



Trauma, Injury and Poisoning Clinical Network

Draft for Discussion





TRAUMA, INJURY AND POISONING CLINICAL NETWORK

1.0 INTRODUCTION

Clinical networking has been recommended by the Health Reform Implementation Taskforce as a means of providing “*a new focus across all clinical disciplines toward prevention of illness and injury and maintenance of health*”.

Networking aims to improve the delivery of health services through coordination and integration of health and health related services, whilst utilizing principles of cooperation and partnerships between health care providers and key enabling stakeholders.

Clinical Networks are a means to providing a new focus across all disciplines towards prevention of illness and injury and maintenance of health.

2.0 BACKGROUND

The development of the clinical networks will be informed by the aims, recommendations and strategic objectives articulated in the following key documents:

- Report of the Health Reform Committee (Reid Review)
- WA Clinical Services Framework 2005 – 2015 (CSF)
- Clinical Services Consultation 2005 documents
- Trauma Systems and Services Report 2006-2011 (currently being prepared by the Trauma Working Group soon to be released)
- State Trauma Plan (WA State Trauma Advisory Committee)
- National Injury Prevention And Safety Promotion Plan:2004 – 2014 comprises of:
 - The National Injury Prevention And Safety Promotion Plan:2004 – 2014
 - The National Aboriginal And Torres Strait Islander Safety Promotion Strategy
 - The National Falls Prevention For Older People Plan: 2004 Onwards

In Western Australia there are a number of plans that address the growing burden of trauma, injury and poisoning and assists in setting priorities for action. The following are a few of the key documents

- Working Together on Road Safety 2003-2007, Government of Western Australia
- Western Australian Family and Domestic Violence Strategic Plan 2004-2008, Department of Community Development: Family and Domestic Violence Unit
- The Falls Policy for Older Western Australians, Department of Health



Issues identified by the Reid Review

- Fragmentation of the health system between the primary care sector (GP, Pharmacist, Allied Health Professional, Community Health Nurse) and the public hospital system
- Poor coordination and communication between primary care and acute care leading to avoidable admissions, adverse events and poor patient outcomes
- Lack of strategic policy focus on health promotion and early intervention
- 80% of admissions to tertiary hospitals are for secondary care
- Concentration of hospital beds in large tertiary hospitals
- Barriers to patients accessing the system (culturally, geographically, socio-economically). This is particularly relevant to the health needs of the Aboriginal and Torres Strait Islander community.

Recommendations of the Reid Review

- In view of the high utilisation of hospital beds by people who suffer falls, there should be a targeted health promotion and prevention program in this area (Rec 4)
- Evidence-based clinical guidelines should be developed and implemented, focussing in the first instance on the needs of patients with chronic and complex conditions. The development should involve multi-disciplinary clinical team, both hospital and community-based, and consumers (Rec 17)
- The Northern Tertiary Hospital should be designated as the state centre for major adult trauma, and Princess Margaret Hospital as the state centre for major paediatric trauma. Emergency Departments should be expanded in each of the four general hospitals to accommodate emergency adult and paediatric care, excluding major trauma (Rec 33)
- Clinical leadership in the change process should be appropriately recognised and supported. Cross-cultural clinical collaboratives should facilitate this leadership role (Rec 60)
- The concept of Area Health Services should be retained and further developed (Rec 61)
- The Health Consumers Council should be asked to provide regular feedback on health system performance and major health system issues (Rec 68).

Considerations identified by the CSF consultation

- The need for a greater focus on workforce planning
- The role of training and research
- The importance of participation from clinicians and staff in decision making and planning processes
- The need for greater integration of the health care system across the state
- The need for a more defined continuum of care across levels of care within many disciplines



- The need for work on appropriate models of care for specific clinical programs
- The importance of the private and non-government sector in health care provision.

Specific considerations in the CSF

- Reconfiguration of trauma and emergency services within hospitals
- Integration and coordination of primary, secondary and tertiary services
- Emphasis on prevention and early intervention programs
- Addressing the workforce issues through the Strategic Workforce Planning Framework.

3.0 ESTABLISHING A TRAUMA, INJURY AND POISONING CLINICAL NETWORK

Due acknowledgement must be given to range of injury prevention and management networks in Western Australia. These have been established identified injury issues and priorities. These networks have considered the integration and coordination of primary, secondary and tertiary services. This is particularly the case for seniors falls, suicide, domestic violence and road trauma.

However there is further opportunity to enhance and build on the injury prevention and management networks that exist.

The aim of the Trauma, Injury and Poisoning Clinical Network is to facilitate a collaborative and partnership approach to service provision across the continuum of care to improve access to consistent and high quality services across the state, maximize the efficiency of resource use and minimise health costs through prevention and early intervention.

Establishment of the Trauma, Injury And Poisoning Clinical Network will be based on the following principles:

- Engaging clinical leaders and key stakeholders in state-wide planning, policy and clinical reforms
- Focusing on the patient and the community by increasing participation, partnerships, communication and responsibility
- Improving patient care in terms of quality, access, appropriateness and integration
- Providing a focus on improving and promoting links between country and metropolitan health services
- Driving an increased focus on the provision of co-ordinated population health strategies
- Facilitating the alignment of strategic and operational functions of the health system



- Promoting continuous improvement in all services and clinical practices by developing and advising on the implementation of:
 - 1) Evidence based practice standards and protocols
 - 2) Referral and support structures between and within health services with an emphasis on clinical management and partnerships
- Ensuring accountability and reporting arrangements for the network are clearly defined and the networks' operation and dealings with all stakeholders are transparent.

4.0 STRUCTURE

For the Trauma Injury and Poisoning Clinical Network there is great potential to link the prevention of injury, trauma and poisoning with the clinical management and the restoration of health to injured people in the community.

Prevention programs are undertaken by a diverse group including NGOS, other government agencies and the health system in WA. These agencies have worked in primary prevention, secondary prevention (management and stabilising of the injury, trauma, poisoning) and tertiary prevention (rehabilitation). This has produced good results, however there is an opportunity to build upon and expand the potential to reduce needless harm in the community.

The proposed Trauma Injury and Poisoning Clinical Network emphasises an intersectoral approach and will incorporate a strong community component, which fosters linkages between key government, non-government and community services to achieve functional integration and effective delivery of services.

The special needs of population groups such as Aboriginal and Torres Strait Islanders, culturally and linguistic diverse groups, refugee and migrant groups, people with disabilities and rural and remote populations will be considered in all outcomes for the network.

The proposed structure of the Trauma Injury and Poisoning Clinical Network as described below in diagram 1, represents the service providers, agencies, key stakeholders and specialist organisations, which will form the network.



5.0 MEMBERSHIP

The Trauma, Injury and Poisoning Clinical Network will need to take into account the existing injury prevention and management network groups in Western.

Membership of the Trauma, Injury And Poisoning Clinical Network will be multi-sectoral, multi-disciplinary, time limited and include representation from consumer organisations. This could be a large number of individuals. Not all will be active members in the sense of attending meetings on a regular basis. However, it is critical that all members are supportive of the network's principles and expected outcomes.

Core membership should include representatives of:

- Patients and carers
- Clinicians
- Specialists
- Area Health Services
- Academic/research institutions
- Primary Care Team
- Allied Health
- GP Divisions
- Relevant Non-Government Organisations



Diagram 1: Trauma, Injury And Poisoning Clinical Network

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**Department of Health
Director General**

Area Health Services

Health Policy and Clinical Reform

Trauma, Injury and Poisoning Clinical Network Executive

**Trauma, Injury And Poisoning Clinical Network
Clinical Director**

<p>Area Health Service Representatives:</p> <ul style="list-style-type: none"> • North • South • Women's & Children's • South West Area Health Service • WA Country Health Service 	<p>Consumers Carers Non Government Organizations Private Sector</p>	<p>Academic Primary Care Australian Government Population Health</p>
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Clinical Network Development Unit

Support for the Trauma, Injury and Poisoning Clinical Network through the provision of:

- Expert advice and report compilation in collaboration with the Clinical Network
- Intersectoral collaboration and coordination to ensure consistency between strategic directions and operational outcomes
- Communication/ complaints / ministerial information support/statewide reporting
- Identification and support of information and research priorities
- Support for national and state responsibilities

Specialty Groups

- Trauma Committees in all Hospitals
- Disaster Preparedness Working Group
- Critical Care Council
- WA State Trauma Advisory Group
- Emergency Medicine
- Surgeons
- Orthopedics
- Toxicologists
- Psychiatrists
- Pediatrics
- Geriatricians
- Emergency care providers

Portfolios

- Clinical Governance
- Promotion, Prevention and Early intervention
- Consumer and Carer Participation
- Rehabilitation
- Integrated Models of care
- Primary Health Care
- Emergency Care
- Acute Care
- Disaster Preparedness
- Rural and Remote Services
- Research and Service Evaluation
- Gender Equity

External Stakeholders

- Department of Health and Ageing
- WA Divisions of General Practice
- Royal Australian College of Surgeons
- Royal Australian College of General Practice
- Health Consumers' Council (WA)
- Aboriginal Health Groups
- Govt Departments:Community Development, Education and Training, Police, Sport and Recreation, Local Govt & Regional Development
- WA Local Government Association
- Ministerial Council on Road Safety
- Non-govt organizations – Injury Control Council of WA, Kidsafe WA
- University Academic Organizations
- University Schools of Medicine
- University Schools of Nursing
- Australian Medical Association

6.0 CHARTER OF RESPONSIBILITY

All clinical networks will have six major functions including the **planning** of services based upon the needs of the population and changes in the health system, particularly in respect to changing technologies and demographic profiles; developing **policy** that supports the changing needs of the population and fosters innovation in our system; defining meaningful **performance measures**, setting targets and monitoring outcomes for patients and services; developing **protocols** to ensure efficiency, effectiveness and safety in the services we deliver; investing in **people**, providing opportunities to develop skills and knowledge; fostering leadership and advising on future workforce planning which will subsequently influence the **priorities** on how resources are allocated across the system.

Planning	Policy	Protocol	Performance	People/Partnerships	Priorities
<ul style="list-style-type: none"> • Placing emphasis on illness prevention strategies and maintenance of health; • Providing advice on the delivery of trauma, injury and poisoning services; • Providing advice on an integrated model for the provision of clinical services; • Providing advice on gaps in facility and equipment requirements for effective and efficient service delivery; • Providing advice on workforce training and development requirements. 	<ul style="list-style-type: none"> • Making recommendations for the delivery of patient- centred care. • Providing advice and support in the development of policies that support integration of services through partnerships and collaboration across organisations and service providers statewide; 	<ul style="list-style-type: none"> • Ensuring that recommended models of care are based on research and best practice; • Developing common clinical policy and practice, standards and protocols based on best evidence to achieve consistency in service provision; • Facilitating the development and supporting the application of agreed clinical pathways on the provision and delivery of care at the health service or local level. 	<ul style="list-style-type: none"> • Supporting the use of information systems with common IT infrastructure; • Supporting the development of mechanisms that demonstrate co-ordination and service integration of clinical management of patients across the continuum of care of prevention, detection, treatment, acute, sub-acute and continuing management. 	<ul style="list-style-type: none"> • Engaging key stakeholders and networking of clinical expertise to share and support best practice in the provision of care and service delivery; • Ensuring membership of the network is truly multi-sectoral and multi-disciplinary and time limited; • Collaborating with existing established networks at the national, local and regional level. 	<p>To be determined with reference to the CSF.</p>

7.0 DELIVERABLES – 2005/2006

Planning	Policy	Protocol	Performance	People/Partnerships	Priorities
<ul style="list-style-type: none"> • Develop a plan to address workforce issues raised by recommendation 33 in the Reid Report • Use existing state plans to guide injury priorities 	<ul style="list-style-type: none"> • Develop a strategic plan for the prevention of falls in seniors across the continuum of care • Evaluate and develop state context with national plans including the National Injury Prevention and Safety Promotion Plan 2004-2014 	<ul style="list-style-type: none"> • Develop protocols for health's contribution to the government's road safety strategy 	<ul style="list-style-type: none"> ▪ Create a central coordination centre for retrieval 	<ul style="list-style-type: none"> ▪ Linkage of injury prevention networks with networks across the continuum 	<ul style="list-style-type: none"> ▪ Implement recommendations from the Trauma Working Group Report

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