# AMA (WA) ACTION AGENDA 2021

# OUR CRISIS CALL

Given the dire state of WA's health system and informed by doctors' day-to-day experiences, we propose the State Government urgently implement the following measures

## FUNDING & RESOURCING

- 612 more public hospital beds
- 5-6% health budget increase p.a. for the next four years
- Save our EDs from collapse

## CULTURE & SAFETY

- Amend *Health Services Act* to better support doctors
- 'A Fair Go' for doctors
- Legal privilege for healthcare workers during investigations

## INFRASTRUCTURE

- State-wide electronic medical record
- Enhanced services and clinical governance at new women and babies hospital
- Improved telehealth services and capacity

## GOVERNANCE

- GP Primary Care Taskforce
- Independent review of WA Health Corporate Governance
- Decision-making transparency

## COVID-19

- Safe quarantine solutions – immediate and long-term
- Best-practice workforce safety
- Clinical engagement to improve processes and prevent breaches

# AMA (WA) ACTION AGENDA 2021
# OUR CRISIS CALL

## FUNDING & RESOURCING

### HEALTH BUDGET INCREASE OF 5-6% P.A. FOR 4 YEARS

#### WHAT WE WANT
An increase in the health budget by 5-6 per cent to provide more resources for hospital beds and staffing.

#### WHY WE WANT IT
Over recent years, hospital activity has increased as predicted, yet consistent underinvestment has led to WA having the lowest number of beds per capita of any state or territory in Australia.

The only way out of the current crisis is to invest more money into the health system. This is not the time to hold back on spending – Western Australians are losing their lives. WA Health must change its financial fixation with cost-cutting to a patient-centred approach towards quality and safety of healthcare delivery.

> **“Over recent years in WA, hospital activity has increased as predicted, yet consistent underinvestment has led to WA having the lowest number of beds per capita of any state or territory in Australia.**

- Purposeful funding models should be developed to account for previous underinvestment, and keep pace with growing demand and CPI, avoiding the boom-and-bust budgeting cycles that WA’s health system has previously operated under. This will allow better planning and security of service, with improved long-term efficiencies and reduced overall costs.

- An ongoing funding basis of CPI plus demand will ensure the system grows with demand and not be starved of funds, as it has been for the last four years.

- Recent health budget announcements for 2021-22 will only see the operational budget of WA Health increase by 1.25 per cent, which would continue to be totally inadequate.

- A 5-6 per cent funding increase is needed each year for the next four years to ensure increased bed numbers and associated staffing. This means 5-6 per cent excluding COVID-related expenditure because the increasing demand for tertiary healthcare right now is *not* COVID-related. Hospital resourcing has not grown in line with increases in demand; we are understaffed and under-resourced.

#### WHEN IT’S DONE
Enhanced quality and efficiency of care in hospitals, decreased ambulance ramping, and improved workplace culture in WA public hospitals.

## FUNDING & RESOURCING

### INCREASE WA'S PUBLIC HOSPITAL BED CAPACITY

#### WHAT WE WANT

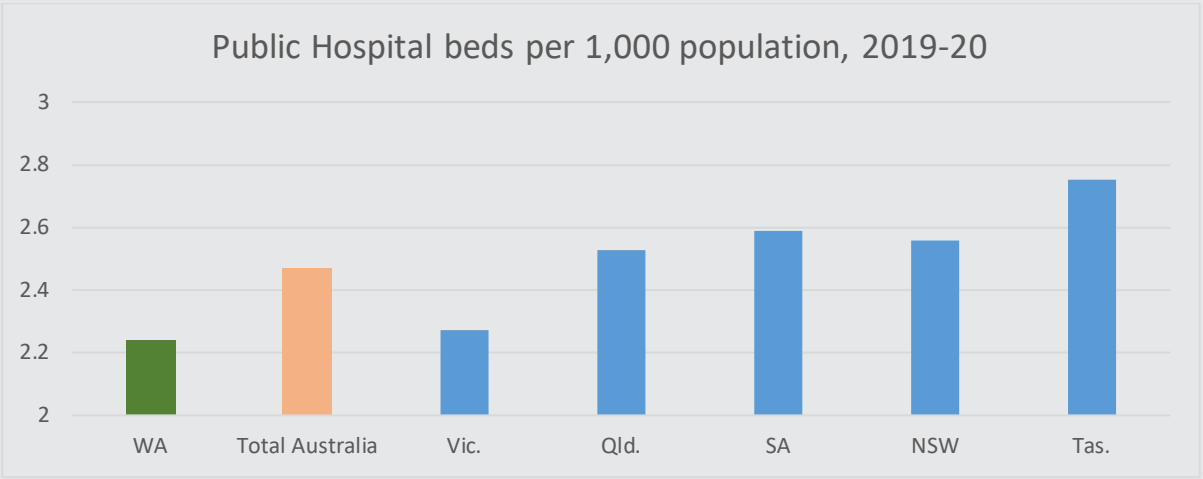
An increase in public hospital bed capacity to ensure WA achieves at least the national average. An additional 612 fully resourced hospital beds are needed, which will require more doctors, nurses and allied health workers.

#### WHY WE WANT IT

WA has the lowest number of public hospital beds per person in Australia, equivalent to:

- 612 beds fewer than Australia's national average.
- 772 beds fewer than Queensland's public hospital system.
- 852 beds fewer than New South Wales' public hospital system.

> **"An additional 612 fully resourced beds are needed to match at least the national average.**




Source: AIHW, Hospital Resources 2019-20 (August 2021)

This chronic shortage of hospital beds in WA has led to growing waiting lists for access to elective surgery, overcrowded emergency departments unable to cope with expected demand and unacceptable delays in access to emergency care.

Bed shortages result in an increased risk to workforce wellbeing and cause avoidable patient deterioration and death.

#### WHEN IT'S DONE

A public hospital system without workforce shortages and working within optimal occupancy rates. This will reduce ambulance ramping, produce better health outcomes for patients and make WA's public hospitals safer.

## FUNDING & RESOURCING

### SAVE WA'S EMERGENCY DEPARTMENTS FROM COLLAPSE

#### WHAT WE WANT

The WA Government to address the problems manifesting in WA's emergency departments as a result of chronic hospital capacity shortages by:

- Stopping rhetoric and spin designed to deflect from the real issues being acutely felt in WA's EDs.
- Opening all available beds immediately and employing more doctors and nurses to safely staff them.
- Health Minister Roger Cook, Mental Health Minister Stephen Dawson, Director-General Dr David Russell-Weisz attending an urgently convened AMA (WA) Emergency Care Summit in September, with other stakeholders invited including St John Ambulance, GP representatives and ED representatives from WA's tertiary hospitals. High-level solutions and decisions must be well-informed, implementable and made quickly.

#### WHY WE WANT IT

The avoidable death of even one Western Australian in an ED is tragic and unacceptable. If the current ramping crisis is allowed to continue, more people will experience protracted waiting times, avoidable declines in health and death, while waiting for emergency care.

Obfuscation measures and policies that equate to ambulances being told to 'dump and run' or 'ramping bans' are dangerous and place more pressure on our ED workforce. It is imperative that such policies are not entertained, much less implemented – they should be denounced by health leaders.

> **"If the current ramping crisis is allowed to continue, more people will experience protracted waiting times, avoidable declines in health and death, while waiting to access care in our EDs.**

#### WHEN IT'S DONE

Significant and safe reductions in ambulance ramping, resulting in safer emergency care experiences for Western Australians and a safer working environment for WA's ED workforce.

## CULTURE & SAFETY

### A FAIR GO: JOB SECURITY FOR SENIOR DOCTORS

#### WHAT WE WANT

Permanent contracts for WA Health senior doctors.

#### WHY WE WANT IT

Senior doctors working in public hospitals operated by WA Health are employed on short, fixed-term contracts of five years or less. These short-term contracts are being used as a blunt, demoralising human resources tool. There is no transparent process relating to contract renewal decisions, and non-renewal is being used as a form of retribution, having a dire impact on doctor morale.

> **"Job insecurity has fuelled a toxic culture of fear in our public hospital system, where doctors are scared to speak up and raise concerns.**

Job insecurity has fuelled a toxic culture of fear in our public hospital system, with doctors scared to speak up and raise concerns about processes and systems that could potentially lead to adverse health outcomes.

Ultimately, the safety of patients depends on a workforce that feels safe and secure too.

- Job insecurity for WA public hospital senior doctors contributes to poorer-quality health service outcomes and compromises doctor wellbeing.
- A lack of permanent employment disincentivises doctors who are considering relocating to WA to work in WA Health hospitals.
- 58 per cent of WA public hospital doctors think permanent employment would improve patient care.*
- 82 per cent of WA public hospital doctors think permanent employment would improve doctor morale.*

The WA Government appears to be ideologically opposed to permanency for senior doctors, for no reason other than industrial agreement negotiations that occurred over quarter of a century ago. It's a poor, antiquated excuse and it's compromising patient care in WA Health hospitals. WA deserves better.

#### WHEN IT'S DONE

A safer and more sustainable public hospital system built on permanent employment for senior doctors.

*Source: AMA (WA)- WA Health EBA Negotiations (Senior Doctors, 2020).

## CULTURE & SAFETY

### A FAIR GO: PORTABILITY & RETENTION OF ENTITLEMENTS FOR DOCTORS

#### WHAT WE WANT

- WA Health to comply with the law and recognise entitlements and service transfer for doctors in training (DiTs) who transition to senior doctor positions, where there is no break in service. All previous breaches redressed by WA Health employers.

- Implement a system where WA Health doctors are able to retain accrued entitlements when they break service with WA Health due to the inherent nature of medical training and practice (e.g. interstate or overseas training opportunities).

#### WHY WE WANT IT

WA Health employers breach the AMA (WA) Agreement and legal provisions by failing to recognise accrued entitlements when DiTs transition to senior doctor classifications. No other WA public sector worker loses their accrued entitlements upon promotion.

Restricted access to leave is a systemic issue for DiTs and is recognised as strongly influencing employee health, wellbeing and burnout. WA Health wrongly pays out leave entitlements despite continuous employment, to make opportunistic savings at the expense of the DiT workforce.

> **“Some WA Health employers use different types of employment contracts to circumvent their legal obligations to recognise previously accrued leave entitlements.**

- Some WA Health employers try to use different types of employment contracts, to circumvent their legal obligations to recognise previously accrued leave entitlements.

- Due to the nature of medical training, DiTs are required to gain experience interstate or overseas, resulting in a forced break in service from WA Health.

- A number of public hospitals and health services have been privatised, and by government decision, are operated by private providers, resulting in a forced break in service from WA Health.

- Most DiTs are employed on 12-month fixed-term contracts, increasing the incidence of breaks in service.

- 98 per cent of DiTs think portability and retention of leave would improve morale; 99 per cent believe it would improve training and experience.*

#### WHEN IT’S DONE

Legally compliant WA Health employers that recognise the importance of access to leave and reward commitment to the public sector.

WA’s home-grown doctors return to WA public hospitals after pursuing upskilling and specialisation opportunities, benefiting WA patients.

*Source: AMA (WA)- WA Health EBA Negotiations (DiTs, 2020).

## CULTURE & SAFETY

### STOP UNNECESSARY AHPRA NOTIFICATIONS

#### WHAT WE WANT

Remove s.146 of the *Health Services Act 2016* to stop the inappropriate referral of WA Health employees to the Australian Health Practitioner Regulation Agency (AHPRA).

#### WHY WE WANT IT

s.146 of the *Health Services Act* significantly reduces the applicable standard of AHPRA's mandatory notification scheme for medical professionals working for WA Health. This additional and lower reporting threshold is not required to protect patient safety and results in unnecessary AHPRA notifications, creating a dual reporting standard in WA.

Unnecessary AHPRA notifications can place a significant mental health toll on healthcare workers and cause unfounded reputational damage.

Patient safety is not improved by a lower reporting standard that requires notification to AHPRA based on a *suspicion* that conduct *may* constitute professional misconduct or unsatisfactory professional performance.

> **"Unnecessary AHPRA notifications can place a significant mental health toll on healthcare workers and cause unfounded reputational damage.**

#### WHEN IT'S DONE

Patients will continue to be protected by robust national reporting requirements applicable elsewhere in WA and Australia, and WA Health employees will enjoy improved wellbeing. Without an unnecessarily low reporting threshold, AHPRA will benefit from a reduced administrative burden.

## CULTURE & SAFETY

### SAC1 SUBJECT TO LEGAL PRIVILEGE

#### WHAT WE WANT

Investigation and reporting of Severe Assessment Code 1 incidents protected by legal privilege.

#### WHY WE WANT IT

SAC1 incident investigation and reporting is critical to protect patient care by supporting strategies at a system level to minimise harm, ensure lessons are learnt, reduce risk and identify hazards.

Healthcare workers participating in investigations must feel safe enough to disclose all relevant information to minimise the risk of the same error occurring in the future. SAC1 investigations target incidents and clinical safety; they should not be used to vilify medical practitioners.

Recent conduct of WA Health in relation to SAC1 incident reporting has raised concerns among medical professionals about how information disclosed in the course of investigations may be used against them.

> **“By making the recommendations public, but not the details of the investigation, the aim of the SAC1 is more likely achieved, as evidence will be given without reservation.**

The aim of the SAC1 is more likely achieved by making the recommendations public, but not the details of the investigation, as evidence will be given without reservation.

#### WHEN IT’S DONE

Reduced fear and unease arising from participating in SAC1 incident investigations, allowing the investigation to find the true cause of severe incidents. There is precedence in the aeronautical industry for such an approach.

The recommendations of the SAC1 should be made public, but the process should be legally privileged.

## INFRASTRUCTURE

### STATE-WIDE ELECTRONIC MEDICAL RECORD

#### WHAT WE WANT

An efficient, user-friendly, integrated electronic medical records (EMR) system.

#### WHY WE WANT IT

State-wide, health service providers use multiple, disparate EMR systems or none at all. This means that medical professionals do not have all the information they need to assess, treat and manage their patients. It means increased total system costs, as tests are often duplicated, and poor productivity due to inefficient, poorly designed and integrated systems and programs.

> **“…medical professionals do not have all the information they need to assess, treat and manage their patients.**

Multiple, unconnected systems mean that time and resourcing is spent on administrative tasks that could be spent on providing care to public hospital patients.

A poor EMR system has been shown in studies to result in increased doctor job dissatisfaction.

WA needs one integrated, user-friendly system that allows ‘bring your own device’ (BYOD) connectivity that is accessible and integrated with General Practice, other primary care providers and private practice, to facilitate better care, communication, including patient results and discharge summaries at a minimum, and to avoid unnecessary repeat tests.

#### WHEN IT’S DONE

A more efficient medical records system that allows medical practitioners to provide safer care to all patients, and facilitates true integration of primary and tertiary care, better productivity and efficiency, and greater job satisfaction.

## INFRASTRUCTURE

### ENHANCED SERVICES AND EFFECTIVE CLINICAL GOVERNANCE AT NEW WOMEN AND BABIES HOSPITAL

#### WHAT WE WANT

A comprehensive service and governance plan for a future-proofed new women and babies hospital, based on meaningful engagement with clinicians, healthcare workers and other key stakeholders, including the AMA (WA).

#### WHY WE WANT IT

The Perth Children's Hospital build has taught WA the importance of meaningful expert (staff and other stakeholder) engagement early on in a project, and the impact of short-sighted planning.

There is ongoing ambiguity and concern about how WA's new women and babies hospital will operate, and what services it will provide. The WA Government must commit to supporting the delivery of independent, enhanced specialised services at the new facility. These should include:

- Obstetrics & gynaecology together
- Anaesthesia
- Critical care
- Clinical training and education
- Radiology
- Cancer screening services
- Gynaecological sub-specialty services
- Maternal foetal medicine
- Family birthing facilities
- Genetics
- Adolescent and reproductive services
- Specialised forensic services
- Ultra-sound screening services.

> **"There is ongoing ambiguity and concern about how WA's new women and babies hospital will operate, and what services it will provide.**

Revised governance structures are required, as the current model of King Edward Memorial Hospital (offering a state-wide service) governed by North Metropolitan Health Service (an area health service) is not appropriate and is dysfunctional.

An alternative governance model should be developed, with all KEMH clinicians and other stakeholders genuinely engaged. All effective options should be considered and explored with appropriate stakeholders.

#### WHEN IT'S DONE

A comprehensive plan is provided to guide the design, development, build and transition of the Women and Newborn Health Service to the new, purpose-built hospital on the QEII Medical Centre site, along with a more suitable corporate governance structure.

## INFRASTRUCTURE

### TELEHEALTH

#### WHAT WE WANT

Telehealth and virtual services, where clinically appropriate, should be a regular part of service delivery for all Western Australians, not just patients from rural and remote areas.

#### WHY WE WANT IT

The COVID-19 pandemic has shown us that innovation can be achieved both rapidly and effectively.

The Sustainable Health Review prioritised a progressive shift for metropolitan health services to provide telehealth consultations for 65 per cent of outpatient services for country patients by July 2022, and for telehealth to be a regular mode of service delivery for all outpatients by July 2029.

WA Health needs to start using telehealth wherever a high standard of patient care can be maintained. There should be widespread use for all patients to eliminate barriers in access to healthcare, including WA's unique geographic distances, and to provide comprehensive specialist services to Western Australians in rural and remote areas.

> **"There should be widespread, default use for all patients to eliminate barriers in access to healthcare, and to provide comprehensive specialist services to Western Australians in rural and remote areas.**

#### WHEN IT'S DONE

Reduced need for capital expenditure and associated running costs, better access to specialist services for rural and remote areas, and an in-place system to fall back on during disease outbreaks.

## GOVERNANCE

### WA HEALTH CORPORATE GOVERNANCE REVIEW

#### WHAT WE WANT

The WA Government should commence a WA Health corporate governance review, conducted by a panel of experts with an independent chair.

The establishment of a Safety and Quality Integrity Unit to review processes, and strengthen investigation and reporting of matters of safety and quality, ensuring action is taken by administrators and that healthcare workers have an avenue to raise safety concerns, make recommendations and report inaction.

#### WHY WE WANT IT

Western Australians are experiencing first-hand the damaging consequences of poor and unclear WA Health governance structures.

The recent review into clinical governance in WA's public mental health system is an obvious example – it found unclear leadership, poor integration, lack of a system-wide plan and limited support for quality and innovation in WA's mental health system.

Doctors continue to report the deleterious impact of WA Health's current corporate governance structures. Poor metrics and outcomes indicate that the governance structure of WA Health is not working at an acceptable level.

> **"Poor metrics and outcomes indicate that the governance structure of WA Health is not working at an acceptable level.**

- WA Health's health service providers (HSPs) do not employ their chief executive officers.
- HSPs act in silos, creating inefficiency and redundancy of activities that is costly and duplicated.
- Multiple layers of apparently responsible parties make it far too easy to deflect accountability to alternative authorities.
- The current governance framework does not allow the dedicated, professional and committed public sector workers in WA to make the required system improvements. Poor governance impacts quality and safety.

#### WHEN IT'S DONE

WA gets all the benefits of improved service efficiency and patient outcomes, with lower morbidity and mortality rates across the State.

## GOVERNANCE

### GP PRIMARY CARE TASKFORCE

#### WHAT WE WANT

Development of a General Practice Primary Care Taskforce chaired by the Director-General, with appropriate stakeholder representation, including the AMA (WA).

#### WHY WE WANT IT

Effective use of GP-led primary care reduces demand on the tertiary health system, providing preventative care, reducing emergency department presentations and identifying services to prevent the need for tertiary care.

GPs must be recognised as being central to providing continuity of care, and supporting patients before and after hospital admission.

A GP Primary Care Taskforce chaired by the Director-General will have the skills and expertise to guide the genuine integration of General Practice with tertiary care providers, identify work that can be transferred from tertiary care to General Practice, and guide health prevention services.

Recognition of all GPs as specialists, and embedding better supports in the state system, will assist recruitment and retention of skilled practitioners, especially in rural areas.

- WA's Potentially Preventable Hospitalisations (PPH) per capita increased consistently from 2014 to 2017.
- Country WA has one of the highest rates of PPH in Australia.

> **"A GP Primary Care Taskforce chaired by the Director-General will have the skills and expertise to guide the integration of General Practice with tertiary care providers, identify work that can be transferred from tertiary care to General Practice, and guide health prevention services.**

#### WHEN IT'S DONE

Guidance and support for GPs and proper integration into the tertiary healthcare system, guided by a group of skilled and experienced medical practitioners, along with reduced demand on tertiary health services.

A model of care and governance structure will exist to allow preventative healthcare to be delivered. Increased preventative healthcare was a fundamental of the Sustainable Health Review.

## GOVERNANCE

### DECISION-MAKING TRANSPARENCY

#### WHAT WE WANT

All decisions made by WA Health bureaucracy to have a sponsor or responsible person assigned to them, such as the chair of a committee or other delegated authority. Decision-makers need to be identifiable.

#### WHY WE WANT IT

Lack of identification and responsibility regarding significant WA Health decisions is often identified by frontline healthcare workers as making it impossible to consult and communicate with decision-makers.

The AMA (WA) continues to encounter situations where decision-making authority is opaque, or where decisions are retrospectively reviewed, at the expense of the WA Health workforce.

**“The AMA (WA) continues to encounter situations where decision-making authority is opaque, or where decisions are retrospectively reviewed, at the expense of the WA Health workforce.**

#### WHEN IT’S DONE

Improved transparency and accountability in relation to performance and individual responsibility of WA Health decision-making.

## COVID-19

### INTERIM QUARANTINE FACILITY

#### WHAT WE WANT

Safer and more reliable quarantining arrangements until the new Commonwealth Quarantine Facility is completed.

A donga facility can be built in weeks, and an initial capacity of 20 beds will support transferring COVID-positive patients out of hotel quarantine, which is not suitable for managing the pandemic.

#### WHY WE WANT IT

Until such time that the proposed Commonwealth Quarantine Facility is complete, predicted to be in March 2022, WA needs alternative arrangements to protect Western Australians.

An interim facility should be identified or built to quarantine COVID-positive patients. The facility should as far as possible replicate best practice based on the Centre for National Resilience at Howard Springs, Northern Territory.

At a minimum, the facility should prioritise air-gapping, implementation of ventilation recommendations, and resourcing to provide full air-borne PPE for all staff on site.

Current hotel quarantine facilities are not fit for purpose, and have resulted in the infection of COVID-negative patients. One in 20 COVID-positive patients in hotel quarantine has resulted in community spread in WA, while three breaches in WA's hotel quarantine system led to COVID-19 community transmission in WA.

> **"In the past, one in 20 COVID-positive patients has resulted in community spread in WA. Current hotel quarantine facilities are not fit for purpose and have in fact resulted in the infection of COVID-negative patients.**

#### WHEN IT'S DONE

Reduced risk of quarantine breaches and cross infection, resulting in greater protection for Western Australians. This will result in increased community confidence that individuals, families and organisations can safely go about business as usual.

## COVID-19

### COMMONWEALTH QUARANTINE FACILITY

#### WHAT WE WANT
A gold-standard quarantine facility in WA.

#### WHY WE WANT IT
It is abundantly clear that WA's current quarantining arrangements are inadequate and unacceptable. Breaches have happened across Australia, resulting in preventable community transmission.

Gold-standard quarantining is even more important now as Australia battles the Delta variant, with current outbreaks gripping New South Wales and Victoria, emanating from a single case of community transmission in Sydney.

The proposed quarantine facility should meet contemporary, best-practice standards, based on the Howard Springs Centre of National Resilience model with some modifications, including:

> **"Breaches have happened across Australia, resulting in preventable community transmission. Gold standard quarantining is even more important now as we battle the Delta variant.**

- Clear, stringent protocols for transferring people
- Full airborne personal protective equipment (PPE) provided to all staff
- All staff to be fully vaccinated for COVID-19.

The WA Government should not allow any potential secondary use of the facility to impact, dictate or compromise the design and build of the facility as a dedicated COVID quarantine facility.

#### WHEN IT'S DONE
Protection for Western Australians, and community confidence that individuals, families, and businesses can safely go about business as usual.

## COVID-19

### BEST-PRACTICE WORKFORCE SAFETY & IMPROVED PROCESSES TO PREVENT COVID BREACHES

#### WHAT WE WANT

WA Health to take responsibility for ensuring employees are protected from COVID-19 transmission.

WA Health to implement best-practice policies and protocols to manage COVID in our hospitals based on clinical engagement and feedback.

#### WHY WE WANT IT

Incidents at Geraldton Regional Hospital, Royal Perth Hospital and Fiona Stanley Hospital have shown us that WA Health is not prepared for a COVID outbreak. If we lose our workforce, we lose our best asset in the fight against COVID.

Any WA Health employee attending to a suspected or confirmed COVID-positive patient should have full airborne personal protective equipment (PPE) to prevent transmission from patients to staff, from staff to staff, and from staff to families.

> **"Health service providers should engage with frontline workers to ensure they have what they need *before* they need it.**

Health service providers (HSPs) should engage with frontline workers to ensure they have what they need *before* they need it, including but not limited to separation of COVID and non-COVID workspaces; adequate shower, change and laundering facilities for staff to safely change without contaminating other staff or themselves; and clear separation of donning and doffing areas outside 'red zones' to avoid cross-contamination.

Comprehensive policies and protocols developed through clinical engagement must be in place at all WA Health facilities, including prompt deep cleaning of equipment, and transport devices such as lifts and wheelchairs.

#### WHEN IT'S DONE

A safer workplace for doctors, nurses and health employees, and a safer WA for the Western Australian community.