Today I’ll be discussing…

Clinical Senate – March 2018
Waste Not: Want Not

Recommendations from the Review of the Clinical Senate

Today’s Topic for Debate
Aboriginal health and wellbeing is everybody’s business
March Clinical Senate - *Waste Not: Want Not*

**System Manager: 7 Recs**
- 2 Endorsed
- 3 Endorsed in Principle
- 2 Not Endorsed

**Health Service Boards: 9 Recs**
- All put forward for consideration
March Clinical Senate - *Waste Not: Want Not*

ENDORSED Recommendations

**Recommendation 1:**
- Reviews privacy settings limiting access to patient care information which is vital for acute care decision making; e.g. PSOLIS access in ED

**Recommendation 5:**
- Based on the success of the antibiotic steward system in reducing associated costs and harm, reviews opportunities to develop a similar program aimed at diagnostic stewardship by 2019.

2018 WA Health Excellence Awards category winners: Pathology test reduction in ICU: Fiona Stanley Hospital
Recommendation 2:

- Implements a population-wide media campaign for the Choosing Wisely 5 questions across all healthcare sites.

Recommendation 3:

- Develops a care coordination framework that includes the use of digital health opportunities by 2019.

Recommendation 7:

- Acknowledges the current limitations of HealthPoint and develops a more efficient way for clinicians to access evidence-based guidelines and promote sharing of ways to increase evidence uptake.
March Clinical Senate - Waste Not: Want Not
NOT ENDORSED

Recommendation 4:
• Produces a benchmarked report annually across hospitals for key waste areas and makes the report publically available.

Recommendation 6:
• Undertakes an economic analysis to consider the implications for quality of care, cost effectiveness and health outcomes of a super specialist vs generalist comparison model to meet future workforce needs.
Nous Review into Clinical Senate Summary

- Commissioned by Director General in 2017
- Maximise the effectiveness of Clinical Senate
- 5 Recommendations

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<tr>
<th>Positives</th>
<th>Areas for Improvement</th>
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<tr>
<td>• Clinical Senate will continue</td>
<td>• Increase profile and influence</td>
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<td>• Highly valued by members</td>
<td>• Better alignment of debate topics with health system priorities</td>
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<td>• Potential for greater influence in WA health system</td>
<td>• Greater HSP involvement in Senator selection</td>
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<td>• Clinical perspective on complex system-wide issues</td>
<td>• Senior leadership more visible at debates</td>
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Nous Review into Clinical Senate
Director General’s Response

Rec 1 – NOT ENDORSED
• Activities be suspended pending changes and relaunched with the Sustainable Health Review

Rec 2 – ENDORSED
• The Clinical Senate be an impartial advisory group for all of the WA health system and be aligned with the Health Executive Committee

Rec 3 - ENDORSED
• The Clinical Senate and HEC to establish a program of debates

Rec 4 – ENDORSED
• The format, outputs and advice to achieve outcomes defined specifically for each debate

Rec 5 – ENDORSED
• The Clinical Senate membership model be refined
Nous Review into Clinical Senate
Next Steps

Nous Review and DG’s response sent to Senators next week

Project Control Group to implement changes

Key stakeholders consulted

Anticipated completion date 30 June 2019
Today’s Clinical Senate
Aboriginal health and wellbeing is everybody’s business:
Our collective roles for improvement

Kidney Care – Closer to Home
Winners: Achieving Better Health
Outcomes for Aboriginal People
WA Health Excellence Awards 2018

"It has been fantastic to now welcome our dialysis people back home to country with the opening of the new expanded dialysis unit."

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