

HOSPITALS, ADMISSIONS

1659. Mr T.K. Waldron to the Minister for Health

I refer to the limit on the number of new patients admitted each day to the State's major teaching hospitals, excluding the Emergency Departments and ask -

- (a) how many of these daily admissions are from patients living in regional Western Australia;
- (b) could these patients have received treatment or recovered in a Country Hospital;
- (c) if not, what lack of facilities and services are preventing these patients being treated or recovering in a Country Hospital;
- (d) since coming to Government has the Minister undertaken any analysis to determine the cost differential of providing the required facilities and medical staff in country hospitals (including fly-in fly-out option) as opposed to patients travelling to Perth for treatment;
- (e) if not, why not; and
- (f) if so, what were the results of that analysis?

Mr R.C. KUCERA replied:

- (a) The numbers of non-emergency admissions for 2001/02 to Teaching Hospitals was approximately 339 per-day. Of these 28.8 or 8.5% of total admissions were from regional WA.
- (b) Non-emergency patients from regional WA are referred to Teaching Hospitals for elective and wait listed activity. The decision to refer to a Teaching Hospital is determined by a Medical Practitioner or Specialist based on an assessment of the patient's medical need.

The Central Wait List Bureau supports Medical Practitioners and Specialists to ensure that admissions are appropriate and that options such as referral to non-teaching or regional hospitals are considered.

A substantial Visiting Medical and Surgical Specialist program supplements Regional Health Services to ensure that appropriate health services are provided within regional areas.

Where clinically appropriate patients from regional areas admitted to Metropolitan Hospitals for tertiary care are transferred back to regional hospitals for continuing management closer to their place of residence.

- (c) Not applicable
- (d) The Government has endorsed the direction set by the Country Health Service Review that includes the development of a network of regional and district health structures supported by a partnership arrangement with Metropolitan Health Services. This will ensure the delivery of appropriate, safe and sustainable health services aligned to the future health needs of the community. Planning and analysis required to achieve the development of a system of Regional Health Networks over the next 5 to 10 years is currently being undertaken. Such planning will include service option development and cost modelling.
- (e) Not applicable
- (f) Not applicable