

HEALTH — AMBULANCE RAMPING

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

I refer to the Cook Labor government's record investment to address the underlying causes of ambulance ramping.

- (1) Can the minister outline to the house how this investment will see reductions in ambulance ramping at hospitals across the state?
- (2) Can the minister advise the house what these improvements will mean for patients across Western Australia?

Ms A. SANDERSON replied:

- (1)–(2) I thank the member for Riverton for the question. As we know, COVID-19 has unleashed huge disruption across health systems around the world, and many jurisdictions are still grappling with record bed block and ramping numbers, particularly the eastern states. There is certainly no silver bullet. There is no one solution to managing congestion in our hospitals and emergency departments. We had a recent suggestion from the Tasmanian Liberals at their state election. They are just going to ban ramping. That is like saying that we are going to ban patients from coming to hospital or ban people from calling an ambulance! It is the most ridiculous proposition I have ever heard.

We know that congestion in our emergency department is not about the emergency department as such. It is actually a symptom of congestion in a range of areas, whether it is the inability to get access to pre-hospital care before people get really sick; processes inside the hospital or, of course, at the other end; having suitable accommodation to discharge people to; or aged-care, disability or appropriate mental health supports. Of course, beds are part of that. They are part of the mix, which is why we have put 570 beds in the system in the last two years. That is the size of a tertiary hospital across our whole system. That is one part of the mix.

In a number of those strategies, I have to give credit to the North Metropolitan Health Service, which has been a first mover on many of the reforms that we have been working through. Our approach has been to fund innovative solutions through the half-billion-dollar ramping fund and to work with clinicians and health services on how we can get solutions to these issues. North Metro has really led the way in a number of those reforms. One of those reforms is the seven-day hospital. For people who think hospitals work seven days a week, they do not. Anyone who goes on a weekend will see that the car parks are often empty. We are working to resolve that and get staff in on the weekends to continue episodes of care and make sure that people get tests and get discharged if required, so they are not sitting in hospital waiting for tests on the Monday, for example, and they can get these things moving through. This was so successful that we invested another \$19 million to extend radiology and allied health services across all three adult tertiary sites.

North Metro also expanded the residential care line, which is a nurse practitioner-led service that supports clinicians through the WA virtual emergency department by providing hands-on care in nursing homes. An emergency clinician receives a call from the nursing home, which does not necessarily want to put the elderly resident into an ambulance and send them to hospital. The nurse practitioner is called, and they diagnose, treat and do the care that is required if it is safe to do so. That is receiving huge support from aged-care facilities and from residents and their families, who really appreciate having that alternative.

Last week, we also launched what is called the emergency care navigation centre at Sir Charles Gairdner Hospital, which is \$7 million funded in the 2022 midyear review. This is an example of where technology can assist with helping patients through a faster and more seamless process. It will never replace people; we will always need more and more healthcare workers, but technology can absolutely support the journey. The emergency care navigation centre essentially addresses the issue of directing every single patient through one door, which is the emergency department door. Before they even present, patients can put in the details of why they are attending the emergency department. It is very simple. It is very easy. People do not have to download an app. There is an app, but people can do it online. All that information goes through to an emergency consultant, a St John Ambulance senior paramedic and a registered nurse, who can see the person even before they are in the waiting room or have been triaged from the nursing service desk. They can start to order tests for the person. They can start to provide an alternative pathway for an older person or a neurological pathway. This is a genuine reform of how we manage that process of everyone coming to an emergency department. It is on top of the triage process with the nurse. It is not instead of; it is on top of. It is safe.

When I went there, the former head of the Australasian College for Emergency Medicine, who helped to develop this, said that he loves working in the shift as the consultant because he genuinely gets to do emergency medicine. He is not teaching or supervising; he genuinely gets to do emergency medicine. This is a really exciting trial. I want to thank the staff, particularly at Charlies, for their commitment. We are looking at rolling this out at Fiona Stanley Hospital, and we are working with other tertiaries on how

we can scale it up throughout the whole system to provide people with a faster, more seamless trip to the emergency department.