

AMBULANCE RAMPING

Standing Orders Suspension — Motion

MR Z.R.F. KIRKUP (Dawesville) [3.12 pm] — without notice: I move —

That so much of standing orders be suspended as is necessary to enable the following motion to be debated forthwith —

That this house condemns the McGowan Labor government for its mismanagement of the Western Australian health system, including record levels of ambulance ramping, which is unnecessarily putting lives at risk.

I understand that we have reached agreement with the Leader of the House; I assume that he will amend the motion.

Standing Orders Suspension — Amendment to Motion

MR D.A. TEMPLEMAN (Mandurah — Leader of the House) [3.13 pm]: I move —

To insert after “forthwith” —

, subject to the debate being limited to 15 minutes for government members and 15 minutes for non-government members

In speaking to the motion, again, I highlight to the opposition that there is an opportunity for a matter of public interest today. The opposition should take up those opportunities. It refuses to take up this one, but the government will allow debate to occur on this suspension.

Amendment put and passed.

Standing Orders Suspension — Motion, as Amended

The ACTING SPEAKER (Mr S.J. Price): Members, as this is a motion without notice to suspend standing orders, it will need an absolute majority in order to succeed. If I hear a dissentient voice, I will be required to divide the Assembly.

Question put and passed with an absolute majority.

Motion

MR Z.R.F. KIRKUP (Dawesville) [3.14 pm]: I move the motion. We undoubtedly have the worst government in the history of the state when it comes to ambulance ramping levels in Western Australia, and that is putting lives at risk right across our state’s health system. The crisis that we are facing is not a new one—it has existed for years under Premier McGowan and the Western Australian Labor government—but last week we hit a new low.

The ACTING SPEAKER: Sorry, member for Dawesville. Members, if you are having a conversation, can you take it outside, please. Thank you. Carry on.

Mr Z.R.F. KIRKUP: Thank you very much, Mr Acting Speaker. Last week, we hit a new low in Western Australia. There was a systemic failure that has only come about because of this government’s lack of leadership and investment in this critical area of our health system, our state’s hospitals, and in response to the record levels of ambulance ramping. Last week alone, a terrible situation put lives at risk right across our state, but particularly in metropolitan Perth. On Monday, ambulances were ramped for 162.3 hours. It was the ninth worst day in history since records have started to be kept; outside of the state’s 2019 flu season, it was one of the worst results we have ever seen for ambulances being ramped out of our state’s hospitals. At the time, we thought it could not get worse than that, but it did get worse as we went through the week. On Tuesday, right across my district in Dawesville and the districts of the members for Murray–Wellington and Mandurah, every ambulance in Mandurah was ramped. Calls coming out from Pinjarra and Dudley Park were being responded to by ambulance crews in Rockingham.

On Friday, when we thought it could get no worse, ambulances were ramped for 177 hours in our state’s hospitals. Without a doubt, this was a new low. Beyond that, 13 ambulances were waiting ramped at Fiona Stanley Hospital. There were 13 ambulances with people in the back waiting to be handed over to the hospital emergency department who could not get the treatment they so deserve in our world-class health system because of the failures of the McGowan Labor government. Then, at 1.00 pm and 5.00 pm on Friday, there were no ambulances available to respond to any priority calls north of the river. Let that sink in for a moment, members: no ambulances were available to respond to a critical 000 call north of Perth. That impacts districts such as Joondalup, Kingsley and Wanneroo. There was not a single ambulance available to respond to someone’s father who might be in cardiac arrest, or to a child in anaphylactic shock. No ambulance able to respond is a new low in our state’s history and a reflection of the McGowan Labor government’s poor handling of our health system. It should not be feasible or imaginable that in our state’s \$9 billion health system, our world-class health system with amazing doctors, nurses, paramedics and ambulance crews, not a single ambulance is available to respond to a priority call-out in our state. Any Western Australian would find that an absolutely unthinkable and harrowing proposition.

The member for Wanneroo smiles and smirks as we go about this debate. This is putting communities in the member for Wanneroo's districts at risk. I hope that the member stands up in this place and joins us as we condemn this Minister for Health for putting the lives of people in our communities at risk, because that is what is happening. We cannot have a situation in which a grandfather has a heart attack in Wanneroo and cannot get an ambulance because of the failure of the health minister. That is what is happening, member for Wanneroo. I hope that the member speaks up in caucus, because otherwise she and members for the northern suburbs and the Labor Party are completely silent in this place on putting the health of Western Australians at risk. The people of WA deserve better than the terrible representation that they are getting from members of the Labor Party, who are silent on the matter of putting the lives of Western Australians at risk.

Ms S. Winton interjected.

The ACTING SPEAKER: Member for Wanneroo!

Mr Z.R.F. KIRKUP: We could not believe it could get any worse on that Friday. It was absolutely unacceptable.

Ms S. Winton interjected.

The ACTING SPEAKER: Member for Wanneroo, I call you to order for the first time.

Mr Z.R.F. KIRKUP: Unfortunately, this is not a single day, week or year of this government's terrible mismanagement of our state's health system. This has happened ever since the McGowan Labor government took office. In 2016, the final year of the former Liberal–National government, ambulance ramping in Western Australia was sitting at somewhere around 700 or 800 hours a month. In 2015 and 2016, when ambulance ramping levels were at 700 or 800 hours a month, the current Minister for Health, who was then in opposition, called for the resignation of then health minister, Hon Dr Kim Hames. Now we find ourselves in a situation in which ambulance ramping in the last full year of the McGowan Labor government has averaged 2 034 hours a month. It has gone from a couple of hundred to 2 034 on average in 2019. This year, when we have not seen a COVID-19 second wave and the flu crisis that was blamed in 2019, ambulance ramping has reached new record highs and it is putting Western Australian lives at risk. That is absolutely unacceptable, and that is why we stand together united as an opposition, the Liberal Party and the Nationals WA, to condemn the government for its failures in our state's health system. This work does not reflect appropriately the amazing work of our talented clinicians, nurses, doctors, paramedics and ambulance officers, who are doing an amazing job in very difficult circumstances. This government is not providing them with the leadership that they so deserve. The government will say a couple of things in response. The minister will say that the government has changed the definition and "We no longer care about that because we've hidden it and pushed it aside." The minister will say that time for cleaning an ambulance and paperwork is taken into account. It would be a blatant mistruth if the minister were to say that in this place. That is not true. By definition, "ambulance ramping" is the same as it was in 2016 when the government was in opposition and it called on the then Minister for Health to resign. Now we stand united as an opposition and say that this government has put more Western Australian lives at risk than has any other government in the history of Western Australia due to its inadequate leadership of the Western Australian health system, and for that it stands condemned.

MRS L.M. HARVEY (Scarborough — Leader of the Opposition) [3.21 pm]: I rise to support this motion. I take members back to 4 August 2015 when there was a newspaper story about how shameful it was that we had ambulance ramping averaging around 32 hours a day. At that time, Mr Roger Cook, who was then the shadow Minister for Health, stated —

"This means we still have patients left in hospitals, left in ambulances waiting to receive the care that they need ...

I move on to the August 2016 comments of the then shadow Minister for Health, Mr Roger Cook, who stated —

... figures that revealed this month was on track to be the worst ever for ramping showed too many patients were being forced to wait in the care of paramedics before being able to see a doctor.

"In the first 10 days of August we have seen over 800 hours of ramping ...

"Every hour of ambulance ramping represents a patient, anxious, potentially in pain, waiting to receive the treatment they deserve."

That was in 2016 at a time when 800 hours of ramping over the first 10 days of August was unacceptable. Now I move forward to 2019 and 2020. We raised the issue of ambulance ramping towards the end of last year and, as has been outlined by the member for Dawesville, the minister decided to change the reporting mechanism to try to hide the government's shameful performance in ambulance ramping. We have now averaged more than 2 000 hours a month of ambulance ramping. In December 2019, when the minister was talking about the changes he was going to make to the reporting, Dr David Mountain from the Australian Medical Association stated the following in a December 2019 WAtoday story —

“The new KPI is fine, it does match the college definition, but the St John’s data tells you how much strain ramping is putting into the system, the effect it has on patients, and how many ambulances you’re taking out of the system.

“Currently, they’re averaging about 100 to 150 hours of ramping a day, which is five to seven ambulances off the road for the day.”

If we fast-forward to August 2020, we had 2 702 hours of ambulance ramping, which is an average of 87 hours a day. That is patients being stuck in ambulances waiting to be admitted into an emergency department to see the health specialist they need to see. People who travel to an emergency department in an ambulance do not make the decision to do so lightly, because ambulances cost money. They are in an ambulance because they are having a heart attack or are in pain and that is the only safe way to transport them to a hospital emergency system. That is who these people are; they are the sick and seriously unwell. They are cancer patients who have gastric bleeds. They are the people who are queued up and waiting on gurneys inside ambulances because of the poor performance of the Minister for Health and the stinginess of the government in not properly resourcing the health system. That is the problem. The minister has come in here and touted his success. I ask him to tell the people in the northern suburbs that success is 13 ambulances ramped at Fiona Stanley Hospital at the same time. Not a single ambulance was available to respond to emergency calls north of the river last Friday afternoon. Heaven help us if this is what the government calls success. If this is evidence of its success, God help us if we have a COVID-19 outbreak in Western Australia. Our system is under pressure and at breaking point right here and now with no COVID-19. What is the preparedness of this government if we have 2 702 hours’ worth of ambulance ramping in the month of August with virtually no flu patients and no COVID-19 cases? It is no wonder that the Premier wants to keep the border up; our health system is on the verge of collapse without COVID patients. It is not good enough. I need to be able to say to my people in the northern suburbs, “If you’re having a heart attack and you call for help, an ambulance will come and take you to the ED.” What if it were the minister’s mother, father, daughter or grandmother waiting for an ambulance, having had a heart attack? That is who these people are and the minister should hang his head in shame.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [3.26 pm]: Earlier during question time, the Minister for Health’s message was “Nothing to see here. We’re doing a great job”, yet we have seen the biggest debacle in ambulance ramping in the history of the state and that has some serious ramifications. Not an ambulance was to be had and hospitals are at capacity. There is no flu season and we have no COVID-19 cases, but this government is the best! It does not marry up. I am very happy to support this motion because when we start to see that kind of ramping in the metropolitan system, there is a twofold impact. First, it is having an impact from a regional perspective because volunteer ambulance drivers come from the regions. They are forced to ramp and are unable to be in their communities supporting their community. We have raised this issue with the Minister for Health on a number of occasions; indeed, 12 months ago we expressed our concerns about ramping, particularly for ambulance services coming from the member for Moore’s electorate—Toodyay, Northam and York. They would go to the hospitals and have to sit for four to six hours before travelling back long distances. That leaves communities without ambulances and it is certainly not the best outcome for the patient.

The second impact is that regional communities do not measure ambulance ramping. The opposition has some understanding, albeit the rules have been changed over the last 12 months, but it has very limited data about ramping at regional hospitals. I am seriously concerned that given we have had literally no impact from the flu season and limited impact from a COVID perspective, we are seeing this level of ramping. From a regional perspective, this leaves those community volunteers exposed. Their time is precious and they cannot afford to be away for their businesses and communities. They are sitting at a hospital waiting for their patients to be dealt with before they turn around and drive sometimes four to six hours to get back to their community. That is completely unacceptable. We wholeheartedly support the opposition’s motion because, quite frankly, this government, knowing that it is not keeping its hand on the tiller, has changed the reporting rules and muddied the waters and that is all coming to the surface. As the Leader of the Opposition said, over the weekend people in the northern suburbs were not able to access an ambulance, and that is a scary thought.

MR R.H. COOK (Kwinana — Minister for Health) [3.29 pm]: Thank you for the opportunity to speak on this motion today. First of all, I want to clarify a few issues. No-one is hiding anything. The numbers are all easily available on the websites. If people click on a link on the Department of Health’s website, it will take them straight to the figures that the member for Dawesville spoke about today. A lot of members have been talking about my time as shadow Minister for Health. That time was spent having to investigate the ambulance ramping numbers on an almost daily basis, via parliamentary questions and questions on notice, and by getting what information I could from the Department of Health’s website, and then constructing the numbers. The fact that the member for Dawesville can click on a link on a website to get the numbers he is quoting is a sign of the fact that we are not hiding anything.

Mr T. Healy interjected.

Mr Z.R.F. Kirkup interjected.

The ACTING SPEAKER: Member for Dawesville!

Mr Z.R.F. Kirkup interjected.

The ACTING SPEAKER: Member for Dawesville, I call you to order for the first time. You were not interrupted, and when you were, it was controlled. Carry on, minister.

Mr T. Healy interjected.

The ACTING SPEAKER: Member for Southern River, the minister is on his feet.

Mr T. Healy interjected.

The ACTING SPEAKER: Member for Southern River, I call you to order for the first time as well. Carry on, minister.

Mr R.H. COOK: No-one is hiding anything. We do not oversight the ramping numbers. The statistics are compiled by St John Ambulance.

Mr A. Krsticevic interjected.

The ACTING SPEAKER: Member for Carine! Carry on, minister.

Mr R.H. COOK: The fact that the numbers are in front of us—that we make this information available—is a testament to the openness of this government. The fact that the member for Dawesville can access the numbers with a single click is because of us, because we want to make sure that we hold our entire health system up for examination by the public to see how well it is operating. In particular, we do not oversight the ramping numbers. As part of our audit of ambulance ramping, we realised that it is essentially a statistic associated with the speed with which we get an ambulance from the emergency department back onto the street. It is an important measure, so it is important that it is in the public domain, but it is not a measure of how well the ED is working. We want to get patients into the ED as quickly as possible so they can be cared for. The Leader of the Opposition's quote from David Mountain is quite true. Ambulance ramping is a sign of the pressure on the system, but it is not a sign of the pressure on the ED. Emergency departments have to continue to get people out of ambulances as quickly as possible in order to make sure they can care for those patients. As I observed in 2015 and 2016, and as quoted by the Leader of the Opposition, the speed with which we get people out of ambulances is the measure we want to use to demonstrate that our hospitals are doing great work.

Members made observations that we are not in a flu season and that is quite true, but we are experiencing the same number of patients this year as we were at this time last year. That could be for a range of reasons. In question time today, the member for Dawesville drew attention to the fact that a high number of mental health patients are presenting to EDs at the moment. That is true. It is creating real pressure on our hospital system. As I said in my answer to the member's question, on 18 September, 147 metropolitan hospital attendances related to mental health. That was a 22 per cent increase in the number for the same time last year, so we are obviously experiencing busy times. It is simply not accurate or truthful to say that because there is no flu season, the EDs are therefore not under pressure. That is not the case. It is truthful to say that the EDs are under pressure for different reasons.

As I said, we are focused on getting people out of ambulances to be cared for as quickly as possible. How quickly ambulances get back onto the road is up to the private operator, St John Ambulance. We want it to be able to get ambulances out there as quickly as possible. The median time for ambulance transfer of care in August 2020 was 22 minutes. That means the median time that it took us to get people into the care of the ED was 22 minutes. That is an increase of one minute on the same period in August 2019. We are continuing to work at pretty much the same pace. That is not to say that every patient sits there for 22 minutes or that every patient does not wait longer than 22 minutes. Our category 1 patients come out of the ambulances as quickly as possible. The Leader of the Opposition described a cancer patient who may have had a gastric bleed. Obviously, that would be a category 1 and the person would be transferred immediately to the ED. We endeavour to get as many people as possible out of the ambulance within 30 minutes. That is the transfer-of-care measure that we are focused on.

It is true that there was a big spike in demand on 18 September. It is true that very few ambulances were on the road. This is an operational issue that St John Ambulance confronts all the time—making sure it puts enough ambulances out to meet demand but not so many that ambulances are sitting idle. It tries to get that balance right on a day-to-day basis. On that day, there was a big jump. Although it usually gets around 30 calls an hour, on that day there were between 40 and 50 calls an hour—a huge spike. It led to the chief executive officer of St John Ambulance contacting the director general to implement protocols and alert people that they needed to shift up a level to get on top of the spike. It was managed very well. That is not to say it was not difficult or that people were not stretched, but it was managed. That is what we expect from our teams. We expect our executive directors in our hospitals to get on the floor of the EDs to make sure that they can decant any patients as quickly as possible or make sure they can identify any extra resources that might be needed. It is important that St John's can put out an alert to all its crews to get them back on the road. It is important that protocols are switched on to make sure that the whole system can respond as one. By and large, it did just that. I think the system worked well under very difficult circumstances. It is not ideal to have a situation in which ambulances are stretched, but that is the call we expect St John's to make and, by and

large, it makes really good calls. It provides an outstanding, world-class ambulance service. We are very proud to have it as our partner in health care.

We try to make sure that we get people out of ambulances as quickly as possible in order to care for patients and get the ambulances back on the road. That is why I announced that we will be instigating what are usually flu season protocols around the appointment of ambulance liaison managers in hospitals. They will make sure that we have St John's crews in the EDs to assist the hospitals, working together with the ambulance crews to get the ambulances back on the road. Normally, this would not be required with a non-flu season like this, but we are seeing high numbers of ED presentations, including complex cases. We are resourcing the system and the system is responding to the needs of the Western Australian public. As I said, I am very proud of the work St John's does.

The other thing that a government has to do is ensure it examines the system to make sure it is capable of responding. As I said, when the previous Liberal–National government was confronted with ambulance ramping times, it did not look into these issues to see how they could be better managed. It did not cross-examine the statistics. It did not undertake an audit. It did not put in extra resources or services. Previous Minister for Health, Hon Kim Hames, said, "I give up. I can't work this out." We are not prepared to accept that astonishing admission. We are not prepared to take that approach. In 2017, when we came to government, we implemented a range of policies that were designed to equip our system and respond to the changing nature of emergency department presentations and to make sure that the system could cope.

I will take the chamber through those changes. First of all, there is the medihotel policy. The medihotel policy is designed to ensure that we have better patient flow through our hospitals. Most people will explain that the problem is not in our EDs; the problem is actually a question of patient flow. If we do not have the capacity in our hospitals to move patients through to hospital beds, we can get a blockage in the system that leads to the difficulties that we confront in our EDs. That may be one of the contributing factors to the current situation. As I said, our hospitals are operating at about 120 per cent of their elective surgery capacity and it is fairly likely that we have a large number of people in hospital beds, which puts the system under pressure. That is why our medihotels policy is designed to allow hospitals to have that flexibility to get people out of them and into medihotels. That creates space and then we can move patients through. The other thing we did was to introduce urgent care clinics. They came about through the GP urgent care clinic network and has enabled a range of patients who need urgent, unplanned care but do not need to be transferred to a fully-fledged emergency department to get their care in a GP clinic. To July 2020, the clinics have treated over 3 000 patients, which has diverted those patients from EDs.

We are also implementing changes inside EDs, with the implementation of mental health observation areas or mental health emergency centres. These are places where patients who come into EDs with mental health issues can be accommodated in an appropriate setting. It also includes behaviour assessment units. Patients with a range of intoxications, from alcohol or other drugs, can be taken to these units to be de-escalated and cared for in a proper environment. In addition to that, we are investing significantly in increasing the capacity of our EDs, with an expansion of Joondalup Health Campus, Peel Health Campus ED, and Sir Charles Gairdner Hospital ED, including the installation of a behaviour assessment unit and an urgent care clinic there as well.

People look to a government to do all these things. The government should work with its partners at St John Ambulance to improve the system. We have done that. The government should make sure that it focuses on the things that matter—that is, care for patients. We have done that. The government should make sure it has invested in our EDs to ensure that they have the right staffing levels. We have done that. The government should ensure it is investing to expand EDs and bring on extra services. We have done that. We have done all the things that we said we would do and I am very proud of our record.

Mr A. Krsticevic: You might as well take the rest of the day off then!

The ACTING SPEAKER (Mr S.J. Price): Member for Carine.

Mr R.H. COOK: I look like the "Energizer Bunny" on a Sunday compared with the member for Carine's work ethic, so I am not particularly worried about him accusing me of not doing enough.

We will focus on the transfer of care because we are focused on the care of our patients. We continue to work with St John Ambulance to make sure our partner can keep its vehicles on the road, and we continue to rely upon it to provide a world-class ambulance service.

Mr P.J. Rundle interjected.

The ACTING SPEAKER: Member for Roe!

Mr R.H. COOK: Mr Acting Speaker, we have been successful. I am not saying it is easy or that there are not days when the system is under pressure; there will be days when we are under pressure, particularly because we are doing so much elective surgery at the moment. I am not saying that this is necessarily a question of volume; it is a question of complexity and acuity. I am not saying this is easy or that we are not up to the challenge; we are up to the challenge

Mr Zak Kirkup; Mr David Templeman; Mrs Liza Harvey; Ms Mia Davies; Mr Roger Cook

and we are investing in our EDs and the systems that improve the care of our patients. We will continue to make those investments and provide strong leadership for our EDs to ensure that we can continue to put patients first.

Division

Question put and a division taken, the Acting Speaker (Mr S.J. Price) casting his vote with the noes, with the following result —

Ayes (17)

Mr I.C. Blayney	Mr Z.R.F. Kirkup	Ms L. Mettam	Mr P.J. Rundle
Ms M.J. Davies	Mr S.K. L'Estrange	Dr M.D. Nahan	Mr A. Krsticevic (<i>Teller</i>)
Mrs L.M. Harvey	Mr R.S. Love	Mr D.C. Nalder	
Dr D.J. Honey	Mr W.R. Marmion	Mr K.M. O'Donnell	
Mr P.A. Katsambanis	Mr J.E. McGrath	Mr D.T. Redman	

Noes (33)

Ms L.L. Baker	Mr D.J. Kelly	Mr S.J. Price	Mr D.A. Templeman
Dr A.D. Buti	Mr F.M. Logan	Mr D.T. Punch	Mr P.C. Tinley
Mr J.N. Carey	Mr M. McGowan	Mr J.R. Quigley	Mr R.R. Whitby
Mrs R.M.J. Clarke	Ms S.F. McGurk	Ms M.M. Quirk	Ms S.E. Winton
Mr R.H. Cook	Mr K.J.J. Michel	Mrs M.H. Roberts	Mr B.S. Wyatt
Mr M.J. Folkard	Mr S.A. Millman	Ms C.M. Rowe	Mr D.R. Michael (<i>Teller</i>)
Ms J.M. Freeman	Mr Y. Mubarakai	Ms R. Saffioti	
Mr T.J. Healy	Mr M.P. Murray	Mrs J.M.C. Stojkovski	
Mr W.J. Johnston	Mrs L.M. O'Malley	Mr C.J. Tallentire	

Pairs

Mrs A.K. Hayden	Mr P. Papalia
Mr V.A. Catania	Ms A. Sanderson

Question thus negatived.