



Government of Western Australia
WA Country Health Service

Strategic Directions 2015–2018: *Healthier Country Communities through Partnerships and Innovation*





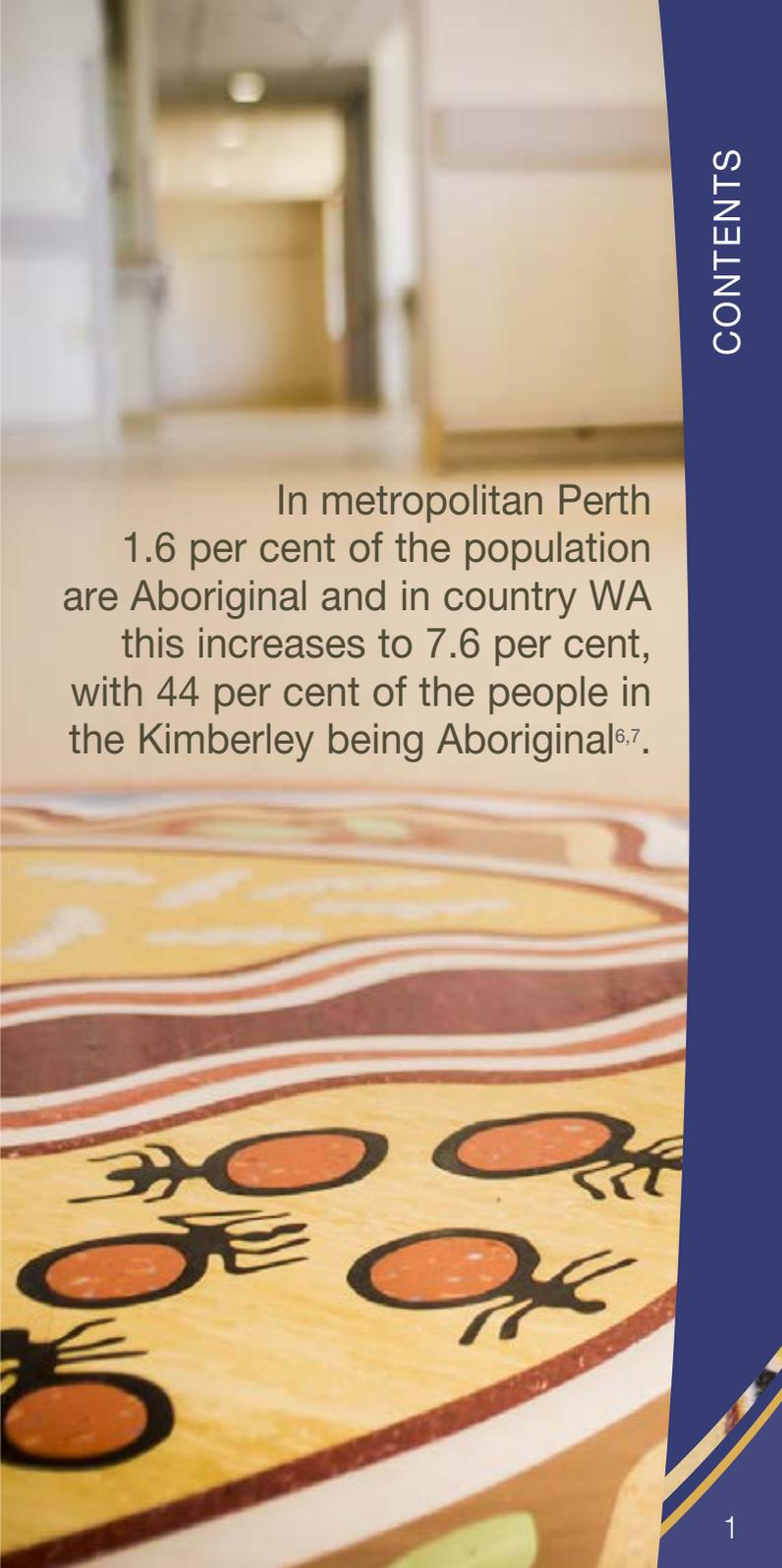
In 2014/15 WACHS supported 4,600 births, 80 per cent as many as the State's major maternity centre, King Edward Memorial Hospital⁹.

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WACHS acknowledges the Aboriginal people of the many traditional lands and languages of Western Australia. It pays respect to the wisdom of the Aboriginal Elders both past and present and to the Aboriginal people of today.

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.



In metropolitan Perth 1.6 per cent of the population are Aboriginal and in country WA this increases to 7.6 per cent, with 44 per cent of the people in the Kimberley being Aboriginal^{6,7}.

Introduction

WA Country Health Service (WACHS) is a strong, diverse, high-performing health service that puts the health of country people first. Over one in five Western Australians rely on WACHS services when they need health care or urgent medical attention.

Government funding and industry investment have brought about a once-in-a-generation transformation of country health care. More towns now have 21st century health campuses, expanded hospitals, greater emergency service capacity and modern facilities and equipment. Coupled with technological and service innovations such as telehealth, WACHS is now delivering health care closer to home for more country Western Australians than ever before.

The strategic directions WACHS has set for the next three years focus on the health needs of country Western Australians in the context of competing priorities and the requirement to make responsible decisions with finite resources. Partnerships with communities, consumers, staff and service providers are key to improving health and wellbeing alongside evidence based services.

The *WACHS Strategic Directions 2015–2018* build on the achievements of the last decade

In 2014/15 WA Country Health Service managed:

- 40 per cent (388,000) of WA's emergency presentations
- 132,000 acute hospital admissions including 4,800 mental health, drug and alcohol admissions
- 80 per cent (4,600) as many births as the State's tertiary maternity hospital
- Over 815,000 community based health services
- 750-800 emergency telehealth consults a month.

and align to the *WA Health Strategic Intent 2015–2020* and *WA Health Reform program Better Health, Better Care, Better Value*. Importantly, they also recognise that people living in rural and remote areas remain in poorer health than their metropolitan counterparts and that Aboriginal health and life expectancy is significantly less than that of non-Aboriginal people.

We are proud that these Strategic Directions have developed from an effective partnership: the Northern and Remote Country Governing Council, the Southern Country Governing Council, and District Health Advisory Council Chairs working with WACHS staff.

We would like to extend our thanks to all those who have been involved in the development of the *WACHS Strategic Directions 2015–2018* and to the dedicated, people who deliver outstanding services to country people, each and every day.

The WACHS Executive will be accountable for the delivery of the priority actions outlined in these Strategic Directions, which will be monitored against agreed performance indicators.

Nola Wolski

*Chair
Former Northern and Remote
Country Governing Council*



Geoff Dobb

*Chair
Former Southern Country
Governing Council*



Jeff Moffet

*Chief Executive Officer
WA Country Health Service*





There were 132,000 WACHS hospital admissions in 2014/15 and inpatient activity has been steadily increasing over the last four years¹⁴.



Our Purpose

WACHS improves country people's health and wellbeing through access to quality services and by supporting people to look after their own health.

Our Guiding Principles

- Consumers first in all we do.
- Safe, high quality services and information at all times.
- Care closer to home where safe and viable.
- Evidence based services.
- Partnerships and collaboration.

Our Values

Being part of WACHS means these values underpin our everyday actions.

Community – making a difference through teamwork, cooperation, a 'can do' attitude, and country hospitality.

Compassion – listening and caring with empathy, respect, courtesy and kindness.

Quality – creating a quality health care experience for every consumer, continual improvement, innovation and learning.

Integrity – accountability, honesty and professional, ethical conduct in all that we do.

Justice – valuing diversity, achieving health equality, cultural respect and a fair share for all.

Our Vision

Healthier country communities through partnerships and innovation.

Our Strategic Directions to 2018



WACHS serves a population of almost 560,000 people, dispersed over an area covering 2.55 million square kilometres – more than 10 times the size of the United Kingdom.



WA Country Health Service

In 2002, 40 separate country health organisations were combined into the single WA Country Health Service (WACHS) which included six country health regions.

In 2006 the former South West Health Service joined WACHS as the seventh region. The regions are:



The role of WA Country Health Service

Under the current National Healthcare Agreement with the Commonwealth Government, the Australian States and Territories are funded primarily to provide acute hospital, emergency care and some sub-acute services.

The Commonwealth is principally responsible for primary health, oral health and residential and community aged care services. In locations where few primary health and aged care service providers exist, such as in the north and inland parts of country WA, extensive State funding is provided to achieve access to these essential services.

There has been significant government investment in service infrastructure development, improving access to hospitals, primary health care, aged and dementia services and GPs. In the northern and inland regions WACHS provides a range of GP and primary health services.

The Regional Network Model

The 2004 Reid Report¹ endorsed the implementation of the regional network model where the Albany, Broome, Bunbury, Geraldton, Kalgoorlie and Hedland Health Campuses form the support and resource hubs for regional services.

Their role is to connect services across the region and support staff located at the smaller sites to provide the best possible health services for consumers so they can access the right service, in the right place, to meet their needs.

The regional support and resource hubs also lead the coordination of services with other regional health and related providers. There is no regional health campus in the Wheatbelt due to its proximity to Perth but the networked model still applies.

**People used community based services
over 815,000 times in 2014/15.**

1. Report of the Health Reform Council – A healthy future for all Western Australians (the Reid Report 2004)



Scope of Services

WACHS is the major provider of hospital, health and aged care services across country WA, working in partnership with other service providers to improve service access and effectiveness.

WACHS is funded to provide:

- Emergency care in each of its 70 hospitals and many of its nursing posts.
- Hospital based acute services such as general medicine, general surgery, minor procedures, paediatrics, mental health, obstetrics and birthing, renal dialysis, orthopaedics and cancer services.
- Maternal and child health, public health including communicable disease surveillance and response, health promotion and chronic conditions services.
- Mental health, drug and alcohol services.
- Sub and post-acute services including palliative care, rehabilitation and wound care.

WACHS provides additional services in some regions where no other services exist, either wholly or in partnership with the Commonwealth or local government including:

- General practice, primary, environmental health and chronic conditions.
- Community and residential aged care.
- Pharmacy and medical imaging.

WACHS services and infrastructure includes:

- Six regional health campuses and 15 district health campuses.
- 49 small hospitals including 31 Commonwealth/State funded multi-purpose services.
- 26 community mental health services.
- 38 remote area nursing posts² and 13 gazetted³ nursing posts (including 5 gazetted multi-purpose centres³).
- Over 550 aged care beds including two WACHS operated residential aged care facilities (nursing homes) along with many home and community care and aged care services.
- More than 200 community health and child health service locations.
- 650 houses/units and 180 leased houses/units for staff accommodation.

2. Non-gazetted but designated under the Poisons Regulations 1965.

3. Gazetted as officially recognised hospitals under the Hospitals and Health Services Act, 1927. Note 2 gazetted multi-purpose centres are currently managed by Silver Chain.



Aboriginal life expectancy is improving but is still around 10 years less than non-Aboriginal people⁸.

Strategic Direction One: Improving health and the experience of care



WACHS staff will work closely with all levels of government, metropolitan hospitals and services, **General Practitioners (GPs), Aboriginal Medical Services, the District Health Advisory Councils, Aboriginal Planning Forums, the new WA Country Primary Health Network, and other providers to improve the health of country people.**

Embedding a culture for safety and quality

Consumer and carer needs are our priority. Providing high-quality, safe services that improve health is everyone's business. Quality of care and services will continue to be improved by involving staff and consumers. A culture of transparency, review and evidence based learning enable WACHS to learn from situations where care has been either exemplary or below expected standards. This will improve services and accountability to the community.

Improving emergency and hospital services and infrastructure

Expanded and coordinated emergency care services have resulted in improved services, safety and access. New and expanded service models, telehealth technology, and use of evidence will enable WACHS to further improve services.

The Emergency Telehealth Service has improved emergency responses in district hospitals, small hospitals and nursing posts. Emergency Specialists are currently available by videoconference seven days a week to support emergency care in 63 country sites. This service will expand to the remaining sites across WA that do not have local emergency specialists. Emergency tele-mental health and other specialist services will also be implemented.

The \$1.5 billion country health infrastructure redevelopment program will continue to develop and refurbish hospitals and primary health centres over the next three years enabling more service improvements.

Improving the health of country people

To improve the health of country people and work toward health parity with people living in the metropolitan area, WACHS has prioritised the following key areas for 2015–2018.

Children will be supported to get the best start in life through evidence based, system-wide service improvement focussed on maternal health, child development and health in the early years (0–5) and school age, particularly Aboriginal and at risk mothers and young children.

Services that assist people to understand and manage chronic conditions such as heart disease, respiratory disease, diabetes and cancer will be implemented in partnership with consumers and a range of service providers. Case management support for people with complex social, environmental and/or multiple health issues will be coordinated with related service providers. Public health measures to strengthen disease control will be implemented.

Where there are too few GPs and non-government primary health or aged care services WACHS will work with others to provide these services within available funding. It will use evidence to advocate to and inform the Commonwealth Government of more equitable funding models in country Western Australia.

Improving Aboriginal health and Aboriginal employment in health

WACHS will work closely with Aboriginal communities, Regional Aboriginal Planning Forums, Aboriginal service providers and related agencies to improve Aboriginal health and access to culturally safe and secure services.

Evidence will be used to focus services on achieving improved outcomes for maternal and child health, mental health, communicable diseases and chronic conditions.

Initiatives funded by WACHS through the *WA Footprints to Better Health* strategy will continue for a further three years. WACHS will work with funded agencies to ensure services demonstrate sustained improvement in Aboriginal health and wellbeing.

Aboriginal employees strengthen WACHS' ability to provide effective services to Aboriginal people. WACHS is committed to increasing Aboriginal

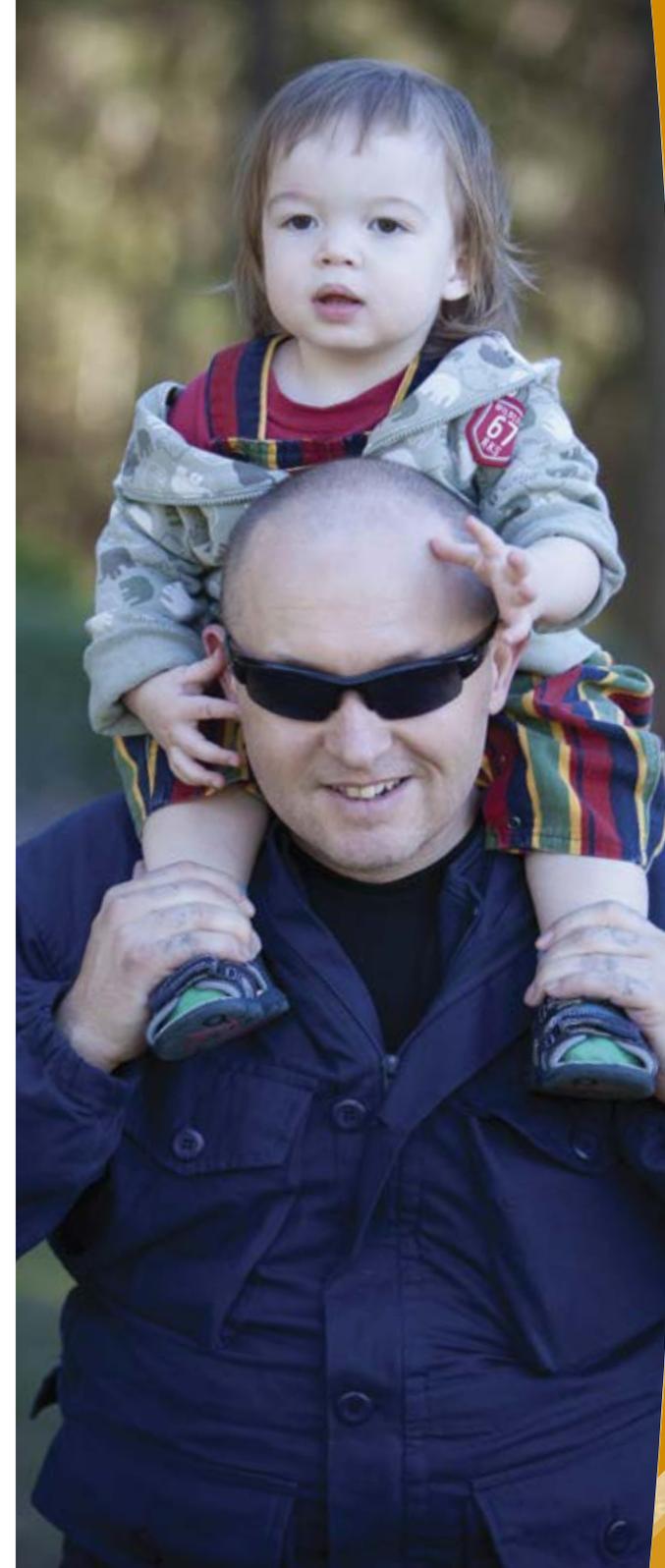
employment and educational opportunities while building a stronger workplace environment and culture that attracts and retains Aboriginal staff. The non-government Aboriginal health services funded by WACHS are also a significant employer of local Aboriginal people.

Improving mental health, alcohol and drug services

WACHS will implement funded service reforms outlined in the *WA Mental Health Plan 2020* by working with communities, consumers, staff and other agencies. Safe, accountable and integrated acute and community services will continue to be developed. Services that help people to remain in their community or to leave hospital earlier are a priority and will be supported by the expansion of tele-mental health services.

WACHS will prioritise developing mental health and general staff expertise to help people who experience both mental health issues and alcohol and/or drug issues. It will foster more collaboration and integration between alcohol and drug services and mental health services.

The highly successful State-wide Specialist Aboriginal Mental Health Service has improved cultural safety and accessibility of mental health services for Aboriginal people and will continue. WACHS will explore partnerships to further



develop specialist mental health services for older people.

The new *WA Mental Health Act* will commence in November 2015 and will modernise statutory mental health care and practices. WACHS, working with others, will inform and train staff, mental health consumers and carers, the police, other agencies and country GPs about the new processes, practices and requirements of this major new legislation.

Improving ageing in the country

In Western Australia the growth in the older population is greatest in country areas. Here the number of older people is growing disproportionately to the younger population and this trend is forecast to increase.

WACHS will partner with local governments and others to support healthy ageing and the creation of communities that enable people to age well. However, the prevalence of chronic conditions and health issues does increase as people get older. Expanding the range of services available to older people in their homes is the most effective way of enabling people to remain in their communities. In the future this will include the use of emerging technologies to monitor people's well-being in the home and using telehealth video-conferencing in the home (similar to Skype).

Forty four per cent of people admitted into our country hospitals are older people aged 65+ years or 45+ years if Aboriginal. WACHS staff will work with these people and their families in hospital to maintain their independence so they can return home as soon as possible.

WACHS, in close partnership with all levels of government, service providers and the community will work to improve the quality and accessibility of residential and community aged care services and dementia care. This includes advocating for more access to Commonwealth funding and packages of care to help people live at home for as long as possible.

Improving access to regional and metropolitan services

Access to services close to home is challenged by the geographical vastness of WA and access to a consistently skilled and available workforce.

To minimise the need for country people to travel long distances and be away from their family and Aboriginal country, access to specialist services will be improved. This will be through the expanded use of telehealth technology, better coordination between country and metropolitan hospitals, inter-hospital patient transport and a strengthened country medical, nursing, allied health and support staff workforce. WACHS

will identify the services most needed but least available locally, and plan solutions.

Improved access to rehabilitation services in regional centres will be explored that enable more people who have suffered a major trauma or illness, such as a stroke or a head injury, to return to their own region sooner before they return home. In addition, more cancer, renal and dialysis services will be implemented.

WACHS will work with other providers to improve access to support for those who are approaching their end of life, as well as supporting their families and carers.

Public or volunteer transport is an area of significant concern for consumers and communities. While WACHS is not funded to provide public transport it will work with Local Government, the Country Primary Health Network and communities to consider innovative ways to improve access to outpatient and other community based health services.

The Patient Assisted Travel Scheme (PATS) provides a subsidy to country people needing to travel to obtain specialist medical care. The Scheme has recently been reviewed and WACHS will address the recommendations following Government endorsement.

In 2014/15 36 per cent of all the activity (bed days) provided in WACHS hospitals, including its two residential aged care facilities, were for long stay aged care type residents¹⁸.





Strategic Direction Two: Valuing Consumers, Staff and Partnerships



Engage and partner with communities, staff and other providers

Engaging with and listening to consumers, staff and other health providers and their experiences of receiving and providing care is essential to inform service improvements and health information. Feedback and ideas are vital to planning for and improving the quality and efficiency of services.

WACHS will continue to work with the District Health Advisory Councils, consumers, carers, local communities, Aboriginal Health Regional Planning Forums, GPs, other service providers and staff in planning, implementing and improving services. In addition, health consumers will be encouraged and supported by WACHS staff to manage their own health care and make informed decisions.

A new health partner is the Commonwealth funded WA Country Primary Health Network whose role is to better coordinate services for patients between primary care and hospital and other community services. WACHS will work with this organisation and other members of the WA Country Primary Health Alliance and GPs to achieve an agreed primary health service plan.

Leadership and Workforce Excellence

Working in country health is interesting, rewarding, and provides exciting opportunities to develop professionally and personally. A skilled workforce supported by competent and inspiring leadership will improve service access, health outcomes and staff retention. Skills development, engagement of all staff in improving services and integrated workforce planning will help address workforce gaps and enable WACHS to implement its strategic directions and priorities for the next three years.

WACHS will invest in developing leadership skills at all levels and cultivate a culture where leaders and staff demonstrate and promote the WACHS values. WACHS leaders and staff will create an environment that enables ideas for service improvement to be heard, discussed and acted upon.

Strategic Direction Three: Governance, Performance and Sustainable Services



The WACHS Strategic Directions align to the *WA Health Strategic Intent 2015–2020* and *WA Health Reform program* and associated governance reforms.

The State and Federal Governments and the WA community expect responsible and accountable use of finite health resources. The State and therefore WACHS faces increasing financial challenges, particularly given the higher costs of delivering country health services compared to metropolitan service delivery.

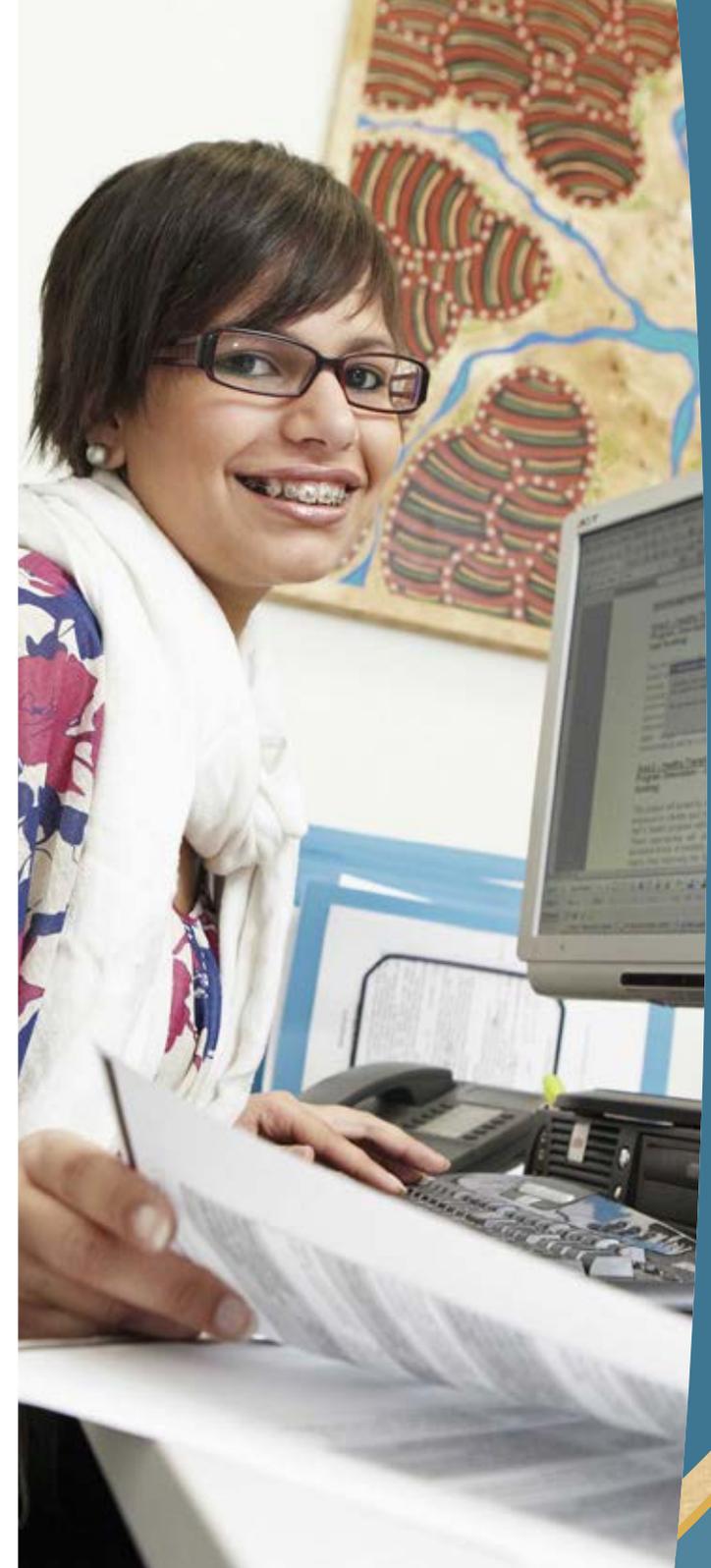
Higher costs for staffing, accommodation, utilities, communications, fuel, food and other goods and services than in the metropolitan area, and significant costs to transfer patients between hospitals, all contribute to significant demands on the WACHS budget. A lack of GPs, aged care and other health service providers in many areas requires WACHS to fill the gap and meet community need which it is not always funded to provide.

Governance and Performance

WACHS will rigorously review its governance, management, financial and business practices to identify opportunities for sustainable improvements. Partnerships will be sought to maximise available health system resources and reforms that achieve significant improvements in both service quality and financial efficiency will be identified and implemented.

Business, financial and information systems

WACHS is investing in innovative new technologies and state-of-the-art information and financial management systems to modernise country health services and improve operational management and decision-making.





Country Health Facts

WACHS serves a population of almost 560,000 people, (21 per cent of WA's total population)⁴ dispersed over a vast geographic area covering 2.55 million square kilometres – more than 10 times the size of the United Kingdom⁵.

In metropolitan Perth 1.6 per cent of the population is Aboriginal (33,000 people) and in country WA this increases to 7.6 per cent (42,500 people)⁶, with 44 per cent of the people in the Kimberley being Aboriginal⁷.

Life expectancy for country people is around two years less than for metropolitan people⁸.

Aboriginal life expectancy is improving but is still around 10.5 years less than non-Aboriginal people⁸.

In 2014/15 WACHS supported 4,600 births, 80 per cent as many as the State's major maternity centre, King Edward Memorial Hospital⁹.

About 40 per cent (388,000) of the State's emergency presentations occur in country hospitals despite country people being only 21 per cent of WA's population. Over half of these are non-urgent presentations related to the lack of access to local general practitioners¹⁰.

WACHS emergency presentations have remained relatively steady over the last few years with a peak of just over 400,000 in 2012/13¹⁰.

More than one third of the country population is obese and thus at risk of major health issues compared to one quarter of metropolitan people¹¹.

4 WA Department of Treasury population forecasts for 2015 (Feb 2014). WACHS 558,726 people, metropolitan area 2,067,812 people.

5 Over 64 million people lived in the UK at end 2014 – UK Office for National Statistics (2015).

6 Epidemiology Branch via Health Tracks Census 2011 Aboriginal proportions accessed 10th June 2015.

7 Epidemiology Branch via Health Tracks ERP 2011 Aboriginal population estimate Kimberley accessed 24th June 2015.

8 Epidemiology Branch via Health Tracks accessed 10th June 2015 and www.aihw.gov.au/deaths/life-expectancy.

9 WACHS online data accessed 13 July 2015.

10 WACHS online data ED presentations via HCARE, WebPAS and TOPAS accessed 13 July 2015.

11 WACHS and Metropolitan Health Services 2013/14 Annual Reports.

Potentially preventable health conditions¹² such as conditions that could have been prevented had people been vaccinated or had a healthier lifestyle, cost at least \$113 million per year in country hospital admissions. Around \$66 million of this is for people with chronic (long-term) health conditions.

In 2014/15 there were 4800 mental health admissions to country hospitals – almost as many as in North Metropolitan Health Service (NMHS) which includes WA’s tertiary mental health hospital - Graylands. This is despite the country population being less than half that of the NMHS².

The rates of death for country people are significantly greater than that of metropolitan people particularly for heart disease, diabetes, some cancers, long term respiratory diseases and transport accidents¹³.

There were 132,000 WACHS hospital admissions in 2014/15¹⁴ and inpatient activity has been steadily increasing over the last four years.

In 2014/15 there were over 815,000 occasions of service¹⁵ for people not admitted into hospitals (for example medical, nursing or allied health outpatient services or people seen by community health services).

WACHS provided 51,200 aged care assessments through its Aged Care Assessment Teams in 2013/14¹⁶.

In 2014/15 44 per cent of all the admissions to WACHS hospitals and 68 per cent of all the beds occupied were for older people (over 65 years or over 45 years if Aboriginal)¹⁷.

12 Potentially preventable hospitalisations are conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care had been provided (AIHW). Risk factors include lifestyle and environmental conditions.

13 Epidemiology Branch, via Health Tracks accessed June 2015.

14 WACHS online data ATS detail pivot accessed 18 June 2015 excludes boarders, healthy babies and contracted dialysis. For both ED and inpatient data the 2015 figures are an estimate based on percentage growth in previous year for May and June as only 10 months of 2015 available at time of writing.

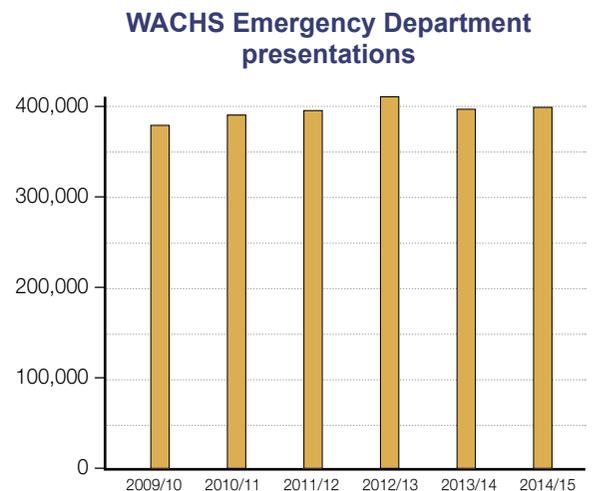
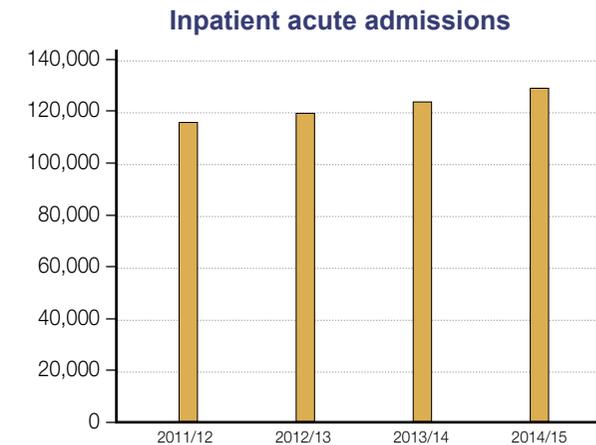
15 H-Care WACHS data accessed 24/06/2015 via WACHS data warehouse and Business Intelligence team excluding community mental health, did not attend, HACC and some Aboriginal Health Services but including Webpas and Topas data at Bunbury, Albany and Wheatbelt.

16 Australian Government Department of Social Services Aged Care Assessment Program minimum data set annual report 2013/14.

17 WACHS ATS detail pivot accessed 1 July 2015 and WACHS OBD pivot accessed 16 July 2015 filtered by aged 65+ for non ATSI and 45+ for ATSI (Data source HCARE, TOPAS and webPAS).

18 WACHS OBD pivot accessed 16 July 2015 filtered by NHT and Residents aged 65+ for non ATSI and 45+ for ATSI (Data source HCARE, TOPAS, and webPAS).

Figure 1: WACHS emergency presentations and hospital admissions to 2014/15





Government of **Western Australia**
WA Country Health Service

