

Models of Care Implementation Project Update – v2.1

* Compulsory fields

SECTION 1. Reporting Officer			
First Name *		Surname *	
Position Title *		Organisation *	
Telephone *		Email *	
SECTION 2. Project/Activity Details			
Please provide the following information about your project/activity:			
Name of Project/Activity *			
Project/Activity Owner * What is the name of the organisation responsible for this Project/Activity?			
What type of organisation is your project/activity owner?	WA Health (Please choose from the drop-down list): Non-Government Organisation Other – tell us what sort:		
Start date * (Enter the month and year) When did it start?			
End date * (Enter the month and year) When is it expected to finish?	or	Indefinite ongoing program	
Location of project/ activity * Please choose from the drop-down list.			
Who else is involved in doing your project/activity? * Name any other agencies/partners			
Who does your project/activity help? * Describe your target group.			
Project/Activity Description * (up to 90 words)			
What are your Project/Activity Goals * (up to 70 words)			
Is your project/activity being evaluated? Check tick box for 'Yes'.	Yes		
If yes, how? * (up to 70 words)			

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SECTION 3. The objectives listed below come from our Models of Care. Please tick all the sentences that relate to the focus of your project/activity.	
1.	People will receive the right care : 1.1. Consistent evidence based care will be delivered across Western Australia. 1.2. The level of care will be appropriate to the complexity of the patient. 1.3. The care provided will be appropriate to the individual.
2.	People will receive care at the right time : 2.1. Health promotion and prevention will be delivered to the appropriate people at the appropriate time. 2.2. Screening and early detection will be delivered to the appropriate people at the appropriate time. 2.3. Management of known disease will be delivered to the appropriate people at the appropriate time.
3.	People will receive care from the right person/team : 3.1. The role of patient/carer in the management of their disease(s) will be recognised. 3.2. A multidisciplinary team will provide coordinated integrated care across the continuum of primary, secondary and tertiary services. 3.3. There will be adequate workforce capacity to meet demand.
4.	People will receive care in the right place : 4.1. The location of care will be appropriate to the category/complexity of the patient. 4.2. The inappropriate use of tertiary facilities for disease management, including emergency department presentations, will be decreased.
5.	Enablers to ensure people receive all of the above: 5.1. Communication systems will enable adequate sharing of information between health professionals and patients. 5.2. Resources will be adequate and coordinated across the continuum of care.

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SECTION 4. These are all the areas of health covered by our Models of Care.	
Please tick all the area(s) of health that relate to your project/activity.	
<p>Aged Care</p> <ul style="list-style-type: none"> Older Person Care Amputee Services & Rehabilitation Delirium Falls Prevention Geriatric Evaluation & Management Orthogeriatric Parkinson's Disease Rehabilitation & Restorative Care 	<p>Child and Youth</p> <ul style="list-style-type: none"> Paediatric Chronic Diseases Transition Framework WA Child & Youth Health Framework Fetal Alcohol Spectrum Disorder <hr/> <p>Digestive</p> <ul style="list-style-type: none"> Coeliac Disease Colonoscopy Services
<p>Cancer and Palliative Care</p> <ul style="list-style-type: none"> Cancer <ul style="list-style-type: none"> Breast Cancer Colorectal Cancer Gynaecologic Cancer Haematology Integrated Primary Care & Cancer Services Neuro-Oncology Psycho-Oncology Thoracic Cancer Palliative Care <ul style="list-style-type: none"> Child & Adolescent Palliative Care Rural Palliative Care 	<p>Infections and Immunology</p> <ul style="list-style-type: none"> HIV Sexually Transmitted Infections Hepatitis C <hr/> <p>Injury and Trauma</p> <ul style="list-style-type: none"> Burn Injury <hr/> <p>Musculoskeletal</p> <ul style="list-style-type: none"> Inflammatory Arthritis Spinal Pain
<p>Chronic Disease</p> <ul style="list-style-type: none"> Morbid Obesity Cardiovascular <ul style="list-style-type: none"> Abdominal Aortic Aneurysm Acute Coronary Syndromes Familial Hypercholesterolaemia Heart Failure Diabetes <ul style="list-style-type: none"> Type 2 Diabetes in Children and Adolescents Renal <ul style="list-style-type: none"> Chronic Kidney Disease Respiratory <ul style="list-style-type: none"> Asthma Chronic Obstructive Pulmonary Disease Cystic Fibrosis Sleep Disorders 	<p>Neurosciences and the Senses</p> <ul style="list-style-type: none"> Epilepsy Motor Neurone Disease Stroke <hr/> <p>Women's and Newborns</p> <ul style="list-style-type: none"> Care of Neonates Framework Improving Maternity Services Framework <hr/> <p>Other- please identify:</p>

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<p>Are you happy for us to publish your project/ activity details from SECTION 1 and 2 of this survey on the Health Networks website?</p> <p>Check tick box for 'Yes'.</p>	<p>Yes</p>
<p>If you wish to register and receive regular updates from Health Networks, please follow this link: Health Networks Registration</p>	

This is an electronic form.

When you have finished filling it out, please press 'submit form'.

You will be asked to select your email format.

If you use Outlook, select 'Desktop Email'.
If you use yahoo, hotmail, gmail etc, select 'Internet Email'.

Thank you for completing the survey!