



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	
Title	Miss
Organisation	WACHS -Midwest, Gascoyne
First Name(s)	Amy
Surname	Schelfhout
Contact Details	
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).

My name is Amy Schelfhout and I am an Occupational Therapist. I have worked at Geraldton Hospital since January 2015, and have been seconded to Carnarvon as a senior, for six months. In Geraldton, I worked in Aged and Community Care, in the Day Therapy Unit. Here in Carnarvon, I work in Population Health, and have been in this role for nine weeks, at the time of writing. My caseload here involves seeing inpatients, adult outpatients, and running the hand clinic.

I have seen a few "frequent flyers" that have been admitted to hospital, on two or three occasions, in my short time working here. Often the person has had a fall, is admitted for dyscopia, or has a chronic illness, and is over the age of 65. I believe we need more preventative care, to prevent these admissions to hospital, in the form of a Transition Care Program, or something equivalent to a Hospital In The Home. The coordinated care and discharge planning needs to begin from the day the person is admitted to hospital, to prevent deconditioning from an extended hospital stay. The clients I have observed could have been discharged earlier, had a clear plan been established and documented in the client file.

I do wonder if up skilling staff on the ward, or having a dedicated discharge planner, would make a difference here, and save considerable resources in the form of time and money.