

AMBULANCE RAMPING — PATIENT TRANSPORT COORDINATION HUB

**12. Mrs L.M. O'MALLEY to the Minister for Health:**

I refer to the Cook Labor government's delivery of initiatives to reduce ambulance ramping and address its underlying causes.

- (1) Can the minister outline to the house how the new patient transport coordination hub will work with the state health operations centre to improve access to emergency care for patients across Western Australia?
- (2) Can the minister advise how these investments in emergency care will reduce ambulance ramping and provide the best possible patient experience?

**Ms A. SANDERSON replied:**

- (1)–(2) I thank the member for Bicton for the question. As we know, the Cook government is absolutely committed to improving flow in our hospitals and improving access to health care for Western Australians. Early signs of success for many of our reforms include the state health operations centre. Over the last six months, we have seen a 32 per cent reduction in ramping on the previous year. The state health operations centre forms part of around half a billion dollars' worth of reforms that we are investing in our health system. That is on top of more staff. It is on top of more beds. We are determined to continue on this trajectory of improvements and lifting the performance of the health system. The state health operations centre is a real game changer for pre-hospital care in Western Australia. Any reform that is going to tackle some of the congestion issues that we see in our hospitals has to deal with the front end, what happens inside the hospital and what happens when people are discharged—whether it is aged care, mental health or disability. The SHOC deals with the front end. It coordinates all the factors that need to be coordinated in managing where a patient goes and where the flow needs to go. It coordinates all the inter-hospital transfers. It has a bird's-eye view of all the ambulances and all the beds available. Much of that investment in SHOC is real-time data that will tell us on a screen what beds are available and where we need to move people. That also includes regional patients who are coming in for ICU, for example. What happens now is that staff have to call various hospitals. In country hospitals or regional towns, they have to call each hospital or go through the WA Country Health Service command centre. We will relieve them of that burden so that they can spend more time on clinical care. We also announced the Patient Transport Coordination Hub, or PaTCH, which will reduce waiting times for interhospital transfers for many patients and reduce the administrative burden on nurses and doctors, because nurses and doctors currently do that work and make those calls. We are taking that away from them and freeing them up to provide more time for clinical care. Of course, last year we announced the WA Virtual Emergency Department, which was developed with clinicians. These proposals, SHOC and WAVED, were developed by clinicians. We have supported them with funding and the structural support that they need. We have a relatively small trial with St John Ambulance that provides virtual care in an emergency. We will soon expand it to general practitioners and paramedics on the scene, and there is a lot of excitement about that. We took some time to develop the WAVED approach and model, because it has to be patient-centred and patient-focused. It also has to do what we want it to do, which is to avoid those unnecessary ED admissions. The feedback from particularly patients and aged-care staff and clinicians has been extremely positive, which is fantastic. We will continue to roll that out. These are fundamental and important reforms that will help deal with the front-end emergency part of our hospital system. For too long it has been fragmented and difficult to navigate for both patients and clinicians. This will provide that system coordination and lift in performance that we will continue to see in our health system.