Review of the Recommendations of the Clinical Senate of Western Australia Debates

February 2014

Contents

Index of Figures

Index of Tables

Acknowledgements

Executive Summary

Since its inception in 2003 the Clinical Senate of Western Australia has debated many complex topics. These debates and the recommendations that have been generated have helped to inform and shape the Western Australian Department of Health. This Review determines the extent of implementation and current status for each of the recommendations from seven debates held 2010–2012 (inclusive). It will also provide an assessment of the overall level of implementation for each debate and identifies the factors that both facilitate and constrain implementation.

Sixty recommendations from seven debates were identified as in-scope for this review. Implementation status data was received for 54 (90 per cent) of the recommendations.

Overall, 82 per cent of recommendations were at least partially implemented. Across implementation levels, 45 per cent of recommendations were fully or substantially implemented, 37 per cent were partially implemented, and 18 per cent were reported as having little or no implementation progress.

Recommendations that were endorsed by the Director General of the Department were more than twice as likely to be either fully or substantially implemented (54 per cent) compared with recommendations that were endorsed in principle (20 per cent).

Variability was observed in the reported status of implementation across debates. The Health Workforce debate had the highest proportion of fully or substantially implemented recommendations (80 per cent), with 60 per cent being fully implemented. The Research debate had the lowest level of implementation, with 55 per cent of recommendations reported as substantially or partially implemented, and 44 per cent of recommendations rated as having little or no progress.

The comments provided by Executive Sponsors in support of status ratings were analysed and a number of themes emerged.

Key factors that facilitate implementation:
- The Department of Health having exclusive or lead agency authority over recommendations.
- The existence of funding for programs/activities/projects that support implementation.
- The existence of clear and effective accountability for allocated resources.
- The establishment and/or maintenance of effective interagency partnerships including collaboration across the Department of Health.
- The identification and integration of existing programs to support implementation.
- The Department of Health providing leadership and resources to support recommendation implementation.

Key factors that constrain implementation:
- Limitations in available fiscal and human resources to support implementation.
- Limitations within systems and/or infrastructure available to support implementation.
- Limitations in the authority and/or influence that can be applied to agencies outside the Department of Health, particularly private health sector service providers.
- Difficulties monitoring progress and outcomes, particularly when activity occurs at the 'local level'.
- No agreed metrics have been agreed upon to measure success.
- Competing State or Commonwealth government priorities.
- The often-extended timeframes required to establish new programs and/or partnerships.

1   Background

The Clinical Senate of Western Australia was established by the Western Australian Department of Health in 2003 as a consequence of recommendations from the Health Administrative Review Committee[1]. The Clinical Senate meets at three to four debates per year and provides an authoritative source of clinical advice. It functions as an independent body and comprises of approximately 50 members drawn from a diverse range of clinical and professional backgrounds. Membership is inclusive of both metropolitan and rural clinicians. It is funded by the Department of Health and is directly responsible to the Director General of Health.

The Clinical Senate provides a mechanism for advice on matters relating to:

- the coordination and development of clinical planning
- clinical and resource decision making
- other relevant clinical issues in health service delivery in Western Australia
- issues of key concern to the Director General of Health.[2]

The role of the Clinical Senate is to provide:

- a forum where collective knowledge on clinical issues can be shared and provided to the State Health Executive Forum (SHEF)
- a mechanism for increased participation and advice from clinicians in policy setting for the Western Australian Health System
- advice on solutions to clinical management issues within the Western Australian health system and develop recommendations for consideration and implementation by the SHEF
- a forum for clinicians to be informed and develop joint understanding of financial management of the whole of health budget, whilst providing opportunity for senior members to appreciate the priorities for the maintenance and development of clinical services as perceived by clinicians working within the health system
- a forum for greater coordination and integration between service areas
- a vehicle for clinicians to champion reform in health.[2]

Recommendations from the debates are forwarded to the Director General of Health and the SHEF for consideration and action.

2 Aims and Objectives

2.1 Aim

The aim of this Review was to assess the extent of implementation of the recommendations for each Clinical Senate debate over the three-year period, 2010–2012 (inclusive).

2.2 Objectives

The objectives of the Review were to:

1. Assess the extent of implementation of the recommendations using a colour coding system. The system will visually highlight the recommendations that are either discontinued, have no/little progress, are partially implemented, are substantially implemented or are fully implemented.

2. Identify possible common themes for recommendations that have been fully or substantially implemented.

3. Identify possible common themes for recommendations that have been partially implemented.

4. Identify possible common themes for recommendations that have not been implemented, or have had little progress.

3 Methodology

3.1 Data Collection Template

The data collection template to assess the implementation of the recommendations for each Senate Debate was developed by Health Strategy and Networks, Strategic System Policy and Planning. The template was pre-populated where possible with previously captured information from historical reviews (Appendix 1).

The data collection template has two components: a mandatory and an optional component. The mandatory component required respondents to provide an assessment of the overall current status of the recommendation. There were five options to select from a drop-down list as shown in Table 1.

Table 1   Levels of implementation that describe the outcomes that may have been achieved

Level of Implementation[+]	Outcomes that may have been achieved
Discontinued	The recommendation has been discontinued. Please provide further information in the "Comments" section.
Level 1: **No/Little progress**	Outcomes include: Components to deliver recommendations may have commenced (e.g. the establishment of a governance structure and/or scoping of a plan) but the project has not progressed further.
Level 2: **Partial Implementation**	Outcomes include: Governance has been established and formal plans have been endorsed. Change has commenced, and/or resources have been allocated (e.g. recruitment or training of personnel, and/or development of procurement procedures).
Level 3: **Substantial Implementation**	Outcomes include: Process and/or procedures to deliver the recommendation have been established and the timetable for full implementation is almost complete and/or milestones have been achieved.
Level 4: **Full Implementation**	Outcome: The recommendation is fully implemented.

[+]Adapted from: Victorian Auditor General's Office[3]

Executive sponsors were provided the opportunity to provide additional information in the optional component. This included:

- comments on the overall status of the recommendation
- the aim/objectives
- comments on milestone progress
- any further comments regarding the milestones listed, or any general comments about the recommendations.

3.2 Inclusion Criteria

Inclusion criteria were developed to review the recommendations that have arisen from the Clinical Senate debates as follows:

1. The debate must have occurred after January 2010 but before January 2013[a]
2. The debate must have formulated one or more recommendations that were "endorsed" or "endorsed in principle".[b]

A list of the debates included in the audit, and the relevant executive sponsors, are included in Appendix 2.

3.3 Data Collection

On Wednesday, 4 December 2013, an invitation to complete the data collection template was emailed to the executive sponsor for each debate (Appendix 3). The Executive Sponsor for the 'Clinicians – Do you see me?' Debate was unavailable and therefore, the invitation was emailed to the Co-Leads of the Disability Health Network.

The email requested that the template be completed by Friday, 10 January 2014. Given that the information was being collected over the festive season Executive Sponsors were advised that an extension could be requested. The final date for the completion of templates was Friday, 17 January 2014.

Data for the debate summary, which is included in the results section for each debate, was obtained from a search of the literature published on the Clinical Senate website.[2]

3.4 Data Analysis

Quantitative data from the template was transferred to SPSS (Statistical Package for Social Sciences, version 21) for data analysis. For convenience of interpretation the status for each recommendation was defined using a colour-coding system as follows:

- ● Orange – Level 1: No/Little progress
- ● Yellow – Level 2: Partial implementation
- ● Light green – Level 3: Substantial implementation
- ● Dark green – Level 4: Full implementation
- ● Grey – Discontinued

An implementation status was calculated for each debate by calculating the mean score for all endorsed or endorsed in principle recommendations. Each recommendation was assigned an implementation status rating between one (no/little progress) – four (full implementation) based on the information provided by executive sponsors.

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[a] Debates that occurred in 2013 were excluded from the audit as there was considered insufficient time to implement the recommendations.

[b] "Endorsed in principle" is an alternative response to "endorsed" where other factors need to be considered prior to implementation.

Recommendations that were either classified as discontinued, or the executive sponsor was unable to provide an update, were excluded from analysis.

Comments provided by executive sponsors to support implementation status ratings were analysed using a content analysis methodology. Recommendations that were either fully or partially implemented were analysed to identify factors that assisted or facilitated implementation. Recommendations that were partially implemented or had little or no progress toward implementation were analysed to identify factors that limited or constrained implementation.

3.5   Interpretation of Results

The results presented in this report are predominately a descriptive account of the qualitative and quantitative data. Although all efforts have been made during this review to control any confounding factors, the following points are important to acknowledge when interpreting the results presented in this report.

Status of Implementation

It is acknowledged that the overall status of implementation reported for some debates may not represent all eligible (endorsed, endorsed in principle) recommendations. Recommendations where no status was provided by the executive sponsor were treated as missing data. These were excluded when determining the degree of implementation for the debate in order to maintain statistical validity.

Extraneous Factors

It is acknowledged that other extraneous factors (beyond the scope of this review) may exist and have impacted on the status of implementation reported for a recommendation/debate.

Description of recommendations

It is acknowledged that some recommendations are lacking in defined or agreed metrics/ milestones/ outcomes necessary for executive sponsors to objectively determine the extent of implementation. This is noted as a limitation when interpreting the overall status of implementation for a debate.

Timeline

The data collection period over the festive season was a particularly challenging period. This impacted on the availability of supportive staff for executive sponsors.

4   Results

The request to complete the data collection template was emailed to the seven executive sponsors from the debates that were included in the review. As the Executive Sponsor for the "Clinicians – Do you see me?" Debate was unavailable; the invitation was emailed to the Co-Leads of the Disability Health Network to complete.

Seven templates (100 per cent) were received within the specified timeframe. A summary of the implementation status of the recommendations from each of the debates is included in the review and presented on an individual basis. A combined summary of all the debates is also provided following individual results for all debates in Section 5.

4.1 Patient Safety Debate

Debate Title
Patient Safety – Ending Unintended Harm

Executive Sponsor
Dr Dorothy Jones, Executive Director, Performance Activity and Quality Division
Western Australian Department of Health.

Debate Summary
The Patient Safety Debate was held May 2010 and challenged Senators to partner with consumers to improve patient safety and reduce unintended harm.

The mandate for the Debate was to explore issues of patient safety and clinical responsibility and to consider what needs to be done to fulfill the Perth Declaration for Patient Safety developed during The Inaugural Australian Patients for Patient Safety Workshop, held in Perth, July 2009.

This Debate resulted in 22 recommendations of which the top eleven were prioritised by the Senate and presented to the Director General of Health for endorsement.

The result was:

- five **endorsed** recommendations (recommendations 1, 2, 9, 10 and 11)
- three **endorsed in principle** recommendations (recommendations 4, 6 and 7)
- three **not endorsed** recommendations (recommendations 3, 5 and 8).

Implementation of Recommendations
An overall implementation status was calculated based on the information provided by the Executive Sponsor. The endorsed recommendations from the Patient Safety Debate are assessed as being substantially implemented (Figure 1).

Figure 1 Overall implementation status of recommendations endorsed from the Patient Safety Debate
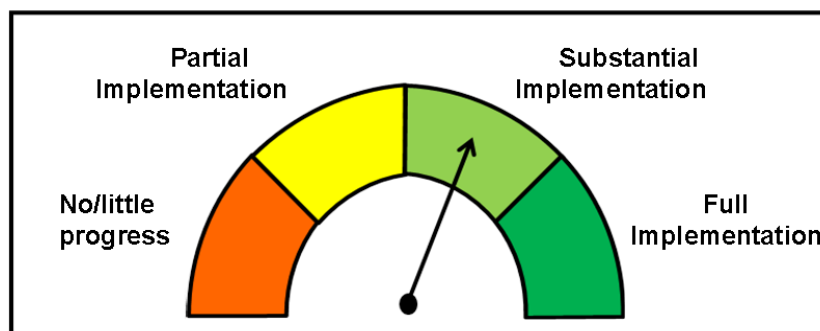
The implementation status provided by the executive sponsor for each recommendation, and comments supporting the rating, appear in Table 2.

Table 2   Implementation Status for the Patient Safety Debate

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 1: **That consumer participation, as partners and co-producers in policy and decision-making, is embedded at all stages and every level of the health system.**	Although all milestones have been completed, the work to holistically embed consumer partnership within the Department of Health is, and will continue to be, an ongoing, whole of system effort. Please see Additional Comments for information on the work occurring outside of the noted milestones.	**Substantial Implementation**
Recommendation 2: **That there be recurrent resourced team training for employees of WA Health that includes education on human error, human and system factors.**	The majority of safety and quality training and education is organised at the Area Health Service or site level.	**Substantial Implementation**
Recommendation 3*: **That SHEF embed communication skills training for professionals to promote cultural change in health:** **a) That incorporates yearly competencies and public relations** **b) allowing time and freedom for consumers to engage in health care decisions** **c) with special consideration to culture, religion, race.**	The majority of safety and quality training and education is organised at the Area Health Service or site level. With regard to general communication skills, the Performance Activity and Quality Division (PAQD) is involved in, or has completed, the following: • Communication has been included as one of the draft Department of Health safety and quality learning areas, i.e. 'core competencies'. • Work on improving recognition of, and responses to, clinical deterioration is ongoing. This work improved team communication and the inclusion of family/carer in the escalation process. This work includes: development of a Clinical Deterioration Policy; and running a statewide Clinical Deterioration Network. • Work on improving clinical handover is ongoing. This work supports improved communication between treating clinicians and the patient/carer. This work includes: development of a Clinical Handover Policy; running a statewide Clinical Handover Network; and, implementation of an enterprise, electronic handover tool for nursing. The overall status of this recommendation is not noted as it was not endorsed.	**The status is not noted as this recommendation was not endorsed**
Recommendation 4: **Develop a system to provide positive feedback using positive data to train for improved outcomes (promote the wins).**	This recommendation was supported in principle, that is: the development of a specific system for positive feedback is not supported, but improving the ways the system provides feedback, both positive and negative, is supported. All indicated milestones have been fully implemented, and a number are ongoing. PAQD continues to provide regular feedback to Health Service administrators and clinicians on their performance against safety and quality and activity-based funding.	**Full Implementation**

*Recommendation 3 was not endorsed by the Director General of Health but was included in this review as implementation information had previously been collected and allowed for a more complete assessment of overall implementation.

9

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 5*: **Department of Health have the courage to establish a process that enables and encourages public reporting.**	The overall status of this recommendation is not noted as it was not endorsed.	**The status is not noted as this recommendation was not endorsed**
Recommendation 6: **Electronic systems to enable real time data entry including:** **a) Prescribing & medication management** **b) AIMS** **c) Patient satisfaction survey.**	This recommendation was endorsed in principle. Introduction of real-time data capture on patient satisfaction is not feasible at this time. The iPharmacy Application (implemented in October 2010) provides all Department of Health sites with live, interlinked pharmacy data. A web-based clinical incident management system was released in 2014 to replace the AIMS. This system provides real time data entry for the notification and management of clinical incidents.	**Partial Implementation**
Recommendation 7: **Establish Health adverse events and near miss consumer reporting service (1800 line/on line):** • **Link to data surveillance system in real time.**	This recommendation was endorsed in principle. The Department of Health encourages feedback from consumers to their health provider via the complaints management process and a well-established patient experience survey. Patients/consumers or visitors to hospitals/health services can report clinical incidents via the Clinical Governance Unit, Patient Liaison Unit or other appropriate avenue for the hospital/health service. PAQD has established stakeholder groups that will guide the procurement and implementation of a new electronic complaint management system. It is intended that the system will have capacity to interact with the clinical incident management system and provide real time information to health services about key trends.	**Partial Implementation**
Recommendation 8*: **Ensure patients have access to their health records and the opportunity to write in them.**	The Commonwealth is overseeing the development and implementation of a new system of Patient Electronic Health Records. PAQD and HIN representatives participate on national committees that are overseeing this project. The overall status of this recommendation is not noted as it was not endorsed.	**The status is not noted as this recommendation was not endorsed**

*Recommendations 5 and 8 were not endorsed by the Director General of Health but were included in this review as implementation information had previously been collected and allowed for a more complete assessment of overall implementation

Recommendations Endorsed by Director General's Office		Status of Implementation
Recommendation 9: **For SHEF to set and promote a clear statement that articulates the values and expectations for patient safety and quality.**	Clear statements articulating the values and expectations for patient safety have been included in the ABF/M governance structure, the annual Health Activity Purchasing Intentions documents and associated training and education materials. The WA Public Hospitals' Patient Charter was published in February 2011 and reprinted in September 2013.	**Full Implementation**
Recommendation 10: **That SHEF ensure the system wide implementation of the following proven clinical practices:** •**Surgical Safety Checklist** •**The clinical handover OSSIE Guide** •**Recognition and response to clinical deterioration.**	The WA Health Surgical Safety Checklist was released in November 2010 and revised in March 2011. The WA Clinical Handover Network was convened in August 2010 to assist in implementation of the OSSIE Guide, and the WA Clinical Handover Policy was released in November 2012 and revised in November 2013. All sites have implemented observation and response charts and a system for triggering escalation of care when deterioration occurs. A clinical deterioration policy to mandate the use of these charts was released in 2014.	**Substantial Implementation**
Recommendation 11: **That WA Health develops a draft position paper for circulation to all stakeholders on patient safety legislation.**	A position paper has been drafted and was approved for release by the Minister for Health in January 2014.	**Substantial Implementation**

4.2   Health Workforce Debate

Debate Title
Health Workforce: Engaging in the National Agenda

Executive Sponsor
Mr Brendan Robb, Acting Director, Workforce Directorate
Western Australian Department of Health

Debate Summary
The Health Workforce Debate was held on August 2010. In planning for the debate, the Clinical Senate Executive and the Executive Sponsor agreed that the vital first step in addressing the issue of health workforce was to consider the opportunities for engagement with Health Workforce Australia (HWA).

The mandate for the Debate was to consider the opportunities for engagement with HWA's program of work, including the State's strategic positioning in the previous round of HWA grant funding, opportunities for optimising future funding and the mechanisms available to influence the HWA agenda to ensure the needs of the State are addressed through the reforms.

The Health Workforce Debate resulted in 10 recommendations that were presented to the Director General of Health for endorsement. The result was:

- six **endorsed** recommendations (recommendations 1, 2, 3, 5, 9 and 10)
- one **endorsed in principle** recommendation (recommendation 4)
- three **not endorsed** recommendations (recommendations 6, 7 and 8).

Implementation of Recommendations
An overall implementation status was calculated based on the information provided by the Executive Sponsor. The endorsed recommendations from the Health Workforce Debate are assessed as being substantially implemented (Figure 2).

Figure 2   Overall implementation status of recommendations endorsed from the Health Workforce Debate
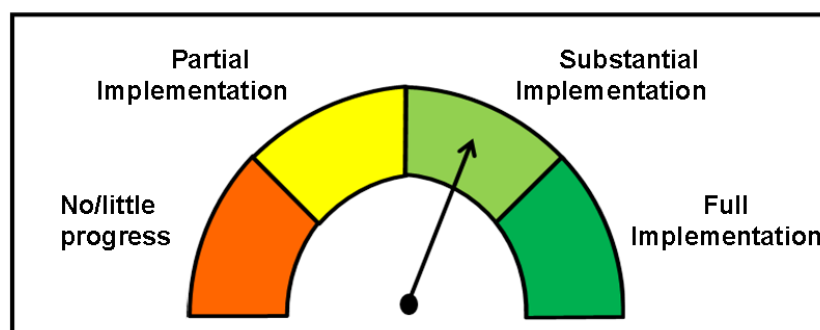
The implementation status provided by the executive sponsor for each recommendation, and comments supporting the rating, appear in Table 3.

Table 3   Implementation Status for the Health Workforce Debate

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 1: **WA Health should develop and implement integrated Regional Training Networks.**	The WA Clinical Training Network (which includes representatives from all WA universities, the VET sector, public and private health services) has achieved the following: • profiled WA clinical placement stakeholders and models of clinical supervision and facilitation • completed an analysis of the requirements for a state-wide clinical placement management system • established communities of interest with stakeholders from a broad range of education and health settings • implemented communication strategies including the website and quarterly newsletters.	**Full Implementation**
Recommendation 2: **Funding should follow students/trainees to support their education and training and the educational model should be decided at a local level.**	The Health Workforce Australia (HWA) Clinical Training Fund program that provided a $37M Commonwealth funding between 2011–2013 has been completed. Changes by HWA to the 2014 program design have created difficulties in monitoring how/whether education providers pass funds on to sites. In 2014 Department of Health will introduce new cost recovery arrangements and clinical training agreements with all relevant education providers to ensure that funding (via the Commonwealth Grants Scheme (CGS), Department of Health and all HWA program funds - and other discretionary funding from education providers' own budgets) follows the student to the training site. In addition the introduction of a key enabler - the Clinical Placement Management System - to manage activity and funding is proposed for 2015. The education model is, and will remain for the foreseeable future, decided at the local level.	**Partial Implementation**
Recommendation 3: **WA Health to recognise the higher cost of provision of clinical education in rural and remote settings and provide for this through activity based funding or prioritised submissions to HWA.**	One third of the HWA Clinical Training Fund (CTF) projects in Department of Health sites were WACHS projects. The CTF program provided over 90,000 clinical placement days across seven disciplines at more than 50 Department of Health sites, including various locations in the Midwest, Kimberley, Great Southern, South-West and Pilbara regions. Activity Based funding will be introduced for teaching training and research in 2018 (nationally).	**Full Implementation**
Recommendation 4: **WA Health should allocate an executive leadership role and articulate a clear vision for health workforce reform for WA.**	Director Workforce, Resource Strategy serves these functions.	**Full Implementation**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 5: **WA Health should work in partnership with Health Workforce Australia (HWA) and the Australian Health Practitioner Regulation Agency (AHPRA) to create an accessible agreed data dictionary.**	AHPRA and HWA have not commenced such a project. Department of Health and HWA have collaborated on clinical placement activity data audits - Whilst not a 'data dictionary', a limited data set is published on HWA's website. Department of Health's own clinical training activity database - not published due to commercial in confidence requirements of education providers - has informed the preparation of significant clinical training reforms pending in 2014.	**Discontinued**
Recommendation 6*: **In partnership with the tertiary sector establish a centralised resource centre for coordination and linkage of training and education across disciplines and institutions.**	The WA Clinical Training Network website is operational and hosted by the Western Australian Department of Health. A number of resources have been added to the site for use by stakeholders, however the static nature of the site and timeframes required to post information on the website are restrictive.	**Partial Implementation**
Recommendation 7*: **Professional Development Key Performance Indicators will be reported to the Director General.**	The Director General has not requested this information.	**Discontinued**
Recommendation 8*: **WA Health should ensure that the WA Aboriginal workforce plan is completed so that any appropriate clinical training and professional development programs can be linked into additional funding from HWA.**	The Department of Health Workforce and the Office of Aboriginal Health are collaborating on a range of training initiatives including the successful Department of Health Aboriginal Health Worker (AHW) Up-skilling Project. The (AHW) Up-skilling project has been successful in providing a total of 7800 clinical placement days for AHW workers from July 2011 to December 2013.	**Full Implementation**

*Recommendations 6,7 and 8 were not endorsed by the Director General of Health but were included in this review as implementation information had previously been collected and allowed for a more complete assessment of overall implementation.

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 9: **WA Health should ensure the right funding and infrastructure support for guaranteed sustainability of existing year round undergraduate and post graduate clinical placements e.g. Through proactive engagement with HWA Clinical Supervisor Support Program (CSSP).**	Since 2011 the Department of Health has established via the CSSP: • the Art of Clinical Supervision program, delivered to over 1500 clinicians and educators from 17 disciplines and 110 sites • five inter-disciplinary supervisor training programs via the Chief Health Professions Office • the TRACS Subacute Care Clinical Supervision Training Module • three online supervision modules developed by WACHS for all health services • the WA Clinical Supervision Awards to recognise and celebrate supervisors from across the health and education industries.	**Substantial Implementation**
Recommendation 10: **WA Health should ensure clinical training equity across disciplines and across locations.**	'Equity' is interpretable and requires a clear definition. Many settings and professions require prioritisation, not equity. The funding and resourcing of clinical training is not centrally formulated; it is done at the departmental level. Department of Health clinical training programs (Clinical Training Fund, Clinical Supervision Support, Simulated Learning) since 2010 have emphasised priority settings (eg country, mental health, indigenous health, subacute care, community care) and disciplines including seven Allied Health and Health Science professions, Aboriginal Health Workers and Oral Health in addition to medicine and nursing/midwifery.	**The status is not noted as this recommendation was not endorsed**

4.3   eHealth Debate

Debate Title
eHealth – A New Relationship

Executive Sponsor
Mr Bill Leonard, Acting Chief Information Officer, Health Information Network
Western Australian Department of Health

Debate Summary
The eHealth Debate was held on March 2011 and was considered timely given the momentum of the National E-Health Transition Authority (NEHTA) and the importance of the issue with regard to the current healthcare reform in WA. The title alludes to leaving the past behind and developing new relationships to achieve eHealth reform for WA.

The mandate for the Debate was to consider what can improve patient care and how technology can change the way clinicians work.

The eHealth Debate resulted in 10 recommendations that were presented to the Director General of Health for endorsement. The result was:

- Seven **endorsed** recommendations (recommendation 1, 2, 3, 6, 7, 8 and 9)
- Three **endorsed in principle** recommendations (recommendation 4, 5 and 10).

Implementation of Recommendations
An overall implementation status was calculated based on the information provided by the Executive Sponsor. The endorsed recommendations from the eHealth Debate are assessed as partially implemented (Figure 3).

Figure 3 Overall implementation status of recommendations endorsed from the eHealth Debate.
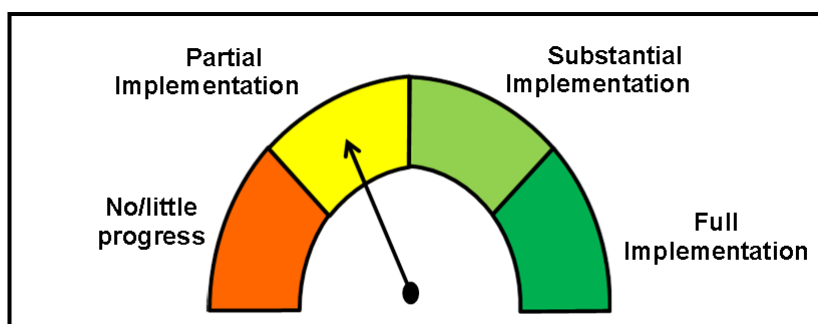
The implementation status provided by the Executive Sponsor for each recommendation, and comments supporting the rating, appear in Table 4.

Table 4   Implementation Status for the eHealth Debate

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 1: **SHEF to endorse the following defined purpose of the State eHealth systems "To ensure that the most current patient information is available to be accessed irrespective of location" (statewide - across care sectors with a view to National access).**	During this period, two of the milestones were completed (roll-out of health identifiers and HIH integration). The roll-out of WebPAS and NaCS has been delayed, but further roll-outs are anticipated in 2014.	**Partial Implementation**
Recommendation 2: **WA Health to develop an integrated strategy that communicates and promotes the benefits of electronic health records to clinicians, consumers and the broader WA Health community.**	The Department of Health is currently participating in the EHWG (eHealth Working Group) established by AHMAC to assist in development of the National eHealth Strategy and Business Case which will include the Communication Strategy. A review of the PCEHR is also currently being undertaken and the outcome will also influence future communication strategy around electronic health records.	**Partial Implementation**
Recommendation 3: **WA Health actively contribute to and engage in the National eHealth agenda (NEHTA) with the objective to developing a national standards framework of clinical and technical standards.**	The Department of Health continues to be actively involved in the national eHealth agenda and works closely with NEHTA to develop and implement national ehealth standards. The Department of Health is currently participating in the EHWG (eHealth Working Group) established by AHMAC to assist in development of the National eHealth Strategy and Business Case.	**Partial Implementation**
Recommendation 4: **WA Health to develop and implement policies and governance to facilitate information sharing between all Western Australian care providers (public, private, acute, primary care etc).**	As per the initial report this recommendation is covered by recommendation 10.	**No/little progress**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 5: **WA Health to develop policy and standards on clinician and consumer access to eHealth records including the definition of multiple levels of secure access and systems to monitor access (refer to recommendation 10).**	As per above refer to recommendation 10.	**No/little progress**
Recommendation 6: **WA Health to develop a Clinical Safety Framework for ICT governance.**	Some progress has been made, with completion of policy on clinical safety assessments. Some of the responsibility for milestones sits with PAQD, particularly on the revision of Clinical Risk Management Guidelines.	**Partial Implementation**
Recommendation 7: **In order to ensure the efficient eHealth implementation for the State, WA Health should identify and dedicate clinicians and resources to ensure a collaborative approach:** • **at a whole of health level** • **with a long term view and continuity.**	Senior Clinical Advisor has been employed for Fiona Stanley Hospital. Business Engagement Strategy has been developed and endorsed.	**Substantial Implementation**
Recommendation 8: **WA Health implement an education and training strategy (Including incentives) to ensure clinicians and managers have the competencies to implement and administer the clinical practice and ICT system reforms.**	The Learning Management System has been procured for WA Country Health Service and Fiona Stanley Hospital, which will facilitate development of standards and self-study tools.	**Partial Implementation**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 9: **The Health Information Network (HIN) will partner with clinicians to engage them in eHealth reform in ways that ensure the information and communications technology systems support contemporary clinical practice.**	As per initial report. Refer to recommendation 7.	**Partial Implementation**
Recommendation 10: **SHEF support and encourage the early reintroduction of the State based privacy legislation including the implementation of a consent model within the privacy legislation.**	SSO (State Solicitors Office) and Office of the Auditor General are to progress this.	**Partial Implementation**

4.4 Disability Debate

Debate Title
Clinicians – Do you see me?

Executive Sponsor
Dr Simon Towler, former Chief Medical Officer, Western Australian Department of Health
Data for this review was obtained from Ms Fiona Payne and Mr Andrew Heath,
Co-Leads of the Disability Health Network

Debate Summary
The Disability Debate was held on June 2011. Senate members were asked to consider how clinicians interact with people with and to focus on the acute care interface and how we can work with people with disabilities to optimise their health.

The mandate for senators was to consider what clinicians can do to improve the experience of those with a disability who interact with the State health system.

The Disability Debate resulted in nine recommendations that were presented to the Director General of Health for endorsement. The result was:

- Three **endorsed** recommendations (recommendations 1, 3 and 4)
- Six recommendations were referred to the newly endorsed Disability Health Network for consideration and are considered **endorsed in principle** (recommendations 2, 5, 6, 7, 8 and 9).[c]

Implementation of Recommendations
An overall implementation status was calculated based on the information provided by the Co-Leads of the Disability Health Network. The endorsed recommendations from the Disability Debate are assessed as being partially implemented (Figure 4).

Figure 4 Overall implementation status of recommendations endorsed from the Disability Debate.
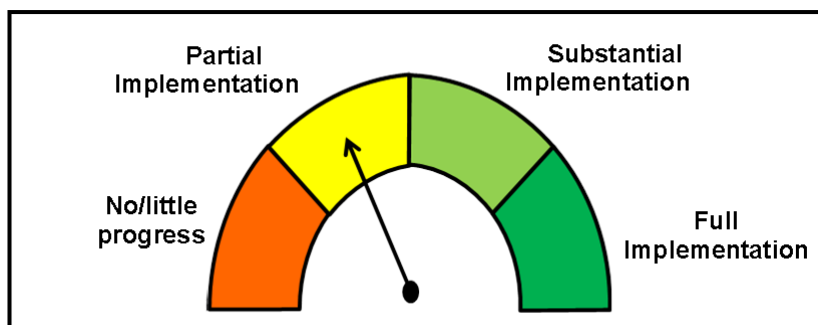
The implementation status provided by the executive sponsor for each recommendation, and comments supporting the rating, appear in Table 5.

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[c] Referring recommendations to the Disability Health Network is consistent with process outlined in recommendation 1 from this debate.

Table 5   Implementation Status for the Disability Debate

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 1: **The Department of Health will work in collaboration with the Disability Services Commission and other relevant agencies to develop a Disability Health Network.**	The Disability Health Network (DHN) was established on 01/11/12 and has an Executive Advisory Group meeting on a bi-monthly basis. In addition, the Care Coordination Working Group and the Workforce Development Working Group have also been established. A One Year Event was held on 03/12/13, with approximately 100 participants attending a session titled 'Are We Listening?' There is good engagement across key stakeholder groups.	**Full Implementation**
Recommendation 2: **The Department of Health introduces Disability Liaison Officers in all adult tertiary/secondary health services.**	A six-month project to identify implementation of this project has occurred with completion of a project report. A Steering Committee was formed to oversight this project, which included wide stakeholder consultation. Two staff were appointed to explore implementation options for the South and North Metro regions respectively. The second phase of implementation is pending decision from both Department of Health and Disability Services Commission, who co-sponsor this project.[4]	**Substantial Implementation**
Recommendation 3: **To develop and establish a well-resourced and funded advisory service within the health sector which assists/brokers for the practitioner to enable them to provide effective assessment, treatment and care planning for people with disabilities in the health care system.**	This recommendation has not been agreed or pursued by the DHN at this time. The Disability Liaison Officer project identified as Recommendation 2 will partially address this need and the Care Coordination Working Group may make further recommendations pertaining to this issue in its findings over the next twelve months.	**Discontinued**
Recommendation 4: **SHEF to direct DoH to develop a living with disability awareness and training program for all DoH staff to change the service model to one of partnership with people with disabilities and their carers.**	The Workforce Development Working Group of the Disability Health Network will develop strategies to implement appropriate training. This working group has recently commenced operations and will also explore the current undergraduate training made available to various professional groups on disability awareness, as we need to take a systemic approach to improving disability awareness. There are a range of disability awareness programs that have been developed across Department of Health already and the Working Group will be conducting an audit of these to explore a best practice option for consideration as a mandatory training requirement for staff.	**No/little progress**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 5: **Where Health has primary responsibility for the delivery of healthcare to a child with a disability SHEF should mandate that there is a process for the transition of care from paediatric to adult care and that this process will involve the person with the disability and their significant other(s).**	The DHN has also attended meetings regarding Transition with other health networks and has been engaged in exploring these issues through the Care Coordination Working Group as well. The DHN is contributing appropriately to the development of a Transition Framework.	**Partial Implementation**
Recommendation 6: **The Department of Health will work in collaboration with disability services and other relevant agencies to develop models of case management for people with disabilities to enable effective and smooth transition across services to deliver improved health outcomes and quality of life.**	This recommendation falls within the scope of the Care Coordination Working Group of the DHN and also the EAG. The intent currently is to develop a Disability Health Framework (of which a draft has been completed for consultation next year) and to use this Framework for inclusion or attachment to existing Models of care that are being developed by other Health Networks as a reference point. A key challenge will be identifying the scope for PCEHR's to deliver a basis for good client information between health services and key external service providers.	**Partial Implementation**
Recommendation 7: **The Department of Health develops an individual health record for people with disabilities which can be used as a key tool/enabler for better communication and coordination.**	This recommendation has been overtaken by the national development of the PCEHR, and it is this device that needs to be promoted across the sector rather than establishment of a separate process by the Department of Health. The DHN will need to monitor the implementation of the PCEHR system to ensure that people with disabilities can access and utilise these records appropriately and that the PCEHRs are developed in formats that suit the access requirements of people with sensory and other disabilities.	**Discontinued**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 8: **Introduction of an eHealth system to allow immediate access to eHealth record and patient personal health record for reducing repetition, for increasing efficiency, and respecting the patient's perspective.**	Please see comments for Recommendation 7.	**Discontinued**
Recommendation 9: **Department of Health explores and maximises on opportunities to share eHealth records with other sectors.**	Please see comments for Recommendation 7.	**Discontinued**

4.5   Oral Health Debate

Debate Title
Oral Health Care for all Western Australians

Executive Sponsor
Ms Roslyn Elmes, Executive Director, Public Health and Ambulatory Care
North Metropolitan Health Service, Western Australian Department of Health

Debate Summary
The Oral Health Debate was held on November 2011. The need to debate this topic arose from a Health Consumers' Council Community Forum held in late 2010 and the State's renewed reform agenda in this area headed by Ms Ros Elmes, Executive Director, Public Health and Ambulatory Care. This Debate challenged Senators to address the role and responsibility of Department of Health in this area.

The mandate for senators was to consider oral health as part of the holistic approach to health from the perspective that poor oral health directly impacts systemic health.

The Oral Health Debate resulted in eight recommendations that were presented to the Director General of Health for endorsement. The result was eight **endorsed** recommendations.

Implementation of Recommendations
An overall implementation status was calculated based on the information provided by the Executive Sponsor. The endorsed recommendations from the Oral Health Debate are assessed as being substantially implemented (Figure 5).

Figure 5 Overall implementation status of recommendations endorsed from the Oral Health Debate.
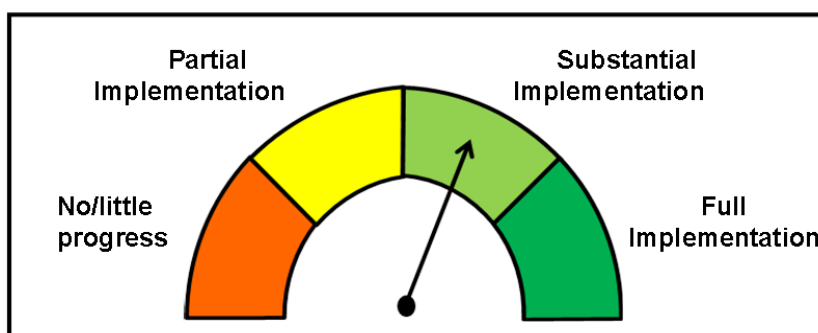
The implementation status provided by the executive sponsor for each recommendation, and comments supporting the rating, appear in Table 6.

Table 6   Implementation Status for the Oral Health Debate

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 1: **WA Health to develop a health promotion strategy to promote good oral health.**	• Inclusion of oral health into WA's Health Promotion Strategic Framework • Inclusion of oral health screening and fluoride varnish program into the State Government's Ear Health Initiative targeting Aboriginal children in the Kimberley, Pilbara, Goldfields and Midwest, in conjunction with WA Country Health Service and Office of Chief Pharmacist. • Joint Department of Health fluoride position statement with the Public Health Division and the Advisory Committee for the Fluoridation of Public Water Supplies. • Inclusion of oral health assessments in the health assessments for people with mental illness. • Draft JDF for an Oral Health Promotion Manager.	**Partial Implementation**
Recommendation 2: **Clinical service planning to review the Clinical Services Framework and develop an oral health planning strategy.**	• As part of the review of the Clinical Service Framework, hospital and community dental service level definitions have been included. This will provide a greater level of clarity across Department of Health regarding the dental services required to meet population need. • Discussions have commenced with WACHS, Child and Adolescent Health Service, NMHS and SMHS to ensure alignment to the reviewed Clinical Service Framework. • Completion of Dental Service Department Service Plan at Fiona Stanley Hospital. • Establishment of an agreed position across Department of Health on the model of care and funding allocation for dentistry for head and neck cancer patients. • Proof of concept research which demonstrates attendance at a general dental service results in a lower risk of admission to hospital for dental reasons (publication pending). • Analysis of the distribution of the public and private dental workforce, demonstrating availability of private dentists is lower in the outer metropolitan and regional areas. The availability of public dentists is equitable across the State.	**Substantial Implementation**
Recommendation 3: **An Activity Based Funding mechanism be identified to fund dental/oral health services for the eligible WA population.**	• Clinical Director, Oral Health Improvement Unit through negotiations with the Commonwealth has taken on the role of advocacy for activity based funding for oral health. The Clinical Director keeps the Performance, Activity and Quality Division informed of developments in this area. • An Activity Based Funding mechanism has been identified to fund dental services for the eligible WA population. Known as a Dental Weighted Activity Unit (DWAU), a DWAU is the basis of funding for the National Partnership Agreement to treat more public dental patients and will form the basis of contracts with service providers in the future. • The Department of Health will continue to influence at a national level to further refine the DWAU to reflect the higher costs associated with delivering services in rural and remote	**Substantial Implementation**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
	areas and to the Aboriginal population.	
Recommendation 4: **WA Health to invest in expansion of current services offered to school-age children to encompass 0-4 year olds within the next two years.** • **partnering with all relevant stakeholders, e.g. Child Health, Medicare Locals, Childcare Centres and Local Government.**	• Developed and piloted a model of care for early childhood caries. • A State funded model of care for early childhood caries was overtaken by the commencement of the Federal Government's Child Dental Benefit Schedule (CDBS). The CDBS commenced on 1 January 2014. • Influenced at a national level for the CDBS, which provides primary dental care for children aged 2–17 years (Family Tax Benefit A). The Department of Health provides a free dental service for children aged 5–16 years. The CDBS provides the opportunity to fill the gap in availability of primary dental care for children aged 2–4 years. • Modelling paediatric dental demand in general and regional hospitals throughout WA. This demand modelling demonstrates the paediatric dental allocation required in a Level 5 setting in order to shift demand from a Level 6 setting. • Currently working with clinical service planners at CAHS to achieve the appropriate paediatric dental allocation in Level 5 settings.	**Substantial Implementation**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 5: WA Health to ensure provision of a service for Special Needs Dentistry under General Anaesthesia.	• Dental Health Clinical Priority Access Criteria have identified access for special needs patients who have high anaesthetic risk and require dental care. • Additional theatre sessions have been secured for people with special needs whose anaesthetic risk is an ASA<3. • Engaged with the Disability Health Network regarding the National Oral Health Plan 2014–2023. An outcome of this is a greater focus within the National Oral Health Plan on people with a disability.	**Partial Implementation**
Recommendation 6: **Establish an Oral Health Network that will facilitate the development of statewide Oral Health Model of Care and a WA Oral Health Strategy.**	• The Director General of Health did not endorse the establishment of an oral health network. • Clinical Lead for the development of Australia's National Oral Health Plan 2014–2023 is from Department of Health. Plan will be completed by June 2014. • The development of a State Oral Health Plan will then commence to be aligned to the National Oral Health Plan 2014–2023. • Ministerial endorsement for the creation of a Chief Dental Office that will lead the development of an Oral Health Strategy for WA. • Establishment of the State Oral Health Advisory Council (SOHAC), which is the principal advisory body responsible for ensuring the delivery of comprehensive and high quality dental health service.	**Substantial Implementation**
Recommendation 7: **WA Health to partner with higher education providers to support the inclusion of inter-professional learning opportunities in oral health, within the training of all health practitioners.**	• Representation at the Disability Health Network – Workforce Development Working Group – which aims to develop and adopt strategies that will complement current education and training to increase skills and knowledge within the disability sector. • Dental Health Services has partnered with Curtin University's Bachelor of Oral Health Therapy final year students to provide the opportunity for inter-professional learning in the aged care environment. • Chief Dental Office will collaborate and work closely with other lead clinical professional officers in contributing to the development of relevant policies, strategies and programs including championing the need for the inclusion of oral health into the broader health curriculum.	**Partial Implementation**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 8: **WA Health must provide information systems to collect and analyse oral health service data such that the service data is included in the WA Health data collections and is used for oral health service improvement.**	• The dental data collection will be included in to the Non-Admitted Patient Activity and Wait-List data collection by June 2014. This work has been led by the School of Primary, Aboriginal and Rural Health Care, UWA in conjunction with Dental Health Services, Oral Health Centre of WA and the Data Linkage Branch.	**Substantial Implementation**

4.6   Sexual Health Debate

Debate Title
Let's Talk About Sex

Executive Sponsor
Professor Tarun Weeramanthri, Executive Director, Public Health and Clinical Services Division
Western Australian Department of Health

Debate Summary
The Sexual Health Debate was held on March 2012. The need to debate this topic arose as a result of the Clinical Senate's Youth Debate held in 2009 at which it was advised that sexual health was one of the top five health issues young people think about and are confronted with. The focus of the debate was on the youth-early adult population with senators considering sexually transmitted infections, sexuality and reproductive health in early life.

The mandate for senators was to consider the integration between public health and clinical services in WA and whether the needs of the population are being met.

The Sexual Health Debate resulted in nine recommendations that were presented to the Director General of Health for endorsement. The result was:

- Six **endorsed** recommendations (recommendations 1, 2, 5, 6, 7 and 8)
- Three **endorsed** *in principle* recommendations (recommendations 3, 4 and 9)

Implementation of Recommendations
An overall implementation status was calculated based on the information provided by the executive sponsor. The endorsed recommendations from the Sexual Health Debate are assessed as being partially implemented (Figure 6).

Figure 6 Overall implementation status of recommendations endorsed from the Sexual Health Debate.
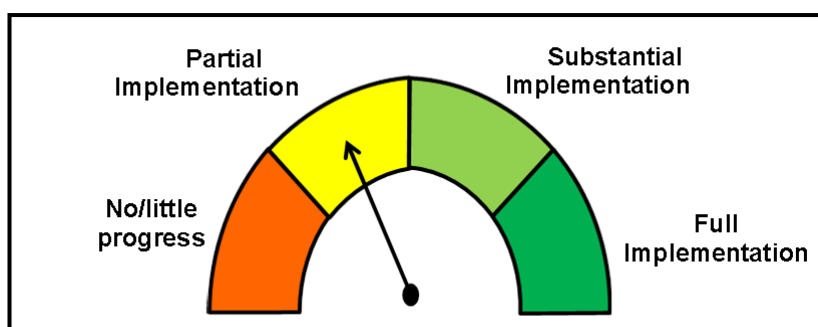
The implementation status provided by the executive sponsor for each recommendation, and comments supporting the rating, appear in Table 7.

Table 7   Implementation Status for the Sexual Health Debate.

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 1: **WA Health to develop and implement a Youth Health Policy.**	Discussed but not progessed. Not currently prioritised in any Divisional or Health Service strategic plan. Depending on resources, may be possible at some time in the future.	**No/little progress**
Recommendation 2: **SHEF to endorse implementation of the existing Sexually Transmitted Infections (STI) Model of Care in accordance with the Clinical Services Framework and demographic profile.**	The STI Model of Care was noted by SHEF in 2008. A mid-term review of the implementation of the Model of Care was completed by the Communicable Disease Control Directorate in 2013 and can be viewed on-line at: http://www.public.health.wa.gov.au/cproot/5178/2/Midterm-Review-of-the-2nd-Aboriginal-STI-BBV-Strategy.pdf	**Partial Implementation**
Recommendation 3: **WA Health to advocate for compulsory, comprehensive, age appropriate, curriculum-based relationship and sexual health education in schools.**	Curtin University won a tender to develop and evaluate an undergraduate teacher training program in sexual health education. Under the same contract Curtin University will provide an annual 2-day training program and biennial symposium on school-based sexual health education.	**Substantial Implementation**
Recommendation 4: **Area Health Services to establish 'Youth Hubs' in collaboration with existing health services, Medicare Locals, NGOs & consumers.**	Not progressed as no agreement as to who should 'own' this recommendation, no agreement about funding and responsibilities of outside agencies, and not prioritised in any Divisional or Health Service strategic plan.	**No/little progress**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 5: **WA Health to collaborate with universities, professional bodies and other education providers to ensure that sexual health is incorporated into all levels of health professional education and training.**	Curtin University have been awarded a 3-year contract to develop, pilot and evaluate a unit in sexuality education for undergraduate teachers. The program will be available to undergraduate teachers across all WA universities. Edith Cowan University hold a contract to provide free, online training for the testing and treatment of sexually transmitted infections. Department of Health also funds organisations such as Family Planning WA and Australasian Society for HIV Medicine to provider GP, advanced nursing and practice nurse training in sexual health.	**Substantial Implementation**
Recommendation 6: **WA Health to ensure multimodal delivery of positive sexual health messages where young people will access them.**	The Department of Health plans to tender a sexual health promotion campaign in 2013/14 that will be delivered by a non-government provider. In addition, the Department will up-grade the existing chlamydia campaign to complement the sexual health campaign targeting 16-29 year olds. The youth web-site, 'Get the Facts', has been search engine optimised to improve access to the website. The website has also been upgraded so it is compatible for smart phones and tablets. The highly successful publication, 'Talk Soon Talk Often', has been copied (with permission) by most States and Territories in Australia.	**Partial Implementation**
Recommendation 7: **WA Health to develop a framework that encourages robust data collection and enables evaluation of programs, involving youth at all stages of the process.**	SiREN is currently supporting nine projects. The projects represent a range of SHBBV issues, are located in metro and regional areas, and target priority groups including Aboriginal and CaLD groups. SIREN has submitted or supported the development of five abstracts which have been accepted for presentation at national conferences including: • International Union for Health Promotion and Education (IUHPE) - Aug 13 • Australasian Sexual Health Conference (ASHA) - Oct 13 • 13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases - Feb 14	**Substantial Implementation**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 8: **WA Health to promote making condoms freely available in more discrete ways to reduce the shame of taking them.**	Department of Health has a number of strategies in place to promote access to condoms including: • small grants to install and stock (on a one-off basis) condom vending machines in community-based settings • condom wallet packs for health promotion events and campaigns • access to wholesale priced condoms for community based organisations via the WA AIDS Council.	**Full Implementation**
Recommendation 9: **An Area Health Service to establish a multidisciplinary service for gender transitioning people.**	Not progressed as no agreement as to who should 'own' this recommendation, no agreement about funding, and not prioritised in any Divisional or Health Service strategic plan.	**No/little progress**

4.7　Research Debate

Debate Title
Research – This is the Moment

Executive Sponsor
Dr Gary Geelhoed, Chief Medical Officer, Office of the Chief Medical Officer
Western Australian Department of Health

Debate Summary
The Research Debate was held in June 2012 with the challenge to debate this topic coming from the (then) Director General of Health, Mr Kim Snowball. The timing coincided with the release of several reports at the state level and the Strategic Review of Health and Medical Research in Australia. This coupled with the state's investment in health and medical research infrastructure, its unrivalled economic prosperity and the number of renowned researchers residing in WA all strengthened the view that now was 'the moment' for this debate.

The mandate for senators was to bring a clinical perspective to this issue and debate how best to shape the research agenda for WA. Senators were asked to consider how they could both engage in research and influence the research agenda. They explored the challenges and considered whether or not the State is getting value on investment in research, measured by workforce attraction and retention and importantly, the impact on health outcomes for WA.

The Research Debate resulted in nine recommendations that were presented to the Director General of Health for endorsement. The result was:

- Four **endorsed** recommendations (recommendations 1, 2, 6 and 9)
- Five **endorsed in principle** recommendations (recommendations 3, 4, 5, 7 and 10)
- One **not endorsed** recommendation (recommendation 8).

Implementation of Recommendations
An overall implementation status was calculated based on the information provided by the Executive Sponsor. The endorsed recommendations from the Research Debate are assessed as being partially implemented (Figure 7).

Figure 7　Overall implementation status of recommendations endorsed from the Research Debate.
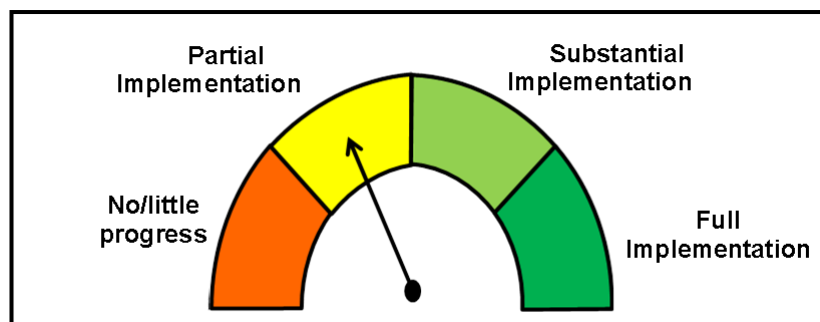
The implementation status provided by the executive sponsor for each recommendation, and comments supporting the rating, appear in Table 8.

Table 8   Implementation Status for the Research Debate

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 1: **WA Health to fund the development and implementation of a statewide health and medical research strategic plan.**	The State government has announced the FutureHealth WA initiative, which will provide an additional $30 million for health and medical research over the next four years. This will be in addition to, and synergistically complement, the existing funding of $58 million over the same period. The governance and operational structure of FutureHealth WA is currently being determined by Government, but will have two major objectives: to establish an appropriately constituted entity which will attract corporate and philanthropic donations to boost the government funds; and establish a separate but interrelated mechanism by which the allocation of funds will align with agreed research priorities determined by the State health system and the research industry. As the structure and function of FutureHealth WA has yet to be finalised, it is not yet clear how this initiative might impact on this Recommendation. However, it is anticipated that FutureHealth WA will take a Statewide approach to health and medical research and would engage relevant stakeholders, including consumers. Also, its focus will almost certainly be on increasing the health and medical research capacity of WA, with the objective of improving health outcomes and making positive social impact.	**No/little progress**
Recommendation 2: **WA Health to establish a statewide health and medical research governance body by 2013.**	The State government is currently in the process of establishing FutureHealth WA. Although the final governance structure and operation of FutureHealth WA has yet to be determined it might be anticipated that this will incorporate elements that include setting a research agenda and will encourage the formation of health and medical research networks between key stakeholders. These activities are expected to complement those of the existing State Health Research Advisory Council (SHRAC)	**No/little progress**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 3: **The importance of research will be acknowledged by: - Establishing and maintaining allocated protected time for clinicians in all disciplines wishing to pursue research;- Providing appropriately qualified and skilled support for research- Clinical research appointments at formative career stages.**	As referred to more fully in the response to Recommendation 9, aspects of this Recommendation have been implemented through the establishment of the Clinician Research Fellowship program. The full implementation of this Recommendation must, however, be considered in the context of the budgetary capacity of the Department of Health.	**Partial Implementation**
Recommendation 4: **WA Health to create an investment plan for health and medical research.**	The Department of Health has already addressed some aspects highlighted in this Recommendation: • it has undertaken reviews of existing funding of health and medical research in WA • through a number of funding programs it has provided support for research that would not "classically" be funded by agencies such as the NHMRC • it has supported research that focuses on cost savings and improved health outcomes • it routinely provides intellectual property support to Department of Health staff. It can also be anticipated that significant elements of this Recommendation may be addressed through the FutureHealth WA initiative which is in development, and which has two major objectives: 1) to attract corporate and philanthropic donations to boost the government funds and 2) to align the allocation of funds with agreed research priorities determined by the State health system and the research industry.	**Partial Implementation**
Recommendation 5: **to develop research support units in metropolitan and regional areas that are open to all clinicians, including primary care and secondary hospitals.**	Various areas within Department of Health have developed, or are developing, strategic plans for research which acknowledge the need to achieve objectives listed in this Recommendation, and which would supplement and complement existing support activities provided in the different Health Services. One of the objectives of the State Government's FutureHealth WA initiative is anticipated to be increasing the effectiveness of the Department of Health and medical research sector, particularly in the area of competitiveness for national and international research grants, and which would significantly depend on the availability of biostatistical, laboratory, ethics and grant application support.	**Partial Implementation**

Recommendations Endorsed by Director General's Office	Executive Sponsor Comments	Status of Implementation
Recommendation 6: **WA Health ensures research relevance by driving a bidirectional translational research agenda. (In this context bidirectional implies that the research question will be identified at the clinical coalface by clinicians and consumers and the resultant research outcomes will in turn change practice)**	The Department of Health is providing significant support for the Key Features of this recommendation through programs such as the SHRAC Research Translation Projects Program, the Targeted Research Fund and the Telethon-Perth Children's Hospital Research Fund. These programs have a focus on bidirectional translational research, whereby the research questions are largely raised and addressed by clinicians at the coalface, thus facilitating the possibility that successful research outcomes can actually result in changed practice. Formal consumer engagement occurs at the level of funding allocation and members of the Health Networks are actively encouraged to engage with these programs.	**Substantial Implementation**
Recommendation 7: **WA Health to develop an Innovation Fund that quarantines investment for the promotion, support and development of diverse and vibrant research**	Although the State Government has not established an innovation fund as such, the FutureHealth WA initiative that is in development is anticipated to support the promotion and development of diverse and vibrant research.	**No/little progress**
Recommendation 9: **The Clinical Senate recommends a comprehensive fellowship program that supports current and future researchers from all health care disciplines across the health care continuum.**	The Department of Health, in conjunction with the Raine Medical Research Foundation, has established the Clinician Research Fellowship program. This program enables early-to mid-career Department of Health clinicians/healthcare professionals to become more involved in health and medical research while continuing clinical/healthcare duties. In the second round of this program additional funding has been committed by the DoH Nursing and Midwifery Office for specific fellowships for nurses/midwives.	**Substantial Implementation**
Recommendation 10: **Establishing appointments which have both clinical and research roles to varying degrees and that work across sectors and the continuum of care in order to advance translation of research. E.g. primary, community, tertiary, aged etc.**	Workforce issues are of major concern to Department of Health, and the synergistic relationship between research activity and clinical service delivery is well recognised. As referred to in Recommendation 9 the Department of Health has established the Clinician Research Fellowship program, which is based on this recognised need. The full implementation of this Recommendation must, however, be considered in the context of the budgetary capacity of the Department of Health.	**No/little progress**

5   Overall Summary of Debates

**Overall Implementation Status of Clinical Senate Debates**

The Clinical Senate has resulted in 66 recommendations from seven debates over the past three years. Following each debate recommendations were presented to the Director General of Health for endorsement and the result was:

- 45 recommendations were **endorsed**
- 15 recommendations were **endorsed in principle**
- 6 recommendations were **not endorsed.**

A total of 60 recommendations were either endorsed or endorsed in principle by the Director General. Of these 60 recommendations, five were discontinued and one was not reported. In this review, implementation status data has been reported on the remaining 54 recommendations.

The overall implementation status for all endorsed and endorsed in principle recommendations is displayed in Figure 8. Across the seven debates, 45 per cent of recommendations were either fully or substantially implemented and 82 per cent of recommendations were at least partially implemented.

Figure 8 Implementation status of Clinical Senate Debate recommendations by endorsement status***
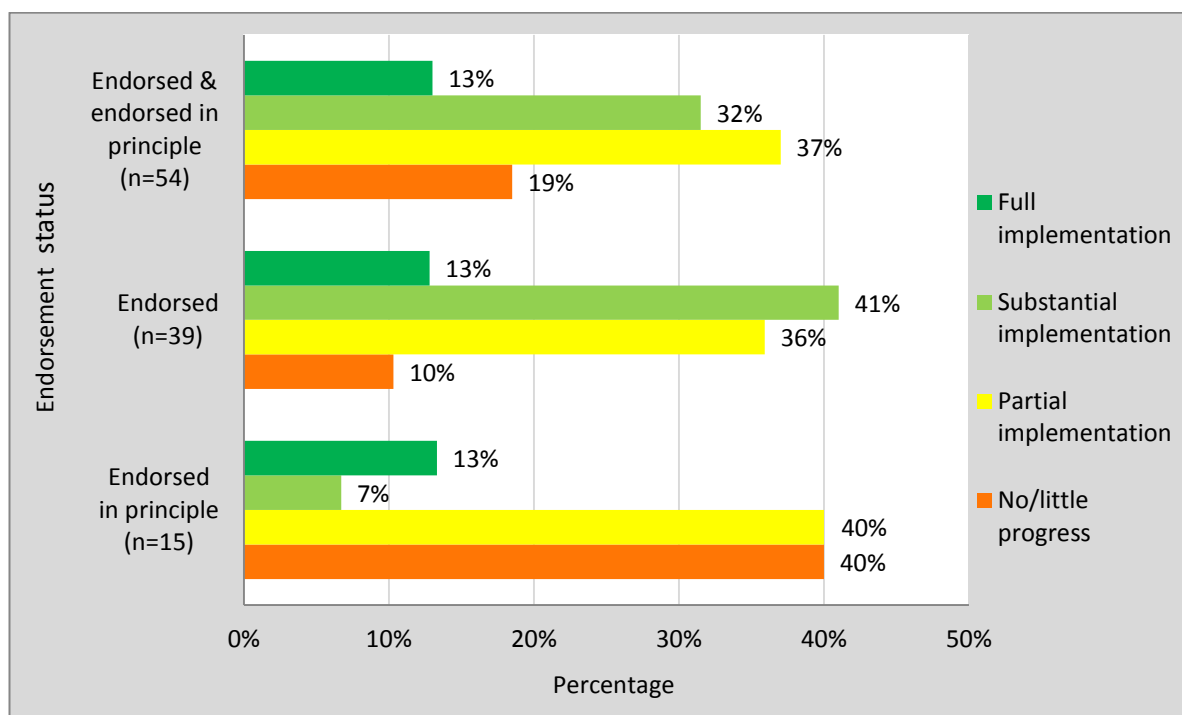
Total excludes six recommendations that were either discontinued, or implementation status data was not reported.
***Percentages may not total 100 due to independent rounding of numbers.

Recommendations that were endorsed were more likely to be either fully or substantially implemented (54 per cent) compared with recommendations that were endorsed in principle (20 per cent). Conversely, recommendations that were endorsed in principle were more likely to be rated as having little or no implementation (40 per cent) compared to endorsed recommendations (10 per cent).

Implementation Status of Recommendations from each Clinical Senate Debate

The percentage of recommendations in each implementation status category is displayed in Figure 9. The implementation status results demonstrate that:

- The Health Workforce Debate had the highest proportion of fully implemented recommendations (60 per cent) and in total 80 per cent of the debate recommendations were fully or substantially implemented.
- Of the Patient Safety Debate recommendations, 75 per cent were either fully or substantially implemented and all (100 per cent) of the recommendations were at least partially implemented.
- Of the Oral Health Debate recommendations, 63 per cent were substantially implemented and all (100 per cent) were at least partially implemented.
- Of the Disability Debate recommendations, 40 per cent were either fully or substantially implemented and 80 per cent were at least partially implemented.
- Of the Sexual Health Debate recommendations 44 per cent were either substantially or fully implemented and almost two thirds (66 per cent) were at least partially implemented.
- Of the e-Health Debate recommendations, 10 per cent were substantially implemented and 80 per cent were at least partially implemented.
- Of the Research Debate recommendations, 22 per cent were substantially implemented and 55 per cent were at least partially implemented.

Figure 9 Percentage of recommendations in each implementation status category by Clinical Senate Debate***
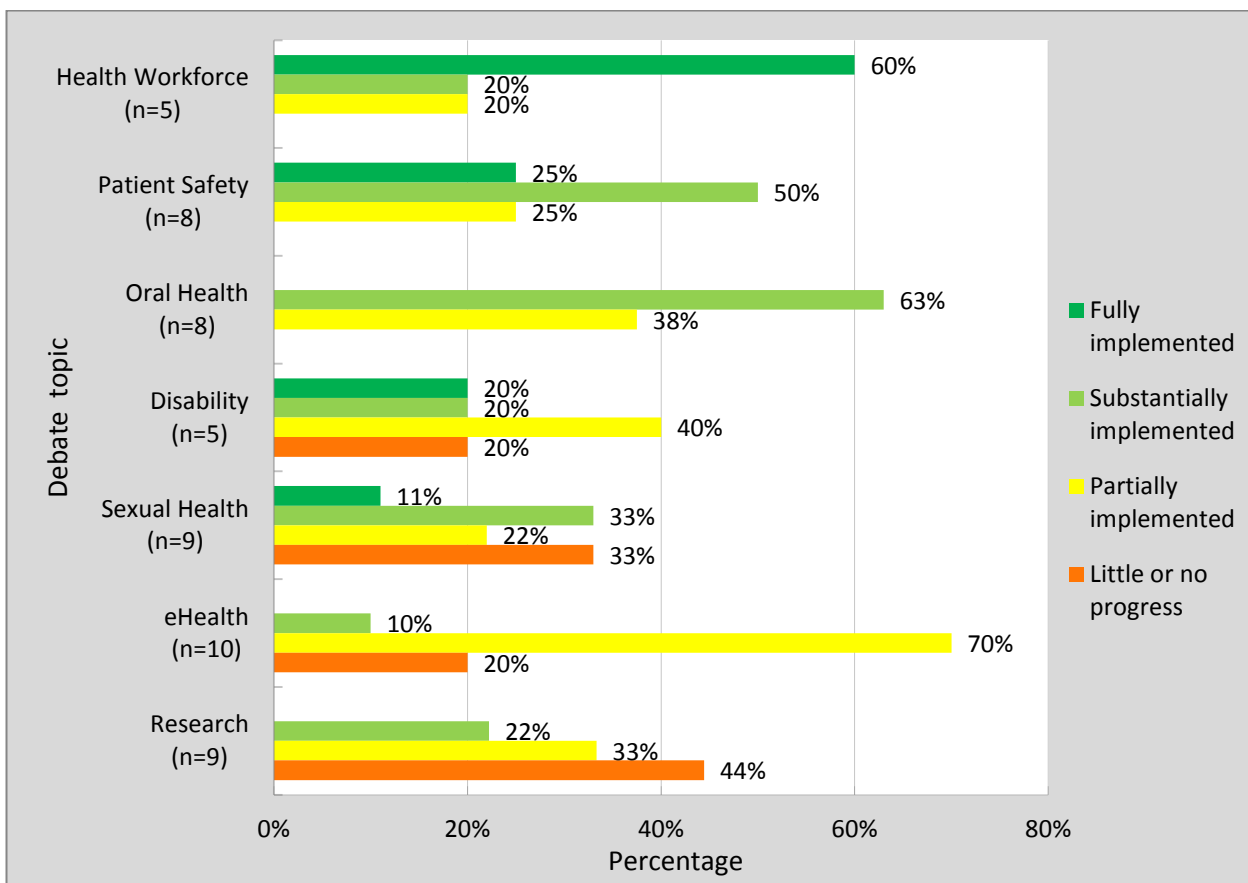
Six recommendations were excluded from analysis as they were either discontinued, or implementation status data was not reported.
***Percentages may not total 100 due to independent rounding of numbers.

An overall implementation status was calculated for each debate based on the information provided by Executive Sponsors. Figure 10 displays the debates in order of their overall status rating.

Figure 10   Overall implementation status of each Clinical Senate Debate***

No/little progress	Partial implementation	Substantial implementation	Full implementation
Health Workforce (2010)			
Patient Safety (2010)			
Oral Health (2011)			
Disability (2011)			
Sexual Health (2012)			
eHealth (2011)			
Research (2012)			

*** Year of Clinical Senate Debate provided in brackets

Comments from Executive Sponsors

In line with the objectives of the review, comments provided by Executive Sponsors were analysed to identify factors that either facilitate or constrain implementation.

Fully and Substantially Implemented Recommendations

A number of factors that facilitated implementation were identified in recommendations that were fully or substantially implemented. These factors included:

- the Department of Health having exclusive or lead agency authority over recommendations
- the establishment of funded programs/activities/projects that support implementation
- the existence of clear and effective accountability for allocated resources
- the establishment and/or maintenance of effective interagency partnerships
- collaboration occurring across Department of Health Divisions
- the identification and integration of existing programs and initiatives to support implementation
- the Department of Health providing leadership and resources to support recommendation implementation.

Partially Implemented Recommendations

A number of factors that constrained implementation, or the capacity to monitor implementation, were identified in recommendations that were partially implemented.

Key factors:

- A lack of well defined or agreed metrics/milestones/outcomes for the recommendation, making it difficult to determine if the milestone was complete or 'fully implemented'.
- Limitations in the systems and/or infrastructure available to support implementation.
- Difficulties monitoring progress and outcomes, particularly when activity occurs at the 'local level'.
- The often extended timeframes required to establish new programs and/or partnerships
- No agreed metrics have been agreed upon to measure success
- limited authority to influence partner organisations.

Little or No Progress Recommendations

A number of factors that constrained implementation, or the capacity to monitor implementation, were identified in the recommendations that were rated as having little or no progress.

These factors included:

- limitations in available resources to support implementation, including shortfalls in fiscal and human resources
- limitations on the ability to influence service provision in the private health sector
- competing State or Commonwealth government priorities and/or initiatives.

6 Discussion

This review determines the extent of implementation and current status for each of the recommendations from the seven Clinical Senate Debates between 2010–2012 (inclusive). It also identifies the factors that facilitate and constrain implementation. While Executive Sponsors from individual Debates have previously provided progress reports on the recommendations, this is the first time that the Debates have been reviewed collectively with a standardised template.

It is noted from the review that the overall implementation status for each Clinical Senate Debate ranges from "partial implementation" to "substantial implementation". As previously stated, a number of different factors have been identified that facilitated or constrained implementation. In addition, it is expected that the implementation status of the recommendations from the debates could also be related to the length of time elapsed since the recommendations were endorsed (or endorsed in principle). That is, recommendations that were endorsed earlier in the review period (e.g. in 2010) would have had more opportunity to be implemented compared with recommendations that were endorsed later in the review period (e.g. in 2012).

It is also acknowledged that the recommendations vary considerably in their complexity. For example, some recommendations involve multiple and complex milestones and may require substantial additional resources (e.g. financial, workforce and/or infrastructure). Conversely, other recommendations may be relatively straight-forward and can be achieved with little or no additional resources.

Furthermore, it is also noted that for some recommendations, it can be difficult to determine the degree of implementation. For example, providing an implementation status rating for recommendations that involve whole of health and include site specific programs in Area Health Services can be challenging. It is also acknowledged that the determination of the "status of implementation" is a relatively subjective measure.

Notwithstanding the above, the report provides a valuable snapshot of the current status of the implementation of the recommendations from seven Clinical Senate Debates from 2010–2012 (inclusive).

References

1. Health Administrative Review Committee. Report of the Health Administrative Review Committee. Perth, Western Australia; 2001.

2. Department of Health. About the Clinical Senate (online); 2013 (cited February 5 2014). Available from: www.clinicalsenate.health.wa.gov.au/about/index.cfm

3. Victorian Auditor-General's Office. Implementation of the Strengthening Community Organisations Action Plan. Government of Victoria; 2013.

Appendices

Appendix 1   The Data Collection Template

Clinical Senate Debate Topic: eHealth - a new relationship (March, 2011)
Instructions:
Please note that all detail provided in the below template will be reported to the Director General of the WA Department of Health

Area Health Service/Division/Organisation	
Name (Reporting Officer)	
Position title	
Contact details:	
Phone	
Email	

Recommendation 8: <Description of recommendation>

Key milestones progress update

Recommendation 8	OVERALL status of the recommendation at last update	Commencement date	Expected date of completion	*OVERALL status of the recommendation (This box MUST be answered)
<Description of recommendation>	N/A	01-Mar-11		

Comments on OVERALL status of the recommendation (Provision of comments is OPTIONAL)

Recommendation implementation status: Supporting information
(Provision of additional information in this section is OPTIONAL)

Aim/Objectives:
Description of aims/objectives

Milestones for completion:	Milestone status at last update	Milestone Progress
Previously Reported Milestones		

Comments(Key Aspects/Risks):		Additional Comments
Milestone number	Previously Reported Comments	

Accountable authority approval (Executive sponsor) (this must be completed prior to returning the form)
Name (include Title):

This data collection form is adapted from the Department of Health WA Operational Plan Template

Appendix 2   The Clinical Senate Debates Included in the Review

1. **Patient Safety – Ending Unintended Harm (May 2010)**
   Executive Sponsor: Dr Dorothy Jones

2. **Health Workforce – Engaging in the National Agenda (August 2010)**
   Executive Sponsor: Mr Brendan Robb

3. **eHealth – A New Relationship (March 2011)**
   Executive Sponsor: Dr Andrew Robertson

4. **Clinicians – Do you see me? (June 2011)**
   Executive Sponsor – Dr Simon Towler

5. **Oral Health Care for all Western Australians (November 2011)**
   Executive Sponsor – Ms Roslyn Elmes

6. **Let's Talk About Sex (March 2012)**
   Executive Sponsor – Mr Tarun Weeramanthri

7. **Research – This is the Moment (June 2012)**
   Executive Sponsor – Dr Gary Geelhoed

NOTE: The Alcohol. Think Again Debate (December 2010) was excluded from the Review as there were no recommendations.

Appendix 3   Email Invitation to Participate in the Review

(Name of Debate)

Dear (name of Executive Sponsor)

The A/Director General has asked the Executive Director, Strategic System, Policy and Planning to report on the implementation of the recommendations for each Clinical Senate Debate for the past three years.

To achieve this, the attached template has been developed by the Health Strategy and Networks. This template contains information previously provided on the progress of each recommendation, at the last known update, for the above debate. The template provides an opportunity for further information to be provided regarding the overall current status of the recommendation. This information will assist in providing a clearer understanding of the extent to which the recommendations have been implemented.

Your assistance in completing the attached template by **Friday, 10th January 2014** would be appreciated. If you require an extension to this date, please contact Barbara O'Neill. The information will be used to report back to the A/Director General.

If you require assistance or further information to complete the template, please contact:
1) Barbara O'Neill (for Senate related enquiries) – Tel: 9222 4096 or e-mail:
   barbara.oneill@health.wa.gov.au
2) Luke Regan (for assistance in completing the template) – Tel: 9222 2302 or e-mail:
   luke.regan@health.wa.gov.au

Thank you for your interest in the Clinical Senate Debate.

Regards

Pippa Bagnall   Kim Gibson
Executive Director   Chair
Strategic System, Policy and Planning   Clinical Senate of WA

This document can be made available
in alternative formats on request for a
person with a disability.