



Chronic Conditions Alert Procedure

1. Guiding Principles

This procedure outlines the requirements for clinical staff (medical / nursing / allied health) to ensure correct and consistent application of the Chronic Conditions Alert. It outlines the integration between the clinical, administrative, and Regional Health Information Management (HIM) processes that are to occur within the WA Country Health Service (WACHS).

The Chronic Condition Alert can only be applied to eligible patients with at least one of the identified priority chronic conditions **and** complex care needs as defined on page two.

Once applied, a Chronic Conditions Alert can be used by clinicians as a prompt to identify and activate appropriate care pathways, inform discharge planning and referral to primary health services for chronic condition self-management support.

The use of the Chronic Condition Alert is for consideration and direction of individual WACHS regions' or sites' Executive Management.

There are two pathways guiding use of the Chronic Condition Alert:

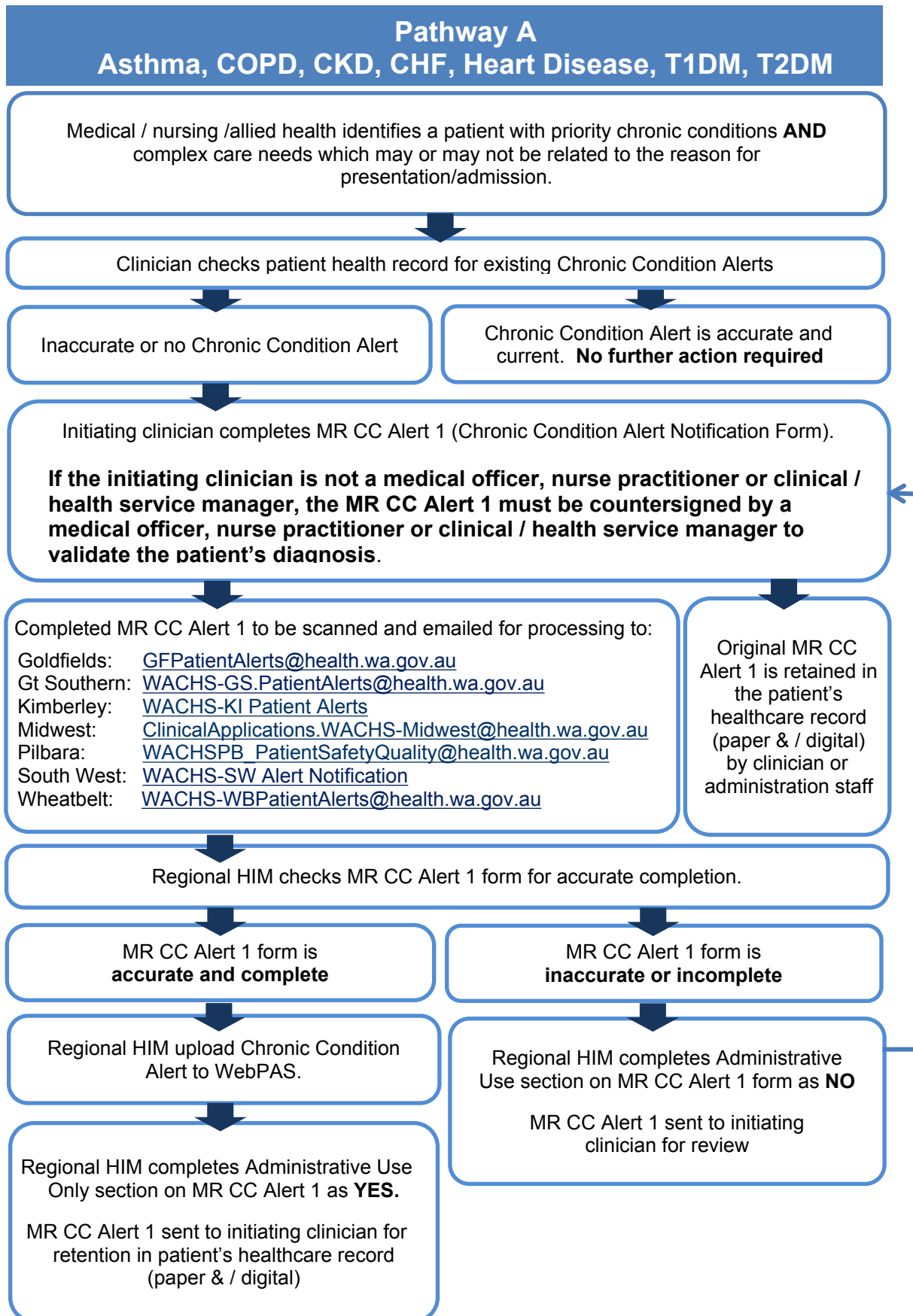
Pathway A

**Asthma, Chronic Obstructive Pulmonary Disease,
Chronic Kidney Disease (Stages 3-5) Chronic Heart Failure,
Heart Disease, Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus**

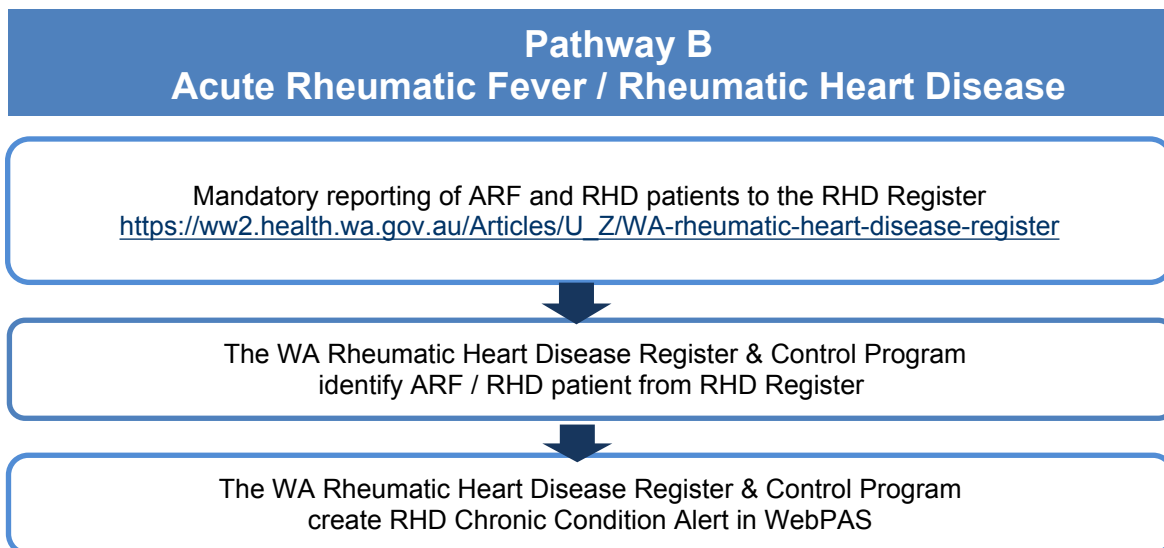
Pathway B

Acute Rheumatic Fever (ARF) / Rheumatic Heart Disease (RHD)

2. Procedure



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Always source the current version from [WACHS HealthPoint Policies](#).



3. Definitions

Chronic Condition Alert (CC Alert)	An alert to identify a patient’s chronic condition status and complex care needs, independent of their presenting complaint at emergency department, inpatient admission, outpatient or community health service.
Priority Chronic Condition	Asthma Chronic Obstructive Pulmonary Disease Chronic Kidney Disease (Stages 3-5) Chronic Heart Failure Heart Disease Acute Rheumatic Fever/ Rheumatic Heart Disease Type 1 Diabetes Type 2 Diabetes
Complex Care Needs	At risk of or has history of frequent ED presentations, unplanned inpatient admissions and or long stay admissions Complex comorbidity. Complex psychosocial circumstances. Access of health services is limited and/or discharged against medical advice. Requires support to self-manage their health care needs.
Initiating Clinician	The clinical staff member who identifies an eligible patient and commences the MR CC Alert 1.
Clinical Staff	Includes medical, nursing and allied health staff that

	provides clinical service within WACHS
Acute Rheumatic Fever (ARF)	An illness caused by an immunological reaction to infection with group A streptococcus. It causes acute, generalised inflammatory response and can damage the heart valves.
Rheumatic Heart Disease (RHD)	Rheumatic heart disease (RHD) is damage to one or more heart valves that remains after an episode of acute rheumatic fever (ARF) is resolved. It is caused by an episode or recurrent episodes of ARF, where the heart has become inflamed.

4. Roles and Responsibilities

Clinical Staff may identify eligible patients. They are responsible for completing the [MR CC Alert 1 WACHS Chronic Condition Alert Notification Form](#).

If the initiating clinician is not a medical officer, nurse practitioner or clinical/health service manager, they are responsible for seeking countersigning by a medical officer, nurse practitioner or clinical/health service manager to validate the patient’s chronic condition diagnosis.

The initiating clinician is responsible for forwarding the completed MR CC Alert 1 WACHS Chronic Condition Alert Notification Form to their Regional HIM via scan and email to the nominated email address.

The initiating clinician is responsible for ensuring the original completed MR CC Alert 1 WACHS Chronic Condition Alert Notification Form is filed into the patients’ medical record.

Health Information Management (HIM)

Regional HIM are responsible for processing the MR CC Alert 1 WACHS Chronic Condition Alert Notification Form and coordinating the entry of Chronic Conditions Alerts into WebPAS.

WA Rheumatic Heart Disease Register & Control Program

The WA Rheumatic Heart Disease Register & Control Program is responsible for identifying patients listed on the RHD Register with ARF and RHD and uploading of RHD Chronic Condition Alerts into WebPAS.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Evaluation, audit and feedback processes are to be in place and monitored regionally.

8. Standards

[National Safety and Quality Health Service Standards](#) (Second Edition) -
1.15, 1.16, 5.4, 5.10, 5.12, 6.4
[National Standards for Mental Health Services](#) – 8.2.1, 8.2.2

9. Legislation

[Health Services Act 2016 \(WA\)](#)

10. References

[WACHS Chronic Condition Prevention and Management Strategy 2015-2020](#)

11. Related Forms

[MR CC Alert 1 WACHS Chronic Condition Alert Notification Form](#)

12. Related Policy Documents

WACHS [Admission, Discharge and Intra-hospital Transfer Clinical Practice Standard](#)

13. Related WA Health System Policies

[MP 0095 - Clinical Handover Policy](#)
[MP 0053/17 - WA Clinical Alert MedAlert Policy](#)

14. Policy Framework

Clinical Services Planning and Programs Policy Framework

**This document can be made available in alternative formats
on request for a person with a disability**

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Version:	3.02	Date Published:	21 July 2021

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