

Public Submission Cover Sheet

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

Your Personal Details

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

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Publication of Submissions

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

- I do not want my submission published
- I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Public hospitals seem obligated to accept anyone arriving at the door.
Many should be seen in the primary health system first.
Many older patients come to public hospitals for care, and comprise a substantial number of cases often with slow processing time.

Individuals will come to ED because

- * their GP has told them to attend, or
- * of advice from Health Direct, or
- * they self referred without clinical advice

Residents of Aged care homes will come to EDs because

- * their GP or another primary health clinician has told them to attend, or
- * of advice from Residential Care Line, or
- * they were referred without clinical advice

WA Health must already have data on the numbers, frequency, repetition, and cost for each of these types of attendances. I'm guessing the self referred individuals and the Residents referred with limited clinical intervention represent a large number of low efficiency cases, and may be costing more than the cases that received primary care referral. We can try and make it more likely primary clinical involvement happens prior to attendance if those cases end up being lower cost.

Upon arrival at hospital one thing that takes a lot of time is finding out the important factors in the person's History. Older people necessarily have a longer history, and may be forgetful of details which could be important for determining their care.

Aged care residents should have this sort of data available and a document could travel with the resident, and provide an accurate up to date history and current medication chart.

Individuals living outside the aged care sector could prepare a concise history document based on a suitable template with the assistance of their GP & or their regular pharmacist, updating annually or whenever medication changes are made.

Both (primary intervention before referral & personal case history summary) require clearer partnerships with the Primary Health sector. They represent a small prior investment of time with a substantial benefit in subsequent efficiency.