

FOUR-HOUR RULE — HOSPITAL EMERGENCY DEPARTMENTS

204. Mr F. ALBAN to the Minister for Health:

In late November last year, the minister advised this house of his trip to the United Kingdom to investigate the four-hour emergency department rule that is being used by the UK National Health Service, and of his intention to see whether that target could be introduced in Western Australia. Will the minister advise the house on the progress of this proposal?

Dr K.D. HAMES replied:

I thank the member for the question. I was very pleased to find, when we first came into government, that a team of members from the health system would be going to the United Kingdom to look at the application of the four-hour rule. For the information of members, the four-hour rule has been implemented in more than 130 hospitals throughout the United Kingdom. Under that rule, 98 per cent of patients are being dealt with within a four-hour period from the time they arrive in an emergency department to the time they are either admitted, transferred or discharged. Before we went to the UK we had heard some negative comments about the implementation of that rule, such as that patients had been discharged when they should not have been discharged, patients had been admitted when they did not need to be admitted, and patients had been sent to a ward just so that they could be recorded as having been admitted but were not properly treated. All those comments were true; all those things had occurred in the three years since that target was put in place. However, since that time, all those tricks have been discovered, and rigorous scrutiny measures have been put in place to ensure the proper implementation of that target.

The key change is that the achievement of that target is not just an emergency department responsibility. It is a whole of hospital responsibility—from admission right through to treatment and discharge. There has been a total change in attitude by hospital staff. We talked to doctors, nurses and nurse practitioners, and to general practitioners working in the emergency departments. Even staff who were sceptical at the start are now in favour of it. Everyone thinks it is a great system. We therefore had no hesitation about introducing that system in Western Australia. It means that all the hospital staff need to work together. An investigation is done of every patient who is not dealt with within the four-hour period, and no matter the cause of the delay—whether it is a delay in blood tests or other tests, or a delay in assessment by the doctor—changes are put in place to ensure that it does not happen again. The two per cent of patients for whom the target is not met are generally patients who need to remain in the emergency department for longer than four hours. The target of 98 per cent is being met by the majority of the 130 hospitals in the United Kingdom that have implemented that rule. If a hospital occasionally fell back to 95 per cent, all hell would break loose. The regional bureaucrats and the minister would all descend on the hospital, and there would be huge meetings, and everyone would try to find out why it had happened and what had gone wrong—not in a critical sense, but to find out what could be done to fix it.

Another key change is that when patients arrive in the emergency department, instead of having to sit on a trolley or in a waiting room for four or five hours to be seen, patients are assessed by senior doctors and experienced people upfront. Blood tests and CT scans are done within the first two-hour period. The patients are then streamlined so that they can be dealt with within that four-hour period. We have all heard about the young bloke from Pinjarra who severed his finger in an accident and who could have had his finger saved had he been treated in time. Once this rule is in place and properly implemented, that sort of thing will no longer happen. This rule will be implemented starting in April in the tertiary hospitals—excluding King Edward Memorial Hospital for Women—and in Princess Margaret Hospital for Children, and over the next six months in all the peripheral hospitals, and over the next 12 months in all the public hospitals in this state. This is a major change in Western Australia.

Mr E.S. Ripper: What about Midland hospital? What are you doing there?

Dr K.D. HAMES: I am happy to talk to the Leader of the Opposition about that any time he likes. However, this is far more important than what is happening at Midland hospital. This is a total change of culture in the management of our hospital system in Western Australia. The point has been made that perhaps I am biting off more than I can chew and that my career will hang on this. I am happy for my career to hang on this. I am happy to be the person responsible for making sure this works. I am sure members will see that it is a great success.