



Government of **Western Australia**
Department of **Health**

Clinical Senate

July 2017

Dr DJ Russell-Weisz

Director General

Department of Health WA



Recommendations from two debates



Homelessness – Recommendations

System Manager: 5 Recs

- 3 Endorsed
- 2 Endorsed in Principle

Health Service Boards: 3 Recs

- All put forward for consideration



Photo courtesy of Tony McDonough

Homelessness – Recommendations

For System Manager:

Endorsed

- 1 Ask Minister for Health to consider establishing cross-jurisdictional Cabinet Committee to coordinate initiatives to reduce homelessness
- 2 Introduce a standard definition of homelessness across the WA health system
- 4 Add an alert to referrals identifying people who are – or are at risk of – being homeless

Endorsed in principle

- 3 Gather and analyse data on homeless patients to inform the development of a WA Standard of Care
- 5 Initiate a research project to determine the benefits of addressing the high cost of hospitalisation in homeless people through proactively sending specialist care into the community.



Photo courtesy of Tony McDonough

Homelessness – Recommendations

For Health Service Boards:

Put forward for consideration

- 1 Invest in staff education that evaluates the social determinates of health and the linkages to homelessness
- 2 Introduce a 'hub and spoke' management process for homeless patients, with peripheral facilities having access to central expertise
- 3 Ensure Aboriginal Elders within catchment have input into service delivery and hospital culture.



Photo courtesy of Tony McDonough

Responding to Interpersonal Violence - Recommendations

System Manager: 4 Recs

- 2 Endorsed
- 1 Endorsed in Principle
- 1 Not Endorsed

Health Service Boards: 6 Recs

- All put forward for consideration



Responding to Interpersonal Violence - Recommendations

For System Manager:

Endorsed

- | | |
|---|---|
| 1 | Introduce a consistent, system-wide response to interpersonal violence – possibly the Victorian model. |
| 3 | Identify a method to collect data on interpersonal violence presentations to hospitals and mental health services |

Endorsed in principle

- | | |
|---|--|
| 2 | Implement a universal family and domestic violence screening tool across health services |
|---|--|



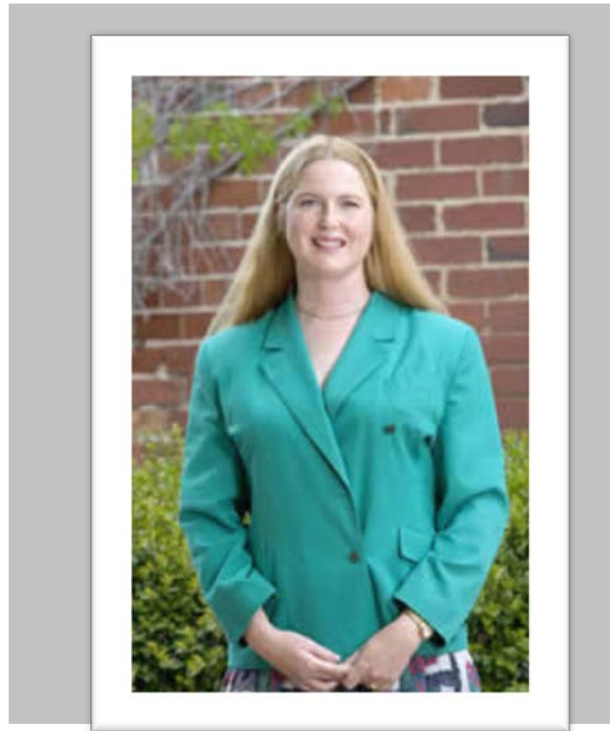
Responding to Interpersonal Violence - Recommendations

For Health Service Boards:

Put forward for consideration

1	Work in partnership with Aboriginal people within catchment area to develop and co-design domestic violence programs
2	Implement mandated domestic violence screening for high-risk patients
3	Allocate a position responsible for educating and training staff in interpersonal violence
4	Develop an internal policy that enables: <ul style="list-style-type: none">- reporting of instances of interpersonal violence and records resulting stress on staff- Provides for ongoing training and education- Provides support for staff- Prioritises security response for staff and patient safety.
5	Develop pathway for managing interpersonal violence across the lifespan that gives clarity about tools and resources
6	Develop pathway for referral of individuals at risk of, or experiencing, interpersonal violence

Farewell to Clinical Senate Chair Professor Julie Quinlivan



Professor Julie Quinlivan

Clinical Senate Career

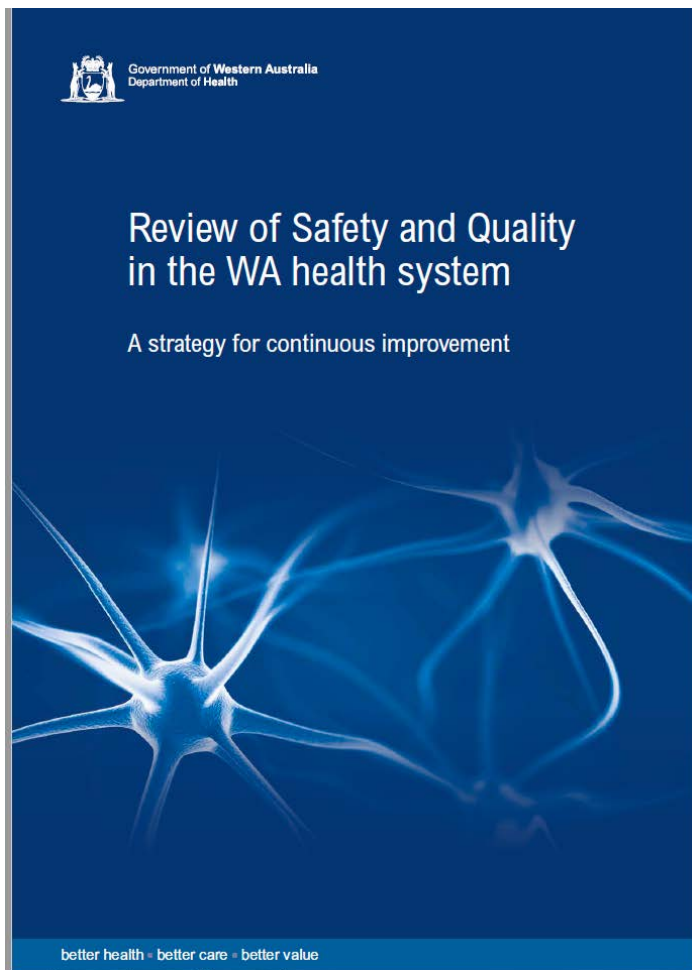
Senator: July 2011 – July 2017

Deputy Chair: March 2014 – July 2015

Chair: July 2015 – July 2017

Debates as Chair : 8

Today's Clinical Senate: A Holistic View of Safety and Quality



28 recommendations relating to:

- roles, responsibilities and accountabilities
- governance structures, groups and committees
- system policies and standards
- system oversight and assurance
- safety and quality performance reporting
- public-private-partnerships and mental health
- strategic priorities for safety and quality.