



# Performance highlights





## A professional health service

We will hold ourselves to the highest possible standards and work towards continually improving how we work.

## Contemporary models of care

We will plan and implement models of care that are informed by children, young people and their families. The models of care will be grounded in leading practice, research, evidence and data.



# Sustainable Health Review

The **Sustainable Health Review Final Report**, published in April 2019, outlines eight strategies and 30 recommendations to identify changes required to prioritise the delivery of patient-centred, high quality and financially sustainable healthcare.

The Child and Adolescent Health Service (CAHS) was initially tasked with leading recommendations 8 and 23. In November 2022 these were reprioritised by the Department of Health (DoH); CAHS continues to participate in leading recommendation 8.

The Sustainable Health Review under Strategy 3 – Great Beginnings recommended that “WA Health actively partner in a whole-of-government approach to support children and families to get the best start in life to become physically and mentally healthy adults” (Recommendation 8).

CAHS and the WA Country Health Service (WACHS) are jointly leading Recommendation 8 in collaboration with other government departments. The 10 year objective is to provide services for the first 1,000 days of a child's life that are connected, accessible and focus on prevention.

During 2022–2023 CAHS has made significant progress on three funded initiatives aimed at improving outcomes for young children which align with the intent of Recommendation 8, which are:

- The **Early Childhood Dental Program**, funded through a 2021 election commitment, will promote oral health and improve access to dental care for children under five years of age in WA. A project team has been established and a Current State Assessment has now been completed, which will inform the development of the final service delivery models. Service roll-out will begin in mid-2024.
- The **Midland and Murdoch Community Hubs** is a core project with the aim of making it easier for children, young people and families to access the support they need ([see page 83](#)).
- The **Health Navigator Pilot Program** was launched in 2022, employing Health Navigators to help children in out-of-home care and their carers navigate and access health and mental health services ([see page 50](#)).

**Community Hub services from the Midland and Murdoch sites will include:**

Child Health Services

School Health

Immunisation Services

Aboriginal Health Team

Child Development Services

Community Child and Adolescent Mental Health Service (CAMHS)

Specialised CAMHS - Multi Systemic Therapy (Murdoch only)

# Perth Children's Hospital and Neonatology

Perth Children's Hospital (PCH) is WA's specialist paediatric hospital and trauma centre, providing medical care to children and adolescents 15 years of age or under.

Neonatology provides specialised neonatal services to newborn babies and infants who need specialist treatment in the first few months of life, operating intensive care units at PCH and King Edward Memorial Hospital, and the mobile Newborn Emergency Transport Service.



## Neonatology

### Neonatal Emergency Transport Service

During 2022-23 the Neonatal Emergency Transport Service (NETS) introduced two critical service improvements. The first was Neo-Vision, a telehealth service that enables timely support and specialist advice to clinicians until the NETS team arrives. Secondly, NETS trialed the use of a helicopter in conjunction with the Department of Fire and Emergency Services for the transport of a neonate baby to PCH.



### Perron Rotary Express Milk Bank

The Perron Rotary Express Milk Bank (PREM Bank) collects breast milk from healthy screened donors and processes the donated breast milk, including pasteurisation. The donated milk is provided to vulnerable babies whose mothers are not able to produce enough milk.

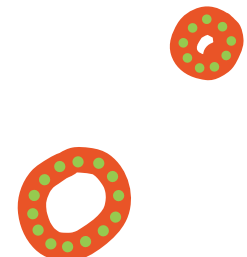
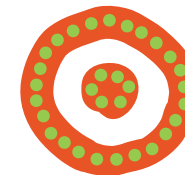


To support breast feeding mothers, lactation consultants provided over 4,800 consultations across PCH and Neonatology at King Edward Memorial Hospital. A new lactation consultant was employed in the PCH Neonatal Intensive Care Unit, to provide advice and support to clinical teams for inpatients in other wards.

**338** pre-term infants received pasteurised donated human milk in 2022-23.

### Neonatal resuscitation training

A review of the model of neonatal resuscitation training saw Neo-Resus implemented statewide for medical, midwifery and nursing staff. 15 courses were run internally and externally in 2022-23.



## Perth Children's Hospital

### PCH Sepsis Program

Sepsis is the body's overwhelming response to infection or injury. It is a life-threatening medical emergency. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure and death. Sepsis is a leading cause of neonatal and childhood morbidity globally, with 40 per cent of cases being in children aged under five years. Recognising sepsis is key – and this remains a major challenge.

Sepsis recognition and management is a clinical and health service priority at PCH. CAHS is pleased to announce positive progress in this area.

PCH has established a new sepsis program led by a dedicated clinical nurse consultant and consultant emergency physician. Appointed in July 2022, their employment coincided with the release of the National Sepsis Clinical Care Standard which contains 11 clinical indicators to guide sepsis care. They work closely with PCH staff to provide education, support communication and transitions of care and ensure that sepsis systems are in place.

PCH is one of the first hospitals in Australia to establish a full-time sepsis clinical nurse consultant position. In January 2023 the Sepsis Pathway Education Program was implemented, and in February the new-clinician led PCH Sepsis Pathway was launched. This included a mandatory training package for all doctors and nurses at PCH and is included in the CAHS Safety Skills Framework.



CAHS is pleased to report that compliance with the program is greater than 85 per cent.

Nursing staff were leaders in this area. In 2022-23 61 nurses completed the Sepsis Pathway 'train the trainer' program and became responsible for training and supporting the implementation of the Sepsis Pathway in their clinical area.

The PCH Sepsis Pathway was introduced as a consistent approach to sepsis care and post-sepsis management. Since release of the pathway, we have seen the median time from sepsis identification to administration of first antibiotic more than halve to 30 minutes. This dramatic change is expected to significantly reduce morbidity and childhood mortality.

### Busselton paediatric dental service

In August 2022 PCH successfully commenced a hub-and-spoke dental service, which now sees fortnightly operating sessions at Busselton Health Campus. This service provides care closer to home for children in the South-West who are waiting for hospital-based dental services.

This collaborative initiative with the WACHS provides services for over 300 children and their families each year, reducing their need to travel to metropolitan Perth for treatment.

### Cochlear Implant - First 1000 Days Innovation Challenge Project

The Children's Hearing Implant Program at PCH provides a multidisciplinary service to families of children requiring auditory implants in WA. On average, 35 cochlear implants are performed each year. It is imperative that families are supported and engaged in habilitation following cochlear implant surgery.



The First 1,000 Days Innovation Challenge is funded by PCH to develop resources and standardised session plans for children aged zero to 2 years. These resources have improved engagement with families through the use of high quality, culturally and linguistically appropriate information resources that explain cochlear implant surgery.

### Physiotherapy paediatric critical care Early Mobility Bundles

In 2022 the Paediatric Critical Care team at PCH launched the Early Mobility Bundles, a collaborative, quality improvement initiative with a focus on family/carer engagement.

The Early Mobility Bundles encourages early mobilisation activities for all patients admitted to the Paediatric Critical Care unit. Each patient who is admitted for more than 24 hours is allocated an animal and a corresponding activity list, which represents the appropriate mobility level based on their medical stability. The animal allocation is reviewed daily during ward rounds, with progression through a range of animals from a 'lazy' lizard to 'bed-based' koala, 'wandering' wombat or an 'out-of-bed' kangaroo.

The Early Mobility Bundles is a fantastic example of teamwork between PCC clinicians, patients and families, and brings about a culture shift in which the entire team feels empowered to mobilise patients.

The feedback from the families has been overwhelmingly positive. Parents and caregivers feel encouraged by their ability to contribute to their child's rehabilitation and motivated by their child's improvement as they progress through the animals and activities.

### Rehabilitation

The Kids Rehab Early Intervention service has led Australia in translating the international guidelines for early detection and intervention for children at risk of cerebral palsy into clinical practice at PCH.

Early diagnosis ensures early targeted intervention, which improves outcomes for children and their families. The service changes were co-designed with consumers using focus groups and the Kids Rehab Consumer Reference Group. Over 100 clinicians in WA have since been trained in standardised early detection assessments and interventions.

#### A family member said:

“ They are making gains by kind of diagnosing your children earlier with cerebral palsy; before, parents used to get it at two years. ”

### Paediatric complex pain

In January 2023, PCH was accredited by the Australian and New Zealand College of Anaesthetists & Faculty of Pain Medicine as WA's tertiary referral centre for paediatric complex pain.

### Electronic HEADSS screening

HEADSS stands for:

- H** - Home
- E** - Education and employment, eating and exercise
- A** - Activities and peer relationships, social media
- D** - Drug use, including prescribed medications, cigarettes, vaping, alcohol and other drugs
- S** - Sexuality and gender
- S** - Suicide, self-harm, safety and spirituality

Psychosocial screening using the HEADSS assessment is a practical, time-tested strategy that guides a semi-structured interview on psychosocial factors that affect adolescent wellbeing.

After learning that the electronic HEADSS screening tool is preferred by young people, it is now used at PCH for all young people accepting services from the Adolescent Medicine Department. It helps clinicians to better understand those who have difficulty articulating their thoughts and ensures confidentiality when disclosing sensitive information.

### Alcohol and other drug assessment and withdrawal management guideline for youth

A notable achievement for the team at PCH during 2022-23 was the development of the first Australian alcohol and other drug assessment and withdrawal management guideline for youth and young adults and an accompanying educational package.



### Adolescent Medicine – expanded service

The Adolescent Medicine Department (AMed) has expanded its clinical and nursing team in response to the growth of the youth population. It has achieved accreditation as an Adolescent and Young Adult Medicine (AYAM) training site and has appointed an Adolescent Clinical Nurse Specialist and two specialist AYAM Adolescent and Young Adult Medicine consultants. Links have been forged with the Drug & Alcohol Youth Service and the Sexual Health Quarters to share expertise and provide reciprocal training opportunities.

### Refugee Health

The PCH Refugee Health Service (RHS) coordinates and manages the complex care needs of recently resettled children, adolescents and their families from refugee-like backgrounds.

The opening of WA state borders in March 2022 following easing of COVID-19 travel restrictions has increased the number of refugee arrivals nationally, many of whom have complex trauma exposure and unmet health needs or disability. Emergency cohort arrivals from Afghanistan and Ukraine have also had additional challenges related to transitioning visas impacting on health care access and wellbeing.

The RHS produced screening health information sheets in Ukrainian in conjunction with the Humanitarian Entrant Health Service and the Australian Red Cross. The RHS is also undertaking ongoing work with the WA Primary Health Network.

The RHS has been privileged to receive Dr Noémie Lepage-Côté in February 2023, who is a Social and General Paediatrician from Quebec. Dr Lepage-Côté's sabbatical year is focused on the multidisciplinary CAHS RHS model of care highlighting the importance of culturally tailored and equitable service delivery, with a view to implementing learnings in Canada.

In November 2022 RHS staff presented evidence at the Joint Standing Committee on the Commissioner for Children and Young People's "inquiry into the most effective ways for Western Australia to address food insecurity for children and young people affected by poverty".

Clinical Associate Professor Sarah Cherian is representing paediatric refugee health on the National Refugee Migrant Partnership Working Group for the development of National Health and Medical Research Council ethical guidelines for health research with migrant and refugee communities. Dr Tom Volkman also appointed to the research guidelines Technical Advisory Group. The Working Group commenced work in October 2022, and Sarah was part of the Working Group presentation to the Australian Health Ethics Committee (Canberra) in June 2023.

Scientific publications throughout 2022–23 have included collaborative work with PCH Endocrinology looking at the perspectives of culturally and linguistically diverse families in the management of children with Type 1 diabetes, and national research in the realms of asylum-seeker families and health impacts of detention.



CAHS staff continue to use the “Translated appointment reminder tool”, which has been promoted over the last decade by the RHS team. With translation into more than 60 languages, this tool provides all health and administrative staff easy access to translated appointment letters, which improves our ability to engage with consumers, improve health access and communication.

Ongoing qualitative research use of professional interpreters continues to be led by the RHS team, who are also contributing to the CAHS Multicultural Action Plan and wider equity, cultural awareness and inclusivity programmes.

RHS staff continue to work closely with the Refugee Health Network of Australia and are represented on the Australian Refugee Health Child Network.



## The Strengthening Multicultural Services Project

The 2021 State Government election commitment of \$4.1 million over four years has given CAHS the opportunity to strengthen services delivered to children and adolescents from refugee-like backgrounds. This work ensures a more integrated and coordinated service that better meets their needs - this is critical to their successful settlement in Australia. This includes facilitating timely healthcare after arrival, and ongoing access to effective and culturally responsive healthcare services.

Phase 1 of the project was a comprehensive needs assessment. The *Strengthening Community-Based Multicultural Services: Needs Assessment* made recommendations for service investment and improvement of CAHS Refugee Health Service. Key findings included greater assistance to navigate the health system and support health literacy; access to multi-disciplinary health services, preferably in the community; and for services to be more co-ordinated and collaborative with clear care pathways.

Phase 2 of the project, commissioning of services, commenced in December 2022. A Service Concept Model, outlining the service response to the recommendations from the needs assessment, has been co-designed with consumers and carers from refugee-like backgrounds in collaboration with clinical representatives from Community Health, PCH, Neonatology and Child & Adolescent Mental Health Services.

The proposed service response is informed by evidence and best practice guidelines, a jurisdictional review of refugee health services across Australia and recommendations of the needs assessment. The Service Concept Model outlines the components for an integrated and collaborative RHS, with flexibility to enable the service model to evolve through further development and evaluation.



While the service response was being developed, additional funding was provided for children and adolescents from refugee-like backgrounds who were accessing the RHS. A number of consumer resources were translated into languages other than English to support children and families from refugee-like backgrounds. Staff training and education has been completed to upskill health professionals who provide healthcare for children and young people from refugee-like backgrounds.

The Service Concept Model will be fully implemented in 2023-24, with an independent evaluation planned for 2025.

# Child and Adolescent Mental Health Services



**The Child and Adolescent Mental Health Services (CAMHS) provides trauma-informed, recovery-focused programs and services for children and adolescents up to 18 years of age with severe, complex and persistent mental health problems.**

## Aboriginal cultural security



CAMHS has continued its commitment to improving Aboriginal cultural security across our services by implementing the *Aboriginal Cultural Security Review: Recommendations*. We have established an Aboriginal Cultural Reference Group, which met in September 2022 and includes representation from local Aboriginal Elders, consumers and carers.

To improve the quality of care we provide to Aboriginal children and young people, we have continued to provide Dance of Life training to our staff members.

Developed and presented by Professor Helen Milroy, this training is a crucial element in building cultural awareness and respect, and provides staff with practical tools and techniques on how to work clinically with Aboriginal people.

As of 30 June 2023, 433 (80 per cent) of CAMHS staff members have completed Dance of Life training, and a further 69 have enrolled in our final sessions. Practical workshops, which include clinical scenarios, are planned for the second half of 2023 following the completion of Dance of Life training.

The workshops will be conducted at each community clinic and will be co-presented by an Aboriginal mental health worker and clinical ally to build staff skills and cultural competency.

## CAMHS Crisis Connect

CAMHS Crisis Connect provides a single point of contact (including in metropolitan emergency departments) for children who require urgent mental health support, brief intervention and/or assessment. Crisis Connect is a telehealth service that provides an alternative to presenting to an emergency department. CAMHS Crisis Connect also provides mental health assessments for children presenting to the PCH ED with immediate or acute suspected mental health conditions.

Crisis Connect receives positive feedback from clients and PCH ED staff through the Your Experience of Service survey and works closely with the adult Mental Health Emergency Response Line.

# Community Health



New babies welcomed	<b>24,550</b>
Child health contacts	<b>114,953</b>
Contacts for families with additional needs	<b>30,728</b>
Group sessions	<b>2,959</b>
School entry health assessments (2022 school year)	<b>26,049</b>
Secondary student occasions of service (2022 school year)	<b>23,264</b>
Education support schools occasions of service (2022 school year)	<b>38,979</b>
Vaccinations administered (2022)	<b>133,487</b>
Children immunised (2022)	<b>16,584</b>
Students immunised (2022)	<b>43,618</b>
Child Development Service (CDS) referrals accepted	<b>34,123</b>
CDS planning appointments	<b>9,310</b>
Unique children who received services from the CDS	<b>35,154</b>





## Child Development Service

The CDS provides assessment, diagnosis, intervention and support for infants, children and young people with developmental delay or difficulties that affect function, participation in daily life or parent-child relationships.

The CDS recognises the important role of parents and other caregivers in a child's development and works in partnership with parents and carers to plan for services and set goals for their child's management. In 2022-23 families were generally offered a service planning appointment within 12 weeks of a referral being received. Demand for CDS services continues to grow.

**34,123 CDS referrals**  
accepted during 2022-23.

Increase of **3%** from 2021-22.

**22%** increase over the past five years.

The CDS plays an important role in providing neurodevelopmental disorder diagnostic assessments. The demand for Autism Spectrum Disorder diagnostic assessments has continued to grow substantially, with 1,066 referrals for an assessment received in 2022-23, a 94 per cent increase on the previous year and a 222 per cent increase over the past five years.



In 2022-23 the CDS provided at least one appointment to 35,154 unique children. Of these clients, 1,181 (3.4 per cent) required an interpreter and 2,729 (7.8 per cent) identified as Aboriginal. On average, most children with a CDS appointment in the last year were aged between four and eight years.

The CDS seeks feedback from families who attend an appointment through an ongoing monthly consumer survey. Feedback received through this survey is markedly positive, with a Net Promoter Score of 82 based on 1,271 surveys completed in 2022-23 ([see page 74](#)).

## Aboriginal Health team



The Community Health Aboriginal Health team provides culturally secure multidisciplinary services to Aboriginal children aged zero to five years. This team includes Aboriginal health workers, nurses, Aboriginal liaison officers, a medical officer and allied health staff. In addition, Aboriginal health promotion staff help to promote child health, ear health, nutrition and playgroups.

The Aboriginal Health team provides the services of a general practitioner for Aboriginal children, including the Griffiths assessments for developmental delay. The Aboriginal Health Ear Health team provides ear screening in primary schools and helps parents and carers to access appointments with ear, nose and throat specialist services. The team also helps parents and carers to access appointments with other community health teams including the CDS.

Health promotion activities undertaken this year include working with Foodbank on healthy eating and meal preparation, and a Welcome Baby to Country ceremony.

Allied health staff deliver one-to-one assessments to address any specific concerns before making referrals to the CDS.

## Refugee Health team

The Community Health Refugee Health team helps families to complete catch-up immunisations, identify their health concerns and priorities, manage chronic and complex conditions and link them to appropriate providers for continuing health care, including the PCH Refugee Health Service.

The team is made up of highly skilled nurses and a cultural and linguistically diverse health worker. The nurses undertake developmental assessments of infants and children and help families to access child health services and community groups that meet their individual and family needs, including general practitioners and specialist services.

## Immunisation services

Community Health provides free vaccinations according to the WA Immunisation Schedule, including immunisations for children from zero to four years and services for secondary students under the school-based immunisation program. Community Health also plays a key role in catch-up programs, seasonal influenza vaccination campaigns and vaccinations for clients with complex needs, including humanitarian entrants.



In 2022 Community Health nurses delivered 133,487 vaccinations through the childhood and school-based immunisation programs. Childhood immunisations were provided from more than 50 community-based facilities across metropolitan Perth, with 56,368 vaccinations delivered to 16,584 children. Through the school-based program, Community Health delivered 77,119 vaccinations to 43,618 students at 193 schools across the Perth metropolitan area.

The school-based immunisation team used the Vaccinate WA immunisation platform for the first time to gain consent for and record the immunisations.

The Aboriginal Health team offers immunisation services at the Mirrabooka, Bentley, Maddington, Kwinana and Mandurah Community Health sites. Immunisation services outside of the Aboriginal Health team are provided from many locations and the school-based immunisation program team also attends high schools that have indicated they are happy to support the program.

## Child Health Nursing

The Community Child Health Nursing services provide primary prevention and early intervention programs focused on the health, development and wellbeing of children between birth and school entry. Services are offered at more than 160 sites across the metropolitan area and include a range of group-based and one-on-one support services, plus the Universal Child Health Program, which consists of five high quality health and developmental assessments at scheduled checks.

Nursing services which were altered during the COVID-19 pandemic returned to usual appointment processes in May 2022. Drop-in sessions were recommenced in January 2023.

During the 2022-23 reporting period, 24,550 new babies were welcomed into the Universal Child Health Program from birth, with 24,084 (98 per cent) accepting the offer of a postnatal home visit in the early postnatal period.

Community child health nurses provided a total of 114,953 individual child health contacts during the year in clinic appointments and home visits, including 30,728 Universal Plus contacts for families needing additional support.

In addition to individual contacts, child health nurses delivered 2,959 parenting group sessions to 13,841 parents and saw 6,164 families at drop-in sessions throughout the year.

## School Health Nursing

School-based community nurses work with school staff and parents to deliver prevention and health promotion services, undertake health assessments, develop healthcare plans for students with complex or chronic health needs and connect children and adolescents with other health services and supports as required.

During the 2022 school year, 23,748 (95 per cent) of all children enrolled in kindergarten across 606 primary schools received a School Entry Health Assessment, with 763 assessments provided during the school holidays. School community health nurses also provided 23,264 occasions of service to students across 81 secondary schools, and 38,979 occasions of service to students in education support facilities including 10 education support schools, 33 education support centres and seven integrated and inclusive settings.



## Community Health Nursing project - Improving Aboriginal Ear Health

Community Health continues to implement the recommendations from the Office of Auditor General 2019 report, *Improving Aboriginal Children's Ear Health*. Community Health has contributed to the review and extension of the WA Child Ear Health Strategy 2017-21, and the development of recommendations across the seven strategic priority areas.



Community Health hearing and ear health policy documents were updated to reflect the expanded schedule and the inclusion of tympanometry as a component of ear health screening for all Aboriginal children. The final phase of ear health training has now been completed. Over the past 18 months, 280 child health Nurses and 180 school health nurses have received training, with the Learning and Development team providing 61 training sessions and creating information sheets and resources to support staff in their practice.

Development of eLearning modules and delivery of training were undertaken in collaboration with Hearing Australia. 258 tympanometers worth \$1.6 million are now available for staff to conduct ear health screening.



## Health Navigator Pilot Program

The Health Navigator Pilot Program (HNPP) aims to improve collaboration and coordination between services to better meet the health needs of children and young people in out-of-home care by testing care coordination by Health Navigators. The program was based on the success of the Navigate Your Health program in Queensland.

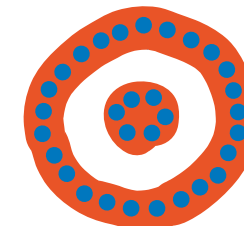
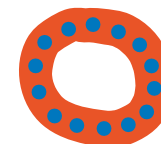
The Health Navigator role is to facilitate the completion of an initial medical assessment, a comprehensive developmental health assessment and referral to dental services. Following the recommendations of these assessments, the Health Navigator co-ordinates each client's health needs and develops a health profile and health management plan.

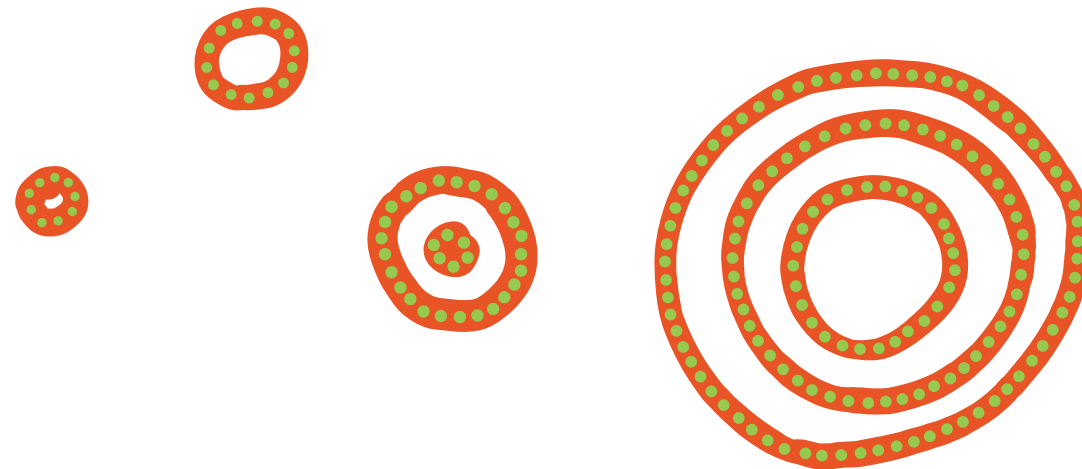
HNPP began accepting clients on 1 November 2022, as a collaboration between the Department of Communities, the Department of Health (DoH), CAHS, WA Country Health Service and Southwest Aboriginal Medical Service. The two-year pilot program employs two Health Navigators in two districts. To accommodate the over-representation of Aboriginal children in out-of-home-care, half of the Health Navigators are Aboriginal people. Eligible clients are those who are new to care, on a provisional care or protection order (time limited) and aged between zero and 18 years.

### Achievements as of 30 June 2023:

- The HNPP has accepted 77 clients: 50 clients in the South West region and 27 clients in Mirrabooka.
- Eight clients have been discharged following the HNPP client journey into ongoing health management by their carer and child protection worker.
- The vast majority of clients have their vaccinations up to date.
- All clients have a health profile and health management plan commenced.
- In the South West 61 per cent of clients have had a health profile and health management plan completed.
- In Mirrabooka 63 per cent of clients have had a health profile and health management plan completed.

An interim evaluation of the HNPP by the University of Western Australia's Centre for Social Impact has been completed. Benefits to children so far have included quicker health assessments, additional health support, and good cross-organisation working relationships. Initial recommendations relate to ensuring sustainability of the program.





### Infant mental health

Recognising that the first 2,000 days of a child's life are the most important for lifelong mental health and wellbeing, CAHS Community Health has developed a framework to enhance and inform service provision when responding to infants and young children experiencing risks to their mental wellbeing. The project is a collaboration between researchers and clinicians reviewing how Community Health nurses promote and screen for infant-caregiver relationships during universal child health assessments and home visiting services. The project has identified service development opportunities that will ensure that infants attending universal child health checks develop positive mental health.

Community Health has also used the latest evidence to develop a clinical research training (CRT) PhD project aimed at building research capacity in the nursing workforce in WA. The PhD project is funded by the Future Health Research and Innovation Fund's CRT Program.

The project aims to blend science-policy-practice innovations to improve healthcare delivery approaches and screening practices to ensure early identification and support when early signs of infant mental health problems appear. It will help develop and expand the field of infant mental health into universal preventive services, while also advancing nursing practice in the field and recognising the key role of Community Health nurses in supporting infant mental health from the beginning of life.

These advances in research and practice were presented at the first International Congress on Innovations and Leadership in Nursing and Midwifery in Perth (11-12 May 2023) by the Clinical Nurse Specialist in Infant Mental Health Jodi Renshaw-Todd and Senior Research and Evaluation Officer Dr Tania Gavidia.



# Aboriginal Health



## Wrap up of CAHS Reconciliation Action Plan – Reflect

CAHS is proud to be the first WA health service provider to develop and launch a Reconciliation Action Plan (RAP) that is endorsed by Reconciliation Australia.

The CAHS Reflect RAP is focused on four key areas: Relationships, Respect, Opportunities and Governance. Under these areas are 17 key objectives and 51 action items. The Reflect RAP has been developed to align with the CAHS Strategic Plan, the CAHS Aboriginal Health and Wellbeing Plan 2021 and the WA Aboriginal Health and Wellbeing Framework 2015-23, Closing the Gap priorities and the National Safety and Quality Health Service Standards (NSQHS) User Guide for Aboriginal and Torres Strait Islander Health.

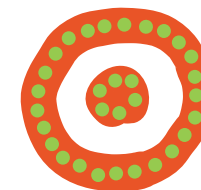
**31 members of the RAP Working Group have supported the implementation of RAP actions, including:**

- celebration of significant Aboriginal events
- inviting local Aboriginal Elders to provide a Welcome to Country or other appropriate cultural protocol at significant events; for example, a smoking ceremony held for PCH ED staff
- review of Aboriginal Health content on internal systems.

A RAP communications plan has been developed and implemented. Key actions include:

- Acknowledgement of Country and Noongar seasons displayed on digital screens and posters.
- new Aboriginal artwork applied to the windows and doors at Kulunga Moort Mia, the Friendship Room at PCH, and Neonatology at KEMH.
- new email signature template and PowerPoint slide featuring Aboriginal artwork and Acknowledgement of Country.
- decal stickers displaying Aboriginal flags and promoting the Aboriginal language interpreting services displayed in Community Health/CDS/ Child Health Nurses/Child-Parent-Centres sites.
- an Aboriginal Health grand round held for staff.

Our ongoing dedication to the RAP includes actions to build relationships, respect and opportunities within our organisation and with the community in which we work, scoping and developing relationships with Aboriginal stakeholders, and developing our vision for reconciliation and identifying actions for successive years.



## New Aboriginal artwork and corporate templates for CAHS

CAHS commissioned an Aboriginal welcome artwork by Aboriginal digital artist Tyrown Waigana, to support the development of a strong visual identity for Aboriginal Health. Launched in September 2022, the artwork provides a welcoming and inclusive environment that conveys our commitment to healthy kulungas, healthy communities.

It encompasses themes of journey, place, people and holistic healing. This can be seen through the lines that stretch from circles which represent communities. These connect to the central element which is Noongar country and CAHS, which is symbolised by the largest and central graphical element. All the dots in this piece depict people – children, young people, their families and carers. The lines running through the communities and dots symbolise a journey of healing.

The bright and bold use of colours derived from the CAHS corporate colour palette has inspired a new suite of corporate templates, including letterhead, uniforms and lanyards for staff.

The artwork is on permanent display across the north-facing windows of Kulunga Moort Mia (Aboriginal Family Lounge) at PCH and the waiting area for day surgery patients, the entrance to the Neonatology department at PCH, and the Aboriginal Health Team at the Joondalup clinic.





### Inaugural CAHS Aboriginal Child Health Immersion Program

In January 2023 CAHS welcomed 11 Aboriginal and Torres Strait Islander student doctors who were taking part in the inaugural CAHS Aboriginal Child Health Immersion program. This extra-curricular week of face-to-face learning provided an in-depth introduction to Aboriginal child health, with clinical placements, tutorials, mentoring, reflective supervision, student networking opportunities and meetings with senior CAHS staff.

Several students met each other for the first time, as they came from different year groups from the three local medical schools. They were highly engaged and enthusiastic – two students even managed to cross the flooded Kimberley to arrive in time.

Departments involved in hosting and teaching students were Koorliny Moort, General Paediatrics, Cardiology, Ear Nose and Throat (ENT), Infectious Diseases and Neonatology. Some of the individual highlights for students included attending deliveries at KEMH and watching an ENT operation – the latter was described as the best way to learn anatomy.

Another favourite was attending the cardiac clinic and using virtual reality goggles to get a better understanding of cardiac pathology.

The program was supported by several visiting speakers, including representatives from the Australian Indigenous Doctors Association, Transforming Indigenous Mental Health and Wellbeing, University of Notre Dame School of Medicine Aboriginal Health and the University of Western Australia Centre for Aboriginal Medical and Dental Health.

Members of the Royal Australasian College of Physicians (RACP) and the Royal Australasian College of Surgeons were on hand to provide guidance on specialisation pathways after medical school. Students were financially assisted to attend with a grant from the Australian Indigenous Doctors Association. Catering was provided by the RACP.

Student and staff feedback from the course was overwhelmingly positive. The program will continue to run yearly and will accept returning and new applicants.

### Aboriginal Health team more identifiable in the community

The Aboriginal community and the Community Health Aboriginal Health team had expressed concerns that the standard white vehicle with government licence plates could generate negative connotative interest when the team is visiting people at home.

As a result, the team has introduced car wraps to clearly identify the vehicle and the staff as members of the Aboriginal Health team. The clients and the staff agree that this has been a positive initiative to improve the recognition of the team and support they offer to families.

### Smoking ceremony for Emergency Department staff

Local Aboriginal Elder Vaughan McGuire performed a smoking ceremony at PCH in November 2022. He explained why a smoking ceremony is performed and its importance for healing and cleansing. The event was held for ED staff as a part of the activities suggested by the Aboriginal Cultural Safety Collaborative Group and was the first smoking ceremony for many of our ED staff.



# Medical Services

Throughout 2022-23, Medical Services has introduced new and innovative approaches to delivering on our vision of providing amazing care.



## Simulation Education

Simulation Education at PCH has continued to develop across many areas of the hospital, with a year-on-year increase in CAHS employees attending training sessions. In addition, simulation courses have been delivered to WA Health staff as well as interstate participants.

Over the last year, several new high-fidelity simulation courses have been designed, including the Paediatric De-escalation Simulation Course, the Neonatal Stabilisation and Transport Readiness Course, and the Neonatal Difficult Airway Course.

The PCH Simulation team delivers weekly simulation education sessions to the Safety Team Afterhours Response Service, has instigated inter-professional sessions between the Emergency Department, the Paediatric Intensive Care Unit and the Anaesthesia Department, and has provided monthly anaesthetic technician simulation sessions.

## *In vivo* gene therapy: Zolgensma® for spinal muscular atrophy

Spinal Muscular Atrophy (SMA) is a genetic condition that affects the nerves that control muscle movement (the motor neurons). For people with SMA, the motor neurons in the spinal cord do not work properly and the messages that the brain tries to send along these motor neurons do not get through to the muscles. This causes the muscles to become weak and damaged, wasting away over time.

Zolgensma® is a prescription gene therapy used to treat children with SMA who are less than two years old, which is given as a one-time infusion into a vein. In September 2022 PCH was granted authority to administer Zolgensma®. This means that babies with SMA and their families no longer need to travel to the eastern states for an infusion.

PCH administered Zolgensma® to two babies in March 2023, which was the first approved gene therapy to be performed in WA. Both babies are now thriving, and their families are extremely grateful, not only that their child received this disease-modifying treatment, but that it could be done in WA.

## Kinder intravenous cannulas at PCH

Insertion of peripheral intravenous cannulas is necessary for the treatment of approximately 60 per cent of patients admitted to PCH. However, insertion can be a traumatic experience for our young patients and their families.

Advances in technology have led to the development of devices specifically designed for paediatric cannula insertion. These tools include vein visualisation devices that use infrared light, making it easier to find suitable veins for cannula insertion. The use of these devices can improve the success rate of cannulation and reduce the number of attempts, therefore minimising the pain experienced by the child.

Thanks to grant funding from the Perth Children's Hospital Foundation, from January 2023 a range of devices and distraction tools has been made available across PCH inpatient wards to assist with cannula insertion, and to help alleviate the trauma and anxiety caused by insertion procedures.

# Nursing Services



## Leadership Development and Mentorship

CAHS is committed to the professional and leadership capability development of our nursing workforce, and it is recognised that this begins from the ground up.

CAHS has introduced the Nursing Leadership Development Program, which provides opportunities for education and development to nurses of all levels across the organisation, from graduate nurses through to experienced clinical specialists.

As part of this program, we have implemented a series of initiatives including:

- monthly masterclasses
- embedded leadership education in the Transition to Practice Program
- targeted leadership education for registered nurses and clinical nurses
- a 10-week leadership program undertaken by 30 senior registered nurses
- a nursing mentorship program.

## CAHS Transition to Practice Program (Graduate Nursing Program)

CAHS currently offers dedicated program streams for graduate registered nurses to help transition into clinical practice through skill and knowledge acquisition. The program provides a supportive learning environment that builds resilience, adaptability and professional practice skills. The program is also a nursing workforce employment strategy.

In 2022–23 CAHS employed 121 graduate nurses across acute and specialty, community and mental health nursing streams.

## Paediatric ESCALATION System

The ESCALATION System consists of an age-specific track and trigger chart incorporating an early warning score, family concern and escalation of care pathways.

In 2021 the Paediatric ESCALATION System, including sepsis recognition and family involvement, was developed and implemented at PCH and, following a comprehensive staff education and training program in 2022, the system was rolled out across all WA health facilities where children are cared for.

CAHS staff contributed to a publication which was awarded the Gavin Leslie Best Nursing Paper and published in the Australian Critical Journal in 2023.

A number of private health facilities have since adopted the ESCALATION system, as well as St John WA. This has resulted in a uniform evidence-based paediatric early warning system in place throughout the state, which promotes early detection of, and timely response to, children's deteriorating health condition in hospital. Further research is underway to optimise the system to encourage family involvement at PCH and to strengthen involvement for Aboriginal families.

# People, Capability and Culture



## Organisational culture

CAHS continues to shape its culture so that it lives its values, realises its aspirations and creates a workplace where people feel safe, included, respected and valued. Over a number of years, CAHS has stayed true to its journey of cultural transformation and as it continues to become a values-based organisation, it acts, leads and makes decisions in alignment with shared values every day.

Shifting the culture of any organisation takes time, effort and commitment. It begins with clear, visible changes in behaviour, especially by the leaders of the organisation. The Chief Executive has established a group of over 40 senior leaders who will work with the CAHS Executive and wider organisation to achieve aspirations set out in the Strategic Plan, and demonstrate supportive leadership behaviours that promote psychological safety, adapt to change, and mentor, coach and inspire the workforce.

A series of leadership alignment workshops have been held that focus on high performing teams, diversity of composition, effective communications, collective strengths and opportunities, understanding human factors and the development of agreed leadership behaviours.

Over a number of years cultural change has largely been driven by the Shape our Future Committee. Following the launch of the Strategic Plan with clear priorities for organisational culture, the Executive and Board recently supported the creation of dedicated resources within the People, Capability and Culture directorate to drive this priority forward through aligned leadership and clear messaging for staff.

This signals the Board's investment and commitment to working towards building a better and more united CAHS for children, young people and the WA community.



In February 2023 CAHS celebrated Living our Values week. A different CAHS value was highlighted each day and senior leaders shared what the value means to them via a series of videos. Our values define who we are, what we stand for and how we behave.

The Stars of CAHS Staff Award recognises and celebrates employee efforts that align with the CAHS values. Staff members are nominated by peers and consumers. In 2022-23 there were 12 winners from 253 nominations. The awards were proudly sponsored by the Perth Children's Hospital Foundation, HESTA and Australian Super.

## Inclusivity, diversity and equity

CAHS is committed to respecting, embracing and championing the diversity of our community. CAHS upholds equal opportunity and will not tolerate racism or discrimination. This includes diversity of cultural and linguistic background, ethnicity, age, gender, gender identity, disability, sexual orientation, religious beliefs, language and education. CAHS recognises that a diverse workforce will translate into improved quality and safety outcomes for children, adolescents and families. This will enable CAHS to strengthen the health and wellbeing of the WA community.

As part of our commitment to achieving the strategic priority Organisational Culture in the [CAHS Strategic Plan 2023-25](#), CAHS recently approved the creation of dedicated resources from a consumer engagement and staff perspective that will be committed to creating a safe and inclusive workplace where diversity is valued, individuals are recognised and the different backgrounds and experiences of all employees are respected.

CAHS will adopt the Diversity Council Australia Change at Work model to achieve diversity and inclusion outcomes. In addition, the Strategic Talent Acquisition and Recruitment team has been focused on developing approaches to target diverse candidates as part of our search for talent. This strategic priority will be a key focus for CAHS in 2023-24.

Key areas of focus for the CAHS People, Capability and Culture directorate over the next 12 to 18 months will be:

- building inclusive leadership capability
- identifying champions for inclusivity, diversity and equity
- reinforcing our commitment to zero tolerance for racial discrimination and harassment
- creating opportunities to promote significant events
- developing a CAHS-wide recruitment and retention strategy to increase the diversity of our workforce by removing barriers to employment and promotion.

**Table 1 shows the percentage of employees in each identified diversity group across CAHS.**

Diverse employee profile	2020-21	2021-22	2022-23	Target
Aboriginal and/or Torres Strait Islander people	1.4	1.2	<b>1.6</b>	2.2
Employees who are culturally and/or linguistically diverse	13.1	13.2	<b>12.4</b>	17.8
Employees with a disability	1.3	1.2	<b>1.1</b>	3.1
Women in leadership	67.3	69.8	<b>72.1</b>	70
Youth (under 25)	6.4	8.5	<b>7.8</b>	3.9

See [page 12](#) for more information on how CAHS demonstrates its commitment to equity, diversity and inclusion.

## Cultural learning programs

As at 30 June 2023

**87%** of staff had completed WA Health's mandatory Aboriginal Cultural eLearning: Aboriginal Health and Wellbeing.

The Aboriginal cultural eLearning training is one step towards developing the cultural competence of the WA health system and improving cultural safety for Aboriginal patients and their families, and Aboriginal colleagues.

Other cultural awareness courses available to staff are:

- the original Aboriginal cultural eLearning
- Diverse WA eLearning
- the WA Health Equity Diversity and Inclusion training suite, complemented by yarning sessions delivered by the CAHS Aboriginal Health Strategy team

## CAHS Aboriginal Workforce Strategy



### CAHS is committed to growing its Aboriginal workforce.

The CAHS Aboriginal Workforce Strategy focuses on attraction and retention, growth, development, and workforce design and planning. CAHS held its first annual Aboriginal Workforce Forum on 26 April 2023. Aboriginal employees participated in a day dedicated to development, understanding of employment issues and exploring recruitment and retention initiatives. The outcomes of this forum will be used to update the CAHS Aboriginal Workforce Strategy.

Throughout 2022–23 two of our Aboriginal employees attended the Institute of Health Leadership programs, which are focused on supporting new and aspiring Aboriginal employees into leadership positions.

As a mechanism to achieve equality and prioritise the placement of Aboriginal employees, Section 51 of the *Equal Opportunity Act 1984* applies to all positions advertised by CAHS, and Aboriginal people are encouraged to apply.

## Recruitment and talent acquisition

Given the growing demand for health professionals and workforce skills shortages, the need to adapt recruitment practices to meet current and future challenges has never been greater.

Following a successful pilot in 2021–22, CAHS permanently implemented the Strategic Talent Acquisition Recruitment team (START) in February 2023.

During 2022–23 the START team supported 155 recruitment processes. The team also centralised the management of candidate pools and streamlined the recruitment process, resulting in a more coordinated recruitment approach.

Looking to the future, CAHS acknowledges the importance of enhancing its workforce planning efforts in the upcoming year. The START team is prepared to play a key role in ensuring that the organisation's staffing needs are met effectively.

This strategic approach to talent acquisition demonstrates CAHS's commitment to optimising its recruitment processes, improving the employee experience, and maintaining a cohesive approach to staffing across the organisation.







## Learning and development

In 2022-23 CAHS reinvigorated its Learning and Development Committee. More members of the senior leadership now sit on the committee, which provides leadership, direction and expert advice on learning and development across CAHS. The committee's focus has been on reviewing the delivery and target groups for CAHS learning and development opportunities, particularly mandatory safety skills training. The committee has also strengthened the processes that review and evaluate the effectiveness of training.

A range of topics has been offered through the new and improved online learning management system, CAHS MyLearning, including cultural awareness, infection prevention control, emergency management, safety, compliance and health and safety.

This year there has been more communication skills training, including the introduction of Creating a Service Based Culture. This program was piloted in June and July 2022 and aims to strengthen the capacity of staff to communicate and partner with consumers and improve the workplace environment.

The program was designed in collaboration with the Consumer Engagement team, Consumer Advisory Council, Youth Advisory Council, Emergency Department and Health Information and Administration Service and has now been incorporated into our regular training calendar.

De-escalation techniques was another strong feature on the CAHS learning and development program, with dedicated resources for workshops to give staff appropriate strategies to prevent or manage escalating behaviours. The course was administered in those areas where heightened emotions and complex cases lead to increased levels of aggression, or where increased work health safety incidents have been reported.

A Leadership Development framework for all levels of the organisation was developed in 2023 in consultation with staff across CAHS and will be launched in 2023-24. The framework is aligned to the Public Sector Commission's [Building Leadership Impact](#) and will include a formal qualification of Diploma of Leadership and Management, which was tendered in March 2023 and closed in May 2023.

## Youth employment

CAHS has developed an age-specific awareness eLearning training package that promotes ways to address age discriminatory bias in the workplace. It includes specific examples and case studies for younger employees or applicants. The training has been made available to all managers.

CAHS participates in the WA Health Graduate Program, which is a structured rotational program coordinated by DoH. In 2022-23 CAHS welcomed six graduates into the organisation to work on projects, providing the new graduates with hands on experience and mentoring.

# Research at CAHS

**Research and innovation are key to driving improvements in the health and wellbeing of infants, children and young people.**

A positive research culture also leads to better care in the short and long term.

CAHS is well placed to establish itself as a global leader in research. Working with partners such as the Telethon Kids Institute, universities and others, combined with support from the community, helps CAHS drive its potential to achieve its vision and strategic intent.

Here are some examples of some of the significant research activity undertaken at CAHS and the many achievements of CAHS staff.



## Clinical trials to improve outcomes

Several clinical trials are being conducted across CAHS, with some managed by CAHS researchers and others as a part of national and international collaborations. One of these trials, Helping premature babies survive and thrive, was led by neonatologist Dr Gayatri Jape.

The most premature babies in our neonatal intensive care units (NICUs) at KEMH and PCH are benefiting from the latest research findings on pre-term infant nutrition thanks to Dr Jape's research.

Dr Jape, who is also clinical lead of the neonatal follow-up program, completed the randomised controlled trial (SiMPro) as part of her recent PhD award from UWA.

Her trial looked at the effect of single or three-strain probiotic supplement in extremely premature babies (born at less than 28 weeks gestation).

Following this study, and overwhelming evidence supporting the use of multi-strain probiotics from other studies, the new probiotic has been introduced for routine supplementation for babies born at less than 35 weeks while in the NICUs at KEMH and PCH. The results are a great example of translational research.





### Collaborative research tackling chronic conditions

Many children receiving care at CAHS have long-term conditions. A multidisciplinary team based at PCH has published research highlighting how easing parental stress can improve the health outcomes of children with a chronic condition.

The research is the first of its kind in WA to document the accentuated stress and responsibilities carried by parents and carers of children with a chronic condition.

The research findings encourage health-care professionals to look beyond a child's health and consider other factors that may predict the progression of their illness or the frequency of hospital visits. The collaborative research team included researchers from Edith Cowan University, Curtin University, PCH nursing research, Kiind (formerly Kalparrin) and a consumer representative.



### Building capacity and training future talent

Attracting and retaining future researchers and innovators is vital to improving health outcomes for children in WA. Several initiatives are under development to build this capacity across all disciplines in CAHS. An example of this is a program launched this year which provides a full-time PhD scholarship funded through collaboration between CAHS, the Telethon Kids Institute (TKI), the University of WA (UWA) and the Perth Children's Hospital Foundation.

Two outstanding PCH clinicians, oncologist Dr Neha Jain and Dr Fran Gehrman, a Clinical Fellow in Endocrinology, were selected from a broad field of candidates from across CAHS to undertake the inaugural PhD pathway program. Each will complete a full-time PhD program embedded within their clinical work, with mentoring from field-leading researchers at CAHS, UWA and the TKI. The five-year program includes intensive mentoring and ends with a post-PhD bridging year to allow the candidates to complete any PhD work or publications and to secure funding for future research.

This program will pave the way for more clinician-scientists in WA.



### Research finds supporting carers in the Eating Disorders Service is essential

A CAMHS research study had led to understanding the stress for family and carers who are connected to the Eating Disorders Service. The research was based on evidence that caring for a child or adolescent with an eating disorder can be challenging and stressful. Understanding how to best support carers of young people diagnosed with an eating disorder is essential.

The study found that higher carer self-compassion may be associated with reduced child and adolescent eating disorder symptoms. This finding highlights the importance of future research examining how to help carers increase their self-compassion, which in turn may help children and young people recover from an eating disorder.

## Research study numbers and participation at CAHS

These numbers represent the 2022-23 financial year. This data is based on the current reporting system for research data that is entered by researchers.

New studies with CAHS site approval	91
New studies submitted to the CAHS Human Research Ethics Committee	63
Active studies	585

## Research funding

These numbers represent the 2022 calendar year. The Centre for Child Health Research captures funding awarded to research projects from across the PCH campus, which exceeded \$46 million in 2022. Of this, funding from the Perth Children's Hospital Foundation, Telethon Trust, Raine Medical Research Foundation and Stan Perron Charitable Foundation awarded directly to CAHS in 2022 was \$8,783,762.

**Table 2: Research funding table**

Funded	Amount
Miscellaneous	\$2,089,168
Cancer Council (WA)	\$264,890
Channel 7 Telethon Trust	\$2,815,398
Department of Health (Commonwealth)	\$10,114,465
Department of Health (WA)	\$10,862,740
Healthway	\$1,045,827
National Health and Medical Research Council	\$8,219,018
Perth Children's Hospital Foundation	\$5,430,609
Raine Medical Research Foundation	\$1,351,788
Stan Perron Charitable Foundation	\$3,852,638
<b>Total</b>	<b>\$46,046,531</b>

