

HOSPITALS — LONG-STAY PATIENTS

716. Dr J. KRISHNAN to the Minister for Health:

I refer to the McGowan Labor government's significant efforts to transition long-stay patients out of state hospitals and into more appropriate forms of care.

- (1) Can the minister outline to the house what steps the government has taken to address the challenges of long-stay patients prior to the Auditor General's report that was published yesterday.
- (2) Can the minister advise the house whether the member for Vasse has ever raised this issue with her?

Ms A. SANDERSON replied:

I thank the member for Riverton for his question on this issue. The member has a deep understanding of the Western Australian health system.

- (1)–(2) The Auditor General's report that was tabled yesterday made some important observations around the need for better data and long-stay patients. I largely agree with those observations. The government is already well underway in implementing a number of those recommendations. Significant cross-jurisdictional work is already underway to measure and report long-stay patients nationally. It is very important that we have a consistent definition across every jurisdiction so that we are all measuring against the same measurement instead of measuring different things in different ways. In the meantime, while we are waiting for that development of the national cross-jurisdictional definition, we are introducing a data flag for medically ready for discharge patients and identification of why a patient may not be able to be discharged. We have also invested \$18.2 million over four years in a new real-time data platform that will give us the real visibility that we need across the whole health system, including those medically fit for discharge long-stay patients.

The opposition trying to conflate findings about data collection with not doing anything about long-stay patients is a conflation of two different issues —

Ms L. Mettam interjected.

The SPEAKER: Order, please, member for Vasse!

Ms A. SANDERSON: It is a conflation of two completely different issues and demonstrates that the member for Vasse has a total lack of understanding of the system.

Ms L. Mettam interjected.

The SPEAKER: Member for Vasse, I have just called you to order. You have not asked the question, so please do not continue to interject.

Ms A. SANDERSON: A press release dated 16 November stated that we failed to make health a priority and failed to properly address this issue. Let me outline again for the member for Vasse what this government is doing. It is interesting that I have not had one single question on this issue from that member. But I have been on my feet numerous times since I have been health minister talking about medically fit for discharge patients and the challenges around that, as did my predecessor in this portfolio. We spoke regularly about it and we have outlined our investment in that particular issue, at which point she was probably having another snooze. It is as though the issue does not exist until it is on 6PR; it does not exist until someone has written a question. Never has this issue been raised with me.

In my keynote address to *Business News* in May, which the member for Vasse attended, I outlined in some detail the challenges around long-stay and medically fit for discharge patients and what the state government is doing to address the barriers to aged care and the National Disability Insurance Scheme. I went into that in quite a lot of detail. On 20 September, the member for Churchlands asked me to update the house on measures to transition long-stay patients out of hospital. Perhaps the member for Vasse was not paying attention then. In fact, Western Australia is leading the way in this area. We are leading the way, and the Aged and Community Care Providers Association made public comments yesterday to that effect, saying that the work the WA government is doing in this space is amazing. I think the member for Vasse might know the individual who made those comments.

Minister Shorten visited our From Hospital to Home transition, which was established under my predecessor, Roger Cook, the member for Kwinana, and he said that this was nation leading. That transition alone has already freed up almost 4 000 bed days, and we have established a second pilot. An amount of \$59.5 million was allocated in the last budget alone for 120 aged-care places as part of the Transition Care Program. That is a commonwealth space that the state is funding. That is what we are doing to support these patients out of hospitals. I acknowledge and agree with the Auditor General that it is not good for them in hospitals. It is not stimulating. It is not a good environment. They should be out. One of the patients who came out of the From Hospital to Home program was in Graylands Hospital for five years. It is a good story that that person is now out of there and into a transition at home. The government has

invested \$5.8 million over the next two years to support the long-stay patient fund and enable purchases of \$800 000 per person for bespoke solutions to get those people home. We have a cross-agency focus with the Department of Health and Department of Communities to essentially individually case manage each of those patients. I urge the member for Vasse to stay awake and pay attention because we are working through this issue. We are funding in the areas that are outside the state's jurisdiction to give those patients a better quality of life.

Visitors — Mullaloo Heights Primary School

The SPEAKER: Before I give the next call, on behalf of the member for Hillarys I would very much like to acknowledge the year 6 councillors from Mullaloo Heights Primary School and their teacher to the Speaker's gallery this afternoon. Welcome to you all.