

## 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).*

- ✓ I feel WA Health needs to apportion most of its time, energy and expenditure in out-of-hospital services, in doing so freeing up hospitals for emergency and critical care only, and reducing workload on medical and nursing staff. Out-of-hospital care is much cheaper, and more appropriate and beneficial for health than having people in hospital. This has been known and researched for quite some time, we seem to just be a bit slow on the uptake.
- ✓ 1) Increase the Rehabilitation IN The Home (RITH) service. This has already shown its success, and viability in getting patients out of hospital earlier, and decreasing hospital LOS, it is also extremely good at providing a transition from hospital to the community, and linking patients to community services/programs.
- ✓ 2) Increase Allied Health in the community. This involves community physical activity, treatment, and monitoring programs, education sessions, and peer support. Allied Health professionals (with added training) also need to be care-coordinators as well, increased allied health triages in the community rather than massive and long waitlists for specialists when this is not appropriate, and allowing physiotherapists to have prescribing rights and direct referrals for imaging.
- ✓ 3) Increase Mental Health and Palliative Care services in the community – to support those people in need proactively, prior to it escalating and requiring intensive hospital resources. This includes addressing those ‘frequent fliers’ (ie through increasing services like CoNeCT). The community needs to know this service is continually funded though, and not adopted/rejected each financial year – these populations are our most vulnerable.
- ✓ 4) Increase the funding for respite for carers, and support in assisting carers to access this respite and home services. Too often we see a carer need to go into hospital in an emergency situation or unaware of the services they can access at home (especially palliative care and oncology), and therefore the person they are caring for ends up in hospital, as nothing has been set up prior. From this, the ‘patient’ then becomes a care-awaiting placement, and their hospital stay increases, putting pressure on the patient and family, and the health system – this is completely avoidable, with only a little bit of planning and not many funds.
- ✓ Much better and established referral and connect pathways for people once discharged – the GP is NOT ENOUGH. Often the person doesn’t even see their usual GP, the GP doesn’t know the appropriate services available to their patients in the community, and many ‘fall through the crack’ and end up back in hospital with the same condition they were admitted for previously. We need a state-wide/metropolitan/wide database categorised into local councils, with the different health professionals and services available in that council for other health professionals (especially GP’s) to refer to, that gets automatically updated with AHPRA registrations, etc. This is currently being researched in the City Of Belmont, with UWA. The GP needs to be aware of this.

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- ✓ More NDIS awareness. Most health professionals are scared of the NDIS as it is new. Because of this, we are not utilising this service of which half is federally-funded, to alleviate the pressure on our state health system. We need to up-skill all health professionals on the NDIS to avoid inefficiencies in referrals and waiting times in hospitals, and provide free support and training so health professionals in WA are leading the way in getting their patients on the NDIS and active members of our communities.
- ✓ All health professionals should use electronic medical files/records – there should no longer be any written progress notes or medical files except for archiving – there is just such high risk for error in reading other people’s writing (especially doctors’), inefficiencies in the same questions being asked and recorded by multiple health professionals (when you could just ‘cut and paste’), and storage issues. Having e-Records could then allow health professionals from different sites (and working in the community/home) to all access and record on the SAME e-Record for that patient. Wouldn’t that be something?! I’d like to note that this has already been happening for decades in many Aged Care Facilities, with huge success. Staff in the community would need their own iPad with secure log-in, but the savings would far surpass the cost of this.
- ✓ There needs to be training and support in translating research and what works/doesn’t work into the clinical setting to allow for more consistent evidence-based practice to occur, and reduce the use of treatments/programs which have been shown to be inappropriate, unsafe, or of no benefit. This means getting health professionals to use the latest guidelines, updates, systematic reviews, etc, and supporting them to access this (by allowing it in their work day or providing them back-fill to go on courses).
- ✓ There is still very much a ‘silo’ approach to WA Health – we need to break down the silos, share information and resources, share FTE when required, have templates which are universal and accessible to all, group services under the one ‘management’ umbrella/hierarchy, and allow for more inter-professional education and networking. Perhaps there needs to be ramifications for those health professionals who persist with working in silos or keeping resources to themselves?
- ✓ We need to be way more technologically savvy – it still feels like we are in the 20<sup>th</sup> Century in WA Health. We need to be using SMS/email alerts more than appointment letters and referrals, we need to be using Apps for clients/patients rather than paper handouts, we need to be using electronic health records as I mentioned earlier rather than paper-based environmentally un-sustainable medical files, etc, etc.
- ✓ We need to be much more conscious of our role in the environment and the health of our staff – encouraging and supporting initiatives like staff riding/walking/using public transport to work, engaging in healthy activities at work, recycling and reducing resources, using alternative energy sources, etc, etc. There is a lot of waste in health in regards to sanitising equipment (a lot of unnecessary one-use only items), and this needs to be addressed using common sense and research evidence.