

HUNTER

Ashleigh Rebecca Hunter died, aged 26 years, at Royal Perth Hospital as a result of meningococcal infection. Ms Hunter was an otherwise healthy woman who attended the busy emergency department via ambulance. She rapidly deteriorated following triage and was unable to be resuscitated.

Eight recommendations were made relating to the implementation of a single electronic medical record and supporting shared access to ambulance medical records; documentation of decision making in the emergency department; raising awareness in the community about the 'responsible use' of an emergency department; education about sepsis; responsibilities of paramedics or ambulance officers in escalation in ramping situations; and, raising public awareness of the availability of meningococcal vaccinations.

The CRC reviewed these findings with members noting the extensive programs of work underway to implement an electronic medical record, and to address emergency access blocks. Enquiries were made with the relevant stakeholders to provide information about the implementation of the coroner's recommendations.

In relation to the first recommendation, the Electronic Medical Record (EMR) was identified as a priority under Recommendation 22 of the Sustainable Health Review (SHR) and is identified in the WA Health Digital Strategy 2020-2030 as the digital keystone to modernising and improving healthcare in WA. WA Health is taking a staged approach to the goal of implementing an EMR for the State by July 2029.

Discussions were held with St John Ambulance to link the electronic Patient Care Record (ePCR) into the Ambulance arrival live dashboard to enable visualisation of the National Early Warning System (NEWS) scores for patients arriving to ED via ambulance. This was successfully implemented statewide in January 2024 and provides an early warning to emergency departments on patient deterioration.

Live access to the St John Ambulance ePCR is available to staff at all metropolitan emergency departments and larger WA Country Health Service sites with emergency departments. Live access to a patient's telemetries via Corpuls¹ can be made available on request from a Health Service Provider directly to the St John Ambulance paramedic and/or on-site hospital liaison manager (HLM).

A Statewide EMR will (in the future) have the ability to integrate with core health systems including the St John Ambulance computer aided dispatch (CAD) system.

EMHS has identified and is implementing a guideline for the documentation of care concerns within the Emergency Department Information System (EDIS). The 'ED Deteriorating Patient Escalation' standard operating procedure has been updated to provide clear guidance on escalating for the unwell or deteriorating patient.

Funding was provided (2021-2024) to develop an engaging ED Avoidance Media Campaign targeting people in the Perth metropolitan area. The campaign aimed to educate the public around when to attend ED and when to seek alternative services.

The Ambulance Ramping Strategy and Implementation Plan delivers a staged approach to system reform to improve hospital access and reduce ramping across four priority areas:

¹ A life-saving defibrillator/patient monitoring system specifically developed to meet the requirements of first responders, patient transports, and emergency medicine.

- WA Virtual Emergency Department (WAVED) supported by evolution/expansion of pre-hospital pathways including Community Health in Virtual Environment (CoHIVE), Residential Care Line (RCL) and community services (per Community Services Strategy).
- State Health Operations Centre² (SHOC), to be established in three phases (Stage 1 in 2023, and Stages 2 and 3 in 2024 (dependent on the Real Time Data Demand Platform as a critical enabler).
- Emergency Access Reform (EAR) program to unify reform efforts and establish a change management function modelled on the success of the Four-Hour-Rule Program.
- Integrated long stay patient initiatives for a cohesive, system wide approach.

EMHS education packages are in place and aligned with the national Sepsis Clinical Care Standard, as published by the Australian Commission on Safety and Quality in Health Care (ACSQHC). Through the EMHS Sepsis Working Group, the health service is adopting new ways of educating staff, including the use of designated Sepsis Champions who can provide clinical leadership and education to support staff with best practice in the identification and management of sepsis.

Work to establish a statewide Transfer of Care Policy is well advanced and will provide clear guidance on escalation processes and patient safety processes for patients in a transfer of care process or delay at hospital. In the interim a dashboard has been co-developed between the SHOC, HSPs and St John Ambulance WA that highlights patient deterioration for patients in 'ramped' ambulances. This has been made available to sites and is overseen by the SHOC.

The Department of Health recognises there is a compelling need to fund a non-government organisation to strengthen the current public awareness campaigns regarding the availability of Meningococcal ACWY and Meningococcal B vaccines, particularly for people who are not otherwise eligible under the WA Immunisation Schedule and will work towards establishing an agreement with terms to increase the awareness in this cohort.

Updates will be sought for the next biannual report for five of the recommendations. On the understanding that implementation of an EMR has secured budget allocation and is expected to take many years, CRC members have agreed to close recommendation one.

² The State Health Operations Centre (SHOC) focuses on improving the coordination and efficiency of patient transport services and establishing new functions to manage the demand on emergency departments and ease system pressures. It will also create a functional space and capabilities for an Emergency Operations Centre that can be activated when a centrally coordinated response to a major disaster or incident response is required.