

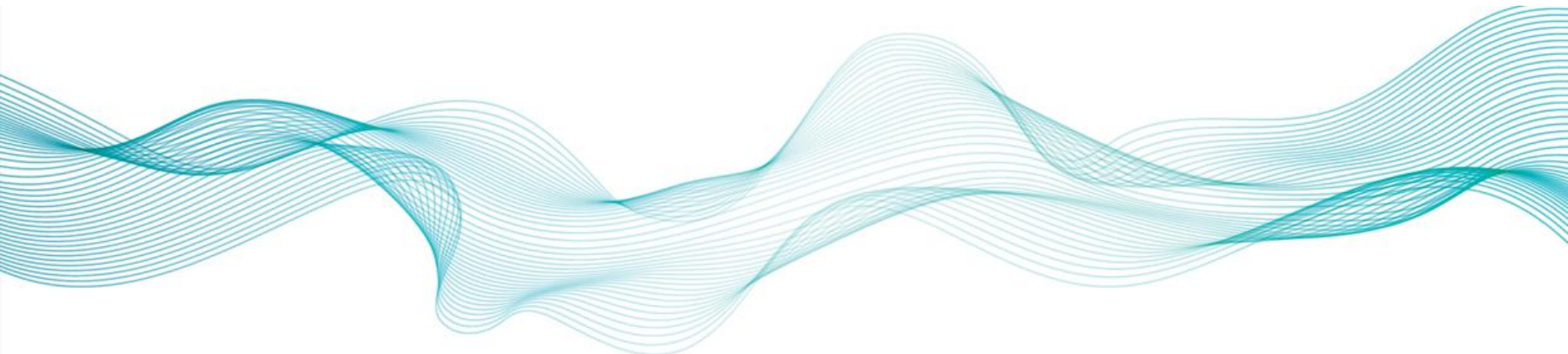


Government of **Western Australia**
Department of **Health**
State Health Operations Centre



WA Virtual Emergency Department

Dr Shelley Campos



WAVED



WAVED enables patients to be seen virtually in the comfort of their own home when safe and appropriate to do so, rather than waiting to be seen in an Emergency Department (ED)



WAVED aims to bring the emergency expertise and care to the patient, where appropriate to do so - delivering the right care, in the right place, at the right time



Patients will be assessed by an experienced clinical team and connected with the care that they need, whether that is in their home, the hospital, or an alternative service



Irrespective, they will receive the same level of exemplary care as an in-person attendance



Background

- SMHS Virtual Emergency Medicine service commenced February 2021
 - Uses telehealth technology to connect SJWA paramedics with FSH FACEMs to reduce avoidance ED presentations
- State Government's Ambulance Ramping Strategy endorsed by Cabinet early 2023
 - WAVED articulated as a key pillar of the Strategy; expansion of VEM model
- In June 2023, Health Service Providers agreed to WAVED being established as a single, centralised (DOH) service

WAVED Proof of Concept

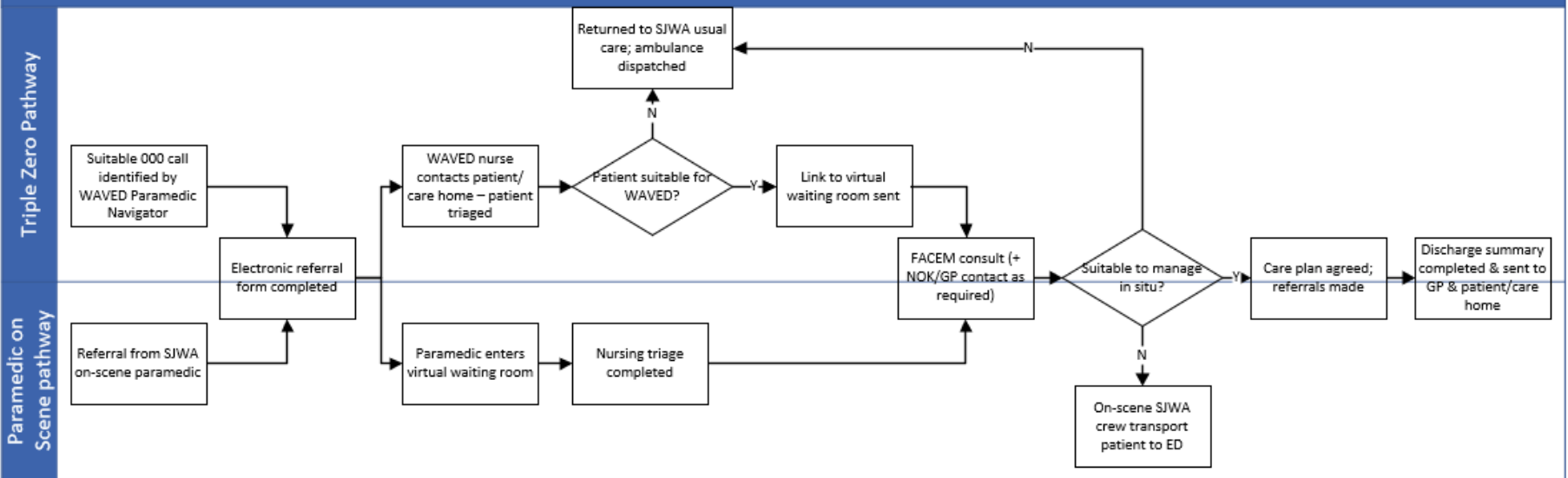
- Launched September 2023 at St John WA (SJWA) State Operations Centre in Belmont
- Operated as a low-volume service, providing virtual consults for low acuity RACF residents, accessed via 000 call (pre-dispatch)
- Monday to Friday; 10am-6pm

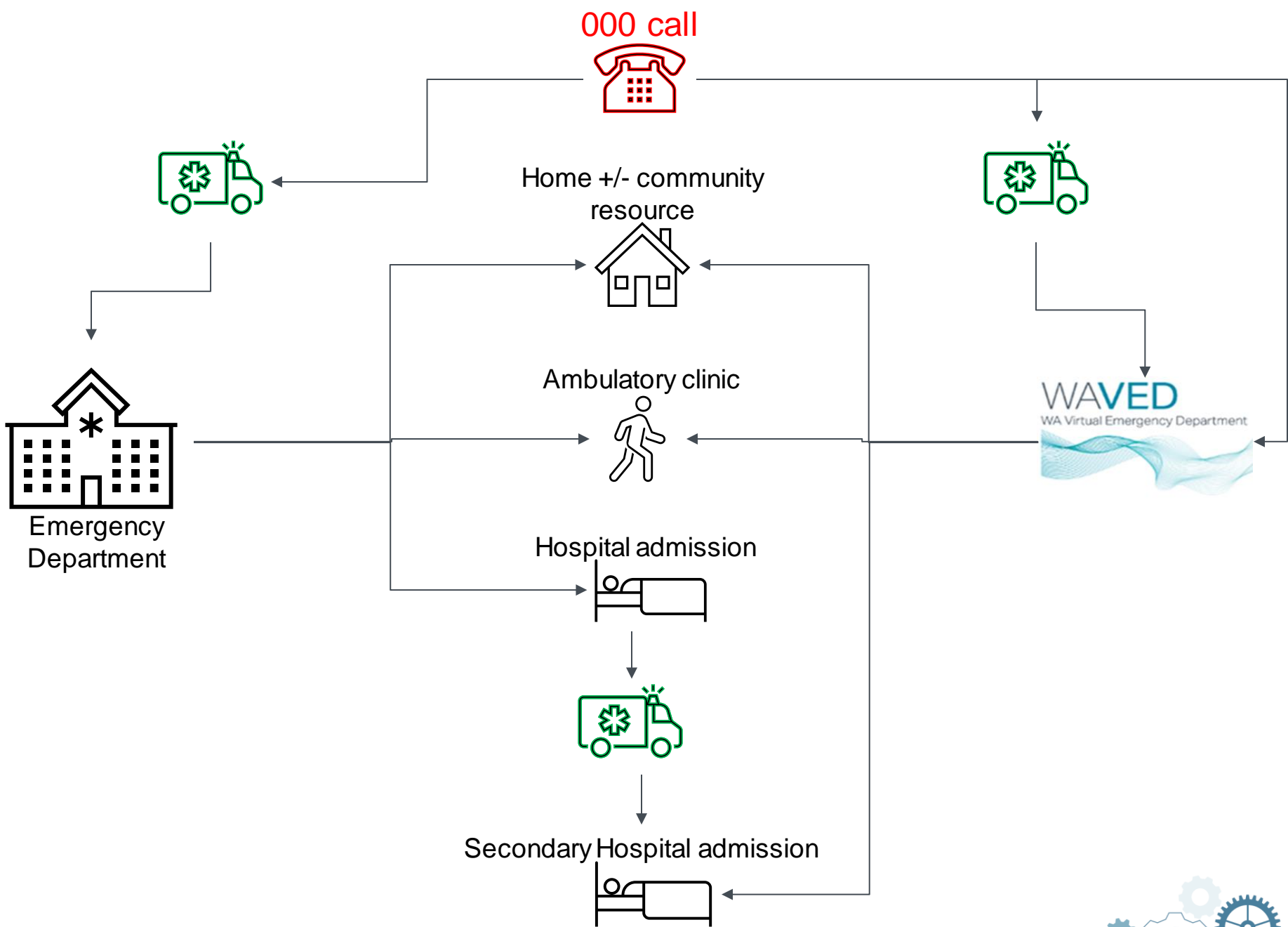
WAVED Current State

- 7-day service
- Expanded pathways - accepting referrals for adult patients from 'on-scene' metro SJWA crews including ECPs
- Direct referrals accepted from Residential Care Line
- Median wait for FACEM consult \approx 8 mins
- Median consult length 25 mins
- ED diversion rate \approx 63%
 - Establishing referral pathways to community & hospital services that provide alternative access to care

WAVED Process (current)

WAVED Process (Simplified) – February 2024





WAVED Data

Saved to \\hdwa.health.wa.gov

WAVED Dashboard

EDIS

- Overview
- Data Table
- Definition
- Record level drill down
- REDCap Patient Tracker

Data Source : EDIS (EDDC Masterfile)

Overview

Time Series

Data Table

Restricted tables

Data Definitions

Current displayed period : 02/01/2024 - 28/04/2024

Year Month

Multiple selections

Week ending Sunday

All

Date

All

Reset

Service Usage

WAVED attendances: **683**

Average daily attendances: **6.3**

Consult Length (mins)

Median: **25** | 90th Percentile: **59**

Length of Episode (mins)

Median: **40** | 90th Percentile: **83**

Attendances by triage category

Triage 2	0.6%
Triage 3	15.5%
Triage 4	75.3%
Triage 5	8.6%

Presentation by Hour of Day

Hour	9	10	11	12	13	14	15	16	17	18
# of Attendances	49	106	102	104	96	74	83	61	46	6

Presentation by Day of Week

Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
# of Attendances	98	94	127	105	96	75	88

Presentation by Top Diagnosis Chapter

Symptoms, signs and abnormal clinical and labora...	182
Diseases of the musculoskeletal system and conn...	104
Injury, poisoning and certain other consequences ...	80
Factors influencing health status and contact with ...	59
Diseases of the skin and subcutaneous tissue	49

of Attendances

Service Effectiveness

ED Avoidance: **63.5 % (434)**

- Managed in situ: 61.2% (418)
- Direct admission: 2.3% (16)
- Transferred to ED: 36.5% (249)
- Did not wait/Left at own risk: 0.0% (0)

Safety & Quality

% Seen within recommended time: **93.3%**

%SOT By triage category

Triage 2	100.0%
Triage 3	87.7%
Triage 4	93.8%
Triage 5	98.3%

Median Wait time: **9** minutes

90th percentile Wait time: **47** minutes

%WAVED attendances that did not wait or left at own risk: **0.0%**

%unplanned reattendance for a related condition within 48hrs: **7.3%**

2/01/2024 - 29/02/2024

For cases treated in place only

WAVED case studies

- 91yo patient in RACF with significant deterioration on the background of an advanced health directive and family wishes expressing a desire not to be transferred to hospital. Concerns raised that patient was looking restless but because of the time of day and the fact it was a public holiday, no community assistance was available so 000 called.
- WAVED consult – reviewed and management plan formulated that allowed patient to remain home. Family very happy with this. E-scripts sent. Palliative support services contacted the following day for ongoing support.
- *RACF patient.*
- *Field Paramedic referral.*
- *ED / hospital presentation avoided.*
- *Managed via WAVED consult and referral to Metropolitan Palliative Care Consultancy Service (MPaCCS)*

WAVED case studies

- Elderly patient who usually lives with her daughter, currently in respite care who had had a fall with a foot injury 2 weeks prior. Continuing limp so XR organised by GP which demonstrated a calcaneal fracture. 000 call to then attend hospital. Patient due to return home to daughters house the following day.
 - *Patient in respite care.*
 - *Paramedic Navigator referral.*
 - *ED / hospital presentation avoided.*
 - *Other specialty input obtained during virtual consult.*
 - *NMHS GARM (Geriatric Acute and Rehab Medicine) services coordinated ongoing community supports.*
- WAVED consult – Discussions with patient, orthopaedics, GP, NOK and GARM care navigator. No specific treatment required for fracture, patient can continue to ambulate. Can return home with daughter and GARM care navigator will arrange follow up at home to ensure adequate support in place at home.

WAVED Future State

- 13 May:
 - Residential Care Line direct referral pathway
- 1 July:
 - Transition of SMHS VEM activity to WAVED
 - Expansion of hours (referrals accepted 8am-10pm)
- Additional direct access pathways
 - WA Police (Perth Watch House)
 - Department of Justice
 - Healthdirect advice line

Questions for Discussion

1. How could the WAVED service improve the care of your patients?
 - a) Are there specific patient cohorts/clinical conditions which would most benefit from accessing WAVED?
2. What are the key requirements that must be considered in the design of a referral pathway from RACH/GPs to WAVED and the subsequent consult process?
3. What are the key risks that would need to be managed?



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