

EMERGENCY DEPARTMENTS — REFORM

229. Mr M. HUGHES to the Minister for Health:

I refer to the McGowan Labor government's emergency department reform program providing long-term emergency care reforms.

- (1) Can the minister outline to the house how these reforms are addressing the systemic causes of ambulance ramping, including through new initiatives such as virtual emergency departments?
- (2) Can the minister advise the house how this initiative builds on our actions to reform emergency departments and put patients first?

Ms A. SANDERSON replied:

I thank the member for Kalamunda for his question and for his interest in older adults, aged care and ageing in place.

- (1)–(2) This strategy supports our older Western Australians. Last year when I delivered my first major speech as Minister for Health to *Business News*, I said that we cannot afford to keep turning to emergency departments to solve all our problems; the rest of the system needed to be fully functioning. Currently our system is based on a “all roads lead to the emergency department” philosophy, which just has to change. Other states have had great success with virtual emergency departments. Victoria's Northern Health virtual ED recently got funding to double its capacity from the Victorian state government.

I am pleased to say that health service providers have begun this journey over the last couple of years supported by funding from the government. Virtual emergency medicine at Fiona Stanley Hospital, initially funded in the 2021–22 budget and expanded in last year's budget, enables paramedics to videoconference with physicians and divert patients from ED to go directly to a ward, imaging or timely outpatient care. The Co-HIVE—community health in a virtual environment—at the East Metropolitan Health Service uses the world-leading HIVE program to deliver remote monitoring, virtual geriatric care and a multidisciplinary in-reach into aged-care facilities. The emergency care navigation centres at the North Metropolitan Health Service funded in the midyear review supports patients to reach the most appropriate care as quickly as they can, such as quick access to specialists through the rapid access clinic program.

What is new is that through the ministerial task force on ramping, we have pulled these programs together as a system-wide strategy that works as a system. We will then evaluate all those programs and essentially scale-up the most successful or best parts to become a system-wide approach and allow people to get the right care at the right time in the right place. The vision of WAVED—WA virtual emergency departments—is to get away from “all roads lead to emergency departments”. This will allow, particularly this winter, aged-care facilities to have a safe optional alternative to calling an ambulance, in which they get a consultant on the phone straightaway to talk to a nurse on site or to talk to a facility on site and give immediate medical advice on how to manage their patient, and joint decision-making on the best thing for that patient. This is a great way forward.

The first stage is that hospital service providers and St John Ambulance will trial new models of virtual emergency care focused on frail and older adults in the South Metropolitan Health Service. East will build on its Co-HIVE model, north will deliver its emergency care navigation centre, and we are also piloting the My Emergency Visit app and the emergency care navigation centre to support patients more generally to expedite their care through the emergency department. It may be that the advice is to come later in the day when it is not at peak demand, and that patient can be seen more quickly if that is clinically appropriate and is decided by the doctor at the time he sees the patient.

We know that older adults are an important cohort. They are also one of our biggest cohorts in hospitals. Currently, given the challenges in aged care in attracting the right skills mix, the only option is to call an ambulance. Many families and residents do not want to end up in an ambulance and going through an ED. This is a more comfortable journey for them; most appropriately, it is a more comfortable and appropriate journey for them. It will avoid potential hospital-based decline, which is common in older people in hospital; it will improve bed block; and, significantly, we hope and anticipate that it will have some impact on ramping, given that over 50 per cent of ramping hours are ambulances with older adults in them. Many of them just need access to a specialist or care as quickly as possible, but they do not necessarily need emergency medicine.

These are some of the many ideas and solutions that have come from clinicians on the floor—those who are passionate about making our system functional and supporting people as best we can. This government is committed to funding those ideas, putting them in place and backing in the staff on the ground to support our community.