

# Significant issues

The *WA Health Strategic Intent 2015–2020* underpins the requirement for people in Western Australia to receive safe, high quality and accessible health services. The Strategic Intent outlines the key direction that the health system will undertake. It aims to support operational planning that will take into account necessary health service demand management, sustainability and improvement, with a key focus on:

1. Prevention and Community Care Services
2. Health Services
3. Chronic Disease Services
4. Aboriginal Health Services

The *WA Health Reform Program 2015–2020* is an integrated program of work aligned to the Strategic Intent. It comprises a series of projects across four key areas of reform:

1. Governance
2. Performance
3. Support services
4. Procurement.

The reform will enable decision-making and health service delivery that supports local community needs. It will also allow policy and standards to be aligned to national and international best practice. This will ensure the quality and safety of health services is maintained.

# North Metropolitan Health Service

## Demand and activity

North Metropolitan Health Service's population is growing and ageing, which has led to increased demand for services in 2015–16. Despite this challenge, the focus remains on maintaining safety and high quality care.

To manage additional demand, Sir Charles Gairdner Osborne Park Health Care Group commenced ongoing work to reduce inpatient length of stay. This has resulted in the lowest length of stay in its peer hospital group in Australia. A review of theatre processes at Sir Charles Gairdner Hospital has instigated a bid to increase performance. Movement

of appropriate elective surgery activity from Sir Charles Gairdner Hospital to Osborne Park Hospital has also improved elective surgery access.

To address the increase in children eligible for treatment via the School Dental Program, two new clinics opened in the metropolitan area and another in Carnarvon. The number of eligible adults who hold health care and pensioner concession cards has also increased. The Dental Health Service has treated an extra 12,000 inpatients 2015–16 as a result of the *Commonwealth National Partnership Agreement on Treating More Public Dental Patients*. Efficiency at clinics has also improved by centralising administrative tasks.

Changes in Medicare payments include the loss of bulk billing incentive payments for pathology services. This has increased demand on public pathology services as patients move from private services that ceased bulk billing. Faced with rising demand, the challenge is to increase efficiency to maintain clinically appropriate turnaround times. PathWest has realigned the majority of South Metropolitan Health Service referred work to the Fiona Stanley Hospital laboratory. This has provided capacity for PathWest at the Queen Elizabeth II Medical Centre to meet increased demand. New pathology facilities are under construction at Bunbury, and new facilities are planned for Manjimup, Narrogin and Karratha hospitals.

The *Mental Health, Alcohol and Other Drug Services Plan 2015–2025* provides for the replacement of the aged infrastructure at Graylands Health Campus and the Selby Older Adult Mental Health Unit with contemporary models of care. A Master Plan is being developed to identify the current and future population needs, and models of care for adults, older adults and forensic patients with severe mental disorders. Further development of the State Forensic Mental Health Service is planned to respond to increased demand from the prison population. Increased demand for mental health services is also being addressed by provision for an additional six Mental Health in the Home beds operating from the Sir Charles Gairdner Hospital Mental Health Unit.

## Workforce challenges

The North Metropolitan Health Service is managing changes to its workforce in a way that maximises the quality and safety of patient care and the quality of the patient experience. For example, Sir Charles Gairdner Hospital is one of only three Magnet accredited hospitals in Australia. The Magnet Recognition Program is operated by the American Nurses Credentialing Centre. In addition to improving clinical outcomes and patient satisfaction, the program leads to higher satisfaction and lower turnover among nurses.

The Dental Health Service experiences difficulties in attracting and retaining suitably qualified and experienced clinicians in rural and remote areas. This includes attracting dental therapists to the School Dental Service in country locations. Employees based in the metropolitan area provide relief work in rural and remote areas, and rotational rosters are used to make these postings more appealing. A mentoring program supports new Dental Health Service employees in regional and remote areas. An Aboriginal workforce strategy has also been developed to overcome limited permanent employment opportunities for Aboriginal people.

PathWest faces the challenge of increasing complexity and specialisation of pathology work and an ageing workforce. A review into how to best rationalise its services is underway.

There is a relative shortage of Consultant Forensic Psychiatrists at a local, national and international level. Clinical services have been maintained and a joint working group convened to address possible issues. The statewide graduate program run by North Metropolitan Health Service Mental Health continues to provide on-the-job training for nurses seeking work in mental health settings. The program reduces the burden on individual sites by providing work-ready junior nursing staff. A dedicated Allied Health Coordinator position was established during 2015–16 to ensure professional standards in mental health care are maintained and developed.

## Managing funding reform and cost efficiencies

A key challenge for the North Metropolitan Health Service is delivering financially sustainable services. Financial sustainability and recovery programs are in place at a number of North Metropolitan Health Service service sites. Executive oversight of these programs is key to managing services and cost efficiently. An example is the Triple S program being implemented at the Women and Newborn Health Service. This program aims to make Women and Newborn Health Service Safe, Smart and Sustainable through organisational, financial, and clinical review and reform.

Graylands Hospital has responded very proactively to the challenges of operating in a financially sustainable manner after Activity Based Funding of acute care was introduced in 2015–16. Mental Health Finance and Business staff responded by developing and implementing training sessions for cost centre managers and senior clinical staff on the effective management of resources.

## Health inequalities

The World Health Organization has stated that there is clear evidence of the relationship between oral health and general health, as follows:

- Poor oral health is significantly associated with major chronic diseases
- Poor oral health causes disability
- Oral health issues and major diseases share common risk factors
- General health problems may cause or worsen oral health conditions.

The Dental Health Service therefore plays an important role in maintaining the health of vulnerable populations across WA. This includes rural and remote communities, people of low economic status, people with mental illness or cognitive impairment, and Corrective Services patients. The Dental Health Service addresses the needs of these groups in several ways:

- Partnerships have been formed with Aboriginal Community Controlled Health Organisations and the Royal Flying Doctor Service to provide dental services in rural and remote areas. An outreach program operating from regional centres offers free emergency dental treatment in a culturally safe environment.
- Health care card and pensioner concession card holders receive subsidised treatment.
- Mental health services are partnering with Dental Health Services to develop a model for delivering oral health care to mental health consumers. A pilot program is underway to examine the oral health of mental health patients as part of their physical health check.
- Emergency dental treatment is provided to Corrective Services patients.

North Metropolitan Health Service Mental Health is undertaking a variety of initiatives to meet the mental health needs of the community:

- A two-year trial of a mental health co-response team commenced in January 2016. Senior mental health clinicians are working alongside frontline police in specially trained teams, tasked with responding to the growing number of calls to police relating to mental health incidents. The aim is to improve health outcomes by diverting people with mental illness away from the criminal justice system to the health and support networks they need.
- An audit is being undertaken of the needs of long stay patients at Graylands Hospital and the Selby and Osborne Park Older Adult Mental Health Units. It will be used to inform the models of care, service plans and business cases required to replace these facilities.

- Participation in a national study of the physical health care needs of people with disabling psychotic disorders. The information this study is generating has already proven valuable in local system improvement initiatives.
- Youth Mental Health Services, governed by North Metropolitan Health Service Mental Health, is collaborating with the Office of Mental Health to develop options to increase the number of mental health beds dedicated to 16 and 17 year olds.

# South Metropolitan Health Service

## Demand and activity

The population of the South Metropolitan Health Service continues to grow each year, but is doing so unevenly across the health service. The population is also ageing, with the Peel region having a particularly high proportion of residents aged 65 years and over. Both of these factors are likely to impact significantly on future service demand.

The volume of work undertaken at Fiona Stanley Hospital during the first year of operation provides insight into the level of demand for services at the South Metropolitan Health Service:

- more than 100,000 patients treated in the emergency department; an average of 275 a day
- 30,000 patients were admitted from the emergency department
- 40,000 people were admitted as inpatients
- more than 2,500 babies were born
- more than 2,000 children were cared for in the paediatric ward
- 22,600 surgeries were performed
- 30 heart and lung transplants were performed
- 750,000 plated meals were served to patients.

To meet growing demand, the South Metropolitan Health Service continues to undergo reconfiguration. To facilitate better patient flow and transfer processes between Fiona Stanley Hospital and Fremantle Hospital, governance changes came into effect in February 2016 to develop a seamless connection between the two hospitals. The intention is to achieve better patient flow and transfer processes between the sites, and a flexible workforce with enhanced clinical rotations and improved workforce opportunities.

To ensure patients receive more timely care, Royal Perth Hospital undertook a review of its waitlists to transfer activity to the most appropriate hospital site. This includes those hospitals with shorter lists. Hospital sites continue to identify alternative options for patients to access care outside of tertiary facilities, and to develop robust winter bed strategies.

All South Metropolitan Health Service sites providing mental health services now include Mental Health Assessment Treatment Teams and Community Treatment Teams to enable timely community access and supported discharge from a mental health facility.

The ageing population presents many challenges, including managing demand associated with chronic disease and preventable admissions. The South Metropolitan Health Service delivers a number of prevention programs focusing on the health and wellbeing of whole populations. This includes comprehensive health education, disease control and public health services

Chronic diseases, including cardiovascular disease, cancer, diabetes mellitus and related complications, chronic obstructive pulmonary disease and cerebrovascular disease, are the main causes of death and illness within the South Metropolitan Health Service. Many diseases are strongly associated with lifestyle risk factors, such as smoking, physical inactivity, poor diet, and being overweight and obese. These are responsive to effective and inexpensive prevention programs run by the South Metropolitan Health Service in areas such as such as tobacco control, health literacy, physical activity and healthy eating.

Annual health costs continue to outpace the consumer price index, reflecting new technologies, treatments and ever increasing community expectations of healthcare. The South Metropolitan Health Service Financial Recovery Management Program aims to deliver financial savings and ensure that patients continue to receive high quality and sustainable clinical services in the right location.

## Workforce challenges

The South Metropolitan Health Service continues to ensure its workforce profile is sustainable within the National Activity Based Funding/Activity Based Management model while continuing to deliver safe, high quality care. Following the introduction of the East Metropolitan Health Service on 1 July 2016, the South Metropolitan Health Service will engage with and support staff as it builds new work teams and culture. New organisational structures, leadership and governance models, systems and processes will result from further reconfiguration of Health Services.

Reconfiguration of staffing profiles entails matching staff to positions in line with the clinical services being delivered. Developing workforce requirements within affordable workforce projections and the reconfigured state required a high level of engagement from hospital teams. Specialist information technology systems supported workforce provisioning. Implementation of a Voluntary Severance Scheme assisted with this by reducing the number of staff requiring case management. Building flexibility into the existing workforce is important in meeting organisational requirements associated with new service delivery models, while balancing staff expectations and needs. Organisational development will continue to align culture and work practice, performance, innovation and accountability.

The South Metropolitan Health Service received exemptions from the State Government's recruitment freeze in areas of clinical shortage. There is a continuing focus on recruiting for high priority, difficult to fill clinical roles in nursing and midwifery, medical, allied health, perioperative and critical care nursing.

Education and upskilling will enhance staff skills to support service transformation. There is a strong emphasis on clinical training and upskilling of the nursing and allied health workforce. Providing managers and staff with comprehensive education, resources and support is necessary to assist managing staff allocation, particularly in areas of oversupply.

The South Metropolitan Health Service continues to employ a culturally diverse workforce that aims to reflect the cultural diversity of its consumers. It is committed to increasing its Aboriginal workforce through the establishment of targeted employment strategies, such as traineeships and cadetships. Increasing the Aboriginal workforce representation will improve access to health services that better meet the needs of Aboriginal patients and their families.

## Managing funding reform and cost efficiencies

A number of funding reform issues are impacting on service delivery within the South Metropolitan Health Service. Of most significance are the challenges posed by the

reconfiguration and transitioning of services through the Financial Recovery Management Program, and planning for the full rollout of Activity Based Funding in WA Health.

In an Activity Based Funding/Activity Based Management environment, there is a need for greater ground level, devolved accountability for managing demand, funding reform and costs efficiently across all service streams. Comprehensive and accurate capture of data and identification of gaps within the activity data is a priority given its importance in aiding decision making.

Improvement in efficiency is crucial, particularly because the National Efficient Price is determined by the Independent Hospital Pricing Authority, which does not fully consider the unique circumstances relevant to WA Health.

In line with restructuring service models and continuing to meet Activity Based Funding/Activity Based Management in 2016–17, a number of strategies were implemented throughout 2015–16 to address these challenges:

- education and real time access to budget and activity information assisted decision making and managing activity within an efficient cost
- the Business Intelligence Unit continued to develop and provide budget dashboard tools to assist front line managers and the Area Executive Group in monitoring costs
- devolving responsibility for budget and spending to those managing the delivery of care helped increase understanding and transparency of spending decisions
- development of workforce profiles in hospitals' reconfigured state was undertaken, costed and managed to assist in delivering a safe quality service within the an ABF/M environment.

The introduction of enhanced financial reporting tools and training has allowed hospital management teams to better understand their financial position. This included timely implementation of strategies to target and address areas of financial concern or risk.

## Health inequalities

In addition to activities aimed at prevention and improving health outcomes in the general population, the South Metropolitan Health Service has programs that focus on the most vulnerable and at risk. After the Pilbara region, the South Metropolitan Health Service has the largest Aboriginal population in the State. There are persistent health inequalities among Aboriginal people, including shorter life expectancy, higher rates of communicable and chronic diseases, and poorer neonatal outcomes.

Programs and services aimed at improving the health outcomes of Aboriginal people include:

- Moorditj Djena – a mobile community outreach service providing chronic disease assessment, diabetes education and podiatry services
- Journey of Living with Diabetes – a health education program delivered through residential workshops and 10 weekly programs
- Nidjalla Waangan Mia (Aboriginal Health & Wellbeing Centre Mandurah) – primary health care services and health promotion programs for Aboriginal people living in the Peel area
- Aboriginal Maternity Group Practice Program – a community based maternity service that provides an Aboriginal Health Officer and Grandmother
- continual liaison with Child and Adolescent Community Health and Medicare Locals to improve Aboriginal childhood immunisation rates
- the Aboriginal Health Liaison Officer program, which improves the quality of care for Aboriginal patients and raises the cultural competency of health care workers at hospitals.

Improving the quality of service provided to patients accessing mental health services has also been a priority, including:

- implementation of Assessment and Treatment Teams and Clinical Treatment Teams in a standardised way across all South Metropolitan Health Service mental health sites.
- the Individual Placement and Support program implemented at the Fremantle Hospital and Health Service, Armadale Health Service and Bentley Health Service. The program helps mental health clients find employment, which plays an active part in their recovery.

The first phase of the Institute for Social Inclusion opened at Royal Perth Hospital in June 2016. The service aims to address the high number of homeless people who attend with multiple comorbidities on a frequent basis. The service utilises external general practitioners and registered nurses who support Royal Perth Hospital staff with ward rounds in reviewing and seeing referred patients identified as homeless or at risk of being homeless. The service then utilises case workers and links with community service providers to ensure that upon discharge patients have the greatest chance of being housed with required support mechanisms in place. This is to ensure they maintain long-term accommodation.

# Child and Adolescent Health Service

## Demand and activity

The population of 0–17 year olds in WA is currently growing at over 13,500 each year, which places a strain on existing services at Princess Margaret Hospital. As there has been no ability to expand services to meet additional demand, strategies employed to manage demand include:

- telehealth initiatives, including emergency trauma management, remote patient diagnostic and follow up consultation, simulation, observation and feedback
- revision of clinic profiles
- trialling measures to decrease non-attendance rates
- engaging clinicians to re-triage identified referrals to determine ongoing need
- improved access to and quality of waitlist data
- formation of the Outpatient Management Committee to prioritise outpatient management and improvement strategies
- allocating resources to areas where most benefit can be derived.

The opening of the Perth Children's Hospital will also address the increase in demand resulting from population growth.

The Child Development Service has seen a 28 per cent increase in referrals over the past five years. This is attributed to a combination of population growth, increased community awareness of the service, and recognition of the importance of early intervention. The Child and Adolescent Community Health Service is implementing a number of strategies to manage this increase in demand. More than 60 additional nurses were employed to the end of 2015–2016, and over 100 school health nurses and eight speech pathologists will be employed in the metropolitan area by the end of 2016–17. Over the last two school years, there has been a 10.7 per cent increase in the number of Kindergarten children receiving a Universal School Entry Health Assessment, with nearly 96 per cent of them being assessed in 2015.

Reforms to improve accessibility and the quality of services have been implemented or are planned, including:

- adopting recommendations from the review into child health services completed by Professor Karen Edmond
- commencing a pilot program to evaluate the delivery of child health checks in the child care setting
- reviewing the range and number of services provided to each client cohort in order to ensure equitable and timely access
- developing a business case for capital works to improve community health service facilities in the metropolitan area.

The implementation of clinical reform initiatives in 2015–16 has already seen a considerable decrease in the waiting time for Child Development Service speech pathology and occupational therapy services.

As part of *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, acute activity for young people aged under 16 will transfer to a 20-bed authorised unit at Perth Children’s Hospital. Eight Fiona Stanley Hospital youth beds are currently open to patients aged 16 to 24 years; however, 16 and 17 year olds receive preferential admission. The Community Child and Adolescent Mental Health Service has undertaken a system wide reform process aimed at maximising efficient use of existing resources. The full implementation of the Choice and Partnership Approach model from 1 July 2015 has resulted in:

- a no wait-list service across all community sites
- a reduction in referral to first appointment times from an average of 50 to 20 days, with elimination of extremes in variation
- 2,864 children being seen in the first 10 months of 2015–16, which is 1,225 more than the same period the previous year
- 1,310 more clinical assessments being undertaken in the first 10 months of 2015–16.

Although more children and young people are being seen, demand continues to rise. If children and young people are not seen in a timely way within the community, then hospital admission often follows, which can adversely affect their development.

## Workforce challenges

Planning and commissioning of the Perth Children’s Hospital has continued, which has resulted in some expertise shift from clinical to planning areas. A high proportion of temporary vacancies has resulted, and these are more difficult to attract staff to. Health service reconfiguration and new facilities have also made the employment market competitive.

Early adoption of some of the planned changes for Perth Children’s Hospital has occurred at Princess Margaret Hospital in the areas of medical typing, ward configurations, and play and leisure services. The Perth Children’s Hospital Project has created new workforce opportunities. This includes Assistants in Nursing and Nurse Practitioners expanding the scope of their practice in the outpatient area, and the rotation of ward and outpatient staff to mirror the patient’s journey.

Recruitment efforts in the Child and Adolescent Community Health Service continued throughout 2015–2016. Strategies implemented to bolster recruitment across the school health nursing workforce included:

- promoting Child and Adolescent Community Health Service nursing to other Health Services
- use of nursing recruitment pools
- alignment of Child and Adolescent Community Health Service recruitment needs with strategies being undertaken by the Office of the Chief Nurse.

There were some delays to the recruitment of school health staff due to a shortage of suitably qualified nurses and the recruitment freeze; however, all positions funded for the year were filled. Recruitment was further challenged by the tendency for 70 per cent of metropolitan community health nurses to work part-time. The extent is such that for every 10 full-time equivalent positions, Child and Adolescent Community Health Service must recruit approximately 16 nurses. The release of key staff to undertake reform initiatives was complicated by the difficulty of backfilling positions.

## Managing funding reform and cost efficiencies

Access to timely and accurate data remains challenging for some departments at Princess Margaret Hospital. This is particularly so for outpatients, where there is an Activity Based Funding/Management coding project to ensure capture and correct coding of attendances, and alignment of purchasing plans. The development of an overarching integrated governance structure for outpatient facilities will improve the flow and efficiencies within outpatient clinics and create additional clinic services. This in turn will improve flexibility for nursing staff and training.

The outpatient Tier 2 clinic review continues to categorise clinics that are not covered under Activity Based Funding to ensure the correct funding model is applied. This is imperative for the ongoing requirements for services, such as the program for patients requiring home ventilation.

The commissioning of the Perth Children's Hospital posed challenges, as planning and affordability projects required tight Full Time Employee controls. Limitations on the flexibility for clinic allocation to achieve efficiencies has been compounded by the delay in moving to the Perth Children's Hospital.

The Independent Hospital Pricing Authority altered the Specialist Psychiatric Age Adjustment for a subset of admitted patients in the setting of the 2015–16 National Efficient Price. This had a significant impact on Mental Health services delivered by the Child and Adolescent Mental Health Service. The adjustment reduced the number of Weighted Activity Units to be delivered by 20 per cent.

## Health inequalities

The Child and Adolescent Community Health Service is increasing its focus on vulnerable families in line with the recommendations of the review conducted by Professor Karen Edmond. Throughout 2015–16, work continued on a reform program for child and school health service delivery. Services include:

- The Enhanced Aboriginal Child Health Schedule, which provides support at critical periods in a child's life to minimise the harmful effects of disadvantage
- the Aboriginal Health team, whereby Aboriginal health workers and nurses work in partnership to deliver culturally appropriate health checks, support and information to the children of the Aboriginal communities
- the Refugee Health Team, which assists transitioning families to access local health services independently and young children to enter the Community Health Universal Contact Schedule
- The Best Beginnings program, a voluntary, structured home visiting service for families with additional risk factors
- the Enhanced Home Visiting team, which offers an evidence-based service response in the home that minimises risk and maximises protective factors for infants and their families
- implementation of the Neglect Protocol, which strengthens and standardises child health nursing practice around infants and children where there are concerns of neglect.

The Child and Adolescent Community Mental Health Service has focused on developing links and consulting regularly with Child Development Services to share information and improve care for children with intellectual disabilities and autism. Child and Adolescent Community Mental Health Service is also a key participant in the Young People with Exceptionally Complex Needs initiative. The program aims to provide a better coordinated service delivery response to improve the wellbeing and quality of life of young people with exceptionally complex needs.