

Recommendation Response from Department of Health Biannual Report – August 2023

Aishwarya Aswath Chavittupara died, aged 7 years, after presenting to the PCH ED. Aishwarya was taken to the ED by her parents after she became increasingly unwell at home. Aishwarya was allocated ATS 4 at triage, though no vital signs were measured at the time. Her deteriorating condition was not immediately detected despite concerns being raised by her parents and Aishwarya being seen by clinicians whilst in the waiting area. Aishwarya was moved momentarily to a bed in the assessment area, and then to the resuscitation bay when it became clear how unwell she was. Aishwarya went into cardiac arrest shortly after. Despite extensive resuscitative efforts, she could not be revived.

Five recommendations were made relating to the implementation of nurse/midwife to patient ratios in public hospitals, implementation of a supernumerary resuscitation team at PCH ED, safe harbour provisions protecting nurses from Ahpra (Australian Health Practitioner Regulation Authority) investigation, prioritisation of funding for the EMR (Electronic Medical Record) program, and timeliness of observations to be taken at triage when children present with gastrointestinal symptoms.

The CRC reviewed these findings and discussion included an overview of what progress had been made to address some of the recommendations. Overall, members supported a broader scope for implementation of recommendations two and five across the system, and further enquiries will be made with relevant stakeholders.

With regard to recommendation one, the State Government announced in late 2022 that it was committed to transitioning to Nurse/Midwife to Patient Ratios (NMTPR) from Nursing Hours per Patient Day (NHpPD) within public health clinical inpatient areas as soon as possible. Following an announcement by the Minister for Health in April 2023, PCH ED was first to transition to NMTPR in July. Transition to nursing ratios commenced in PCH ED on 17 July 2023. Transition will occur over a six-month period and will be supported by the PCH ED Nursing Ratios Working Group, as well as implementation, communication and operational plans which are reviewed and updated regularly. Additionally, a workload escalation procedure has been developed as a mechanism for staff to escalate workforce concerns during the six-month transition period.

CAHS has advised that implementation of the full complement of a supernumerary resuscitation nursing staff (recommendation two) will be staged to maintain an appropriate number of experienced senior nursing staff on every shift within the [PCH] ED, which is critical to patient safety. From 1 July 2023 PCH is working towards having four supernumerary resuscitation nurses per shift on the roster. Every effort is being made to expedite implementation, whilst maintaining an absolute focus on patient safety, and safe nursing skill mix on a shift-by-shift basis.

The Department of Health has considered the introduction of safe harbour provisions to protect nurses in the event of an adverse event in the context of known risks having been identified and not rectified by their employer. The information currently available on this concept is limited, with only two overseas jurisdictions known to be operating with some form

of safe harbour legislation. The Department of Health believes that appropriate protections are afforded under existing legislation and policy and does not believe that such provisions are required at this time.

In relation to the coroner's fourth recommendation, WA Health is committed to a full implementation of EMR, which is key to modernising health care in WA as recognised and supported by the Sustainable Health Review. To manage the significant complexity of rolling out an EMR, the project is being undertaken through a phased and prioritised approach. Stage 1 of the strategy is implementation of the Digital Medical Record (DMR) to build capability and deliver early benefits, followed by Stage 2 which will be the roll out of a state-wide EMR. Through the 2023-24 Budget, the State Government has prioritised funding for Stage 1 of the EMR with an additional \$99.4 million investment, bringing total investment to date to \$156.7 million. Through now using the DMR. PCH is well progressed for implementation.

CAHS has advised that a work instruction introduced in December 2022 requires that vital observations are to be taken within 30 minutes of triage except for some patients with minor injury, and some mental health/behavioural/social patients.

Recommendation three was considered but not supported and has therefore been closed. On the understanding that the implementation of an EMR is a long-term commitment for the State Government and WA Health, members agreed that recommendation four has been deemed closed. Further enquiries will be made with relevant stakeholders and progress of ongoing recommendations one, two and five will be updated in the next biannual report.