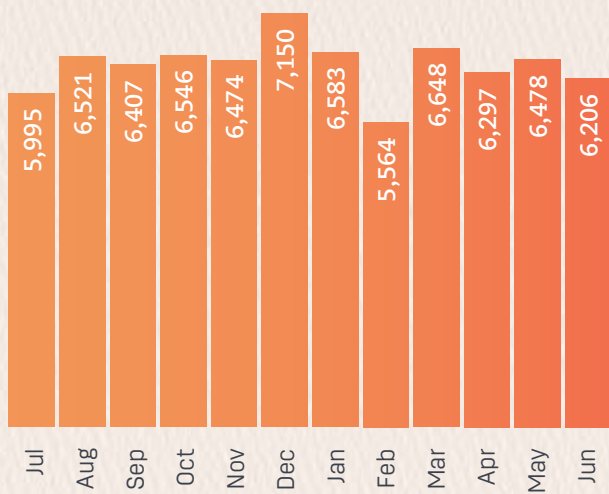




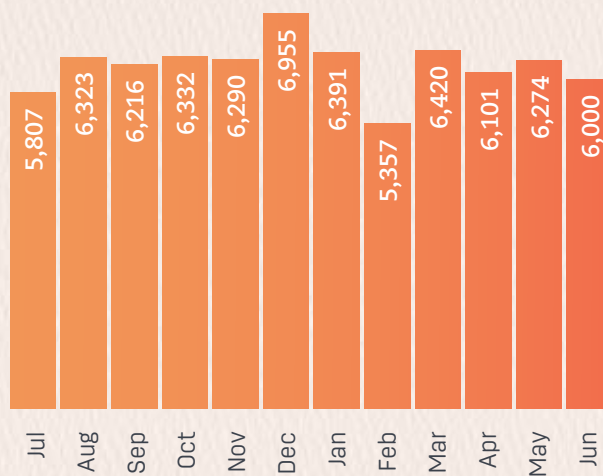


# Public hospital patient activity 2020/2021

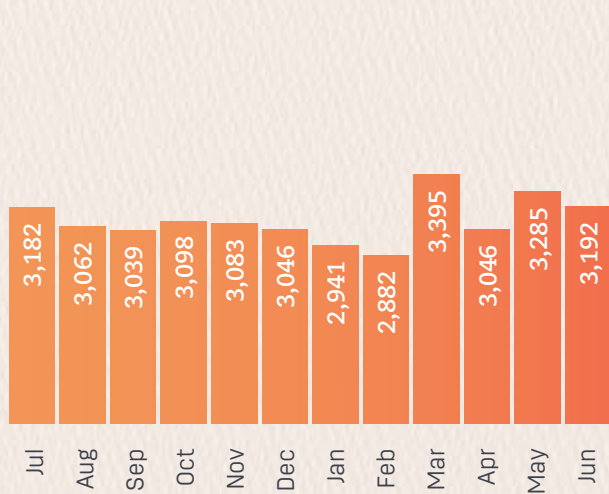
## Emergency presentations (all)



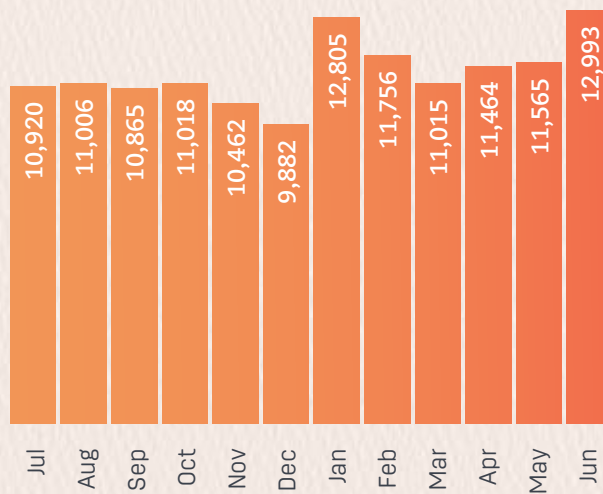
## Emergency presentations (public)



## Patient admissions

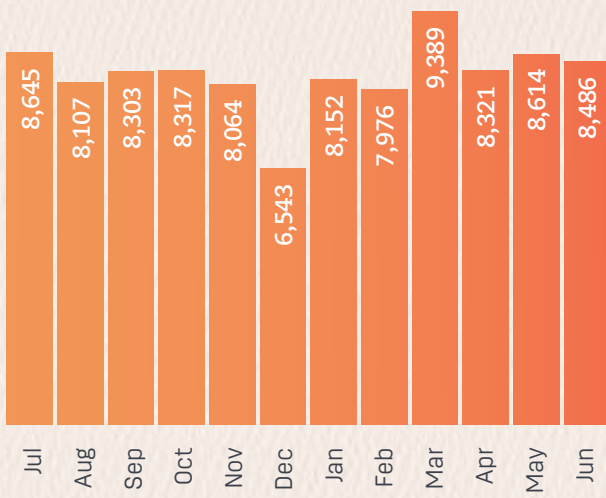


## Outpatient visits (including COVID)

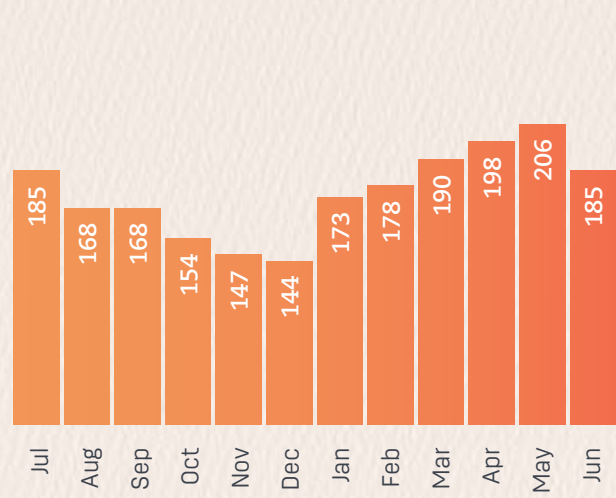




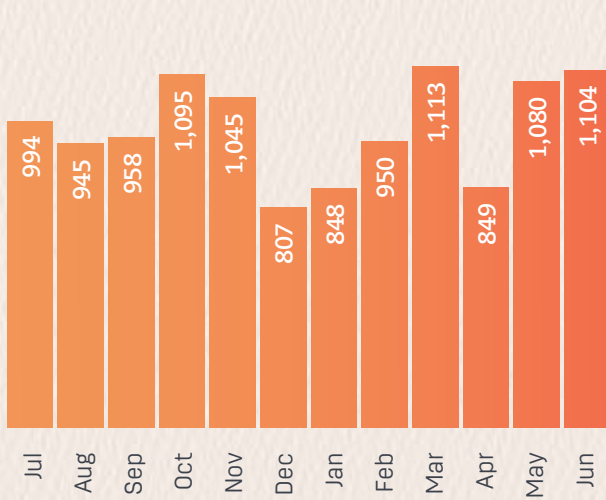
### Outpatient visits (excluding COVID)



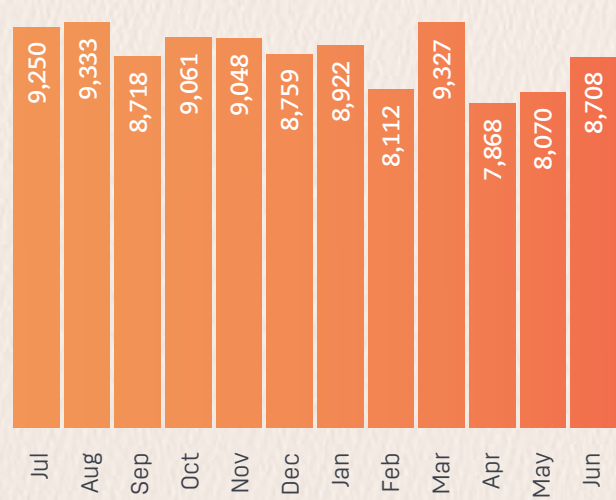
### Deliveries



### Procedures



### 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 2021).

### Resuscitation (immediately)

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

### Critical (within 10 minutes)

THRESHOLD	ACHIEVED
<b>&gt;=70%</b>	<b>86.3%</b>

### Urgent (within 30 minutes)

THRESHOLD	NOT ACHIEVED
<b>&gt;=50%</b>	<b>28.5%</b>

### Semi-urgent (within 60 minutes)

THRESHOLD	ACHIEVED
<b>&gt;=50%</b>	<b>51%</b>

### Less urgent (within 120 minutes)

THRESHOLD	ACHIEVED
<b>&gt;=70%</b>	<b>90.2%</b>

## Elective surgery performance

Percentage of patients treated within recommended timeframes (as of June 30 2021).

### Category 1 – urgent

(within 30 days)

**87%**

### Category 2 - semi urgent

(within 90 days)

**81%**

### Category 3 - non urgent

(within 365 days)

**94%**

## Clinical indicator performance

Performance against Australian Council on Healthcare Standards (ACHS), clinical indicators benchmarked against national peer hospitals.

### July to December 2020

Inpatients developing pressure injuries

ACHS BENCHMARK	ACHIEVED
<b>0.01%</b>	<b>0.00%</b>

Inpatient falls resulting in fracture of closed head injury

ACHS BENCHMARK	NOT ACHIEVED
<b>0.01%</b>	<b>0.02%</b>

Medication (adverse event requiring intervention) errors

ACHS BENCHMARK	ACHIEVED
<b>0.00%</b>	<b>0.00%</b>

## Clinical indicator performance (continued)

### January to June 2021

Inpatients developing pressure injuries

ACHS BENCHMARK  
**0.01%**

ACHIEVED  
**0.00%**

Inpatient falls resulting in fracture of closed head injury

ACHS BENCHMARK  
**0.01%**

ACHIEVED  
**0.01%**

Medication (adverse event requiring intervention) errors

ACHS BENCHMARK  
**0.00%**

ACHIEVED  
**0.00%**

## Infection control indicators performance

Performance against infection control indicators (as of June 30 2020)

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

BENCHMARK  
**≤1.00**

ACHIEVED  
**0.44**

Rate of hospital acquired central line associated bloodstream infections in ICU

BENCHMARK  
**≤2.00**

ACHIEVED  
**0.00**

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

BENCHMARK  
**None**

ACHIEVED  
**4.30**

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

BENCHMARK  
**≤ 0.83**

ACHIEVED  
**0.22**

Results from hand hygiene initiative audits

BENCHMARK  
**≥ 80%**

ACHIEVED  
**82.2%**

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

BENCHMARK  
**≤5.40**

ACHIEVED  
**5.36**

## 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 219 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.

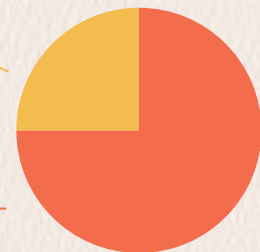
## Service agreement KPIs by category

**25%**

Non-clinical performance

**75%**

Clinical performance



## 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 \$57,432,688 as at 30 June 2021.



# Patient and consumer satisfaction

As part of our focus on continuous improvement, we welcome feedback from patients, families and carers.

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)

All patient feedback is viewed as an opportunity for us to partner with our patients, family members and carers to enhance the performance of our services.

The Patient Experience Team recorded 750 contacts over the 2020/2021 financial year, including compliments, concerns or complaints from patients and family members.

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

Approximately 85 per cent of the formal complaints received were resolved within 30 business days.

We strive to provide a high standard of person centred care and appreciate all feedback as part of that process.

The majority of concerns raised by a patient 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 was provided to the patient on how to submit a formal complaint to the hospital via the Patient Experience Team.

All compliments are forwarded to caregivers who have been recognised for providing excellent care and making a positive difference to the patient experience.

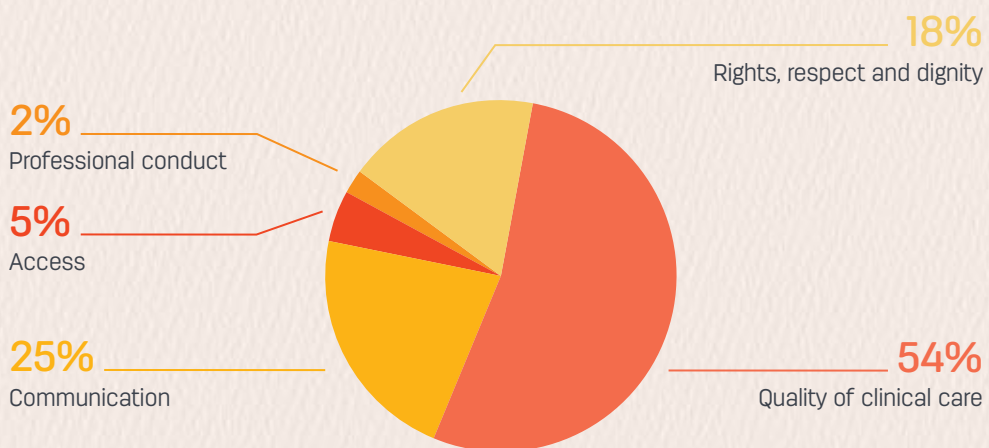
## Net Promotor Score

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 8,385 responses were received in the past financial year for inpatients (does not include Emergency Department), giving an accumulative NPS of 69.3. Of these, 76 per cent were promoters, 17 per cent were passive and seven per cent were detractors. This is a similar score to previous years.



## Feedback themes





# Innovations and technology

## Innovation in clinical systems and equipment

Our Information and Communications Technology Governance Committee continued to oversee the delivery of a strategy to develop our digital clinical systems to enhance the quality and safety of services delivered by the hospital.

The strategy includes three key projects:

- Clinical Information System (CIS) improvements – the patient electronic medical record solution provided by Telstra Health continued to undergo co-design improvements to enhance the system’s capability and usability to enable the delivery of electronic patient clinical records. Over the past year, works focussed on improving user interface and eForm capability and creating a progress notes module, which is expected to be implemented in 2022. Future work currently in co-design includes patient list management and clinical pathology ordering improvements.
- Completion of interoperability – this project will deliver the final phase of a four phase program to ensure relevant clinical information in our system seamlessly interfaces with WA Health systems and that key clinical data is available for other public hospitals, when required.
- Patient flow and tasking solutions – sourcing a preferred solution for hospital-wide patient flow and tasking management as well as a triage kiosk solution for the Emergency Department. The solution is expected to be implemented in 2022.

## Innovations in service delivery

A number of innovative services, programs and activities were implemented across the hospital in 2020/2021, including:

- Following a successful trial, the Hospital Avoidance Response Team (HART) was introduced at the hospital in 2020 to reduce the number of patients at risk of readmission. The multidisciplinary team comprises nursing and allied health caregivers to support patients in our Emergency Department and wards. Target patients are those at risk of hospital readmissions, especially those with frequent presentations and

ambulatory care sensitive conditions, including Chronic Obstructive Pulmonary Disease and Congestive Cardiac Failure. Funded by EMHS, analysis shows that patients involved with HART present less to ED, spend less time when in ED and experience a shorter length of stay when admitted.

- A joint research initiative with the University of Notre Dame Australia, including the appointment of Professor Yogesan Kanagasingam as the inaugural Chair in Digital Health and Telemedicine at University of Notre Dame. The initiative will focus on building contemporary and cutting-edge practices in digital health and telehealth plans at the hospital.
- The implementation of a person-centred care program, known as the 3Cs program. It focuses on the areas of connection, compassion and communication to enhance the patient experience.
- A special service was trialed for stroke and geriatric patients with a swallowing difficulty (dysphagia) enabling them to have an instrumental assessment at their bedside by speech pathologists. Known as Flexible Endoscopic Evaluation of Swallowing (FEES), it involves a speech pathologist passing a small tube with a camera and light on the end through the nose of a patient, to examine how they swallow food, drinks, medications and saliva.

## GoShare digital platform pilot program

The GoShare digital platform pilot program was run over the past financial year and showed some successful results. The trial involved caregivers sending information electronically via the GoShare digital platform to patients in the Emergency Department, Maternity Unit, Mental Health Unit and Moort Boodjari Mia service.

Funded by the Australian Digital Health Agency, the pilot led to more than 33,604 health information bundles being sent to patients. The pilot found that the platform provided greater accessibility to health education, supported health literacy and had a positive impact on self management. In addition it was found to improve patient compliance with care plans and had the potential to reduce complications and readmissions.

Following the success of the pilot, a review is being undertaken whether to broaden the use of the platform over the next few years into other departments to support patient literacy and self-management.

## Child, Young Person and Adult at Risk Safeguarding Framework

In 2021 the organisation launched a Child, Young Person and Adult at Risk Safeguarding Framework.

The framework is designed to assist the organisation with:

- Continuing to promote the safety of children, young people and adults at risk.
- Doing everything reasonable to prevent child, young person and adult at risk abuse and /or neglect.
- Ensuring effective processes are in place to respond quickly and sensitively to allegations of child, young person and adult at risk abuse and/or neglect
- Encouraging children, young people and adults at risk to 'have a say' especially on issues that are important to them or about decisions that affect their lives.









# Our people

We have the largest workforce of St John of God Health Care's hospital and health care services, with 2,525 caregivers.

As our services have increased so has our workforce. Over the past financial year, our workforce increased by approximately five 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 promote behaviours that bring to life our Mission and Values of Hospitality, Compassion, Respect, Justice and Excellence.

## Volunteers

Our volunteers play an important role in assisting patients and visitors at the hospital.

We have more than 80 volunteers, who assist patients and visitors in various roles, from greeting and escorting patients and visitors to providing assistance, companionship and support with activities, such as art and gardening classes, as well as minding babies in the Special Care Nursery and during hydrotherapy sessions.



## 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 was undertaken by 325 resident medical officers, 368 registrars and 41 graduate nurses and midwives at the hospital.
- Clinical placements were undertaken by 85 medical students, 682 student nurses, 42 student midwives, 129 allied health students and 11 students connected to Aboriginal health.
- The second cohort of directly employed medical interns began working at St John of God Health Care in January 2021, following the commencement of the program in 2020. The interns are based at St John of God Midland Public Hospital and also rotate to St John of God Subiaco Hospital. In 2022 the program is being expanded to include other Perth-based St John of God Health Care hospitals.

- The second cohort of medical students from the new Curtin University Midland Campus began their placement in January 2021.
- Medical students undertook audits during work placement, as part of a Medical Service Improvement Program.
- 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).
- Caregivers undertook a critical care upskilling course as part of the preparations for the COVID-19 pandemic.

*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 and research work over the past year.

### External awards

- Shelley Bernstein, Senior Physiotherapist, received the 2020 Parkinson's WA Allied Health Professional Award for outstanding dedication to serving the Parkinson's Community in Western Australia.
- Engineering Team received the Gold Waterwise Business Award from the Water Corporation for achieving excellence in water efficiency.

### Internal awards

- SJGMPPH Going Beyond Together Team Award Winner (October 2020): Ward 3D.
- SJGMPPH Going Beyond Together Team Award Winner (March 2021): COVID Testing Clinic.
- SJGMPPH Caregiver of the Year: Anna Ferreira, Patient Equipment Centre Coordinator





## Research

Research steadily increased at the hospital over the past financial year, reflected by 101 open studies, including 39 new ethical submissions over that period and the completion of three research projects. In addition, the hospital was affiliated with 25 research articles in external publications.

As a reflection of the growth in research, our Research Team moved to bigger offices within the hospital to help support clinicians and facilitate research. The move has also provided a more centralised location and the ability to accommodate outlying seconded academic researchers as well as provide caregivers with a dedicated non-clinical area to develop their research.

A Notre Dame University affiliated digital chair was appointed in 2021 to support and grow digital research initiatives. In addition, an Allied Health Academic Research Lead was appointed to assist with building allied health research capability and translation into clinical practice.

### Key research highlights included:

- The establishment of Midland's first commercially sponsored multinational, randomised, double blind controlled trial, which involves 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 patients 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 Action and Inclusion Plan

Our 2019 to 2021 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 the following:

- People with disability have the same opportunities as other people to access services and events.
- People with disability have the same opportunities as other people to access buildings and other facilities.
- People with disability receive information in a format that will enable them to access information as readily as other people are able to access it.
- People with disability receive the same level and quality of service from staff as other people receive.
- People with disability have the same opportunities as other people to make complaints.
- People with disability have the same opportunities as other people to participate in any public consultation.
- People with disability have 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 has been seamlessly incorporated into the hospital through public grants and donations from the community.

The successful CARTwheels program was undertaken over the past financial year. Introduced in 2019, it aimed to enhance the wellbeing of patients by providing them with a creative outlet and welcome distraction during their hospital stay. The program involved volunteers providing on-the-ward activities from a mobile art trolley, engaging patients of varying abilities in a creative experience.

The music program was updated in early 2021 and expanded to include caregivers, local performers, local schools and community groups performing on the hospital's Steinway piano in the main foyer, for the enjoyment of patients, visitors and caregivers.

Music also formed the basis for placements by two students from the School of Allied Health at The University of Western Australia so they could see firsthand how person-centred care can be enacted within arts and health, including singing programs.

In addition, arts and music programs were provided for mental health and rehabilitation patients to assist with their recovery.

Note, some of the activities listed above were impacted by COVID-19 restrictions.





# Appendices



# Directors report

For the year ended 30 June 2021

The directors of St John of God Midland Health Campus Ltd present their report for the year ended 30 June 2021.

## 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 2020 to 30 June 2021 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. The COVID-19 pandemic has developed rapidly during this financial year, with a significant number of cases. Measures taken by various governments to contain the virus have affected economic activity. At this stage, the impact on the results has not been significant. The financial report has been prepared based upon conditions existing at 30 June 2021 and considering those events occurring subsequent to that date, that provide evidence of conditions that existed at the end of the reporting period.

## 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 Entity 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 2021



# 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 2021, 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 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.

*Ernst & Young*

Ernst & Young

G Lotter

Partner

21 September 2021

## Financial Report

For the year ended 30 June 2021

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

For the year ended 30 June 2021

	Notes	2021 \$	2020 \$
Revenue from ordinary activities	4	312,817,442	291,651,276
Other expenses	4	(312,817,442)	(291,651,276)
<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 2021

	Notes	2021 \$	2020 \$
<b>Current assets</b>			
Cash and cash equivalents	5	5,121,578	2,568,122
Trade and other receivables	6	31,301,872	28,321,377
<b>Total current assets</b>		<b>36,423,450</b>	<b>30,889,499</b>
<b>Total assets</b>		<b>36,423,450</b>	<b>30,889,499</b>
<b>Current liabilities</b>			
Trade and other payables	7	87,741	240,405
Funding received in advance	8	12,531,479	9,738,796
Amounts due to related entity	9	23,804,230	20,910,298
<b>Total current liabilities</b>		<b>36,423,450</b>	<b>30,889,499</b>
<b>Total liabilities</b>		<b>36,423,450</b>	<b>30,889,499</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 period 30 June 2021

	Accumulated Surplus \$	Total \$
<b>As at 1 July 2019</b>		
Total comprehensive income	-	-
<b>At 30 June 2020</b>	-	-
<b>As at 1 July 2020</b>		
Total comprehensive income	-	-
<b>At 30 June 2021</b>	-	-

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 2021

	Notes	2021 \$	2020 \$
<b>Operating activities</b>			
Receipts from the Government of Western Australia		312,629,629	288,083,199
Payments to suppliers		(312,970,105)	(288,691,416)
<b>Net cash flows used in operating activities</b>		<b>(340,476)</b>	<b>(608,217)</b>
<b>Financing activities</b>			
Net amounts advanced from related party		2,893,932	1,980,045
Net increase in cash and cash equivalents		2,553,456	1,371,828
Cash and cash equivalents at 1 July		2,568,122	1,196,294
<b>Cash and cash equivalents at 30 June</b>	<b>5</b>	<b>5,121,578</b>	<b>2,568,122</b>

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 2021

### 1. Corporate information

St John of God Midland Health Campus Ltd 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 *Corporations Act 2001* 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 Company has opted to adopt AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities ahead of its mandatory effective date of 1 July 2021. Other than the change in disclosure requirements, the adoption of AASB 1060 has no significant impact on the financial statements because the Company's previous financial statements were prepared in full compliance with the recognition and measurement requirements of Australian Accounting Standards. As permitted by the amended AASB 1053, comparative information is not provided for those disclosures that the Company had not previously made in the notes of its financial statements. The Company has been preparing special purpose financial statements for periods up to and including the year ended 30 June 2020.

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

Other than the early adoption of AASB 1060 to comply with *Australian Accounting Standards - Simplified Disclosures* (see Note 2.1), the financial report has been prepared using accounting policies that are consistent with those that were applied by the Company and disclosed in the 2020 Special Purpose Financial Report.

Several other Australian Accounting Standards and Interpretations apply for the first time in 2021, 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.



## Notes to the financial statements (continued)

For the period ended 30 June 2021

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.

### d) Trade and other receivables

Trade receivables, which generally have 14-30 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 - 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

##### Revenue from ordinary activities

	2021 \$	2020 \$
<b>Revenue from the State of Western Australia:</b>		
Operation of the Midland Public Hospital	312,817,442	291,651,276
	<b>312,817,442</b>	<b>291,651,276</b>

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

##### Other expenses

	2021 \$	2020 \$
Costs associated with the operation of Midland Public Hospital	312,817,442	291,651,276
	<b>312,817,442</b>	<b>291,651,276</b>

#### 5. Cash and cash equivalents

	2021 \$	2020 \$
Cash at bank and on hand	5,121,578	2,568,122
	<b>5,121,578</b>	<b>2,568,122</b>

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

#### 6. Trade and other receivables

	2021 \$	2020 \$
State of Western Australia	31,301,872	28,321,377
	<b>31,301,872</b>	<b>28,321,377</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

	2021 \$	2020 \$
Trade payables	-	213,598
Goods and services tax	87,741	26,807
	<b>87,741</b>	<b>240,405</b>

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

## 8. Funding received in advance

	2021 \$	2020 \$
Public asset replacement funds	8,442,387	7,439,341
Revenue received in advance	4,089,092	2,299,455
	<b>12,531,479</b>	<b>9,738,796</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

	2021 \$	2020 \$
Parent Entity: St John of God Health Care Inc.	23,804,230	20,910,298
	<b>23,804,230</b>	<b>20,910,298</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 2021 are \$312,817,442 (2020: \$291,651,276) 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.



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

	2021 \$	2020 \$
<b>Surplus for the year</b>		
Increase in trade and other receivables	(2,980,495)	(3,568,077)
Increase/(Decrease) in trade and other payables	(152,664)	229,639
Increase in funding received in advance	2,792,683	2,730,221
<b>Net cash flows used in operating activities</b>	<b>(340,476)</b>	<b>(608,217)</b>

## **Directors' Declaration**

For the year ended 30 June 2021

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 2021 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 2021 and of its performance for the year ended on that date; and
  - (ii) complying with *Australian Accounting Standards - Simplified Disclosures* and complying with the *Corporations Regulations 2001*; 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 2021





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## **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 2021, 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 2021 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.

## 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.





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- ▶ 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*

Ernst & Young

G Lotter  
Partner  
Perth  
21 September 2021

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ST JOHN OF GOD  
Midland  
Public Hospital

Public Patient →  
Drop Off /  
Pick Up

Visitor Parking P ←

Private Patient ←  
Drop Off



# WA Carers Recognition Act 2004 Compliance Report

## Community Service Organisation Compliance with the Western Australian Carers Charter

1st July 2020 – 30th June 2021

### Organisation Name

St John of God Midland Public and Private Hospitals

### Definition of a carer

A carer is defined in the Western Australian *Carers Recognition Act 2004* (the Act) as someone who provides unpaid (with the exception of a pension or allowance) ongoing care or assistance to a person with a disability or a chronic illness, including a mental illness, or may relate to a person who is frail and therefore needs assistance. Under the Act, volunteers and paid staff are not included in the definition of a carer, and nor are those who care for children under the *Children and Community Services Act 2004*.

### Western Australian Carers Charter

The Act<sup>1</sup> requires Community Service Organisations funded by WA Health to report to the Carers Advisory Council on their compliance with the Western Australian Carers Charter (Carers Charter). The Carers Charter<sup>2</sup> recognises the importance of carers in relation to the delivery of services, and comprises the four elements in the table below.

Please provide an overall rating of your Organisation's level of compliance with each element of the Carers Charter using the rating scale – Not Compliant, Working Towards Compliance, and Achieved Compliance.

Carers Charter	Not Compliant	Working Towards Compliance	Achieved Compliance
1. Carers must be treated with respect and dignity.			X
2. 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.		X	
3. 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.			X
4. Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.			X

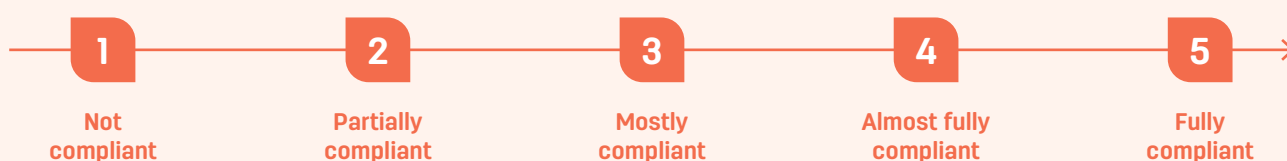
<sup>1</sup> Refer to Part 2, Section 7(1) of the Act.

<sup>2</sup> Refer to Schedule 1 of the Act.

## Self Assessment

The Self Assessment provides more specific information on how you support carers and their caring role, and further clarifies the ratings provided on compliance with the Carers Charter.

The Self Assessment is rated using a 5-point scale from Not compliant (1) to Fully compliant (5).



You are encouraged to attach relevant supporting documents to support your Self Assessment.

Does your Organisation:	Rating (1 – 5)	Attachment provided? (Yes / No)
1. Acknowledge the role of carers in all relevant Organisational policies and protocols?	4	X
2. Acknowledge the role of carers in all relevant Organisational publications?	5	X
3. Include training on the Carers Charter and the role of carers in staff inductions and ongoing staff training?	5	X
4. Inform carers of the Carers Charter and relevant Organisational policies and protocols?	5	X
5. Include carers in the Organisation's strategic planning processes?	5	X
6. Include carers on the Board/Management Committee of the Organisation?	5	X
7. Include carers in the assessment process for direct services?	5	X



## Self Assessment (continued)

<b>Does your Organisation:</b>	<b>Rating (1 – 5)</b>	<b>Attachment provided? (Yes / No)</b>
8. Include carers in the ongoing monitoring of direct services?	5	X
9. Inform carers of the Organisation's complaints policy and their ability to make a formal complaint if the Carers Charter is not upheld?	5	X
10. Ensure carers have the opportunity to provide feedback on their experience of the Organisation?	5	X
11. Provide avenues for carers to access peer support?	5	X







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