## **MINUTES**

## WHEATBELT EASTERN DISTRICT HEALTH ADVISORY COMMITTEE

9 June 2020 0930 – 1130 Jorradin Hoalth Sanvica Ma

Merredin Health Service Meeting Room

Attendees O Truran (Chairperson & Southern Cross Representative),

S Waters (Deputy Chair, Kununoppin & Districts Representative)

L White (Kellerberrin Representative)
R Patroni (Merredin Representative)
J Stratford (Wyalkatchem Representative)
K Horsley (Operations Manager Eastern)
C Cox (Health Service Manager Merredin)
J Herbert (A/Primary Health Manager)

Apologies P Negri (Bruce Rock Representative), M Foss (Bruce Rock Representative)

Invitees Karen Hansen – Regional Coordinator WAPHA

## **Cultural Acknowledgement**

We respectfully acknowledge the past and present traditional owners of this land on which we are meeting, the Noongar people. It is a privilege to be standing on Noongar country. We also acknowledge the contributions of Aboriginal Australians and non-Aboriginal Australians to the health and wellbeing of all people in this country we all live in and share together – Australia.

1.0	WELCOME AND APOLOGIES
1.1	The Chair welcomed members to the meeting. Apologies were noted – Quairading and Narembeen currently do not have representatives.
2.0	PREVIOUS MINUTES
2.1	The April meeting was cancelled due to the COVID 19 - the minutes from the February meeting have been now endorsed by R Patroni : Seconded: S Waters
3.0	ACTIONS ARISING
4.0	NEW BUSINESS
4.1	
5.0	STANDING ITEMS FOR DISCUSSION
5.1	Operations and Regional Report – COVID 19 – K Horsley gave a brief report on the COVID 19 situation – each hospital has in place a Patient Journey which assists with keeping patients that are suspected or confirmed Covid 19 separate within the hospital and ED departments. It is back to Business as usual for many areas of health. All visitors to the Hospitals and Aged Care are still being screened with the Aged Care still following the strict visitor guidelines.  L Whyte spoke in regards to a patient that attended the Quairading hospital with a sore throat, cough and a temp of 37.5 but they were not COVID 19 tested yet this person was a school teacher. K Horsley explained that there are strict criteria in regards to who can be tested. At the time of the person's presentation to Quairading with a temp of 37.5 she would not have met the criteria for testing. The criteria is set centrally and we are bound by them – the criteria does change over time and now if she presented with the same symptoms she would possibly be tested. K Horsley gave brief overview of the guidelines that each hospital has to use.  R Patroni asked the question to why St John Ambulance has not been involved in the planning of moving suspect/confirmed patients with COVID 19 – K Horsley advised that St John Ambulance has been involved in all the planning meetings - she suggested that R Patroni speak to the Community Paramedic to get an update on what is happening and ask to be included in the requirements of moving these patients.  S Waters felt that there has not been enough information out in the communities in regards to what was happening – C Cox advised that a communication cell was in place to feed out information and that lots of information could be found on social media and via the health

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	department internet page. The local government have also been pushing information out to
	the communities.  K Horsley advised that the board will be visiting the Eastern Sites between July 22-24 <sup>th</sup> –
	they are hoping to speak to staff and have a community engagement session.
5.2	Medical and Nursing Report – C Cox gave the committee an over view on his past experience and his role as the new permanent Health Service Manager of Merredin. His focus within the hospital will not only be on the clinical side but he is also keen to make sure the Aged Care area of the hospital is looked after. He is keen to get the gardens in the Aged Care Area looking more presentable together with the surrounding gardens of the hospital. He is also hoping to ensure that the Occupational Therapy Assistant role is covered for the Aged Care Patients. This role is very important in that it gives our residents opportunities to do activities and keeps their mind as well as their bodies active. The Admin team in the hospital have had to adapt too many changes in the last few months with COVID 19 – they have had to change the front desk process to incorporate the concierge of each visitor and staff member in to the hospital. As part of his role he is also making sure he keeps in contact with the local community – he has had a meeting with the local police and will be involved in the Local Emergency Committee together with the local government, he will continue to meet with community groups on a regular basis. R Patroni raised the issue that a cancer care patient could not stay in the community and had to return to Perth for services. He felt that this was not fair and it would be better if patients could stay in the region. C Cox explained that unfortunately we cannot cover some oncology services due to Medical Governance – some patients choose to see private specialist for their treatment which is why many times they have to return to Perth for treatment.
	Due to medical governance some patients cannot be supported here in Merredin. We do have a very cohesive Cancer Care area that all patients can use and have access to and this group are very willing to help try and keep patients in their own homes.
5.3	Primary Health Report – J Herbert tabled her report. In line with the outpatients guidelines face to face services during COVID 19 were scaled back and the Primary Health Team have been doing appointments via VC and phone. The team are now starting to re-commence face to face services.  Mail drop to over 1500 Aboriginal people across the Wheatbelt with information on COVID 19  Flu Immunisations clinics to have been completed and are ongoing
	The Primary Health Team will be undertaking the COVID 19 DETECT asymptomatic school cohort which will be conducted over 3 months and cover 150 tests each month.  Changes will be made to the line management for the Clinical Nurses at Mukinbudin and Koorda Nursing Posts – services will not change and will run as per usual.
	<b>WAPHA</b> – the committee agreed that this would be a standing item and be included as a standing the Agenda item. K Hansen tabled her report:  During COVID-19 and continuing through recovery,
	WAPHA Wheatbelt has facilitated a Wheatbelt Aged Care Providers meeting including all
	RACFs, WACHS Aged Care unit and support agencies to address the priorities for the
	pandemic. These meetings will continue and now include the Wheatbelt Aged Care
	network group.
	Working closely with the Northam Postvention Committee Coordinator (covering Wheatbelt) to set priorities and strategies going forward for Suicide Prevention activities
	and education.
5.4	Working with and within subgroups from the Wheatbelt Mental Health Managers Forum to
	ensure that those most of risk are catered for and not falling through the gaps. Groups are
	Aboriginal and Torres Strait Islander people, CALD people, Disability, mental health and AOD, DVA and homeless.
	To date flowcharts are been developed for GPs, ED and the general public on
	accessing local mental health services and crisis lines.
	Working on a website for all professionals to access 'self-care and wellbeing  This will be going live soon.
	resources. This will be going live soon.  • Wellbeing tip sheets have been developed for Aboriginal and Torres Strait Islander
	people and community members (attached)

The After Care Coordinator (suicide and ideation) program has been independently evaluated and the program extended to September 2020 whilst the evaluation is considered.

Regional Manager has been regularly attending the Operational Agency Service Group (OASG) meetings along with WACHS and other heads of agencies during the Pandemic and now as we enter the recovery phase.

Our Chronic Conditions providers have been checking in on their most at risk clients to ensure they have what they need and to limit the need to access Emergency Departments. From 1 July, a chronic conditions single referral point pathway will be implemented where GPs will send all referrals to a Wheatbelt central point for assessment by WAPHA funded Silver Chain Health Navigators ensuring client's clinical, physical, emotional and social well-being needs are met.

GPs and other stakeholders have been receiving weekly consolidated updates from WAPHA re COVID-19 from the Commonwealth Department of Health, RACGP, Rural Health West etc.

There was a decrease in GP and provider face to face consultations initially, however these are picking up with most now offering a combination of face to face and telehealth consults. WAPHA launched the See your GP Campaign to help raise awareness of the need to continue seeking treatment from your GP.

You can assist in our campaign by sharing the flyer, social posts and videos available here https://thesocialpresskit.com/seeyourgp on your channels and by encouraging your members to do the same.

## Key messages for this campaign

- Regular medical needs don't stop in the middle of the pandemic.
- Don't put off getting a check on your health/ the health of those you care for.
- It is more important than ever for Western Australians to stay healthy and get the prescriptions, screening and support they need.
- General practices are open, and appointments are available, including by phone and video.
- Carers are making difficult decisions about how to keep those they care for
- Part of that is making the right call about how to get regular medical care without being at greater risk of infection.
- GPs understand the importance of infection control and they are taking steps to keep patients, doctors and practice staff safe.
- Changes might include asking people to wait outside or in their car to keep space between patients or staff wearing masks. They are simple but important steps in infection control.
- Your general practice might look a little different, but the changes are designed to reduce risk and keep everyone well.
- If you are concerned, ask the receptionist when you call about what to expect at the clinic.
- You can also ask for a telehealth or video appointment so you can get essential advice in your own home.
- However, for some people and conditions, it is still best to have an in-person appointment and you can be assured that this will be safe.
- Your health matters, so see your GP.

Examples of how you can share this campaign (all posts and more materials are available

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	here <a href="https://thesocialpresskit.com/seeyourgp">https://thesocialpresskit.com/seeyourgp</a> )
	Social post: We know some people are worried about their safety and exposure to COVID-19. Right now, it is more important than ever to prioritise your and your family's health and get the prescriptions, screening or support you need. If you are concerned, ask about the additional steps your practice has taken to help keep everyone safe. #SeeYourGP
5.4	Bruce Rock Report – No Report
5.5	Cunderdin Report – No Report
5.6	<b>Kellerberrin Report</b> – report tabled. L White had an update from T Beech to say that LHAG in July will be as a face to face meeting and that they would make sure they keep the correct distance. The hospital will continue to do the MOWS at this stage. The patient journey for Kellerberrin is in place and that the entry is locked 24/7 and patients/visitors need to ring the bell and the staff concierge them prior to them entering the hospital. The flu vaccine has been given to 100% of the Kellerberrin Staff.
5.7	Kununoppin & Districts Report – report tabled. S Waters gave an update on the new Doctor who has come in to replace Dr walker. The new doctor brings with him his wife, a 19 month old and a new baby. The doctor's surgery has been active in sending out COVID 19 information. Seniors and churches have still not resumed and she hasn't heard about sports starting yet. The hospital has converted their palliative care room to a COVID 19 patient room.
5.8	Merredin Report – report tabled. R Patroni gave an update on the how the Shire has been working hard with the local businesses with putting into place barriers and shutting off streets to help with distancing. The shire has also had to deal with the local super markets having shelves emptied and being unable to re-fill. It is now coming back to normal slowly. Sport is starting to slowly start up again with restrictions in place. Merredin Sub Centre have been using an Ambulance from Southern Cross Sub Centre as the are currently in the process of getting replacement vans. R Patroni commented that the hospital and St John Ambulance work extremely well together and it will be good to get back to business as usual.
5.9	Narembeen Report No Report
5.10	Quairading Report No report
5.11	Southern Cross Report – Report tabled. Currently the Southern Cross Hospital is fully staffed with permanent staff.  The hospital has in place the patient journey and all patients are treated as suspect with COVID 19 and therefore they follow the correct process to keep staff and patients safe. St John Ambulance still desperately short of volunteers with only one Senior Member and 2 juniors (both live out of town)  LHAC meeting is scheduled for July.
5.12	Wyalkatchem Report – J Stratfdord tabled a report -
	STANDING ITEMS FOR NOTING
6.0	
6.1	Correspondence Nil received
6.2	Site Compliments & Complaints K Horsley advised that over the past few months some lovely compliments have come in with regards to the care patients have received.
6.3	DHAC Chairpersons Forum
6.4	Wheatbelt Mental Health Consumer Advisory Council -
6.0	OTHER BUSINESS/LATE ITEMS
6.1	<ul> <li>DHAC Member attendance at Eastern Management Team Meetings (EMT)</li> <li>26 August, Merredin</li> <li>23 September, Merredin</li> <li>28 October, Merredin</li> <li>25 November, Merredin16 December Merredin</li> </ul>

7.0

**NEXT MEETING** 

		Tuesday 11 August 2020, Merredin Health Service Meeting Room
Meeting closed at:		
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		Date
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Giving the best care in the best place Our Values: Community | Compassion | Quality | Integrity | Justice