

SIR CHARLES GAIRDNER HOSPITAL — EMERGENCY DEPARTMENT

Statement

HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition) [6.22 pm]: I rise tonight to make a statement about an experience I happened to have when I had to take my dad to the emergency department in Perth on 15 October. It was interesting to see and experience from the inside what was going on in that department at the time. As some members will know, dad has been undergoing treatment for oesophageal cancer, which has involved radiation. It has been pretty brutal, I have to say, watching someone who was a very fit and healthy person—never smoked or drank in his life—go through that and to see the dramatic effect that it has had on him.

Anyway, on the Friday morning he had had a follow-up treatment. At that point, they did say, “Your condition is not great. If it does not improve, pop into the ED here”—this was at Sir Charles Gairdner Hospital—“and we’ll get you up on the ward where we can offer further treatment.” That all sounded fair and reasonable, until we arrived at the emergency department, of course. We arrived at Charlies emergency department at 5.05 pm. About 45 minutes later, dad got through the waiting room and into the ED room—briefly. It was just long enough for him to have an intravenous line put in, be stuck in a wheelchair and then wheeled back out into the waiting room, because there was no room to keep him in there.

While we sat in the waiting room for another six hours before he got a bed in the emergency department, I witnessed a procession of people with various ailments. Of course, the wonderful design of our EDs, with the reflective glass or perspex panels in front of the nurses, meant I got to know everybody’s ailments pretty well, because people have to shout in order to be heard by the nurses on the other side of the panel. I do want to say that the staff were absolutely amazing given the circumstances they faced in that emergency department, which I am sure they face every night. I commend them for the way they conducted themselves with every patient and every person who walked into that place. I witnessed elderly people who could barely stand but had to stand because there were no seats, until someone would come and find them a chair or wheelchair to sit down on. Of course, as people walk into Charlies, they see a line on the floor and a sign that says, “Stand here until you can see the person behind the desk”, but that takes quite a long time.

There were those people, but I also saw a procession of people—I lost count of how many, and it disturbed me greatly—almost one after another, with the same complaint, “I’ve just had my COVID jab today and my arm is really sore.” There were dozens of them sitting in the emergency department. There were some pretty ill people in that department at that time, and there were just so many people who did not need to be in an emergency department. Of course, the staff behind the desk cannot turn them away; they have to treat them. They have to triage them. They have to do their job. There are obviously some significant pressures on our hospital system and our emergency departments but it is not helped by people turning up with ailments like a sore arm from a COVID jab. I do not know what the solution is. Perhaps some of those people were in genuine need of emergency treatment. I am not a doctor so I am not qualified to make that call, but, from what I saw, I do not think so.

Mental health patients in great distress were coming into the emergency department, but they could not be seen. I could see they were in great distress and significant mental anguish. It was pretty traumatic to witness so many different people coming into that place who could not get through the door because there were so many people in that place who probably did not need to be there. I do not know what is being done to divert people away from EDs, but it is clear to me that people are either not aware of or are not seeking alternative pathways, or they are not available. I am not sure what the answer is there either, but it is clear to me that something needs to be done to divert people from emergency rooms.

It was about 11.10 pm by the time dad finally got a bed inside the emergency ward, which was great. I sat there for another 45 or 50 minutes before I went home. While we were sitting in the emergency ward, a fairly senior nurse came in with two boxes of examination gloves. She popped them on the desk in the middle of the ED ward and announced to everyone, “I’ve done it. I’ve found us two more boxes of gloves, but I’ve been unequivocally told that we’ve gone over budget and there’s no more room for gloves, so this is it.” I looked a bit sideways at that, but there was a lot of shaking of heads and tut-tutting by the doctors and nurses on staff that night. I do not really know the veracity of the claim, but it was pretty clear that she had had to work damn hard to get those two boxes of examination gloves, which I think would pretty much be essential kit for an ED.

The next day I went to the hospital in the early morning. Dad was obviously still in there; he had been moved to a different part of the ward that was a little quieter, which was great. He had managed to get a bit of sleep and he was looking mildly better. But the patient next to him had obviously been deemed infectious, so no-one would pass through the curtain to talk to him. The doctors would stand on one side, and anyone who went in would put on the full hazmat protection suit, plastic visor and so on. I am not sure how safe other persons were in that ward. I guess that is what has to happen. The protocol obviously is that doctors and nurses have to put on that protective equipment when patients are deemed to be potentially infectious. I thought it was a concern that they were so close to others, but there was nowhere else for them to go. Finally, at 1.00 pm on the Saturday, so 21 hours after arriving in the

emergency department, dad got a bed on the ward and the treatment he needed. It took until then before he got any real treatment other than intravenous fluids, but the staff were fantastic and did everything they could. He was discharged on the Monday afternoon. I think he needed to stay longer, but they needed the bed because the hospital was full, as is the case generally at Sir Charles Gairdner Hospital, but particularly in the oncology ward. Having sat through that period and witnessed countless people coming in with all sorts of, frankly, minor ailments, I wonder what we are doing to divert them and I wonder what we are doing to support the staff, whom I really felt for. They were almost at the end of their tether with the amount of work they were doing. Of course, when we arrived, about nine or 10 ambulances were parked out the front. That did not change. We came back in the morning and there were a dozen ambulances parked out the front. That is just the way it was.

I wanted to recount that experience to the house so that we can all be aware of what is going on inside our emergency departments and so I can have the opportunity to express my gratitude to the staff at Sir Charles Gairdner Hospital, both in the emergency department and on the ward and, of course, the oncology team who have been helping out dad over the last few weeks. They are doing a fantastic job. They are amazing human beings. I thank each and every one of you for the work you do trying to keep Western Australians safe. I hope that at some point we can find solutions to the problems that plague our hospital system, particularly our emergency departments.