

# Sustainable Health Review

## Public Submission Cover Sheet

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

### Your Personal Details

*This information will be used only for contacting you in relation to this submission*

<b>Title</b>	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input checked="" type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
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### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

- I do not want my submission published
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### Submission Guidance

**You are encouraged to address the following question:**

**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?**

- 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

## Submission to Sustainable Health review - TRACS WA

WA Health's TRaining Centre in Subacute care (TRACS WA) is a state wide service. The vision of TRACS WA is that all people in WA requiring subacute care receive coordinated, best practice, care from skilled, engaged and committed clinicians. TRACS WA provides training and support to subacute clinicians to facilitate the provision of best practice care.

The Sustainable Health review is seeking advice on the delivery of patient centred, integrated, high quality and financially sustainable health care across the state.

The contribution of TRACS WA to the delivery of sustainable health services are outlined below as well as challenges to be addressed.

Key themes of review	How TRACS contributes to these areas	Challenges
<b>Quality and value</b>	<p>TRACS WA's role as a centralised statewide training provider facilitates inter-service understanding and cooperation.</p> <p>Supported the development of the stroke hospital pathway project which facilitates the provision of best practice care across the whole patient journey and promotes equity of access to stroke services.</p> <p>Monitors and provides training and development to meet identified needs of WACHS staff – eg. access to education via VC, skills exchange program, promoting telehealth and consulting widely in the development of models of care.</p>	<p>Although there is ongoing work to generate better diagnosis specific pathways, e.g. through Health Pathways, this is a challenging task without excellent cooperation across health services.</p> <p>With the increased focus on providing care 'close to home' there has been a tendency to down play the need for some highly specialised services e.g. management of SCI, complex ABI, DBS for PD etc. It is necessary to recognise the need for highly specialised care in some diagnoses or complex clinical scenarios and to ensure that staff are sufficiently trained and retained to provide such specialist care.</p> <p>Outreach/telehealth support from specialised to less experienced service providers, for instance for complex tracheostomy care, is not able to be supported in the current funding model as a client service can only be attributed to one non-admitted outpatient clinic registered in an approved PAS.</p>
<b>Patient pathways and experience</b>	<p>Provides education/support to subacute care staff to provide client centred care across the whole client journey, including training in client centred goal setting, self-management, team building and evidence based practice.</p> <p>Has undertaken service mapping to allow clinicians to identify the</p>	<p>Delivery of health care can involve highly complex systems with many players – putting the focus on the outcome for each individual person is necessary to break down the service silos that currently exist.</p>

Key themes of review	How TRACS contributes to these areas	Challenges
	best available options for referral for their client.	
<b>Financial sustainability</b>	<p>Sharing of skill/knowledge and resources to reduce duplication of time and effort, and to support clinicians to provide appropriate services closer to the client's location.</p> <p>Provides a statewide, centralised, coordinated hub and spoke model of standardised education, up-to-date resources, which may be more effective /reduce duplication of education across multiple wards/services and reduce non-clinical expenses.</p> <p>Supports better coordination of care through training in inter-professional practice, team building and client centred goal setting to reduce provision of unnecessary/unwanted care.</p>	<p>There is a risk with the new health service boards of encouraging silo mentality and discouraging sharing of resources and specialist expertise.</p> <p>Rationalising dispersed education and training resources and where appropriate reallocating resources centrally would reduce duplication. Wards/services dedicate considerable time and human resources to developing, delivering and maintaining often already existing training and education programs, to address needs of the workforce that are similar across areas. System wide efficiencies and consistency in delivery of evidence based education content and methodology, can be achieved through a long-term commitment to centralised education and training team. This model can support the local workforce to make adaptations (rather than recreating/ duplicating) where required to suit specific contexts/needs.</p> <p>Different geographical health jurisdictions may try to establish specialist services resulting in a dilution of the quality of care and waste of resources. There is a need to look for duplication of staff positions, service delivery and redistribute according to need. A commitment from all Health Service Boards to work collaboratively is required to minimise risk and ensure funding goes where it is needed across the system so there is equal access to the required level of clinical services for consumers across the State.</p>
<b>Prevention, promotion and partnerships</b>	<p>Provides education/support to staff to work well in teams, deliver evidence based care and look after their emotional health.</p> <p>Assessment of training needs and provision of training across health jurisdictions frequently un.masks service gaps as well as</p>	<p>Entities that sit outside geographical health jurisdictions (eg. ACAT) may be at risk of having to duplicate services across all four health jurisdictions and lose the advantages of being a centralised service.</p>

Key themes of review	How TRACS contributes to these areas	Challenges
	<p>uplications.</p> <p>Supports and develops Communities of Practice (CoP) which allow clinicians to come together to share resources and knowledge on a specific topic/diagnostic group across different health jurisdictions.</p> <p>Partners with Primary Care providers - eg with WAPHA - to develop information and pathways that support GP's to understand appropriate services and referral pathways to get people the right care in the right place at the right time.</p> <p>Is developing partnerships with Primary Care providers to encourage screening of patients with chronic illnesses that identifies issues that can be managed with appropriate referrals e.g. the Neurological Needs Checklist is a tool developed locally by TRACS WA in collaboration with consumers and members of the subacute care Community of Practice.</p> <p>Use of a screening tool such as the Neurological Needs Checklist could support referral to Allied Health clinicians outside the public system for people with chronic conditions, better support patients living with chronic illnesses and reduce unnecessary presentations to ED and admissions.</p> <p>Brings key stakeholders together across different health jurisdictions (eg. TRACS WA have facilitated four Aboriginal Directors of Strategy from different health services to meet to collaborate about development of training to support best practice care of Aboriginal people. Representatives from specialist amputee services are meeting to develop a model of care and database under a TRACS WA CoP).</p> <p>TRACS WA is independent of any health jurisdiction and so is able to facilitate collaboration between entities including within</p>	<p>A lack of emphasis on primary and secondary prevention services and subacute care will increase the burden on emergency services and acute care.</p> <p>Incentives through the Medicare Benefits Schedule may be required for GP's/ practice nurses to use a tool like the Neurological Needs Checklist.</p> <p>There is a need for the independent players/entities to facilitate the networking and connectedness of others, breaking down siloed thinking and working together for the common good of each individual we care for.</p>

Key themes of review	How TRACS contributes to these areas	Challenges
	and outside WA Health.	
<b>Digital, innovation and research</b>	<p>Encourages sharing of clinical tools to facilitate transition of care across services.</p> <p>Collaborates with partners to produce key online resources for subacute care clinicians, including a variety of clinical simulation videos, e-learning packages, interactive service maps, and calendars of upcoming training opportunities.</p> <p>Is able to provide resources/support to clinicians with research translation and quality improvement activities.</p> <p>Provides access to best practice national and international resources via an online subacute care resource database, allowing clinicians to easily seek information for practice improvement.</p> <p>Our large mailing list allows information to be provided quickly and efficiently to clinicians, including advice about training opportunities, new resources and information.</p>	<p>There is a need to develop a culture of research in health organisations, especially small scale clinical research that starts at the ground up. This needs leadership and dedicated human resources with relevant experience in the organisation to support clinicians to choose interventions wisely, and undertake appropriately targeted activities to translate current evidence into practice and achieve better health outcomes.</p> <p>Clinical/non-clinical allocations in our current system mitigates against engagement in research and even quality improvement activities. Funded backfill and support from management is required to support clinical research and research translation.</p> <p>The labour intensive process required to obtain ethics approvals and use of the RGS system, is a limiting factor for clinicians in WA to be involved in small-scale clinical research. A change in current ethics process to exclude Service Evaluation projects will enable collection of routine clinical data without formal consent processes being required and the ability to use such de-identified data for low risk research projects.</p> <p>One solution is the introduction of an opt-out clause on relevant clinical ward, stipulating that clinical data is collected and may be used for research and subsequent publication. If a patient has concern about inclusion in such databases, they can discuss with an appropriate person in authority. This arrangement has been in place in a number of rehabilitation institutions in the UK for many years. This method could be applied to places like the State Rehabilitation Service where considerable data are collected which could be very valuable but are currently not able to be used for research/ publication without formal consent and ethics approvals.</p>

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<p><b>Workforce and culture</b></p>	<p>Provides skills exchange program to allow clinicians (usually from WACHS) to gain specific skills and knowledge and develop relationships with more experienced clinicians (usually at specialist services).</p> <p>Opportunity for skills and knowledge from training supported by the learning fund or skills exchange programs to be shared widely across subacute care clinicians.</p> <p>Clinicians can be supported to undertake QI projects that are identified during training.</p>	<p>Effective leadership is crucial to the culture and success of our health care services. Instability and acting appointments at senior levels has flow on effects. Naturally, when holding a position temporarily, one has less ability to impact on the vision and direction and the level of accountability is less than being in a permanent position where one is accountable for decision-making and delivery. Commitment to long-term roles will provide greater stability and make all health care staff more accountable. This will have a positive impact on patient care, teams, services and ability to meet targets. This is essential for good governance, accountability and sustainability into the future.</p> <p>Commitment to future high quality health care will require provision of adequate education, time and opportunity to mentor and precept current and future generations, ensuring students graduate with the appropriate skills for a sustainable future. Funding for permanent full-time staff development educators needs to be safeguarded, to ensure that quality of clinical supervision of students and mentoring of junior staff is maintained.</p> <p>Long term commitment to funding a centralised training and education unit will enable retention of experienced, highly skilled staff who can most efficiently and effectively address workforce learning and development needs across the sector.</p>