



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY



STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES  
ANNUAL AND FINANCIAL REPORTS 2013-2014  
Dr Chris Bourke (Chair), Mr Andrew Wall (Deputy Chair), Ms Nicole Lawder, Ms Meegan Fitzharris

**ANSWER TO QUESTION TAKEN ON NOTICE  
DURING PUBLIC HEARINGS  
QTON Health 1**

**Dr Bourke :** Asked the Minister for Health in relation to hand hygiene statistics

I think the Hand Hygiene Association put up some stuff on their website which indicated that dental clinics within hospitals are running at 88.7 per cent or something like that, is that correct? Is that borne out by your data?

**Mr Corbell :** The answer to the Member's question is

The report is compiled from data provided by 828 hospitals nationally. The Dental Health Program offered through ACT Health is not included in this data, however I can report the compliance rate for this program at the end of February was 100 per cent.

Approved for circulation to the Standing Committee on Health, Ageing and Community Services

Signature:

Date:

17.3.15

By the Minister for Health, Simon Corbell MLA



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**ANSWER TO QUESTION TAKEN ON NOTICE**  
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**QTON Health 2**

**Mr Wall:** Asked the Minister for Health regarding peer groups for benchmarking hospital performance

Are you able to provide a list of peer groupings for the two primary hospitals in the territory?

**Mr Corbell:** The answer to the Member's question is

ACT public hospitals are grouped into different peer groups based on the nature of the information being reported.

For most national reporting, both ACT public hospitals are classified as Major Metropolitan Hospitals. This categorisation is used for reports related to emergency department and elective surgery provision. This peer grouping is principally based on the level of inpatient and emergency department services provided. The "Major Metropolitan Hospital" category is the highest category and includes all major teaching, tertiary referral and major trauma hospitals in Australia.

For some reporting, such as blood stream infection reporting, hospitals are peered into groups that reflect the level of vulnerable patients they treat. As the major tertiary referral hospital and major hospital for the management of complex and emergency surgery, Canberra Hospital is reported in the highest peer group (major hospital, more vulnerable patients), with Calvary Public Hospital reported in the second peer group (major hospital, less vulnerable patients).

However, even within these peer groupings there can be wide variations between hospitals. For example, many major metropolitan hospitals in Sydney and Melbourne are able to focus on a range of differentiated services, as highly specialised services can be shared across a single metropolitan area to maximise efficiency and economies of scale. This is not possible in areas such as Canberra and Newcastle where a larger range of services is required to be provided in a single tertiary centre.

Hence, peer group comparison between a more concise set of "like hospitals" can be more reliable than these broad categories. The most directly comparable peer to Canberra Hospital is John Hunter Hospital in Newcastle which provides a tertiary referral service for a regional catchment similar to the Canberra Hospital and with a similar range of services.

The list of peer groups for most reporting and blood stream infection reporting are attached.

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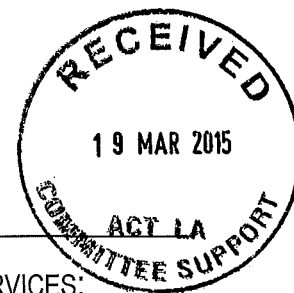
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**ANSWER TO QUESTION TAKEN ON NOTICE  
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QTON Health 3**

**Mr Hanson :** Asked the Minister for Health in relation to Clinical Services Block (Buildings 2 and 3 at Canberra Hospital

—predecessor said the \$800 million for the tower block was on hold. But can you present that to the committee like that sort of outline plan so to speak of what is going to happen over the next decade?

**Mr Corbell :** The answer to the Member's question is

In November 2011, the ACT Government provided in-principle support to proceed with a staged implementation of the Health Infrastructure Program (HIP) in order to meet projected demand for services to 2021/2022. This included the redevelopment of Buildings 2 and 3 at the Canberra Hospital to provide for inpatient beds, operating theatres, emergency department services, intensive care and a range of other support services.

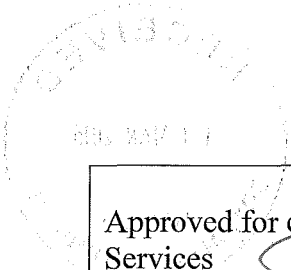
The 2013-14 appropriation of \$40.78 million for the HIP project, Clinical Services and Inpatient Unit Design and Infrastructure Expansion, included funding for the preparation of a Future Facility Profile and proof of concept, and for forward design of major clinical buildings at the Canberra Hospital. To date the following activities have been completed:

- Canberra Hospital Future Facility Profile completed in 2013
- Concept Master Development Plan completed in 2013
- Building Audit Study completed in August 2014
- Proof of Concept Study completed in September 2014

In addition, Health Planning Unit briefs were completed and approved in December 2014.

As a Tier 3 project under the ACT Government Capital Framework, the project has undergone early assessment of need and analysis of the problem. An Investment Logic Map was completed in July 2014 and an Early Project Overview was presented to Treasury and Procurement and Capital Works officials in September 2014.

A business case for the redevelopment of Buildings 2 and 3 is currently being prepared. Any future activity will be subject to Budget consideration.



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**ANSWER TO QUESTION TAKEN ON NOTICE**  
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**QTON Health 4**

**Mr Wall:** Asked the Minister for Health in relation to frequent re-presentation to the emergency department, reasons for presentations

Could you tell us the characteristics of frequent re-presentations to emergency departments? Do the figures suggest more males are represented in the figures?

**Mr Corbell :** The answer to the Member's question is:

The top ten presenting problems recorded for people frequently re-presenting to the emergency department in the ACT are:

- Unspecified abdominal pain;
- Chest pain, unspecified;
- Suicidal ideation;
- Urinary tract infection, site not specified;
- Nausea and vomiting;
- Anxiety disorder, unspecified;
- Mental and behavioural disorders due to use of alcohol, acute intoxication;
- Headache;
- Other chest pain;
- Viral infection, unspecified.

Of all frequent re-presentations to ACT public hospital emergency departments in 2013-14, 61 per cent were females and 39 per cent were males.

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QTON Health 5**

**Dr Bourke:** Asked the Minister for Health in relation to frequent re-presentations to the emergency department

In Victoria, it is reported that one in eight presentations are frequent re-presenters to the emergency department. Is this reflected in the ACT?

**Mr Corbell :** The answer to the Member's question is

The 125,890 presentations to both ACT public hospital emergency departments in 2013-14 related to 82,642 different individuals.

Of this total, 6.6 per cent of presentations, or about one in every 15 presentations were frequent re-presenters.

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**ANSWER TO QUESTION TAKEN ON NOTICE  
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QTON Health 6**

**Mr Wall:** Asked the Minister for Health in relation to Canberra Hospital average bed occupancy results

What was the peak occupancy rate that the hospital hit in the reporting period?

And also into the subsequent period from the end of the reporting period through till say the beginning of February if you could?

**Mr Corbell:** The answer to the Member's question is

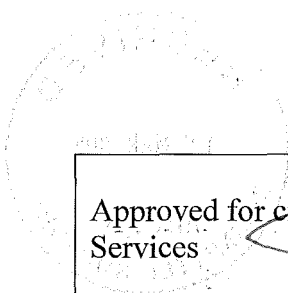
Canberra Hospital's peak bed occupancy result occurring in 2013-14 was 97 per cent for the months of October 2013 and May 2014.

The methodology for calculating the average bed occupancy rate has changed for 2014-15. The revised method counts all minutes of care provided as they occur, whereas historic methods only counted occupancy by reference to patients whose in-patient stay had come to an end. This change in counting methodology means reliable comparisons of bed occupancy data can no longer be made with previous years.

The following table shows Canberra Hospital's occupancy rates from July 2014 to the end of January 2015:

Canberra Hospital	Average Bed Occupancy Rate
Jul-14	89%
Aug-14	90%
Sep-14	89%
Oct-14	90%
Nov-14	88%
Dec-14	85%
Jan-15	85%
<b>July 2014 to January 2015</b>	<b>88%</b>





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**ANSWER TO QUESTION TAKEN ON NOTICE**  
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**QTON Health 7**

**Ms Lawder :** Asked the Minister for Health in relation to food safety

I was interested in the period covered by this annual report, how many reported cases of food poisoning were there in four different categories and I can make up a total from that myself but restaurants and commercial premises, private homes, community activities or organisations and aged care or nursing home.

I would appreciate that and also for each of the three years prior.

**Mr Corbell :** The answer to the Member's question is

The Health Protection Service (HPS) receives complaints from members of the public alleging food poisoning from ACT businesses. The HPS is unable to provide a breakdown of alleged complaints per category as this information is not recorded.

The number of complaints alleging food poisoning, recorded by the HPS are set out in the table below.

<b>Year</b>	<b>Food Poisoning - Commercially Prepared Food Complaints</b>	<b>Home Prepared Food, Food Poisoning Complaints</b>	<b>Total</b>
<b>2011-2012</b>	117	5	<b>122</b>
<b>2012-2013</b>	105	2	<b>107</b>
<b>2013-2014</b>	123	8	<b>131</b>

In addition to food poisoning complaint information HPS also records information around confirmed food Poisoning outbreaks. Again this information is not recorded against the categories outlined in the question but is set out below.

- From 1 July 2011 to 29 June 2012 there were 11 outbreaks of foodborne and suspected foodborne disease involving 159 cases
  - Restaurant was the setting for 7 outbreaks (92 cases)
  - Festival was the setting for 1 outbreak (10 cases)
  - Private residence was the setting for 1 outbreak (7 cases)
  - Bakery was the setting for 1 outbreak (41 cases)
  - 'Other' was the setting for 1 outbreak (9 cases)
- From 1 July 2012 to 29 June 2013 there were 6 outbreaks of foodborne and suspected foodborne disease involving 307 cases

- Takeaway was the setting for 2 outbreaks (6 cases)
  - Restaurant was the setting for 2 outbreaks (285 cases)
  - Festival was the setting for 1 outbreak (6 cases)
  - Picnic was the setting for 1 outbreak (10 cases)
- From 1 July 2013 to 29 June 2014 there were 6 outbreaks of foodborne and suspected foodborne disease involving 67 cases
    - Takeaway was the setting for 2 outbreaks (6 cases)
    - Restaurant was the setting for 1 outbreak (3 cases)
    - Private residence was the setting for 2 outbreaks (5 cases)
    - 'Other' was the setting for 1 outbreak (53 cases)

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**QTON Health 8**

**Mr Wall :** Asked the Minister for Health in relation to the Alexander Maconchie Centre

As far as the monitoring of prisoners and remandees at the prison, the strategic framework indicates that there is monitoring of the rate of infection, the opportunity for immunisation and testing points during the custodial period of anyone out there. How often are tests conducted of the prison population for blood borne viruses? As a starting point, and go from there.

And in the reporting period or subsequently, has there been any instances of infection that have occurred inside the AMC? Well, the 2013-14 reporting period or from July 14 through to now?

And the uptake of immunisation once the prison population is there, what is the instance of individuals looking to immunise against—

**Mr Corbell :** The answer to the Member's question is

All people who are admitted to the AMC undergo a combined general health and mental health risk assessment within 24 hours of detention. During that assessment Blood Borne Virus (BBV) screening is offered and if the detainee consents that screening test is undertaken.

As of 1 February 2015, BBV screening is routinely offered again 90 days later or as clinically required or indicated.

During the period of 2013 – 2014, the following instances of infections occurred inside the AMC:

Infection	
Hepatitis C	7
Hepatitis B	0
HIV	0
Chlamydia	0
Gonorrhoea	0
Syphilis	0
Data validated by independent Committee chaired by Professor Frank Bowden	

Justice Health Services offers detainees a range of immunisations, which are provided with consent and recorded in the individuals clinical record.

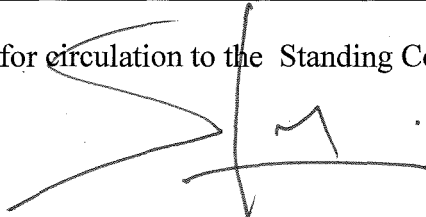
The following immunisations are offered based on clinical assessment:

- Hepatitis B
- Measles
- Mumps
- Rubella
- Tetanus
- Hepatitis A if Hepatitis C virus positive or if they work in the kitchen
- Influenza
- Pneumovax – pneumococcal bacteria (for over 50's and detainees who identify as Aboriginal or Torres Strait Islander)

Data regarding the uptake of immunisations is not recorded outside of the medical record and not reported.

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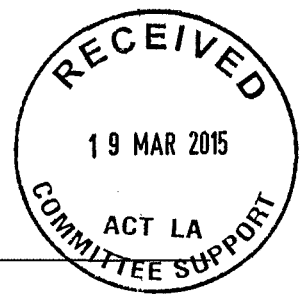


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**QTON Health 9**

**Ms Lawder:** To the Minister for Health in relation to removals from the waiting list for surgery interstate.

Do people give the reason of going interstate, and do you know what that percentage is?

**Mr Corbell:** The answer to the Member's question is

ACT Health reports on data in line with national definitions in relation to removals from the elective surgery waiting list for reasons other than surgery.

There are seven national categories for people who can be removed from public waiting lists. Removal categories 3 to 9 are defined nationally as removals for reasons other than surgery:

1. Admitted as an elective patient for an awaited procedure
2. Admitted as an emergency patient for an awaited procedure
3. Could not be contacted (included patients who have died)
4. Treated elsewhere, but not as a patient of this waiting list
5. Surgery not required or declined
6. Transferred to another hospital's waiting list
9. Removed due to administrative error (eg duplicate listing)

For those removed for treatment received elsewhere (No. 4 above), there is no record of whether that surgery was received interstate or in the private sector in the ACT. For patients that are removed under the transferred category (No. 6 above), ACT Health uses this category when transferring patients between ACT public hospitals and not for patients who are travelling interstate for their surgery.

Of all people removed from the waiting list in 2013-14, 2.9 per cent were removed due to them receiving treatment elsewhere.

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**QTON Health 10**

**Mr Wall:** Asked the Minister for Health in relation to the Adult Mental Health Unit

Just turning to staff that are working in that facility, assumedly there is a number that have ended up on worker's comp leave as a result of some of these incidents. What is being done to facilitate their return to work?

Just a couple of quick questions which will probably be taken on notice. It was the number of staff that are currently on worker's compensation from that unit, and how many staff have been either recruited permanently or temporarily to cover that.

So the number of staff that have either been recruited permanently or temporarily to cover that shortfall. Thanks.

**Mr Corbell:** The answer to the Member's question is

As at 27 February 2015, there are five staff from the Adult Mental Health Unit on compensation leave with an injury which has been accepted as a workplace injury by Comcare.

Of those five staffing positions,

- two have been recruited to temporarily, and
- three are on graduated return to work plans and casual staff cover any shortfall from their normal hours while on the plan.

All staff on worker's compensation leave are supported, as required, by their direct line manager and a case manager through Injury Management and Safety Team, Chief Minister, Treasury and Economic Development Directorate. Support provided ranges from a graduated return to work plan, redeployment within ACT Health or time away from the workplace.

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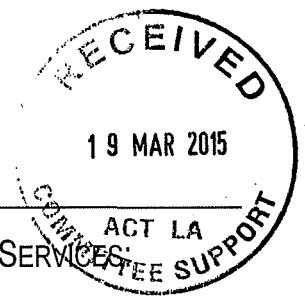
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**QTON Health 11**

**Ms Lawder :** Asked the Minister for Health in relation to the Obesity Management Service.

Are you able to tell me how many patients have been seen by the Obesity Management Service, and is there a waiting list? How many people are on the waiting list, and how long might they wait?

We have had some constituent correspondence that they have been put on the waiting list but will not be seen for some time, so are you able to give us an indication of the staffing levels, and are all the positions currently filled and fully staffed?

**Mr Corbell:** The answer to the Member's question is

As at 4 March 2015, the Obesity Management Service (OMS) has seen 113 individual patients. Since the OMS commenced operations on 26 February 2014, the Service has provided a total of 639 direct occasions of service.

The OMS does have a waiting list and the current wait is, on average, eight and a half months. These patients are waiting for an initial appointment with an OMS medical specialist. There are 239 patients on the wait list as at 4 March 2015.

The OMS recognises that the current waiting list results in a delay for patients and is developing ways to improve the referral process. This includes implementing alternate referral pathways directly to allied health professionals working within the Service to provide intervention, as it has been identified that this is currently underutilised. This would not replicate the medical service provided by the patient's General Practitioner or other Medical Specialists they may be seeing.

The OMS is currently not fully staffed with medical specialist staff, however, the Service re-advertised for a medical specialist position in February 2015 after two previous unsuccessful attempts, and this recruitment process is currently underway. Pending recruitment of the OMS staff specialist, medical intervention required for the Service is undertaken by the Medical Director of the Chronic Disease Management Unit and supplemented by other staff specialists as appropriate, including the commencement of an additional weekly clinic in the OMS from 8 April 2015.

The waiting list to see a Medical Specialist will be decreased with the recruitment of the specialist, the increased sessions by the medical specialist supporting the Service and the planned improvements to the referral pathways.

With regard to staffing levels for non-medical staff, the OMS is currently fully staffed as follows:

- 1.0FTE Health Professional level 4 (OMS Coordinator)
- 2.0FTE Registered Nurses
- 2.0FTE Health Professionals level 3 (includes an Exercise Physiologist, Dietician and Psychologist)
- 0.5FTE Administrative Officer level 3

The OMS is working with the ACT Medicare Local and Health Pathways in relation to the goals and targets outlined in the ACT Government's Towards Zero Growth: Healthy Weight Action Plan.

The OMS is located at the Belconnen Community Health Centre and they have access to the Centre's facilities for ongoing management of their condition. In addition, there are negotiations underway to outline where clinically appropriate, the OMS will support and facilitate referral for Bariatric Surgery.

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National peer group

## Major Metropolitan Hospitals

Hospital	State
The Canberra Hospital	ACT
Calvary Public Hospital	ACT
Bankstown Lidcombe Hospital	NSW
Blacktown Hospital	NSW
Campbelltown Hospital	NSW
Concord Hospital	NSW
Gosford Hospital	NSW
Hornsby Ku-ring-gai Hospital	NSW
John Hunter Hospital	NSW
Liverpool Hospital	NSW
Nepean Hospital	NSW
Prince of Wales Hospital	NSW
Royal North Shore Hospital	NSW
Royal Prince Alfred Hospital	NSW
St George Hospital NSW	NSW
St Vincents Hospital	NSW
Sutherland Hospital	NSW
The Tweed Hospital	NSW
Westmead Hospital	NSW
Wollongong Hospital	NSW
Wyong Hospital	NSW
Caboolture Hospital	Qld
Gold Coast University Hospital	Qld
Ipswich Hospital	Qld
Logan Hospital	Qld
Mater Adult Hospital	Qld
Nambour Hospital	Qld
Princess Alexandra Hospital	Qld
Redcliffe Hospital	Qld
Robina Hospital	Qld
Royal Brisbane & Women's Hospital	Qld
The Prince Charles Hospital	Qld
Flinders Medical Centre	SA
Lyell McEwin Hospital	SA
Royal Adelaide Hospital	SA
The Queen Elizabeth Hospital	SA
Austin Hospital [Heidelberg]	Vic
Box Hill Hospital	Vic
Casey Hospital	Vic
Dandenong Campus	Vic
Frankston Hospital	Vic
Geelong Hospital	Vic
Maroondah Hospital [East Ringwood]	Vic
Monash Medical Centre [Clayton]	Vic
Royal Melbourne Hospital [Parkville]	Vic
St Vincent's Hospital [Fitzroy]	Vic
Sunshine Hospital	Vic
The Alfred	Vic
The Northern Hospital [Epping]	Vic
Western Hospital [Footscray]	Vic
Fremantle Hospital	WA
Joondalup Health Campus (Public)	WA
Royal Perth Hospital Wellington Street Campus	WA
Sir Charles Gairdner Hospital	WA