

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details	
<i>This information will be used only for contacting you in relation to this submission</i>	
Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Organisation	N/A
First Name(s)	Richard
Surname	Haley
Contact Details	[REDACTED]
Publication of Submissions	
<i>Please note all Public Submissions will be published unless otherwise selected below</i>	
<input type="checkbox"/> I do not want my submission published <input type="checkbox"/> I would like my submission to be published but remain anonymous	

Submission Guidance
<p>You are encouraged to address the following question:</p> <p>In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?</p> <ul style="list-style-type: none"> • Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition; • The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public; • Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance; • Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care; • Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies; • The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring; • Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Sustainable Health Review
Government of Western Australia
Department of Health

To the Sustainable Review Board

I would like to preface this submission by emphasizing this submission is not meant to be used as or seen as a criticism of any person, place, facility or service; while I do raise issues with certain organizations and facilities this is only done to emphasize my concerns and offer constructive criticism.

I am making this submission following my attendance at the Sustainable Health Review Forum held in Mandurah 25 Oct 2017.

Since my recovery from and forced retirement caused through my suffering a major stroke I now have a very active role as a volunteer with the Stroke Foundation in Australia. I am a member of councils within that organization and am involved with community education advocacy and support for victims of stroke - This submission has reference to information supplied in the public domain from the Stroke Foundation but all concerns expressed are my own and are not to be taken as representing the views of the Stroke Foundation.

Lastly I would like to emphasize that I believe we live in a State with access to world leading health facilities and medical clinicians, but...

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

I run a 'Stroke Support Group' in Mandurah; the following was told to me by an active member and supporter of our group. The lady concerned, in her 80s, has a history of multiple strokes and has had serious medical interventions in support of her condition.

■■■■■ suffered a stroke while she was at home in her retirement unit. Immediately recognizing the signs she was suffering yet another stroke she activated her medical emergency alarm which correctly set in motion the events that had her transferred to our local hospital emergency department via ambulance as a priority one emergency patient requiring immediate medical assistance.

On arrival at hospital by ambulance ■■■■■ was left to sit in the hospitals waiting room for 8 hours, finally, out of frustration she called a taxi and went home, subsequently visiting her GP the following day!! This is after following all the correct procedures to ensure she received the best medical assistance we can offer in this state including ambulance transfer.

If you talk to anyone within our health system they will protest loudly that this occurrence was impossible and could not have happened - yet it did - this prompted me to 'drill' into this matter and find out how this could happen.

Unbeknown to a close friend of mine who is a paramedic and has worked within the ambulance service I conducted a safety audit on him to try and determine how these events could take place. After about 3/4 of an hour he tired of my questioning and requested we just drink our beer and

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

stop talking shop. At this point I explained to him what I was doing and why, to which he retorted "that's impossible it couldn't happen" well it happened I said, and now we are going to play 'What If'. Note* if they had played 'what if' prior to building Fukushima we may not have experienced the 2nd worst nuclear accident in history. I am a retired engineer and safety is a long-term passion of mine.

After playing 'what if' for an hour we determined that is was possible to have circumstances where a priority one stroke patient could be (was) placed in the waiting room of a public hospital despite ambulance transfer and forgotten about despite all the checks and triggers within the health system that will 'guarantee' this cant happen!

Apparently the hospital staff have devised a workaround where, emergency patients who have been waiting for a defined period of time that would trigger a report to the relevant over seeing body are readmitted to the hospital thus negating the report being triggered. The patients immediate urgent care needs and prospects for good long term recovery can be severely compromised because the hospital staff are in fear of what this report could mean to them and the unit in which they are operating. This is despite the fact that the circumstances, which have caused the delay, are not of their making and are out of their control - They will still be blamed for the occurrence!

My own stroke occurred eight years ago and I am testament to the fact that you can receive 'Worlds Best Standard' health care in this state. I was one off the first recipients of endovascular clot retrieval at Royal Perth Hospital, a procedure that was developed and performed by a brilliant surgeon at RPH that saved my life, allowed my remarkable recovery and set the new course for my life. I never thought for a moment I would be involved in health care, or discover the type of industry it is. Early intervention in stroke care is of paramount importance in a patient health outcomes, I know the quality of health service available in this state - or - you can be left in the waiting room and forgotten about...

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

I am continually told how *lucky* i was to receive the standard of medical care I was fortunate to receive. *Medical care should not be determined by lottery.*

People often tell me that they were denied access to a specialist ward because of their age. *Age Discrimination in heath care has to be stopped Now - period.*

I was recently privy to a Government Briefing Paper from the Department of Health with regards to the state of stroke care in this state as delivered via the public hospital system. To read this paper one would believe we were living in Stroke Care Paradise! Not once in this paper did it mention PATIENT OUTCOMES. It is on the record from the Stroke Foundation audit results where Western Australia sits with its patient outcomes with regards to stroke both within Australia and in comparison to the rest of the world and there's significant room for improvement.

We all have a role to play in this - Its important that people understand how to do this - *Community Education* will go a long way to driving down the cost of our health care services and assist people in controlling their health outcomes. Over 80% of strokes are preventable; we can significantly drive down the admissions to hospital from stroke and all the associated costs and personal loss. I believe we are slowly achieving this but a lot more could be done both in stroke and across all areas of health. Its not enough to advertise Act Belong Commit we need to tell people HOW to act belong and commit - They don't know or understand its importance, this education should be started at school

From my perspective looking in at our health care industry that has grown with its very specific cultures I don't understand how we can expect a 'Patient First' health system using its current

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

operating methodology. The health care system from my perspective is one of 'Blame' and 'Not on My Desk Not my Problem' I believe this is partially a hangover from the previous governments governance. It is a system that thinks a lot more about itself than its clients.

To achieve a 'Patient First' Health Care System there needs to be a fundamental shift in the approach to problem solving (amongst others) within our health care system where health employees are encouraged to raise issues in their sphere of influence without the fear of being blamed and criticized. We all know the system is beyond capacity; we need openness and acceptance of constructive criticism in finding the desperately required solutions. This needs to be a Top Down Driven Change...

To emphasize my point here, look at the safety record of the world airline industry - This wasn't achieved by people fudging the system to make it appear operationally perfect, individuals (and their egos) working in a vacuum or departments blowing hot air up governments to make them feel comfortable!! It was done by openness, honesty and a quest for the truth where the clients (passengers) safety is put above all else; there is a lesson here.

The system is at fault and its in urgent need of restructuring but; You cant solve the problem if you don't truly understand or refuse to acknowledge what the problem is...

I look forward to a Patient First Health System but this isn't going to happen without a significant

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

change in the 'operational attitude' from the personal very close to the top of the health Industry in WA by having their egos and attitudes significantly changed – Good luck Minister!

Submitted by

Richard H D Haley

Strokesafe Ambassador / Community Educator

SF Consumer Council Member / Stroke Advocate

[REDACTED]

[REDACTED]