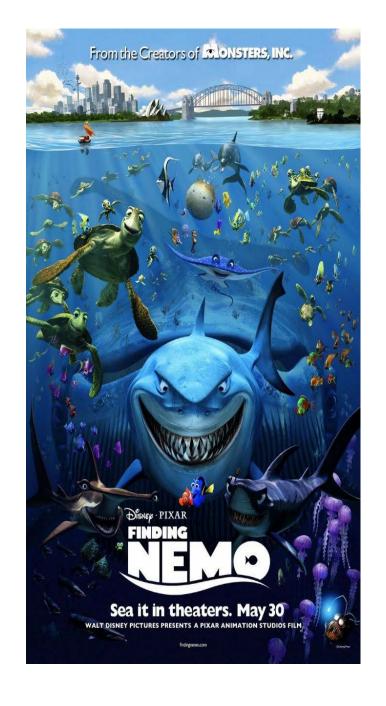


## **Clinical Senate**

Overview of the Review : Clinical Perspective 20 November 2017





## **Sustainable Health Review**



## Reid Vs Sustainable Health Review

Submissions

Process

## **Section 1: Who responded**



#### Total of 59 people completed the survey

- 43 Current Senators or Proxy: 11 Senate Alumni: Other 5
- Metropolitan 41 : Rural 18

### <u>Discipline:</u>

Medical 21: Allied Health 18: Nursing 10: Consumer 1: Other 8

#### Area of Practice:

Public 29 : Community-based 8 : Primary Care 6 : Private 1 : Other 11

### Years in System:

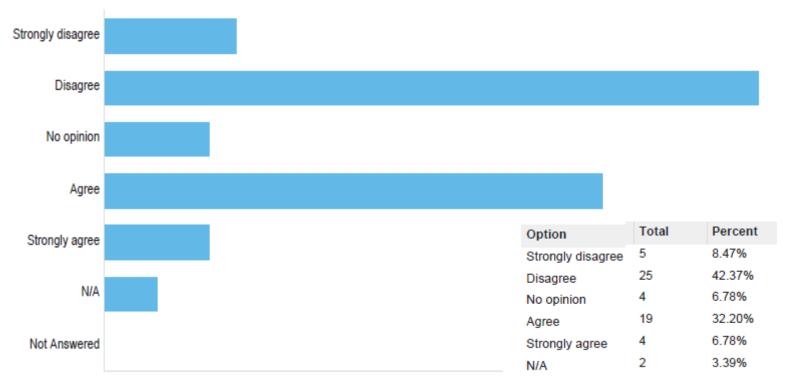
- 15+ years 36
- 10 -15 years 8
- 5 10 years 7
- 2 5 years 8



## Population Health, Primary and Community Care:

Question 6: Implementation of the recommendations has led to sustained improvements in population health, primary and community care.

Population Health, Primary and Community Care



## Population Health, Primary and Community Care



#### Comments:

#### Why/Why Not?

"I have not seen evidence of these programs in place apart from the EMHS Community & population Aboriginal health programs. Post acute care packages as far as I am aware are not implemented in the community"

"Much stronger focus on working with NGO's and other organisations to support community care and population health"

"a lot of good services like COPD linkage lost and SmartHeart showed great promise but funding not continued."

#### Lessons:

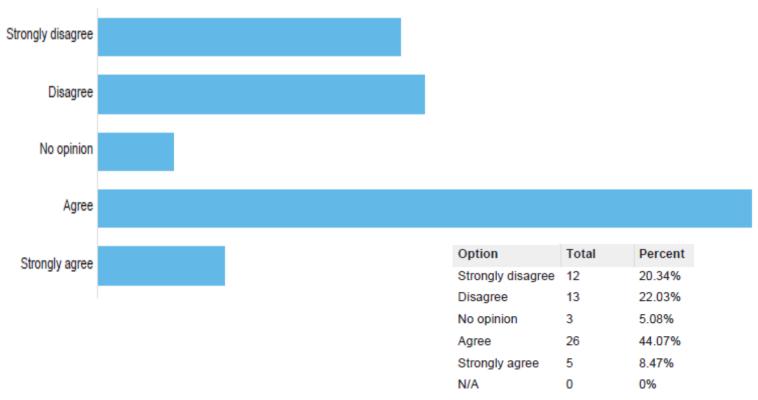
"Aboriginal health problems need local (community-level) solutions; subsidiarity applies. WAPHA and its predecessors have failed to try and work with the hospitals to manage chronic disease."

"much stronger focus on working with NGO's and other organisations to support community care and population health"



## **Hospital Services:**

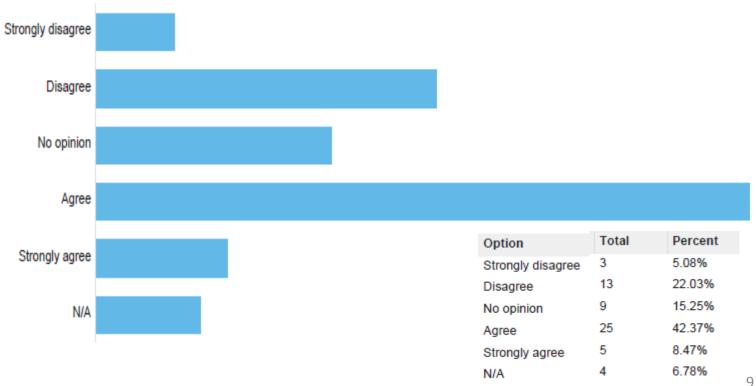
Question 7: Implementation of the recommendations focussing on hospital services has led to sustained improvements in this area.





## System Efficiency:

Question 9: Implementation of the recommendations focussing on creating a more efficient system has led to sustained improvements in this area.



## **System Efficiency**



#### Comments

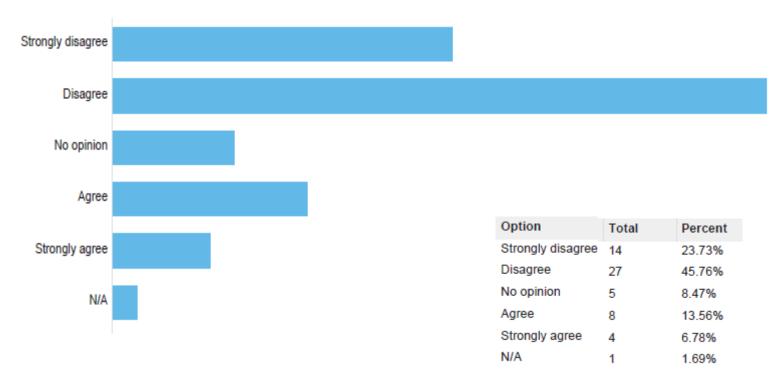
"evidence that LOS has shifted as required and at a faster pace"

"Key messages and targets make it easier for the whole team to aim towards goals together, as long as these are seen to be improving the patient experience. Needs strong leadership and multidisciplinary approach with significant clinician engagement"



#### Workforce:

Question 10: Implementation of the recommendations focussing on workforce has led to sustained improvements in this area.



## Workforce



#### Comments

#### Why/Why Not?

"AH constantly gets penalised for doing too much innovation as perceived to have too much time on their hands..."

"Critically low morale and no confidence in the department and management. Affects ALL disciplines. Cutbacks and redundancies have mainly affected front line and operational staff. If we don't have the people to do the work at the interface then this affects safety and quality of services"

"I believe we are innovative, and creative and a great organisation to work for. There is always gripes but when you compare, the ability for growth and development within our organisation is excellent

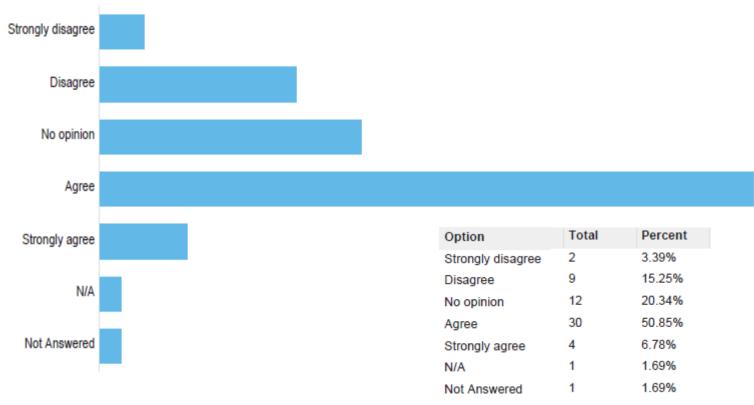
#### Lessons:

"We do reward some innovation, but it is medico - centric on the whole. We are improving in monitoring our safety and quality outcomes, but consistent data collection and transparency will help further improvement."



### Accountability, Resource Allocation and Governance:

Question 12: Implementation of the recommendations focussing on accountability, resource allocation and governance has led to sustained improvements in this area



## Accountability, Resource Allocation and Governance



#### Comments:

#### Why/Why Not?

"I see data collection and investigation of adverse events and complaints. That is good. There needs to be more action to address the root causes of the problems. Action to prevent recurrence is often limited to production of a new guideline or pathway or presentation to your colleagues to highlight risks or problems. More needs to be done."

"In my middle-management position, I see clear evidence of my Board showing accountability in performance and governance and insisting on it being provided by my Hospital. I don't see huge medical workforce engagement in governance however. Financial systems at my hospital are poor and HR is so slow that it is the biggest risk to clinical flexibility and improved performance. Research is leaving town."

"There is an increase in reporting - but I would contend that the next stages of this process are critical in embedding quality improvement and clinical governance in the 'health care culture' promoting innovation, quality improvement and development of patient-centred and - driven care rather than defensive, risk averseness."

"Measuring and benchmarking are the keys to governance and accountability"

## **Clinical Sessions Major Themes**



- Being clear about what can reasonably be provided by regional health providers and managing community expectations accordingly.
- Decisions need to be made about the way in which services are provided in the regions and the need for increased collaboration between providers.
- Investment in preventative health, primary care and community services should be increased
- Funding reform
- Improved application and use of digital technology
- Regional workforce attracting the right people, improving capacity and ensuring staff wellbeing
- Challenges associated with providing adequate mental health services in regional or remote locations
- Additional pressure on regional services resulting from an ageing population.

## We really need to understand why:

Recommendation 2/3

The shift from being reactive to preventative didn't happen...

Recommendation 79

Avoiding unnecessary hospital admissions

Recommendation66

Formal links between metro and country AHS



# Thank you