



Government of Western Australia  
WA Country Health Service

# WA Country Health Service – Clinical and Operational Systems

**Dr Andrew Jamieson**  
Executive Director Medical Services




# CLINICAL GOVERNANCE

- Credentialing
  - Equifax cloud based database
  - “Front end - doctor” and “back end - WACHS” – access
  - Shared by all HSPs
  - ISSUES – WACHS wide credentialing, recording information, permission to change
  - Design enhancements – time critical



# CLINICAL GOVERNANCE

- Safety and Quality
  - Audits and live reviews – CoBRA – predictive
  - Huddles  WACHS wide forums
  - Adverse event reviews – DATIX -- retrospective
  - Data aligned to specific datasets
    - WACHS driven
    - System Manager driven
  - S & Q strategy
    - Learning Health Systems
    - High reliability organisation



# SPC AND TRENDING CHARTS

## Inpatient Falls (Coded)

(3 year trend: 2016/17, Q3 - 2019/20, Q2)

### Criteria for Inclusion

Condition Onset Flag =1 (In Hosp.)

Client types: Acute & Sub Acute

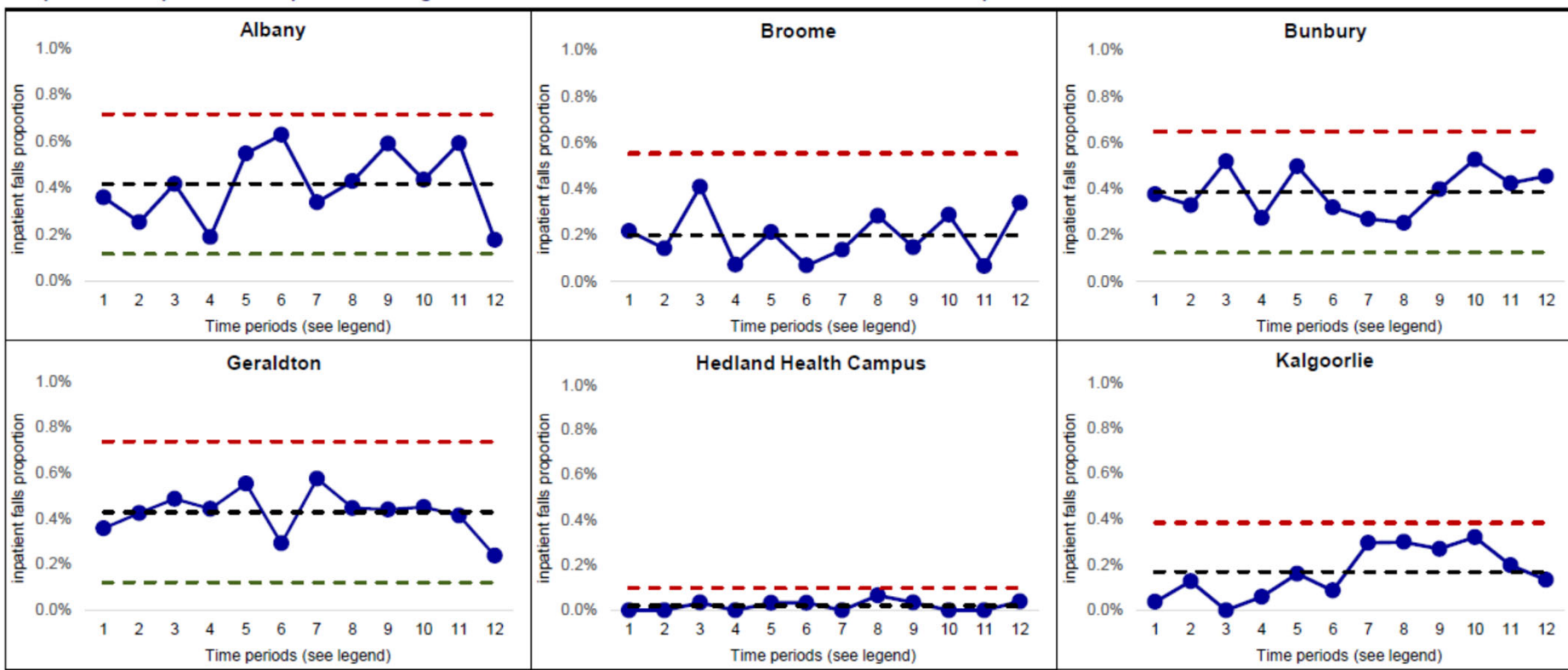
### Excluded

Unqualified NB

Residential Care

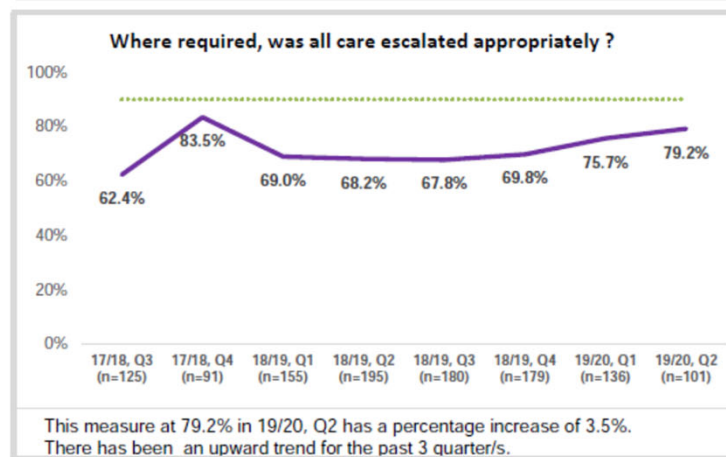
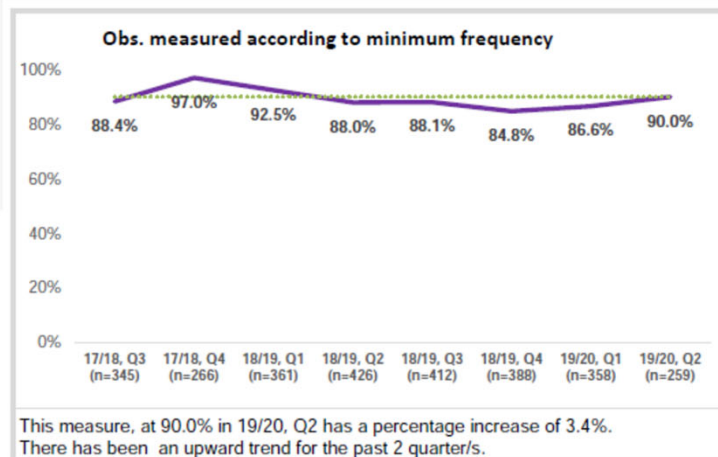
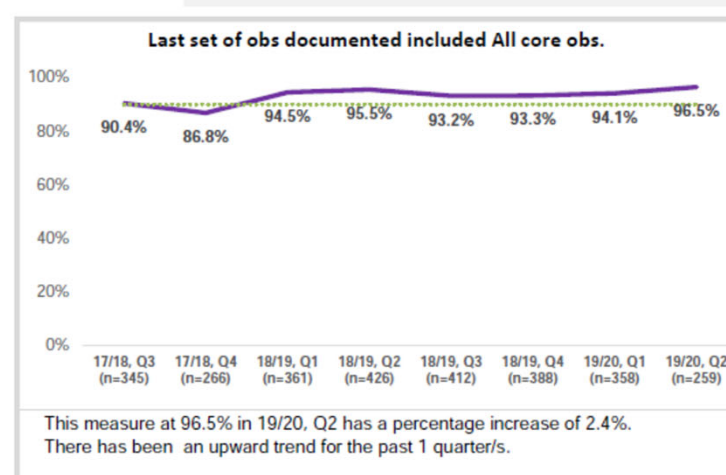
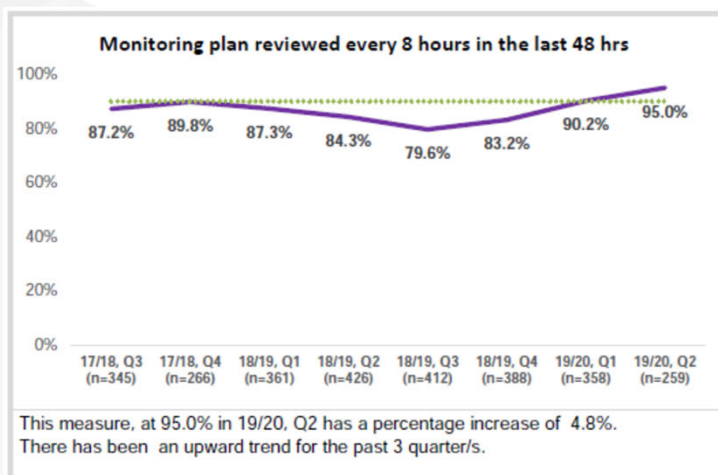
Boarders

### Proportion of inpatient fall separations: Regional Resource Centres with Northam and Busselton Hospitals





# SPC AND TRENDING CHARTS





# OPPORTUNITY FOR IMPROVEMENT

- Just Culture
- Accountability

## *Legislation – Health Care Act 2016*



# CORPORATE GOVERNANCE

- Contracting and Engagement Models
  - Employment EBA
  - Contractor MSA
  
- Pseudo-employment
  - Payroll tax
  - PAYG tax
  - Superannuation







# MORE DETAIL

Goldfields														
Kalgoorlie		Esperance		Laverton		Leonora		Norseman						
RRC		IDHS		SHHC		SHHC		SHHC						
Emergency Services														
Emergency														
4	4	4	3	3	3	2	2	2	2	2	2	2	2	2

## Hospital Inpatient and Emergency Service Definitions

This section includes the following services: Medical, Surgical, Emergency, Transition, Obstetric and Neonatal, Paediatric, Rehabilitation, Mental Health, Disaster Preparedness and Response and Clinical Support.

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<b>Medical Services</b>						
<b>Cardiology</b>	<ul style="list-style-type: none"> <li>Staffed by RN with some visiting services</li> <li>Emergency first assessment, treatment and appropriate referral</li> <li>Provision of ETS</li> </ul>	As for Level 1 plus: <ul style="list-style-type: none"> <li>On-call medical cover by GP/MP/ SMO</li> <li>Initial assessment, stabilisation and transfer to higher level facility</li> </ul>	As for Level 2 plus: <ul style="list-style-type: none"> <li>GP inpatient care</li> <li>24/7 cover by RN</li> <li>Access to some allied health services</li> <li>Access to non-invasive monitoring</li> </ul>	As for Level 3 plus: <ul style="list-style-type: none"> <li>Inpatient care by on-site general medical physician</li> <li>Access to consultancy service provided by a specialist or physician credentialed in cardiology</li> <li>Access to designated allied health services</li> <li>Some allied health undergraduate education</li> <li>Non-invasive diagnostic procedures, echocardiograms and exercise stress testing</li> <li>Links with community cardiac rehabilitation</li> </ul>	As for Level 4 plus: <ul style="list-style-type: none"> <li>Inpatient care by on-site cardiologist</li> <li>Registrar/RMO/ Intern</li> <li>CCU/HDU</li> <li>Regional referral role</li> <li>Access to specialist SRN</li> <li>Some undergraduate teaching and possibly some research</li> <li>Links with Level 5 rehabilitation service</li> <li>Emergency services available by on-call cardiologist</li> <li>May provide some cardiology diagnostic and interventional services</li> <li>Access to specialised allied health services</li> </ul>	As for Level 5 plus: <ul style="list-style-type: none"> <li>Full range of cardiac services including cardiac sub-specialties and emergency services</li> <li>Statewide referral role</li> <li>Undergraduate and postgraduate teaching role</li> <li>Research role</li> <li>Complete range of diagnostic and interventional services (includes catheter labs)</li> </ul>



# WACHS EMERGENCY CARE CAPABILITY FRAMEWORK (ECCF)

WACHS Emergency Care Minimum Requirements Matrix (MRM)

WACHS Category of Emergency Care	Nurse provided Emergency Response: Level A and B	Nurse provided Emergency Service	Emergency Service (medical and nurse provided)	Emergency Department: Level A and B
Comparative WA Health CSF Level of Emergency Service	Level One	Level Two	Level Three	Levels Three to Five
Minimum Service Provided and availability:	<p>Minimum service provided onsite and includes:</p> <ul style="list-style-type: none"> <li>▪ first aid</li> <li>▪ #basic resuscitation and stabilisation</li> <li>▪ coordination of an *emergency transfer</li> </ul> <p><u>Level A</u>: service <i>may</i> be available outside and during facility's scheduled hours of operation</p> <p><u>Level B</u>: service is available during the facility's scheduled hours of operation <i>only</i></p>	<p>Minimum service includes that provided by nurse provided emergency response plus:</p> <ul style="list-style-type: none"> <li>▪ treatment for minor injuries;</li> <li>▪ service is available seven days a week, twenty four hours a day (24/7)</li> </ul>	<p>Minimum service includes that provided by nurse provided emergency service plus:</p> <ul style="list-style-type: none"> <li>▪ #advanced resuscitation and stabilisation;</li> <li>▪ treatment for all presentations</li> <li>▪ ¶access to limited pathology and imaging services</li> </ul>	<p>Minimum service includes that provided by emergency service plus:</p> <ul style="list-style-type: none"> <li>▪ advanced treatment for all presentations with;</li> <li>▪ onsite laboratory and imaging services, which <i>may</i> include CT;</li> <li>▪ patient transfers are accepted from other facilities</li> </ul> <p>In addition <u>Level A</u> services:</p> <ul style="list-style-type: none"> <li>▪ have access to anaesthetic capability, emergency theatres and high dependence unit facilities</li> </ul>
Minimum Service: Provided by:	<p>A registered nurse (RN) will provide the service:</p> <ul style="list-style-type: none"> <li>▪ with/without support of a ¶medical practitioner</li> <li>▪ with access to clinical and/or management support as per site's: <i>adult and maternity observation and response escalation and medical emergency response process</i><sup>30</sup></li> </ul>	<p>As for nurse provided emergency response plus an RN:</p> <ul style="list-style-type: none"> <li>▪ is onsite 24/7 and has;</li> <li>▪ 24/7 access to a ¶medical practitioner who <i>may</i> attend on-site or is available virtually in 'real time' through the sites tele-health capability</li> </ul>	<p>As for nurse provided emergency service plus:</p> <ul style="list-style-type: none"> <li>▪ a ¶medical practitioner is rostered to provide 24/7 cover</li> </ul>	<p>As for emergency service plus:</p> <p><u>Level A</u> services have:</p> <ul style="list-style-type: none"> <li>▪ ¶medical practitioners onsite 24/7; with access to:</li> <li>▪ medical/surgical specialists and proceduralists</li> </ul> <p><u>Level B</u> services have:</p> <ul style="list-style-type: none"> <li>▪ ¶medical practitioners who are onsite within working hours / weekend days and available at short notice</li> </ul>



# WACHS EMERGENCY CARE CAPABILITY FRAMEWORK (ECCF)

WACHS Category of Emergency Care	Nurse provided Emergency Response: Level A and B	Nurse provided Emergency Service	Emergency Service – (medical and nurse provided)	Emergency Department: Level A and B
Comparative WAHealth CSF Level of Emergency Service	Level One	Level Two	Level Three	Levels Three to Five
Minimum Clinical Governance	As per local and regional arrangements including those that govern use of ETS		Plus: access to senior emergency medicine practitioner	
Minimum Equipment Provided	As per detailed equipment list on pages 22 - 23			As per local/ regional arrangements
Minimum Medication Imprest Available	If have tele-health capability then ETS minimum pharmacy imprest list: <a href="http://wachs.hdwa.health.wa.gov.au/index.php?id=1035_9">http://wachs.hdwa.health.wa.gov.au/index.php?id=1035_9</a> If not then your regional endorsed minimum medication list (Burringurrah to have ETS minimum list)	ETS minimum pharmacy imprest list	As per local / regional arrangements	
Minimum Education and Training	<p><b>Nursing:</b> detailed within <i>approved area masters for health services and regions</i> on WACHS intranet via: services / nursing and midwifery / nursing and midwifery practice framework and guidelines / approved area masters for health services and regions <a href="http://wachs.hdwa.health.wa.gov.au/index.php?id=12246">http://wachs.hdwa.health.wa.gov.au/index.php?id=12246</a></p> <p><b>Medical:</b> minimum requirements for medical staff as per the WACHS Learning Framework Structure – Page 16 for salaried medical staff and Page 17 for visiting medical practitioners <a href="https://healthpoint.hdwa.health.wa.gov.au/policies/WACHS%20Policy%20Related%20Resources/Associated%20Resource%20Documents/Appendix%20A%20-%20WACHS%20Learning%20Framework%20Structure%2012.00.pdf">https://healthpoint.hdwa.health.wa.gov.au/policies/WACHS%20Policy%20Related%20Resources/Associated%20Resource%20Documents/Appendix%20A%20-%20WACHS%20Learning%20Framework%20Structure%2012.00.pdf</a></p>			
Minimum ICT Support Available	There will be: <ul style="list-style-type: none"> <li>a PC in the treatment area</li> <li>access to patient information / administration software</li> <li>a hands free phone and / or videoconference facilities</li> </ul>	As for nurse provided emergency response plus: <ul style="list-style-type: none"> <li>access to emergency telehealth services (ETS)</li> </ul>	As for nurse provided emergency service plus: <ul style="list-style-type: none"> <li>a PC for emergency service</li> <li>nurse coordinator; and</li> <li>each medical practitioner per shift</li> </ul>	As per local / regional arrangements
*emergency transfer is the coordinated and safe transport of a patient from the facility to one, able to provide a higher level of care				
¥ Medical Practitioner: is credentialed to provide independent emergency medical care				
# basic resuscitation: the immediate provision of life saving and life supporting clinical care Advanced resuscitation: basic resuscitation sustained until the patient receives definitive care at the facility or is transferred to another for definitive care				
∩ Access to: a service or the skills of a suitably qualified person being available – on or offsite / face to face or virtually / without delay or difficulty (Queensland Health Clinical Services Capability Framework)				





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## DIGITAL INITIATIVES TO SUPPORT CLINICIANS



*Emergency medicine specialist Dr Bea Scicchitano took Mr Franks' emergency call. Credit: Seven News.*



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**Emergency  
Telehealth Service**

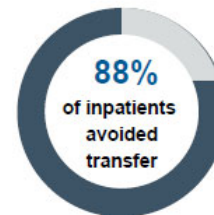



**1378**  
participants attended  
53 ETS education sessions via  
videoconference in 2019

**82**  
ETS sites statewide



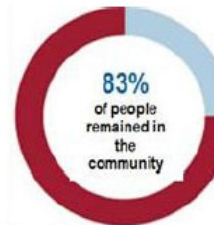
**Inpatient  
Telehealth Service**

Enabled  
**308**  
country inpatients  
to stay closer to home  
since January 2018



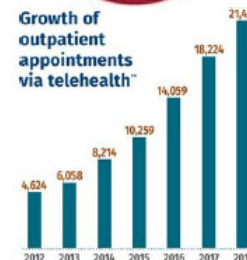
**Mental Health  
Emergency  
Telehealth Service**



**756**  
Number of patients  
seen since  
July 2019



**Outpatient  
Telehealth Service**



outpatient appointments  
have grown 338% since  
2012

# WACHS Command Centre



**Emergency  
Telehealth  
Service**



**Inpatient  
Telehealth  
Service**



**Mental Health  
Emergency  
Telehealth Service**



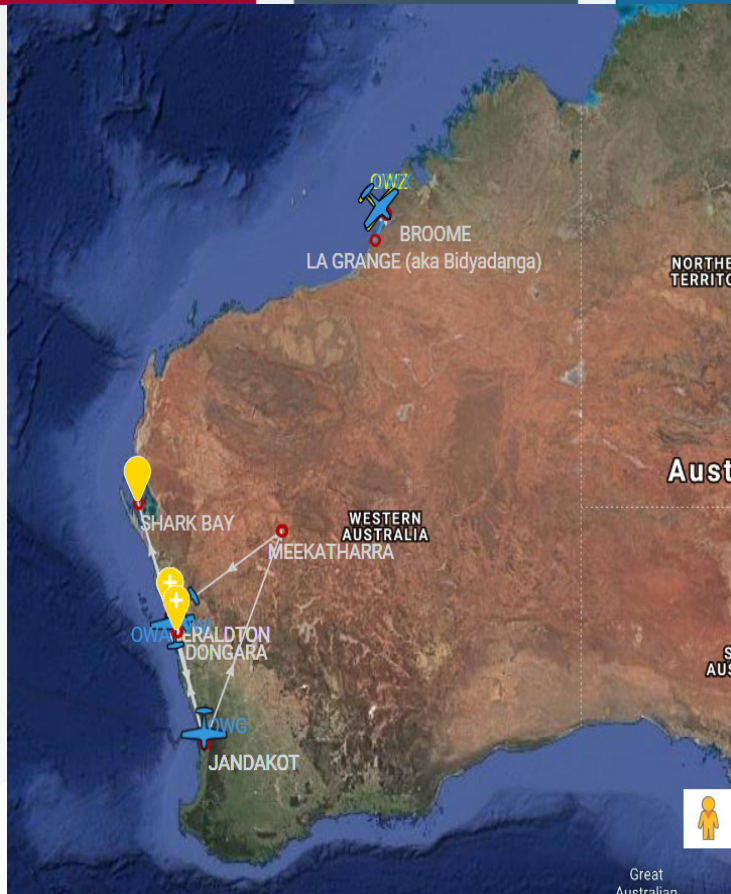
**Acute Specialist  
Telehealth  
Service**



**Acute Patient  
Transport  
Coordination**



**Advanced  
Patient Monitoring  
System**



Government of Western Australia  
Department of Health

## Patient Transport

26 February 2019 8:39:57

For support or assistance please email [dpmu.webdoc@health.wa.gov.au](mailto:dpmu.webdoc@health.wa.gov.au)

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SEARCH OPTIONS ▾

Referring Site	Patient Name	DOB	UMRN	Accepting Site	Referral Accepted	Pty	Transport Mode	Escort Required	Transport Booked	ETA
Corrigin (Royal Perth)	JOYCE, Denis	06/07/1943 (75)	D0124567	Corrigin (Royal Perth)	17/05/18 2338hrs	P1	✈️	👤		17/05/18 2338hrs
Broome (Royal Perth)	TESTER3, test	10/07/1962 (56)	1sdgdtg	Broome (Royal Perth)	20/05/18 0612hrs	P2	🚚	👤		20/05/18 0612hrs
Yalgoo (Sir Charles Gardner)	TESTER, Three	19/03/1966 (52)		Yalgoo (Sir Charles Gardner)	20/05/18 1925hrs	P2	✈️	👤		20/05/18 1925hrs
Boddington (Fiona Stanley)		()		Boddington (Fiona Stanley)	24/05/18 0943hrs		🚚	👤		24/05/18 0943hrs
Boddington (Fiona Stanley)	TEST PRESENTING PROBLEM,	()		Boddington (Fiona Stanley)	29/11/18 1015hrs	P4	🚚	👤	Yes	07/12/18 1114hrs
Augusta (Fiona Stanley)	TEST1,	()		Augusta (Fiona Stanley)	29/11/18 1015hrs	P5	✈️	👤	Yes	10/01/19 0659hrs
Paraburdoo (Royal Perth)	TEST, TESTPT	01/05/2010 (8)	A1	Paraburdoo (Royal Perth)	28/11/18 1413hrs	P1	🚚	👤		28/11/18 1413hrs
Cunderdin (Royal Perth)	CLIFTON,	27/11/2018 (0) ⚠️	1	Cunderdin (Royal Perth)	29/11/18 1015hrs	P5				29/11/18 1015hrs
Albany (Fiona Stanley)	LABOUEYRE, Francine	25/02/1958 (61)		Albany (Fiona Stanley)	29/11/18 1015hrs	P4	✈️	👤	Yes	25/02/19 1535hrs
Albany (Fiona Stanley)		()		Albany (Fiona Stanley)	29/11/18 1015hr	P3	🚚	👤	Yes	25/02/19 1541hrs

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# QUESTIONS?