

HOSPITALS — LONG-STAY PATIENTS

547. Ms C.M. TONKIN to the Minister for Health:

I refer to the McGowan Labor government's \$252 million investment in improving access to emergency care and addressing the challenge of ambulance ramping, which is affecting hospitals right across the country.

- (1) Can the minister update the house on the measures being taken to transition long-stay patients out of our state hospitals and into more appropriate forms of care?
- (2) Can the minister advise the house how this will help ease pressure on the hospital system?

Ms A. SANDERSON replied:

I thank the member for her question.

- (1)–(2) We know that on any given day in Western Australia, hospital beds are occupied by patients who no longer need to be in a tertiary hospital or in a hospital care setting. They are either waiting for a National Disability Insurance Scheme placement or aged-care services, and appropriate accommodation or an assessment by the Aged Care Assessment Team. The estimated annual cost to the Western Australian health system is \$142 million. That does not include the cost to the individual who is stuck in hospital and cannot live the best life that they can with the most appropriate supports.

We have committed in the last budget \$252 million to address some of the root causes and systems issues around ambulance ramping. Some of these are around the causes of bed block. We know that long-stay patients are a significant cause of bed block. Bed block prevents emergency department patients being admitted and therefore makes the time on the ramp longer. We know that there are risks with that, so it is important that we get those people who are in those long-stay beds into more appropriate settings.

Recently, the Department of Health, as well as all five health service providers, reinstated the mandatory policy position on aged-care-related discharge, similar to arrangements that were in place under former Minister for Health Hon Jim McGinty. Patients accessing temporary transition care will be expected to take the first place available to them, with preference given to a facility within their preferred area. Staff will support patients in need of permanent residential aged-care facility placement to select and register for up to three suitable options. As soon as one of these three options becomes available, they must accept that option. We will not force anyone into an aged-care facility they do not want to be at, and we will work with the health service providers to ensure the policy is implemented sensibly with appropriate guidelines and supports.

These supports will include access to better information on available aged-care beds, providing patients and their families with a large number of options to choose from. I have to thank the aged-care sector in WA for its fantastic support of this policy and the work that it has done with both my office and the health department.

This builds on initiatives the government has already put in place to support the discharge of long-stay patients into more appropriate accommodation services: \$59.5 million for 120 aged-care places, as part of the transition care program; the establishment of four transition care pilots with Aboriginal medical services to better support older Aboriginal Western Australians leaving hospital; and the continuation of a cross-agency focus by the Department of Health, the Department of Communities and the Mental Health Commission, including \$5.8 million for a long-stay patient fund to support bespoke, patient-by-patient solutions to address the barriers to discharge. The 12-bed From Hospital to Home disability support transition pilot has supported the discharge of 34 long-stay patients from hospital, and we will launch further disability transition pilots with \$7.7 million.

We are also working constructively with the commonwealth government to increase the range of care types. We know that the federal Minister for the National Disability Insurance Scheme, Bill Shorten, announced new KPIs for his department, ensuring that Western Australians who are in hospital and waiting for their NDIS package receive contact from the federal agency within four days of them being ready for discharge. Their plan must be completed within 15 to 30 days. It is refreshing to be working in this space with a commonwealth government that we can call a genuine partner.