

**Minister for Health; Tourism**

Our Ref: 4-100067

Dr Graham Jacobs MLA  
Chair  
Education and Health Standing Committee  
Parliament House  
PERTH WA 6000



Dear Dr Jacobs

**GOVERNMENT RESPONSE TO THE EDUCATION AND HEALTH STANDING COMMITTEE REPORT TITLED *'MANAGING THE TRANSITION? THE REPORT OF THE INQUIRY INTO THE TRANSITION AND OPERATION OF SERVICES AT FIONA STANLEY HOSPITAL - NOVEMBER 2015***

Please find enclosed the Government's response to the above mentioned report.

The Report's recommendations and findings are acknowledged. Please find attached my detailed response. As recommended by the Committee I will provide a report to the Parliament in coming weeks on the reliability of the paging system for the three month period following the tabling of the report (recommendation 5).

Fiona Stanley Hospital (FSH) has recently celebrated its first birthday, having commenced operation on 4 October 2014. It has already had an average of 275 attendances per day at the Emergency Department, has carried out 22,600 surgeries of which 12,600 have been elective surgical procedures, and during this time more than 2,500 babies have been born.

From the moment the doors opened there has been enormous demand on the hospital. The clinical and non-clinical staff have handled this huge workload, while also adapting to the many unique features of the building and learning the new and advanced technologies.

I believe the staff of the hospital and the people of Western Australia can be justifiably proud of FSH.

Yours sincerely

Dr Kim Hames MLA  
**MINISTER FOR HEALTH**

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**The Government's Response to the Education and Health Standing  
Committee Report  
'Managing the transition?'**  
***The report of the inquiry into the transition and operation of  
services at Fiona Stanley Hospital***

**RECOMMENDATIONS**

- 1. That the Minister for Health provides an update on the status of the transfer of medical records for patients attending Fiona Stanley Hospital (FSH) from other hospitals in Western Australia.***

The approach adopted by Fiona Stanley Hospital (FSH) from commissioning was to make the medical records available for patients who transitioned from Fremantle Hospital (FH) or Royal Perth Hospital (RPH) when seen for the first time at FSH where appropriate. On some occasions the records were not available to treating clinicians at the time of review of patient at FSH. A Memorandum of Understanding (MOU) was established and measures were put in place immediately to remedy the situation including some onsite storage for complex patients with chronic conditions, timelier file requests and review of upcoming clinic lists to ensure records had been received in advance. Significant improvements were seen within a month of opening as a result of these measures.

Once the patients were reviewed in clinics or in cancer centre, the clinicians decided which information from the old medical records needed to be included in the FSH digital medical record (DMR) and either created a summary document, or had relevant notes scanned in. For oncology, there was an agreed set of documents scanned in for patients on first review after transitioning. Additionally, clinicians were given, or maintained, access to group computer drives at RPH and FHHS where patient letters are stored, so that they can see what was written at previous clinic visits.

An updated MOU between FSH, FH, RPH and Sir Charles Gairdner Hospital (SCGH) has been endorsed at the FSH Health Information Management Committee.

The updated MOU has in principle agreement from all site Health Information Management Service departmental heads.

Following formal endorsement of the MOU by each site's Executive, which is anticipated to occur in early 2016, the patient's health record will be made available:

- upon (in)patient transfer;
- for each first outpatient appointment at FSH if a patient is being transitioned from another site to FSH only;
- where the treating clinician specifically requests the other hospital's record to current inpatient or clinics (i.e. first appointment for specialty); and

- for patients enrolled in current clinical trials that have been transferred from RPH or FH to FSH where the other site's patient health record constitutes a source document for the study.
- 2. That the Minister for Health report to the Parliament on the adoption of digital medical record (DMR) systems, including BOSSnet, across the rest of the health system, including (as at the time of the response):**
- **The extent to which DMR has been adopted in other Western Australian hospitals;**
  - **The extent to which a DMR created at Fiona Stanley Hospital is updatable, useable, or otherwise accessible by or for other public hospitals in Western Australia; and**
  - **The timeline and estimated cost for rolling-out a DMR system at other tertiary and general hospital sites in Western Australia.**

BOSSnet is currently recognised as WA Health's DMR system.

At the time of this response, BOSSnet has been deployed at:

- FSH as the system to create, update, and display DMR details; and
- RPH, Rockingham Hospital, and FH as the system to display DMR details, and
- Plans are in place for BOSSnet to be deployed at Bunbury and Busselton Hospitals by the middle of 2016 to create, update, and display DMR details.

In April 2015 WA Health released its ICT Strategy 2015-2018. Information Management and Sharing is one of five priority areas within the ICT Strategy. A key deliverable of the ICT Strategy is the development of an Information Management Strategy. The Information Management Strategy is intended to outline the future state for information management across WA Health and guide work on a standardised suite of core clinical applications across the State. This will include considering the potential for a future rollout of BOSSNet or other Digital Medical Records systems, and the development of an approach to Electronic Medical Records and/or establishment of Electronic Health Records. The Information Management Strategy is expected to be completed by 1 July 2016.

- 3. That the Department of Health implement an upgrade to the Notification and Clinical Summaries (NaCS) application and the Clinical Governance Management System (CGMS) to provide for a delivery receipt or other similar notification upon the successful delivery of a discharge summary to the receiving clinician or their office.**

The Clinical Governance Management System (CGMS) (which is used in North Metropolitan Health Service) uses fax technology to distribute the Discharge Summary to clinicians and practices; acknowledgement is recorded through the fax receipt. Notification and Clinical Summaries (NaCS) receives an acknowledgement receipt via Health Link on the receipt of the Discharge Summary by the practice.

An upgrade to the NaCS system is being considered to better incorporate the acknowledgement function into the system for monitoring purposes. The priority of

this initiative, and resourcing required to progress an upgrade, will be considered through the governance structure established for ICT in WA Health.

**4. That the Minister for Health report to the Parliament regarding the status of the rollout of the Closed Loop Medication Management System and the current wait times for dispensation of medication experienced by patients upon discharge.**

The Intensive Care Unit Clinical Information System (ICUCIS) went live in June 2015 and is operational on all 30 beds. Pharmacy Automation roll-out is on target with an expected end date for physical rollout at 4 April 2016. Some elements such as the Robotics and Unit dose machines, as well as the Automated Medication Units (Controlled drugs pharmacy), have already been rolled-out. Other components such as the Automated medication units - clinical areas (21%), Automated medication units – anaesthesia (24%) and Medication Workstations on Wheels (71%) are partially rolled-out (71%). The average wait time for dispensation of medication experienced by patients upon discharge throughout December 2015 was 70.5 minutes.

**5. That the Minister for Health report to the Parliament on the reliability of the paging system in use at Fiona Stanley Hospital for the three month period following the tabling of this report, including:**

- **The uptime of the system;**
- **The dates, times and lengths of any outages;**
- **The extent of the outages (i.e. localised to individual departments or hospitalwide); and**
- **The abatement and/or failure points incurred by Serco as a result of any outages.**

The Government will be pleased to report to the Parliament on the reliability of the paging system in use at FSH for the three month period following the tabling of the report.

**6. That the Minister for Health provide a report to the Parliament at quarterly intervals for the remainder of the 39th Parliament containing the number of internal logistics service staff employed by Serco at Fiona Stanley Hospital. The report should include:**

- **The number of permanent, casual or agency staff; and**
- **The role that the staff provide (i.e. waste management, portering, etc.).**

As detailed in the Education and Health Standing Committee Transcript of Evidence taken on 19 October 2015, the Facilities Management Services Contract (FMSC) contains a strict performance regime which is primarily outcome based. WA Health has engaged the FM to provide a range of Services and monitors their performance and outcomes.

WA Health is not involved in the level of staffing required for the Facilities Manager (FM) to meet their obligations under the FMSC (in respect of all Services), and does not dictate the amount of staff required to reach the desired outcomes.

WA Health will continue to closely monitor the FM's performance but does not intend to alter the Contract Management Framework to review or monitor FM staffing levels.

***7. The Minister for Health reports to the Parliament the annual costs arising from the employment of Assistants-in-Nursing at Fiona Stanley Hospital.***

The Annual Cost for employment of Assistants-in-Nursing at FSH is estimated to be \$7,513,827 based on current year to date (YTD) Full Time Equivalent (FTE) levels for payroll staff of 112.18 FTE (YTD to November 2015; extrapolated for a full year).

The Assistant in Nursing is an emerging category of health care worker introduced into WA Health in 2008. The role of the Assistant in Nursing is to support registered nurses (RN) and enrolled nurses (EN) in the delivery of general patient care. This includes but is not limited to patient positioning, patient surveillance and assisting patients with activities of daily living (e.g. hygiene, showering, dressing).

***8. That the Minister for Health determines the reasons for the excessive number of isolation cleans being performed and report to the Parliament on the outcome of the investigation.***

Isolation cleans are performed only in specific circumstances, and are requested in line with infection prevention guidelines. Ongoing education and advice is occurring with clinical staff and the FM cleaning staff as to the appropriate type of clean. Question sets are in place to allow for appropriate questioning of the clinical staff when an isolation clean is requested.

WA Health completed an initial forecast prior to opening which was based on the best available information at the time. Whilst WA Health acknowledges the isolation cleans are in excess of this forecast, it is too early in the life of the hospital to determine a stabilised position with which to measure against.

***9. The Minister for Health reports to the Parliament the outcome of Serco's contract variation proposal, including – should the variation proposal be successful – full details of Serco's altered cleaning responsibilities and the estimated annual cost to the Department of Health.***

The Government will provide a summary of the finalised position in relation to Serco's cleaning proposal on completion of the process.

***10. That the Minister for Health supports the Committee's request to the Auditor General that his office carries out an audit of the management of the Facilities Management Services Contract.***

WA Health welcomes an audit of the management of the FMSC by the Office of the Auditor General.