

Recommendation Response from Department of Health Biannual Report – February 2025

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 the emergency department 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. The State Health Operations Centre (SHOC) has requested HSPs to forward all requests to the St John WA Electronic Patient Care Record (ePCR) portal to the SHOC via email and that SHOC will work with our contracting team to facilitate access to a secure token. 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. In the meantime, HSPs have been advised to ensure development of appropriate site-level processes regarding the management of ambulance medical records and retention within a patient's hard copy and/or digital medical records.

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. The procedure is being shared and adopted across EMHS and states that the Emergency Physician in Charge (EPIC) must document time, cause for concern, and action plan in the EDIS Clinical Notes. This includes acknowledgement of patient priority to come into department when no beds are available.

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:

- 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. The Transfer for Care Policy is pending implementation with SHOC to consider alignment with current policies that are being finalised as part of the Demand and Capacity Optimisation Strategy (e.g. Statewide Demand and Escalation Framework, Interhospital Transfer Policy). 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.

Funding has been secured to support an additional awareness campaign for the purpose of addressing recommendation 8. Following market consultation, a grant proposal entitled 'Meningococcal Vaccination Awareness Campaign' was provided to selected non-government

organisations (NGOs) which specified the requirement for a campaign that included the following key messages:

- Availability of Meningococcal ACWY (Men ACWY) and Meningococcal B (Men B) vaccines to protect against meningococcal disease.
- Eligibility criteria for government-funded Men ACWY and Men B vaccines.
- Persons recommended to receive Men ACWY and Men B vaccines.
- Recommendation to speak to their vaccination provider about vaccination (including those ineligible to receive a government-funded vaccine).

A grant application proposing a multi-faceted awareness campaign to distribute key messages, using a variety of mediums including social media, animation, website content, and an outreach program has been submitted and is currently being evaluated.

CRC members have agreed that recommendations 1 through to 6 have been completed or closed. Updates will be sought for the next biannual report for recommendations 7 and 8.