



Government of Western Australia
Department of Health

Waste Not: Want Not

Clinical Senate of Western Australia

16 March 2018

Executive Summary

“Waste Not: Want Not”.

The Western Australian (WA) health system faces the ongoing challenge of providing high quality health care within a restricted financial environment. From 2017, the Clinical Senate ran three debates to identify priorities to ensure the WA health system could manage the costs associated with healthcare into the future.

The first debate built on the Review of Safety and Quality in the WA health system led by Professor Hugo Mascie-Taylor. Clinicians at this debate ranked the top clinical indicators to measure safety and quality of health services with consideration being given to the importance of continuous improvement and system accountability.

The second debate saw the Senate partner with Ms Robyn Kruk AM, Independent Chair of the Sustainable Health Review (SHR) to reflect on the way we deliver health care and how to establish and maintain a sustainable healthcare system. For this debate clinicians identified metrics for system change.

The March 2018 debate Waste Not: Want Not was the last of the debate series where clinicians reflected on how their practice impacts on expenditure and ways to reduce waste and manage costs. They were asked to consider their role as champions for change and consider both personal and professional responsibilities to minimise waste. The focus for debate was to provide clear recommendations on practical ways to reduce waste and increase productivity for both the system manager and health service boards.

The Director General (DG) introduced the Waste Not: Want Not debate and highlighted that sustainability is about safety, quality and better patient experience as well as clinical and financial performance.

The DG reminded senators that the growth in the cost of healthcare has not been accompanied by an equivalent increase in services to the community or improvement in health outcomes. Therefore, he called on senators to work with consumers to identify opportunities to reduce waste across the system.

Present at the debate were a range of experts from across the health services, health service boards, universities, community and primary care and from government and non-government agencies.

The full program and list of presenters and expert witnesses is provided in Appendix 1 and Appendix 2. Presentations from the day can be found on the Clinical Senate website: <http://ww2.health.wa.gov.au/Improving-WA-Health/Clinical-Senate-of-Western-Australia>

The debate followed the usual Clinical Senate processes and was supported by several keynote addresses. The first presentation from Dr James Williamson, Assistant Director General, Clinical Excellence Division, Department of Health provided an overview of areas of waste in health research. He identified that waste was prevalent in research because results were often not reproducible, there was poor research governance or on occasions research fraud.

In the second presentation, Dr Matthew Anstey, Intensive Care Specialist and Chair, Advisory Group, Choosing Wisely Australia, Senators were challenged to consider how doctors choose the right range of tests for patients and how to manage patient's expectations.

Ms Pip Brennan, Executive Director, Health Consumers' Council WA then highlighted the importance of moving from clinician led to consumer and clinician co-led care to reduce waste across healthcare delivery.

Following the keynotes/presentations, and to focus this debate four areas were considered. These were: transition in care, environmental, implementation science and clinical practice.

Each of these groups would provide insight into what is happening locally, nationally and internationally, taking into account the perspective from consumers.

The plenary session was opened with a presentation from Dr Stephen Duckett, Director, Health Programs, Grattan Institute who shared some of his extensive research in reducing waste in healthcare systems but he also challenged clinicians to consider how to champion the change of evidence-based practices.

He criticised a culture in medicine called “tribal practice” where we have the power to dismiss data, peer review and consumer feedback.

The Question & Answer with Dr Duckett focused around driving change and included the following highlights:

- Consider if the culture is right when we are paid for what we do and not for the outcome; we reward long waitlists without reviewing practice; we have the threat of penalties but we are yet to see penalties defined or enforced
- Accreditation without the use of patient surveys, public opinion, and public reporting is less valuable
- We must consider how to publicly display, respond to, and manage clinical variation
- Consider the measures that are relevant to clinicians
- All measures should be replicable
- Invest in innovation if you want to drive change
- Provide continuous feedback and transparent analysis to staff on performance and clinical outcomes

His closing comments were that implementing changes is not easy! There is a need for brave ideas, to be hungry for change and not be complacent, risk averse or apathetic.

Throughout the plenary clinicians identified issues that fell into two categories: the waste of time for clinicians and patients and the waste of money for both patients and the system.

Waste of time related to:

- Inefficient systems
- Location of services
- Poor understanding of expectations
- Duplication of mandatory training
- Poor infrastructure and obsolete technology
- Disconnected care
- Poor use of data linkage
- Increased length of stay as a result of hospital acquired complications

Waste of money:

- Variation in care
- Hospital acquired complications or injury
- Overuse of diagnostic testing and prescribing
- Poor product knowledge
- Poor product management
- Underutilization of full scope of practice
- Inability to translate research into practice

To enable change to occur it was highlighted that there needed to be champions for change, metrics to identify low value services and better use of technology. There was strong support for accountability for waste reduction through the use of key performance indicators, targets for waste reduction, waste audits and publicly reported benchmarking.

Clinicians identified the following areas for change:

Transition in care:

There is the need to establish the value chain to ensure the right care, to the right people, at the right cost.

This could include:

- Improving access to information will reduce the waste due to: error, time and duplication of tests
- Establishing common patient identifiers
- Enhancing care coordination
- Sharing records between public, private and community

Environmental:

Every decision you make is a resource decision.

To reduce environmental impacts there is the need to:

- Focus on reducing single use items to reduce the environmental impact
- Share practical examples around reuse, recycle or repurpose across health services
- Rotate or redistribute stock in accordance with the use by dates
- Measure environmental waste through waste reporting

Clinical Practice:

Every decision you make has a cost.

This could include:

- Identifying variations in practice by using open and transparent measures of clinical practice performance to drive change
- Adopting the principles of Choosing Wisely
- Using the Antibiotic Stewardship model and applying these principles to diagnostic stewardship
- Embracing the practice of determining goals of care
- Addressing the impact of privacy laws on practice
- Reviewing the value of outpatient services and transfer care as appropriate (e.g. GP, specialist or patient)
- Partnering with consumers to improve health literacy around the value and cost of treatment
- Identifying areas where small investments can lead to large savings both at local sites and system wide
- Displaying the cost of items, tests and diagnostic procedures so that clinicians can make an informed choice

Implementation Science:

The value of bench top research must be measured at the point of translation at the bedside (better decisions at point of care).

This could be achieved by:

- Providing evidence based practice while managing patients' expectations of their care
- Establishing more visible benchmarking of data to effect change
- Analysing data at the ward level and in real time
- Investing in research outputs by measuring the uptake in clinical practice
- Providing leadership and capacity support to deal with identified examples of clinical variation
- Ensuring robust research governance to reduce research fraud
- Using evidence to match the health workforce to State's needs (e.g. generalists vs. super specialists)
- Ethics and research governance committees to ensure that any approved research should have potential benefits to patients

The wealth of information produced on the day was then synthesised by Senators to form sixteen recommendations. They will be presented to the Director General and Health Service Provider Boards for consideration and action.

Clinicians are in a unique position to play a significant role in driving change that reduces waste across health practices; waste reduction that impacts on our environment and evidence of waste identified by consumers of health care services.

The recommendations that follow outline practical actions and key strategies to tackle waste across our health services.

In conclusion, the three debates have highlighted the value of clinician engagement to champion change that will lead to a system that is not only sustainable into the future but also educated in the value of reducing harm to people and the planet!

Sincerely



Ms Tanya Basile
Chair
Clinical Senate of Western Australia



Dr James Williamson
Assistant Director General
Clinical Excellence Division
Department of Health

Waste Not: Want Not Clinical Senate Recommendations

That the System Manager:

Transition in Care

1. Reviews privacy settings limiting access to patient care information which is vital for acute care decision making e.g. PSOLIS access in ED.
2. Implements a population wide media campaign to promote the Choosing Wisely 5 questions across all healthcare sites. <http://www.choosingwisely.org.au/resources/consumers/5-questions-to-ask-your-doctor>
3. Develops a care coordination framework that includes the use of digital health technologies by 2020.

Environmental

4. Produces a benchmarked report annually across hospitals for key waste areas and makes the report publicly available.

Clinical Practice

5. Based on the success of the Antimicrobial Stewardship in reducing associated cost and harm, reviews opportunities to develop a similar program aimed at Diagnostic Stewardship by 2019.

Implementation Science

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.
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.

That Health Service Boards:

Transition in Care

1. Conduct a review of outpatient service models to identify opportunities for improved system efficiencies. Areas of consideration should include: opportunities for care closer to home using alternative workforce models and telehealth service options.

Environmental

2. Implement barcoding with pricing to facilitate stocktaking, rotation of stock close to expiry and financial awareness among staff.
3. Work with the System Manager to implement integrated electronic records in order to reduce paper waste by 20% each year.

Clinical Practice

4. Implement and support Choosing Wisely.
5. Ensure that early conversations are undertaken with patients and family regarding goals of care and future treatment decisions/preferences. This should include the provision of information about prognosis and end-of-life care planning. These conversations will be formally documented by patients in an Advance Health Directive (MR00H) /Advance Care Plan (MR00H.01) or by clinicians in a Goals of Patient Care Summary (MR00H.1), and communicated within the discharge summary (and uploaded to My Health Record).

Regular audits to determine compliance with the Advance Care Planning Policy, as it relates to the formal use of Advance Health Directives (MR00H) and Goals of Patient Care Summary (MR00H.1). This can be achieved through an increased uptake measured by explicit incremental percentages that are agreed with Health Service Boards every year.

6. Ensure where specialties are required to contribute to a state or national database, variations in practice above the 90th percentile are reflected to the contributing specialty for validation. When there is a validated variance above the 90th percentile, the contributing specialty has a responsibility to report an action plan to their corresponding Health Service Board to address any validated variance.

Implementation Science

7. Develop an opt out system for the sharing of patient medical records / information to all relevant healthcare providers.
8. Invest in Units of Innovation targeted to reduce waste and openly share outputs across the system.
9. Ensure that all staff have allocated work time to examine safety and quality issues. The areas for innovation are determined by the organisations strategic plans.

Appendix 1: Program

Waste Not: Want Not

Friday 16 March 2018
Fraser's Function Centre, 60 Fraser Avenue
Kings Park, Western Australia

7:45am – 8:30am

Registration

Tea & coffee

8:30am – 9:35am Presentations

Executive sponsor: **Dr James Williamson, Assistant Director General, Clinical Excellence Division**

Facilitators: **Mr Bevan Bessen and Mr Will Bessen**

8:30am	Welcome to Country	Ms Marie Taylor
8:35am	Senate update	Ms Tanya Basile
8:45am	Director General's response - SHR metrics for change	Dr David Russell-Weisz
8:55am	Waste: from bench to bedside	Dr James Williamson
9:10am	Models for reducing waste in healthcare	Dr Mathew Anstey
9:25am	Waste Not: Want Not – Consumer View	Ms Pip Brennan

9:35am – 10:00am

Morning tea

10:00am – 12:15pm Plenary

10:00-10:20 Introductory talk – Dr Stephen Duckett

10:20-10:40 Q&A

10:40-12:15 Discussion and debate

Additional Expert Witnesses Professor Fiona Wood, Professor Kingsley Faulkner AM, Dr Oliver Waters, Mr Troy Palmer, Dr Jodi Graham, Professor Suzanne Robinson, Dr Frank Jones, Dr Jacquie Garton-Smith, Clinical Associate Professor Susan Benson, Associate Professor Alistair Vickery, Dr Ian Dey, Dr Sue Taylor, Ms Stephanie Dowden, Dr Audrey Koay, Ms Amanda McKnight, Dr Tim Inglis, Dr Marianne Wood, Mr Richard Jarvis, Dr Damien Wallman and Mr Nicholas Coulter.

Invited Guests Ms Deborah Karasinski, Dr Rosanna Capolingua, Ms Yvonne Parnell and Dr Neale Fong.

12:15pm – 1:00pm

Lunch

1:00pm - 2:40pm Working Groups

Group 1
Transition in Care

Group 2
Environmental Waste

Group 3
Implementation Science

Group 4
Clinical Practice

2:40pm – 3:00pm

Afternoon tea

3:00pm - 3:30pm Final Session – Voting and next steps

3:00pm	Discussion and voting on recommendations	Bevan Bessen and Will Bessen
3:15pm	Closing remarks	Dr James Williamson
3:25pm	Deputy Chair's summary	Dr Jeanette Ward
3:30pm	Close	

Appendix 2: Presenters and Expert Witnesses

- Ms Robyn Collard, Nyungar Aboriginal Elder
- Ms Tanya Basile, Chair, Clinical Senate of Western Australia
- Dr David Russell-Weisz, Director General , Department of Health WA
- Dr James Williamson, Assistant Director General, Clinical Excellence Division, Department of Health WA
- Dr Matthew Anstey, ICU, Sir Charles Gairdner Hospital and Chair, Choosing Wisely Australia Advisory Group
- Ms Pip Brennan, Executive Director, Health Consumers Council WA
- Dr Stephen Duckett, Director of Health Programs, Grattan Institute
- Professor Fiona Wood AM, Head of State Burns Centre, Fiona Stanley Hospital
- Professor Kingsley Faulkner AM, Chair, Doctors for the Environment Australia and Board Member, East Metropolitan Health Service Board
- Dr Oliver Waters, Gastroenterologist, Fiona Stanley Hospital
- Mr Troy Palmer, Senior Policy Officer, Perth Children's Hospital Project
- Dr Jodi Graham, Medical Co-Director, Planning and Evaluation, Department of Health WA
- Professor Suzanne Robinson, Theme Leader for Health Systems and Health Economics, School of Public Health, Curtin University
- Dr Frank Jones, General Practitioner, Murray Medical Centre
- Dr Jacquie Garton-Smith, Hospital Liaison GP, Royal Perth Hospital
- Clinical Associate Professor Susan Benson, Consultant Clinical Microbiologist, Infectious Diseases Physician, PathWest, Fiona Stanley Hospital
- Associate Professor Alistair Vickery, Head of General Practice, The University of Western Australia
- Dr Ian Dey, Emergency Physician, Fiona Stanley Hospital
- Dr Sue Taylor, Clinical Head, Department of Surgery, Osborne Park Hospital
- Ms Stephanie Dowden, Director, NursePrac Australia
- Dr Audrey Koay, Executive Director, Patient Safety and Clinical Quality, Department of Health WA
- Ms Amanda, McKnight, Nurse Co-Director, Sir Charles Gairdner Hospital
- Dr Tim Inglis, Microbiologist, PathWest, QEII Medical Centre
- Dr Marianne Wood, Public Health Medical Officer, Aboriginal Health Council of Western Australia
- Mr Richard Jarvis, Manager, Patient Support Services, Royal Perth Bentley Group
- Dr Damien Wallman, Anaesthetist, Sir Charles Gairdner Hospital
- Mr Nicholas Coulter, Senior Clinical Planner, Child and Adolescent Mental Health Service
- Ms Deborah Karasinski, Board Chair, Child and Adolescent Health Service Board
- Ms Yvonne Parnell, Board Member, South Metropolitan Health Service Board
- Dr Neale Fong, Chair, WA Country Health Service Board

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