

Significant issues



Violence and aggression

Ensuring the safety of our workforce remained a key priority for EMHS throughout 2021-22.

While COVID screening stations established at entry points to our hospitals — enabling compliance with state-wide public health measures — quelled transient antisocial behaviour along our main thoroughfares, data captured over 2021-22 showed that overall incidents of violence and aggression were trending higher than in previous years.

8235

code black/aggressive incidents
7447 in 2020-21 ▲

This placed a huge demand on security services and impacted other frontline staff across EMHS.

EMHS strategies to improve results

The **EMHS Stop the Violence Committee** and site sub-committees have multidisciplinary membership, and through monitoring and review of hazard and incident reports, aggression risk assessments, security department activity and annual staff surveys, develop action plans to help eliminate or minimise the risk to workers from harm as a result of aggression and violence in the workplace.

Actions to reduce the risk of harm include:

- increased CCTV coverage
- improvements to the security of car parks
- access and egress controls
- upgrades to duress systems
- implementation of a security officer intentional rounding program in high-risk areas
- ongoing engagement with stakeholders, both internal and external, such as WA Police, Perth Transport Authority and local councils.

In addition to the Employee Assistance Program and peer support officers, EMHS has in-house staff wellbeing programs that support both individuals and work areas to manage psychological hazards and respond to incidents in the workplace.

Future actions

Input from the staff survey and site Stop the Violence committees helped shape the **Stop the Violence Action Plan** for 2022, which was released towards the end of the current reporting period.

The plan builds on work undertaken over the previous two years and will provide tangible actions to help create a safer workplace for EMHS staff.

Patrols prove an all-round success

Hospital rounding by security personnel was rolled out across EMHS sites. The rounding provides a reassuring presence for staff and a deterrence for potential aggressors.

This intelligence-led initiative has a particular focus on wards accommodating patients with a known history of violence and aggression. The rounding also targets areas of the hospital that attract antisocial behaviour.

Staff have reacted extremely positively to the rounding and increased security presence, which aims to reduce and manage incidents of violence and aggression against staff.



Fatigue

Workforce fatigue has been a significant issue for EMHS since the start of the pandemic.

Fatigue continued to test staff during 2021–22, particularly those working in frontline clinical areas.

Absences caused by staff members contracting COVID-19, furloughing to comply with the State’s strict close-contact measures or having to stay home to care for isolating family members, further stretched our depleted ranks.

Many clinical staff were deployed to COVID response programs such as the COVID clinics, vaccination clinics and fit-testing teams.

Meanwhile staff were having to devote more time to COVID infection prevention and control measures.

An increase in personal leave and COVID leave during the reporting period was a likely reflection of the increased demands on our staff during the year.

A range of resources was made available to employees across EMHS to support them during this challenging period, including free counselling sessions through the Employee Assistance Program, a range of wellness resources and — at RPBG — access to 24/7 support through the Centre for Wellbeing and Sustainable Practice.

App puts wellbeing control in hands of staff

In September 2021, all AKG staff were given access to the **Well-Being Index app** — an anonymous web-based application that gives users the ability to monitor their own levels of fatigue, as well as instantly access tools and resources that can help prevent burnout, such as helpline numbers, self-help videos and pre-loaded publications.

The app was developed in the United States, specifically for healthcare workers and has been adopted widely by healthcare organisations there and here in Australia.

AKG wanted to empower staff to take ownership of their own mental wellbeing and provide them with tools that would predict their risk of fatigue, depression, burnout, anxiety/

stress, reduced mental/physical quality of life, and poor work-life balance.

The app enabled staff to compare their levels of wellbeing and fatigue with those of their peers nationally, as well as monitor changes in their personal level of wellbeing over time.

Feedback from the **125** staff members who signed up to the app had been positive, with many reporting it useful for tracking their wellbeing.



COVID-19

For much of 2021-22, EMHS' focus was on ensuring COVID readiness across our hospital sites.

Vaccinations, fit testing and PPE requirements were key priorities for staff preparations, while establishing thorough screening processes were central to EMHS' overall efforts.

In readiness for the expected influx of COVID patients, frontline preparations were made with staff uplift in identified areas of need, and COVID

Navigators and Leads were initiated. Wards were also reconfigured and, at RPH, a dedicated COVID ward was created.

COVID had a significant impact on our workforce with staff absences, due not just to staff who had contracted the virus, but also those forced to furlough due to close-contact requirements or care for isolating family members, particularly children.

A surge in staff absences placed significant pressure on our workforce, most of whom were already fatigued. A **Workforce Availability Register** and dashboard of staff suitable for voluntary deployment to other areas — if and when required — assisted during the surges.

Workforce wellbeing remained a key priority for EMHS throughout the year and development of a **Staff wellbeing during COVID and beyond** toolkit for managers was one of many initiatives designed to support staff during these challenging times.

COVID-19 Public Hospital Visitor Guidelines were released in line with [WA Health's COVID-19 Framework for System Alert and Response](#) (SAR). All EMHS sites implemented the principles, which included the introduction of restricted access at hospital entry points.

The visitor screening process involved verifying vaccination status and ensuring no current symptoms or presence of COVID infection. In line with the SAR, the process later evolved to include RATs of all visitors and patients visiting high-risk areas.

During 2021-22, EMHS cared for:

51 COVID patients in ICU

15 COVID patients on ventilators



COVID clean helps spark joy

EMHS prepared for COVID on many fronts. At RPH, efforts were made to reduce the potential for COVID transmission in clinical areas caused by contact with contaminated surfaces.

The **COVID Lean and Clean** project involved determining what was going and what was staying — including items requiring more suitable accommodation.

The project ended up doing more than just reducing fomite and other occupational health and safety risks.

Wards were tidied, areas once used as dumping grounds for broken and damaged items were transformed into open, safe and functional spaces, and salvageable but unwanted items were distributed to grateful charities and organisations.

High-back chairs, recliners, crockery and nappies and sanitary products were among an assortment of items donated to Anglicare, while Australian Doctors for Africa accepted a consignment of surplus-to-needs stretcher beds.

Perth Zoo welcomed a big quantity of sharps bins, which could no longer be used by the hospital and the Southern Cross Men's Shed was pleased to take possession of a metal lathe and cricket equipment.

Meanwhile, a glass desiccator joined RPH's museum collection, while Curtin University rehoused an assortment of anatomical specimens.



Lesli Burns (Senior Project Officer COVID Operations)

Demand

Patients seeking hospital care have the best chance of making a good recovery if they receive the right care within clinically recommended timeframes.

Delays in care beyond these timeframes increase the patient's risk of a poor, or even harmful, outcome. That is why EMHS hospitals – like all healthcare facilities – strive to meet these targets. The WA Emergency Access Target – **WEAT** – and WA Elective Services Target – **WEST** – are two measures used to gauge the performance of our hospitals in meeting this goal.

To meet our WEAT, 90% of patients who present to our EDs must be seen and either admitted, transferred or discharged within four hours of arrival.

WEST highlights the percentage of patients on EMHS elective surgery waitlists who are over-boundary – in other words – who have not been treated within the designated clinically appropriate timeframe.

Elective surgery

Elective services patients are prioritised based on their assigned clinical urgency category:

- **Category 1** – clinically indicated within 30 days
- **Category 2** – clinically indicated within 90 days
- **Category 3** – clinically indicated within 365 days.

Restrictions imposed on elective surgery at the start of 2022 due to COVID impacted progress EMHS had made on reducing elective surgery waitlists. These pre-restriction initiatives had started to make significant inroads, including an 85% cut in over-boundary endoscopy cases between July and December 2021. Cancellation of all Category 3 procedures and less urgent Category 2 procedures set back this progress. This was compounded by patients and staff also being impacted by COVID.

Since the lifting of all restrictions towards the end of the reporting period, EMHS staff have been working hard to implement both short and long-term strategies to regain lost ground (see KPI page 88).



Emergency access

Emergency access and demand continued to stretch our services in 2021-22. This was due in part to the impact of COVID on staffing levels, not just from staff who were ill themselves, but also staff who were required to furlough or care for isolating family members. On occasions, lack of staff led to bed or ward closures, further impacting patient flow and emergency access.

Percentage of patients seen within recommended times – performance indicator

The Australasian College for Emergency Medicine (ACEM) developed the Australasian Triage Scale (ATS) to ensure that patients presenting to EDs are medically assessed, prioritised according to their clinical urgency and treated in a timely manner.

This performance indicator measures the percentage of patients being assessed and treated within the required ATS timeframes. This provides an overall indication of the effectiveness of WA's EDs, which can assist in driving improvements in patient access to emergency care.

ATS category targets are outlined below:

Triage category	Treatment acuity (maximum waiting time for medical assessment and treatment)	Target (threshold)
1	Immediate (≤ 2 minutes)	100%
2	≤ 10 minutes	80%
3	≤ 30 minutes	75%
4	≤ 60 minutes	70%
5	≤ 120 minutes	70%

These recommended times and categories are used both locally by WA Health and nationally by the Department of Health and Ageing, and the Australian Institute of Health and Welfare.

2021-22 triage results

Triage category 1:

YEAR	TARGET	ACTUAL
2021-22	100%	99.6%
2020-21	100%	100%
2019-20	100%	99.8%

Triage category 2:

YEAR	TARGET	ACTUAL
2021-22	80.0%	68.0%
2020-21	80.0%	79.2%
2019-20	80.0%	84.0%

Triage category 3:

YEAR	TARGET	ACTUAL
2021-22	75.0%	18.8%
2020-21	75.0%	31.0%
2019-20	75.0%	43.0%

Triage category 4:

YEAR	TARGET	ACTUAL
2021-22	70.0%	41.5%
2020-21	70.0%	51.5%
2019-20	70.0%	63.6%

Triage category 5:

YEAR	TARGET	ACTUAL
2021-22	70.0%	78.1%
2020-21	70.0%	83.8%
2019-20	70.0%	89.8%

Period: 2019-20 to 2021-22 financial years
 Contributing sites: Armadale Health Service, Royal Perth Hospital, St John of God Midland Public Hospital
 Data source: Emergency Department Data Collection

EMHS performance against the ATS has declined in 2021-22 for all triage categories (with most notable decline in triage categories two, three and four).

This has been significantly impacted by a sustained increase in demand, with **213,508** ED presentations in 2021-22 compared with 204,989 in 2019-20, as well as increased complexity and acuity of patients attending across EMHS sites.

EMHS has established the **Emergency Access Program (EAP)**, which aims to improve emergency access through focused initiatives across EMHS sites. It is intended to drive site-based and system-wide change, aimed at reducing pressure on EDs and improving timely access to care for patients requiring emergency services.



Midland's Geriatric ED Team

To improve performance, during 2021-22 EMHS has continued its focus on three key areas:

- **timely transfer of care** — emergency ambulance transfer of care within 30 minutes of arrival
- **discharge WEAT** — timely discharge of patients from the ED
- **ED patient flow to wards** — timely transfer of a patient from ED to the wards.

Site strategies to improve WEAT performance

Key initiatives within the EAP include the **Comprehensive Ambulatory Older Adult Program (CAOAP)**, which aims to streamline access for older adult patients. The CAOAP comprises projects across sites including:

- The **Ambulatory Frailty Unit** at RPH has been established and provides a multi-purpose area for acute care and assessments, and enables pathways for direct admission. The unit has been successful in preventing multi-day admissions by providing comprehensive same-day care.
- At Midland, the multidisciplinary **Geriatric ED team's** objective is to avoid hospital admission or re-admission by providing rapid and targeted assessment and interventions based on the goals of patient care. The team provides early comprehensive multidisciplinary assessment and management of the frail older person presenting from the community and RACF.

- The **Individualised Home Support Service (IHS)** at RPH works closely with the Ambulatory Unit and provides rapid allied health and non-clinical support (personal care and home assistance services) in the home to address social and reablement needs, and facilitates timely and safe discharge from hospital. Primary focus remains on discharging patients from hospital or ED as soon as they are medically stable and assessing their ongoing needs at home through a dedicated nursing, allied health and non-clinical support team.
- The **Community Health In a Virtual Environment (Co-HIVE)** pilot has delivered remote monitoring of residents across two Residential Aged Care Facilities (RACFs) to provide proactive geriatric in-reach to consumers, either initiated by RACF nursing staff or through clinical discussion with the Co-HIVE team at RPH.
- AHS has facilitated patient flow and hospital avoidance by implementing a **Frailty Pathway** via the Older Adult Liaison Service, which optimises the patient journey in ED, inpatient and ambulatory settings.



Supports Sustainable Health Review (SHR) recommendation 14 (see page 63)

A number of infrastructure changes were also made to improve ED access and patient flow. RPH's ED was reconfigured, with the addition of two private consult rooms and three new treatment bays.

At AHS, completion of the ED upgrade incorporated a priority paediatric treatment area, waiting room, improved area for mental health patients, and enhanced spaces for ambulatory and respiratory assessments.

Mental health

The needs of people experiencing mental ill-health can vary greatly depending on their personal circumstances and the complexity and acuity of their condition.

While some may require a hospital admission, others may benefit from interventions provided by community mental healthcare services.

EMHS recognises the importance of providing a range of integrated services to meet the varying needs of patients and patient cohorts. It also understands that for consumers to gain maximum benefit from these services, the services must be well coordinated and work together for the benefit of the consumer.

EMHS mental health service provision includes:

- information, guidance and crisis response
- community-based non-admitted care
- admitted (inpatient) care
- residential and transitional care.

During 2021-22, EMHS launched several new mental health services and programs. Covering all forms of service provision — from information, guidance and crisis response, to residential and transitional care. We also catered to both general populations and specific consumer cohorts, such as young people and people experiencing — or at risk of — homelessness (see page 49-50).

In addition to these service developments, EMHS also strengthened our processes for coordinating care.

In March 2022, a proof of concept was completed for a virtual mental health service in collaboration with the EMHS Community Mental Health Services. This service, called **Co-HIVE**, seeks to remotely monitor the physiological and mental health of community-based consumers with depression, and intervene proactively to aid quicker and more complete recovery.

The service utilises wearable devices and mobile applications to support community consumers to proactively manage their mental healthcare at home, with the support of a virtual clinical workforce.

An evaluation of the proof of concept was undertaken and as a result, a larger pilot of the service will commence in 2022-23.

These developments saw EMHS continue to deliver on our commitment to recommendation 7 of the SHR, which calls for the **implementation of models of care for people to access responsive and connected mental health, alcohol and other drugs services in the most appropriate setting.**

Bidi Wungen Kaat Centre
(St James Transitional Care Unit)

