

ST JOHN OF GOD MIDLAND PUBLIC HOSPITAL — AMBULATORY EMERGENCY CARE UNIT

702. MR S.J. PRICE to the Minister for Health:

I refer to the McGowan Labor government's record investment in our health system. Can the minister update the house on how the new emergency care unit at St John of God Midland Public Hospital will help avoid unnecessary hospital admissions and reduce wait times, and can the minister outline to the house how this new unit builds on the other measures being taken by this government to improve access to emergency care in our hospitals?

Ms A. SANDERSON replied:

I thank the member for Forrestfield for his question.

I was delighted to go to Midland Public Hospital last week to open its new emergency care unit, the ambulatory emergency care unit. It had been due to open a couple of years ago but COVID took over and the hospital needed that space for the COVID clinic, so the opening is later than we would have liked. The great thing about this unit is that it was driven by the staff, the emergency consultants and the nursing and allied health staff. It was developed directly to respond to that community. It is a local solution that has been supported by the government. We provided \$3.4 million worth of funding to help establish the unit and to fit it out and staff it. Essentially, it is for those patients who present at the emergency department who need access to a specialist but do not necessarily need to be in hospital overnight. They need to come in for tests and a whole range of things. Normally, they would be admitted while they waited to see a specialist or to have those tests done, and therefore they would take up a hospital bed that could be used for people who needed absolute emergency care. The patients can go through the emergency department lists and be pulled off the list to be seen in this unit. The patients get access to a rapid wraparound specialist service from an emergency physician. They have their pain and symptoms managed and get the scans and tests they need. If a patient is able to go home and see a specialist the next day, an urgent appointment with a specialist will be made for the next day. It is essentially access to urgent outpatient care with a specialist whilst managing symptoms and pain, and avoiding hospital admissions. That is exactly what people want. They do not want to be in hospital if they do not have to be. This avoids hospital admissions and long wait times to see a specialist. Sometimes specialists will not get to see their patients until the afternoon the next day and the patients could have been waiting at home. Under this initiative, patients are sometimes required to come back the next day.

This initiative is supported by doctors, nurses, allied health professionals, the geriatric emergency department team and the Red Hot Foot podiatry team, because feet emergencies are often the most significant issues that our older people face. This is a contemporary model of care that is being used in a range of settings around our state and also around the country. It is meeting the changing needs of the community, which is an older, ageing population who need access to urgent specialist care but do not necessarily need to be in a hospital bed. This initiative will help ease bed pressure at Midland Public Hospital and is supported by range of other activities like freeing up beds for people who are medically fit for discharge, the mandatory discharge policy, the transition fund for the provision of beds for aged-care providers, respite services, and the whole multisystem approach for tackling the challenges of emergency access care. I want to give a special shout-out to the physicians on the ground who drove this project. It was their idea and we backed them. They understand the community they support and treat, and they have already diverted significant numbers from the emergency department.