



Significant Issues and Trends

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Overview

During 2007-08 the WA Country Health Service has continued the implementation of its strategic plan for the period 2007-2010 “Foundations for Country Health Services”.

‘Foundations’ sets out the service configuration and structure for the WA Country Health Service (WACHS) that will best deliver the range of health care services to meet the needs of a changing rural community, respond to the numerous service resourcing and capacity issues, and take advantage of emerging clinical and patient care technologies and practices.

WACHS’ three strategic directions are:

Networking health services

To effectively connect people and services, whether within regions, between regions, with metropolitan hospitals, or among the different country service providers, is vital to improve both access to health services and the efficiency and effectiveness of those services. Priority areas for achieving this objective include further advancement of the regional hospital role delineation project, implementing effective service planning and management to deliver coordinated and responsive services, developing greater collaboration between clinical and other staff across regions, and ensuring effective emergency care across WACHS.

Building healthier communities

Priorities remain to increase resource allocation for disease and injury prevention, early intervention and smarter management of chronic disease, to provide more home and community based service delivery especially to maintain the health and independence of older people, to develop mental health, alcohol and drug abuse response capacity, and to improve Aboriginal health.

Strengthening and modernising the country health system

In the face of the challenges of increasing demand for high quality and accessible services combined with workforce shortages, WACHS conducts management and system support evaluations across the health service to highlight areas of duplication and identify opportunities for new and innovative ways to enhance the efficiency and effectiveness of WACHS’ healthcare operations and support systems.

Service trends

There are a number of significant service and demographic trends that impact upon service delivery in country areas, and provide a

challenge to the provision of efficient and effective health care. Many of these trends have remained unchanged over the past year.

The population projection for WA country regions remains at an estimated growth rate of 13% between 2001 and 2011 and change variables affecting rural and remote populations have continued where the delivery of services is especially affected by the growth in mining areas, the South West and coastal towns, an increase in the ageing population who experience a higher incidence of chronic disease and ill-health, and the significant and persistent disparity in health status between the Aboriginal and non-Aboriginal populations.

Workforce shortages continue across most clinical medical disciplines essential for the provision of effective and efficient health care services where the reliance on a multi-skilled generalist medical workforce remains. Other issues such as recruitment and retention of skilled staff, providing professional and peer support, distance and access factors, and managing low levels of activity in combination with community expectations for locally accessible specialised healthcare, are service delivery issues that continue to pose challenges to WACHS.

WACHS continues to manage its service delivery within its resource allocation. However this remains an extremely challenging task for the Area Health Service as it endeavours to meet the demand for health care services, to address workforce issues, and manage the increasing costs of medical practice and technology, innovation, transport and isolation.

Activity

During 2007-08 WACHS recorded a significant increase of over 10% in the provision of non-admitted services including emergency service activity compared to 2006-07. For the calendar year 2007, the WACHS hospitals delivered 4,888 live born infants, provided 9,115 same day procedures and discharged 94,913 cases. During 2007-08 WACHS provided 70,512 acute and 202,833 residential occupied beddays from its small hospitals and 63,909 weighted separations from its larger hospitals. WACHS delivered 86,834 individual community mental health service consultations from its mental health services or contracted providers.

Major Achievements 2007-08

Healthy workforce

WA Health is committed to providing and promoting a healthy working environment, providing opportunities for personal and professional development, ensuring a high standard of knowledge and skill, and implementing workforce planning tools to address workforce requirements to meet the needs of a diverse population.

WA Country Health Service workforce initiatives in 2007-08 continue to focus on planning, attraction and retention, the development of innovative workforce models, cultivating partnerships with other employers and providers, and striving to be an employer of choice.

Specialist services

Visiting specialist services have been increased across a number of regions under the WACHS Specialist Services Plan and the Medical Specialist Outreach Assistance Program. The Great Southern has increased visiting specialist services in the fields of vascular surgery, cardiology orthopaedics, palliative care, rheumatology, sleeping disorders, geriatrics and obstetrics, in the Kimberley there has been increased services in obstetrics, gynaecology and ophthalmology, and in the Mid West the numbers of specialist oncologists servicing the region has increased. For the first time, all seven regions have a visiting specialist geriatric service.

Nurse practitioners

All country hospitals have been designated as emergency care nurse practitioner sites and 21 sites are receiving remote area nurse practitioner status with practice protocols endorsed. The creation of nurse practitioner positions and the recruitment of staff to fill these positions is progressing, with four nurse practitioners appointed for remote areas. A further 2 nurse practitioner positions in emergency care have been created, with recruitment to fill these positions progressing in 2008-09.

Graduate nurses

Placements for recruited graduate nurses across WACHS have increased to 58 (YTD February) in 2008, an increase of 11% compared to 2007. A total of 85 placements have been allocated for graduates in 2008 which can be filled through the recruitment program as well as alternative selection programs.

Medical workforce

During 2007-08 WACHS established a Medical Workforce Unit to coordinate and facilitate the

recruitment and induction of medical staff to salaried positions within the WACHS. Also during the year a medical clinical reform director position was been established to implement a medical workforce strategic plan.

Physicians and medical officers have been recruited to newly created positions in the Kimberley, the Pilbara and the Mid West. A new registrar position has been created for the South West.

Telehealth

A state-wide Telehealth structure has been approved with the establishment in May 2008 of a Telehealth Development Group under the leadership of the WACHS Chief Executive Officer and reporting to the Operations Review Committee of the State Health Executive Forum.

Inpatient therapy

The Bunbury Inpatient Therapy Team has been expanded, enabling the development of referral processes and a program of therapy groups across inpatient, rehabilitation and community services.

Staff attraction and retention

WACHS continues to participate in the development of community, regional, state and national initiatives for a sustainable rural health workforce. The establishment of programs and innovative workforce models that address expected workforce gaps and skills shortages remains a priority for WACHS.

Initiatives to attract and retain nursing staff have continued across WACHS, and include programs such as the:

- “Kimberley Rotation”;
- “Ocean to Outback”;
- “Country to Coast”;
- “Crocs to Rocks”;
- and “Nursing with Adventure”.

These programs aim to offer nurses greater work satisfaction with exposure to a diverse range of sites and work areas.

Healthy workforce (continued)

Aboriginal health services

Indigenous health services in WACHS - Wheatbelt have been expanded through the recruitment of a podiatrist, a social worker and Aboriginal health workers in Dalwallinu, Merredin, Moora, Narrogin/Pingelly, Northam and Quairading.

Emergency services

Management of the emergency on-call system has been enhanced in the Eastern Wheatbelt with the employment of two doctors in

partnership with private practices in Merredin and Bruce Rock.

Elective surgery

WACHS received an allocation from stage one of the Commonwealth Government's Elective Surgery Wait List Reduction Plan where WA Health has received funding for additional elective surgery procedures for 2008 specifically for patients who have waited longer than is clinically appropriate.

Healthy hospitals, health services, and infrastructure

The WA Country Health Service provides a range of health care services through its regional network model of service delivery. It is committed to ensuring that services are accessible, innovative and responsive to community needs, are efficient, and of the highest quality.

Hospital in the home

The 'Hospital in the Home' program has been operating in Albany, Bunbury and Geraldton. A review of the HITH service in WACHS - Great Southern has been completed and forms the basis for the expansion of HITH programs to other country regions including the implementation of consistent reporting mechanisms for home-based care services. Six WA Country Health Service regions have 'Hospital in the Home' (HITH) programs increasing the access of rural patients to this type of service. A network for rural HITH staff has been established to provide collegiate support and advice as new services are implemented at additional sites.

Aboriginal health

A survey of Indigenous aged care residents residing in WACHS facilities was conducted in June 2008 in the Pilbara, Kimberley and Mid West. Results will inform strategies for improvement in the delivery of care to Indigenous aged care residents.

Emergency services

Improved processes for the management and coordination of the transfer of critically ill patients from country emergency services to an appropriate health facility have been trialled in WACHS - South West in collaboration with the Royal Flying Doctor Service and St John Ambulance. The trial involves telephone clinical coordination provided by emergency medicine specialists, assisting medical and nursing staff in

the assessment of seriously ill patients, the determination of hospitalisation and transfer requirements, and liaison with the receiving metropolitan hospital and the transporting agency.

Accreditation

The Australian Council on Healthcare Standards (ACHS) is an independent authority on the measurement and implementation of quality improvement systems for Australian health care facilities. The ACHS provides a quality improvement framework, the Evaluation and Quality Improvement Program (EQulP), to assist health care organisations continuously measure their performance and strive for excellence. In a four year cycle the organisations alternate, annually, between self-assessments and external audits. The ACHS program provides health services with recommendations for improvement.

During 2007-08 WACHS regions underwent routine accreditation reviews and audits conducted by the ACHS or undertook self assessments to commence or maintain their accreditation status.

Capital and infrastructure projects

Numerous capital projects were completed during 2007-08 including:

- Derby Acute Inpatient Ward and Ambulatory Care Centre;
- Fitzroy Crossing Multi-Purpose Centre and Dental clinic;

- Kununurra Hospital Ward expansion, dental clinic and support services;
- Morawa and Perenjori Multi-Purpose Centre;
- Carnarvon Hospital stage 1 - upgrade to existing maternity and palliative care wards and roof replacement to general ward; and
- Bunbury dental clinic and South West Health Campus inpatient mental health unit and mental health clinic.

During 2007-08 medical imaging capabilities across WACHS were improved with:

- Computed radiology was installed at Geraldton, Carnarvon and Northam;
- New laser imagers installed at Newman, Esperance, Kalgoorlie and Karratha;
- Installation of new ultrasound machines in Geraldton, Albany (2), Karratha, Port Hedland and Tom Price (equipment upgrade);
- New ultrasound tables at Geraldton, Newman, Derby and Katanning; and
- Mammography units in Kalgoorlie and Albany.

The country clinical equipment upgrade program has commenced, including:

- provision of bariatric beds to all Regional Resource Centres to improve services for overweight patients;
- replacement of sterilisers at Bunbury, Kalgoorlie and Port Hedland Regional Resource Centres and at Busselton Hospital; and
- expansion of the bed replacement program for country hospitals.

Telehealth burns management

Telehealth burns management services have been expanded to all country regions in a partnership between the WACHS, and Princess Margaret and Royal Perth Hospitals.

Aged care

During 2007-08 WACHS completed the establishment of Aged Care Coordination Units in each of its regions. The primary role of these units is to build an effective aged care network to better coordinate the planning and delivery of aged care services.

WACHS - Pilbara has taken over the management of the Western Desert home and Community Care (HACC) program and is working with communities to establish community-owned HACC projects.

Risk screening

Risk screening of non-Indigenous patients aged 65 years and over and Indigenous patients aged 45 years and over, has commenced in all WACHS Regional Resource Centre emergency services under the Council of Australian Governments *Improving Care for Older Patients in Public Hospitals* initiative. Patients with a positive risk screen are referred for comprehensive

assessment and follow up to prevent avoidable hospital admissions or to access coordinated care if admission is necessary.

Homelink

A rural home link service with a 1800 telephone contact number will be operational during 2008, enabling better coordinated discharge planning for country patients who are leaving metropolitan hospitals. The rural home link service will be supported by 'Hospital in the Home' services based in the regions.

Patient support services

During 2007-08 the "Meet and Assist" service was integrated within the Aboriginal Liaison Service. These services provided 220 airport pickups between May 2007 and April 2008 and supported patient attendance for 497 hospital appointments. Two Aboriginal health workers have been appointed and routinely visit each of the Aboriginal hostels in Perth providing assistance on health-related issues.

To support these new patient services initiatives, accommodation has been secured at Thorburn House, at the Royal Perth Rehabilitation Hospital establishing a centre to assist with the discharge planning of country patients. The new facility will be operational in 2008. The integrated Aboriginal Liaison and Meet and Assist service will be co-located in the centre with additional rural nurses to extend the service to non-Indigenous rural patients.

Patient assisted travel scheme

The new Patient Assisted Travel Scheme (PATS) database is a web based data management system for WACHS. The system is designed so data can be extracted for a specific region, a combination of regions or for all of WACHS. The system has also been structured to replicate the PATS management V3.0 database with improved functionality.

There have also been improvements to PATS application forms and updated guidelines for PATS were implemented in January 2008.

WACHS - Pilbara, one of the major users of the PATS, now coordinates patient travel centrally from Port Hedland. This has increased the efficiency of PATS administration and client services in WACHS - Pilbara.

Healthy communities

Initiatives to improve the health of people living in country WA focus on activities that influence the health of individuals as well as the whole population. Goals include improving lifestyles, the prevention of ill health, and the implementation of long-term, integrated health promotion programs.

Initiatives developed by WACHS during 2007-08 followed extensive collaboration and consultation with government and non-government agencies, general practitioners and healthcare service provision stakeholders.

Transitional care

WACHS has been allocated sixty flexible places under the Transition Care Program (TCP). These places are divided evenly between the Mid West, South West and Great Southern, and are provided in partnership with private service providers who will deliver the required services. These programs commenced in the South West in September 2007, in the Mid West in February 2008 and in the Great Southern in March 2008.

Transition care is a Commonwealth / State program that targets frail older people at the conclusion of a hospital stay and provides time-limited, goal-oriented therapeutic care in a non-hospital environment while assisting the patient to make long-term care arrangements. It is expected that the TCP will reduce extended hospital stays, reduce the rate of hospital readmission, and minimise premature admission to residential aged care.

The appointment of Aged Care Managers in each region has enhanced aged care service coordination and supported the implementation of risk screening of all older patients accessing emergency departments.

Health promotion

Health promotion programs targeting children and high-risk groups in country areas have continued during 2007-08 and include:

- support across WACHS for the school canteens traffic light policy;
- an infant feeding pilot project in the Wheatbelt; and
- engagement with two Goldfields Indigenous communities (Ninga Mia and Coolgardie) to provide nutritional advice and information to support purchase and preparation of healthy food.

Australian better health initiative

Under the Australian Better Health Initiative funding has been provided to support the implementation of the 'healthier schools'

programs, focusing on physical activity and nutrition. "Healthy school" coordinators have been employed in each of the seven regions to facilitate implementation.

Brief intervention

WACHS has implemented 'brief intervention' strategies to support the WACHS alcohol and tobacco brief intervention policy endorsed in June 2007. During 2007-08 WACHS has worked with the Drug and Alcohol Office, the National Drug Research Institute and the Western Australian Tobacco Control Branch to develop resources including a training program, to assist the implementation of this policy and created Brief Intervention Project Officer positions in each region.

WoundsWest

WACHS is participating in a number of Statewide WoundsWest projects that have been completed or are progressing:

- the state-wide wound prevalence survey has been completed and distributed to all health services;
- the core Wound Management module and the first of four sub-specialty modules are available online, with another two planned for 2008;
- recruitment for a WoundsWest Consultant Team is progressing; and
- a wound imaging and documentation system is in development.

Smoke Free WA

WACHS implemented the WA Health Smoke Free policy on January 1, 2008. All WACHS health facilities are non-smoking for patients, employees, visitors, volunteers and contractors. The policy is applicable to any health service building, grounds and other facilities (including cars), and while officers are representing WACHS in any official capacity.

Mental health

The 'Act Belong Commit' campaign under the "Mentally Healthy Western Australia" health promotion program was successfully implemented in Albany, Esperance, Kalgoorlie, Geraldton, Karratha, Northam and Toodyay. This

program aims to improve mental health through encouraging people to undertake activities that build individual resilience and community cohesion.

A number of Statewide initiatives to address postnatal depression were implemented and benefited WACHS-based service delivery including:

- the 'Beyond the Boundaries' Perinatal Mental Health Symposium held to promote perinatal mental health to the broader WA Health sector;
- a culturally appropriate perinatal mental health training module for Indigenous Health Workers was developed and delivered at Marr Mooditj Aboriginal Health Training College; and
- a new service model, frameworks and service agreements to enhance postnatal depression services for Iraqi, Sudanese and Ethiopian communities in Western Australia were developed.

The Statewide Clinical and Service Enhancement Program (SCSEP), the primary provider of telepsychiatry has relocated to new premises enabling it to double its capacity (four purpose fit studios) which contributed to a 21% increase in videoconferencing activity. As part of the Pathways Home project, video-conferencing equipment has been installed in an additional 58 centres across the State to expand telepsychiatry services. These services include specialist mental health services to clients and professional development opportunities for country mental health service staff. A further project has begun which will explore the delivery of telepsychiatry services through the use of videoconferencing equipment being installed in clients' homes.

WACHS - Kimberley has implemented the 'Headspace' program to address the region's complex and high levels of youth mental health needs. The program focuses on enhancing the delivery and coordination of services within the town of Broome, and the development of early intervention, awareness raising and community education programs in a whole-of-Kimberley context. A venue has been established where young people are able to access counselling and support services which will reflect the social, economic and geographic diversity of the region, and promote social recovery in culturally appropriate ways. The focus will be on promotion, prevention and early intervention, with treatment being provided by the "Better Outcomes for Mental Health" program.

Under the Western Australia's Mental Health Strategy the establishment of additional community supported accommodation services

for people with severe mental illness living in WA is a priority. Under this initiative during 2007-08 the construction of residential units in Albany, Busselton, Bunbury and Geraldton was completed and residents will move in during 2008. These units will provide daily rehabilitation and clinical support to residents and help minimise the risk of hospitalisation for people with severe and persistent mental illness.

'Stay on your Feet'

The WA Country Health Service continues to prioritise its community based activities for the "Stay On Your Feet" (SOYF) program across the Area Health Service including programs and activities contributing to SOYF promotion week.

Residential care line

The Residential Care Line has been trialled in the Great Southern, South West and Mid West regions providing a telephone advice and outreach service to residential aged care facilities in the major regional centres. This line assists residential care facilities to better manage sick elderly patients and thereby decreasing unnecessary presentations to hospitals and emergency services.

Home and community care

The WA Country Health Service is participating in the trial of single access points under the Home and Community Care (HACC) program in the Goldfields and Kimberley. This project is a key initiative aiming to build on current infrastructure and services to make it easier for people to find out about and access community care services. The work to improve access to community care involves the identification of entry points (Access Points) that can be easily identified by people seeking services.

Pit Stop: men's health program

The 'Pit Stop' men's health promotion package has been updated and distributed to all country regions. This program encourages men to get regular health check-ups, and has included Indigenous communities in Coonana, Leonora and Norseman. The package relates body functions to mechanics, likening parts of the body to an engine.

Cancer care

In 2003 the Health Reform Committee (Reid) recommended a review of cancer service delivery in Western Australia. A comprehensive review was undertaken in 2005 by the WA Cancer Services taskforce.

The result was the development of the WA Health Cancer Services Framework, a state funded initiative supported by the Minister for Health, and aimed at improving health outcomes

Healthy communities (continued)

Cancer care (continued)

for cancer patients throughout the state. The WA Cancer and Palliative Care Network was established to implement the recommended initiatives.

It is recognised that patients from rural and remote areas, and especially patients being treated in rural and remote areas of WA, have a range of poorer outcomes in the treatment of cancer, including mortality, morbidity, access and completion of appropriate treatments and access to information. (WA Health Cancer Services Framework, 2005)

A number of initiatives have been put in place to improve services and patient outcomes.

Rural Cancer Nurse Coordinators

Currently seven regional coordinators with a metropolitan-based rural cancer nurse coordinator have been appointed. The key role of these positions is to streamline and coordinate the patients' cancer journey and provide a point of contact and support for rural, regional and remote patients and their families. These roles also promote sharing of information, thus encouraging a seamless service between rural and metropolitan areas.

CanNet (Cancer Service Networks National Demonstration Program)

CanNet is an initiative led by the WA Cancer and Palliative Care Network which aims to improve the cancer journey and outcomes of people affected by cancer. The development program is being piloted in the WACHS - Great Southern and aims to extend specialist cancer care out of the current metropolitan centric model through the establishment of a cancer service network. A cancer network will increase the capacity of rural health care providers in this region to contribute to the delivery of cancer care. Opportunities to expand the initiative to other areas during the course of the project will be explored.

CaMen

This CaMen project commenced in April 2007 and targets rural health workers who are interested in cancer care and aims to develop their knowledge and skills within a professional mentoring environment. The program consists of a 3-5 day supervised clinical attachment alongside cancer care specialists.

Virtual visiting program

WACHS offers a Virtual Visiting Program which allows inpatients to communicate with their families via videoconferencing. This provides

social and emotional support for both the patients and their significant others.

Videoconferencing is also being used by some medical staff to conduct follow-up appointments. This reduces the number of times a rural patient needs to come to the metropolitan area. This service provides significant benefits to patients, both financial and emotional.

Wheatbelt "checkout" health promotion

The 'Women's Checkout' health promotion program, encouraging women to get regular health check-ups was successfully piloted in Wongan Hills, and a resource manual has been developed and distributed across the Wheatbelt region.

Healthy belt program

The 'Healthy Belt' lifestyle program, which aims to teach people how to maintain a healthy weight, was implemented in eight Wheatbelt towns.

Health promoting hospitals

The Health Promoting Hospitals Framework has been introduced in several sites in the Great Southern including Denmark, Gnowangerup, Mount Barker and Albany. The Goldfields Health Promotion Training Package is being reviewed and training sessions will be held for health service staff throughout 2008.

Adolescent sexual health

A Youth Coordinator has been employed in Esperance to pilot the Promoting Adolescent Sexual Health initiative and facilitate young carers groups.

Trachoma screening

In August 2007, a concurrent trachoma screening program was completed for the first time in the Goldfields, Kimberley and Pilbara, maximising the opportunity to screen transient populations.

Aged care

The Aged Care Assessment Team (ACAT) quality framework to identify and promote good practice across Western Australia has been completed and has been provided to all ACATs. The ACAT Quality and Training Reference Group was formed to implement the Western Australian training and quality frameworks and met on a quarterly basis providing a forum for the development and implementation of quality and training initiatives.

The ACAT Managers Group was developed and met twice in 2007-08, providing an avenue for

the development, promotion and implementation of operational management initiatives, particularly in reference to timeliness, quality and consistency of assessments.

Aged care services in country areas have been enhanced by the appointment of Aged Care Managers in each region and the implementation of risk screening of all older patients accessing emergency services.

Chronic disease

The South West Chronic Disease Self Management pilot has been evaluated and projects have

commenced in the Great Southern, Mid West and Wheatbelt to develop regional models of chronic disease management, including care and referral pathways with linkages with other key service providers such as general practitioners.

WACHS - Great Southern continence advisor

A Continence Advisor position has been established in the Great Southern to provide an advanced level of practice and care for patients with continence problems.

Healthy partnerships

The WA Country Health Service continues to create stronger links and partnerships with other government agencies, non-government organisations, consumers, community groups, private providers, health professionals, the Commonwealth Government, and those with an interest in the well being of our health system. Of particular importance to WACHS' health service planning and service delivery is the role and contribution of the District Health Advisory Councils in maximising local participation and involvement in decision-making.

Patient transfer - Kimberley

During 2007-08 the WA Country Health Service commenced negotiations with Royal Darwin Hospital and Northern Territory Health to develop mutually acceptable clinical and business protocols to enable Royal Darwin Hospital to accept inter-hospital patient transfer from the Kimberley. This arrangement will support better patient outcomes and realise some cost savings.

Telehealth

The range of Telehealth clinical services to all country regions has been expanded through partnerships between the WACHS, and the Princess Margaret and Royal Perth Hospitals, and includes an expansion of the burns management service to all country regions.

Satellite dialysis unit Busselton

The dialysis unit in Busselton began operations in April 2008. This is a partnership between WACHS South West and St John of God Hospital Bunbury.

Combined Universities Centre for Rural Health

In partnership with the Combined Universities Centre for Rural Health (CUCRH) in Geraldton, WACHS has provided funding for three rural Aged Care fellowships for primary health care professionals. The fellowships will commence in 2008-09.

Royal Flying Doctor Service

In partnership with the Royal Flying Doctor Service, WACHS has developed a five year plan to identify and implement the most effective and efficient aero-medical service configuration to meet expected demand for inter-hospital transport.

Ambulance services

In partnership with the St John Ambulance Association, the WA Country Health Service is supporting and evaluating the Rural Paramedic Support project in the Kimberley and Pilbara. This project aims to support volunteer ambulance centres in the country that have trouble recruiting sufficient volunteers.

Exmouth MPS

During 2006-07 the Exmouth community in partnership with WACHS - Mid West developed the Exmouth Multi Purpose Service (MPS) model. The Exmouth MPS commenced operations on the 1st of June 2008. The model promotes a collaborative approach to health funding, and service planning and delivery between the Commonwealth and State Governments and the community. It enables more flexibility in determining the mix of health services to be provided to the community at the local health service level.

Healthy partnerships (continued)

WA health networks

The WA Country Health Service has executive representation on each of the WA Health Networks Executive Advisory Groups. These WACHS Executives have a pivotal role in informing the strategic policy directions from a rural and remote perspective.

Mental health

WACHS - Kimberley developed a partnership with the Kimberley Division of General Practice (KDGP) to provide additional primary care services to the 'Headspace' program assisting patients access resources dedicated to adolescent mental health referrals. As a consortium member Kimberley Mental Health and Drug Service provide "on the ground" youth, and drug and alcohol counsellors to enhance an accessible, effective and sustainable service for youth with mental illness and drug and alcohol related issues in the Kimberley region.

Rural Health West

During 2007-08, in partnership with Rural Health West, WACHS has implemented the following initiatives:

- a GP obstetric mentoring scheme;
- assisting country units to apply for local training accreditation;
- supporting rural and remote practitioners through Telehealth; and
- development of a defined procedural GP Obstetric training pathway.

District health advisory councils

The WA Country Health Service continues our commitment to consultation through our community and consultation strategy which provides two way communication and advocacy between the Area Health Service and local community members. The 24 District Health Advisory Councils (DHAC) continue to build a consumer, carer and community influence within WACHS by contributing to the improvement of service safety, quality and access, two-way communication and advocacy. Health service planning is made more relevant by their contribution. The Wheatbelt and some towns have Local Health Advisory Councils in each site, enabling them to inform the DHAC of local priorities.

Improved dental services in three sites, appointment of a health service liaison person in a Regional Resource Centre, coordination of community responses in several sites, the welcoming of new staff and presentation of service certificates to staff are some of the DHAC achievements for this period.

Aboriginal health

During 2007-08 WACHS continued to explore opportunities to generate innovative concepts and developments for Aboriginal health that will generate better health outcomes for Aboriginal people. Strong alignment and linkage with the Office of Aboriginal Health (OAH) facilitates the development and implementation of aboriginal health strategies, operational plans and policy development.

The new Federal Government has flagged improvement in health status of Aboriginal people as a priority for the Commonwealth in partnership with the States. The OAH is leading WA's engagement with the Commonwealth to ensure the implementation of aboriginal health initiatives in WA compliments the Commonwealth Aboriginal Health agenda.

Further to any new initiatives that the Commonwealth/State relationship might deliver, WACHS is maintaining its ongoing commitment to accomplishing a 'mainstream' health service quality improvement strategy to increase service access and quality for Aboriginal people in WA.

However, a number of challenges face WACHS in achieving its outcomes for Aboriginal health. These include:

- Developing achievable and sustainable local aboriginal health services and Aboriginal and Torres Straight Islander community governance models and arrangements.
- Establishing Aboriginal Community Partnership Models for service provision where appropriate (for example, Fitzroy Valley partnership model).
- Promoting and supporting a sustainable WACHS ATSI workforce.
- Developing an effective WACHS regional workplace environment for ATSI workers including peer support and infrastructure, whereby the value of core training and life skills of ATSI workers is valued and utilised.
- Understanding and appreciating the socio-economic status of the ATSI community in regard to program/service development, policy development and formulation, ATSI workforce development and sustainability, appropriate resource allocation and development, and implementing appropriate ATSI workforce recruitment and retention strategies.

Healthy resources

A priority for the WA Country Health Service is a sustainable, equitable and accountable health care service to deliver the best health benefit in a safe and quality assured environment. WACHS has adopted effective and efficient administration and management practices to ensure the best use of the resources available is made to support the best health outcome for country people.

Health networks

During 2007-08 the health networks grew to 17 with three new networks established - the Genomics Network, the Acute Services Network, and the Women's and Newborns Network. Clinicians and relevant staff from WACHS are members of the health networks.

The Networks are now integral to health reform by leading system-wide changes. Each Network clinical lead continues to embrace their role as a "change champion" and has led innovative, robust and sustainable engagement that looks at health care from a patient-centered approach. Endorsement for their key roles across WA Health has seen the formalizing of the WA Leads Forum as a sub-committee of the State Health Executive Forum.

The Networks are developing or have developed evidence based models of care for their speciality areas. This process features extensive stakeholder consultation to ensure the 'models' meet the needs and aspirations of the broader community. Over 20 models of care have been developed across the variety of speciality areas. These outline a patient-centred approach to the continuum of care for the relevant health conditions or for a population-based health care framework.

Performance agreements

For 2007-08 performance agreements were established for all area, regional, program and executive directors in the WACHS Leadership Team to ensure that the services, outputs and outcomes delivered by each are aligned with WACHS strategic and operational goals and objectives.

Performance monitoring

A periodic performance reporting system was implemented across WACHS to monitor and evaluate progress against the annual WACHS operational plan and to identify performance against key organisation-wide indicators.

Capital and Equipment programs

During 2007-08 WACHS completed a number of capital works projects in Fitzroy Crossing, Kununurra, Morawa/Perenjori, Carnarvon and Bunbury with developments continuing for the Broome Dental Clinic, and Busselton and Albany hospitals.

In addition over \$3 million was approved during the year for equipment purchases or replacements including sterilisers, ultrasound machines, diagnostic scopes, computed radiology and bed acquisition and replacement programs.

Healthy leadership

Creating an environment that identifies, nurtures and promotes strong leadership at all levels within rural health care services and in the rural community, is vital to the effectiveness of the health system now and in the future. WACHS focuses on recognising, developing and supporting its leaders to create a superior health care service and ensure that all strategic directions are progressed.

The Institute for Healthy Leadership

The Institute for Healthy Leadership was established in July 2007 to recognise, develop and support emerging leaders to deliver a superior health care service in Western Australia.

Over the past year, the Institute has worked with area health services to ensure there is organisation-wide support for staff participation in leadership programs. The Institute has adopted the United Kingdom National Health Service's Leadership Qualities Framework for all development and assessment activities.

In December 2007 the Institute commissioned the following leadership programs:

- *Service Improvement Workshops*
These workshops provide basic training in health service improvement principles and methods;
- *Emerging Leaders Development Program*
This program is jointly run by Curtin University of Technology and Edith Cowan University; and
- *Delivering the Future Leadership Development Program*
This program for potential successor directors and executive directors within WA Health is delivered by UWA Business School in partnership with a commercial management training organisation.

In addition six two-day workshops have been offered where participants develop their own personal development plans and receive support and mentoring from the Director General and a State Health Executive Forum leader.

The Institute of Healthy Leadership is also responsible for the following programs:

- *Graduate Development Program;*
- *Executive Development; and*
- *Masterclasses.*

During 2007-08 over 50 WACHS staff have participated in leadership programs coordinated by the Institute for Healthy Leadership with 18 in the *Emerging Leaders Development program*, 20 attending the *Service Improvement Workshops*, and 12 senior executives participating in the *Future Leadership* and *Master Class* programs, which include individual coaching.

In addition to the programs provided through the Institute during 2007-08, the work of the WACHS

coordinator for Learning and Development has provided a number of innovative leadership and executive development opportunities across the Area Health Service including:

- Six 'Diploma of Business Management' units have been delivered in 12 rural locations, with 500 clinical leaders and mid level managers taking part in formal education relating to change and project management, team building, conflict resolution, leadership and performance review;
- Regional medical and corporate executives have taken up 40 places at "management refresher" workshops conducted during their regular Perth visits; and
- a further 50 WACHS senior rural managers have participated in leadership workshops provided by WACHS, as an adjunct to participating in Department of Premier and Cabinet on-line 360 degree Leadership Skills Feedback Survey and personal Coaching program.

Aged care

Each region of WACHS has created a manager of Aged Care Services position. The manager is responsible for providing clinical and managerial leadership at the regional executive level and for the planning, development, co-ordination and evaluation of community aged and continuing care services in each region.

Aboriginal health leadership

The WACHS Aboriginal Health landscape has changed for the better with the establishment of the full-time Area Director of Aboriginal Health and support office which offers added value and enhancement to WACHS contribution and response to our indigenous community.

Management workshops

WACHS - Goldfields has completed a series of management workshops aimed at familiarising newly-appointed managers with operational knowledge and skills in management policy procedure and practices within the region.

Telehealth

Commencing February 2008, Telehealth became a key program responsibility of the WACHS Chief Executive Officer, a member of the State Health Executive Forum. This has raised Telehealth's profile and accountability within WA Health.

Priorities for 2008-09

WA Health's Strategic Directions 2005-10 and recommendations and directions provided by the Health Reform process to deliver a 'Healthy WA' will continue to drive health care in 2008-09.

Priorities for 2008-09 for the strategic directions are detailed below.

Healthy workforce

The WA Country Health Service will continue to develop and deliver models of health care that address the current workforce and skills environments. The Area Health Service has emphasized the provision of capacity for further education, training and leadership skilling, innovative workforce planning, work redesign and service delivery modelling, and family friendly work environments.

Key areas of focus and priority for WACHS remain staff attraction and retention initiatives, promoting work-life balance and family friendly workplace initiatives. These include child care strategies, developing workforce innovation, increasing the recruitment of Indigenous health professionals, workforce re-engineering (for example, nurse practitioner roles), and transition planning for future workforce requirements. Strategies to assess workforce satisfaction and promote leadership and management skills also remain priorities.

Healthy hospitals, health services and infrastructure

During 2008-09 WACHS will continue its approved capital works program including:

- Busselton Integrated District Hospital;
- Hedland Regional Resource Centre; and
- Broome Regional Resource Centre and Mental Health Unit.

The WACHS will expand the Nurse Practitioner service model in country regions through continued recruitment strategies and extension to other clinical specialties including renal nursing.

The WACHS will enhance medical imaging capabilities in regional areas with the implementation of computed radiography in a further six sites, installation of a 16-slice computed tomography scanner at Kalgoorlie and new general x-ray equipment for three sites in the Kimberley.

The WACHS will establish an Ambulatory Care Framework for hospital in the home and post acute care at all regional centres and some peripheral sites across the health service. The framework will facilitate and increase utilisation of the services and improve demand management, including earlier discharging of country patients from metropolitan hospitals.

The WACHS, in partnership with the Commonwealth Government, will enhance Telehealth through the expansion of bandwidth to designated rural locations. Health services will also review and upgrade Local and Wide Area Networks, investigate and expand support equipment for videoconferencing and review cost benefits related to Telehealth enabled services.

The WACHS will implement a standardised medical emergency response procedure for all South West sites to improve the safety and quality of patient care across all sites.

WACHS - Mid West and Wheatbelt will implement home monitoring for mental health patients, and for aged-care patients in the WACHS - Mid West.

Diagnostic services for wound management will be extended across the WACHS.

Administration of the Patient Assisted Travel Scheme (PATS) will be improved through the establishment of dedicated PATS units in each region.

The WA Country Health Service will complete negotiations with the Royal Darwin Hospital and Northern Territory Health and commence transfer of some types of patient requiring higher levels of care from the Kimberley to Royal Darwin Hospital.

In partnership with the St John Ambulance Association, WACHS will support and evaluate the Rural Paramedic Support project in the Kimberley and the Pilbara. This project aims to support volunteer ambulance centres in the country that have trouble recruiting sufficient volunteers.

Priorities for 2008-09 (continued)

Healthy hospitals, health services and infrastructure (continued)

Area Health Services will continue to implement the Food and Nutrition Policy for WA Health's services and facilities to provide healthier food and drinks in all Western Australian health services by December 2008.

Dental Health Services are scheduled to complete construction of the Broome Dental Clinic by December 2008.

The WACHS will develop and implement transfer protocols between South West residential aged care facilities, Emergency Departments and the Aged Care Assessment Team (ACAT), to provide uninterrupted care for older clients.

The WoundsWest project will continue:

- a pilot wound prevalence survey;
- investigation of methods to audit implementation and effectiveness of evidence-based wound management;
- development and 'go live' of online satellite wound education modules 2-6;
- completion of the Indigenous wound management improvement initiative;
- recruitment and pilot of WoundsWest Consultant Team to provide a clinical support resource for health practitioners state-wide; and
- evaluation of a wound imaging and documentation system pilot and recommendations for statewide rollout.

The WACHS will develop a regional urological/continence key stakeholders network.

The WACHS will strengthen chronic disease management at a regional, district and community level by:

- developing base-training in chronic disease self management models in all country regions, with Master Trainer capacity identified;
- developing a chronic disease management framework including a chronic disease self-management program and service options in each region; and
- exploring new technologies and models of care for self-management and partnered care (case management) incorporating the Health Network pathways.

Healthy partnerships

The WACHS will implement the Health Promotion Strategic Framework 2007-2011. This will include implementing the Western Australia 'Healthy Schools' project in all regions, developing and supporting the Bicycle User Group in Geraldton, and the Walking School Bus program in the WAVHS - Mid West. WACHS - Wheatbelt will develop an Indigenous child safety flip chart.

Innovative alcohol abuse management strategies for country regions will be developed and introduced by the WACHS. These include local alcohol accords in some regions, training in responsible service of alcohol and development of an alcohol action plan in collaboration with the Drug and Alcohol Office.

Healthy communities

The WACHS will pilot a model in the Bunbury Regional Resource Centre to admit patients to regional and district hospitals for detoxification from alcohol and drugs. The WACHS will work in partnership with local community drug service teams and Indigenous services to ensure that patients have an appropriate plan for ongoing treatment.

The Goldfields Health Promotion Training package will be rolled out across the WACHS.

The introduction of Brief Intervention strategies to manage alcohol, tobacco and other drug issues, including screening, motivational interviewing and referrals into all health service sites across WACHS will be completed.

The WACHS will further support mental health promotion, including the 'Act Belong Commit' campaign by dedicating 0.5 full-time equivalent staff for the Pilbara, Goldfields, Mid West and Wheatbelt.

The 'Bright Start Parenting' program will be implemented in Geraldton and a retinal screening program will be introduced in the WACHS - Goldfields.

Access to population health information will be enhanced for country regions with the development of the WACHS Population Health Internet sites, and the further development and distribution of the WACHS Population Health newsletter

The WACHS will enhance screening programs targeting Indigenous health issues, including extending the trachoma screening program in endemic regions to include the Central Lands (Ngaanyatjarra Health Service) and trichiasis screening in endemic regions for Indigenous populations aged over 40 years. The WACHS will also maintain three regional sexually transmitted disease infection control teams targeting populations at risk, and establish an ear health program in Goldfields Indigenous communities to prevent middle ear infection.

An Aboriginal Healthy Lifestyle Coordinator will be appointed in the Goldfields region to support the development and implementation of community plans to address chronic disease issues.

Initiatives to address postnatal depression will continue through:

- implementation of the Indigenous Perinatal Mental Health Service expansion project in Carnarvon; and
- implementation of the Practical Support Service expansion project in a rural site at Australind/Eaton;

Visiting geriatric specialist services are to be expanded to all country regions to strengthen residential aged care services and skills.

A residential outreach service model is to be developed in the WACHS - South West to improve relationships with non-government residential aged care facilities and general practice. It is anticipated that improved relationships will build capacity, provide more timely care to clients and help avoid Emergency Department assessment and ambulance transfers.

A culturally appropriate satisfaction survey will be developed for Aboriginal and Torres Strait Islander residents in country hospitals and facilities. The aim is to identify needs and gaps to enhance care and communication.

Visiting geriatric specialist services will be expanded to the Great Southern, Goldfields and South West to strengthen residential aged care services and skills.

Healthy resources

Training and support will be provided to ACAT to continue the implementation of a framework promoting good practice across Western Australia.

During 2008-09 the Health Networks will work closely with Area Health Services and other WA Health Divisions to implement the models of care which will result in significant system-wide change over the next 5-10 years.

Healthy leadership

The WA Country Health Service will continue to promote the Institute for Healthy Leadership's various leadership and personal development programs with its staff, and provide opportunities and support for any interested staff who wish to apply for program participation.

WACHS will also continue to promote local and regional professional and personal development strategies implemented by the Area Health Service Coordinator for learning and development and by regional management structures.