

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details

This information will be used only for contacting you in relation to this submission

Title	Dr
Organisation	Peel Health Campus
First Name(s)	Andrew
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Contact Details	██

Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

- I do not want my submission published
- I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

I'm writing this as the medical director of the emergency department of Peel Health Campus. I appreciate you taking the time to read this submission.

The ED at Peel was refurbished and expanded in 2007/8 and was designed to see and treat 33,000 patients a year. We now see some 45,000, of which a rapidly growing proportion are elderly. The growth of our elderly population has outstripped other regions in WA, meaning that the case complexity and healthcare needs of our patient cohort are being accommodated within the confines of an ED neither built for the numbers we're seeing, nor attached to a hospital with facilities adequate to manage the caseload, nor the complexity.

Add to this the burden of mental health and methamphetamine abuse in our catchment, as well as a significant paediatric population, and we've got a heady mix of complex elderly patients and children vying for limited clinical space alongside the mentally ill, the drug-affected and the violent.

Without a high dependency or intensive care unit, patients requiring a higher complexity of care than can be offered in a ward environment must instead be managed in our emergency department, often for days until a bed at another site can be negotiated. We're the only metro hospital with an ED but no ICU.

We're also the only metro hospital with an ED but no mental health facility, nor with adequate psychiatric cover (we have a psychiatrist on-site for five half-days a week). We regularly board the mentally ill and the agitated in open corridors in our brightly lit emergency department, often for several days awaiting a bed in a mental health facility. Many children in our department have witnessed violent, meth-affected patients swearing and fighting as we struggle to contain them. I know of at least one child who was diagnosed with PTSD from what they've seen and heard in our department.

The quantum of ward beds at Peel is inadequate to service the needs of our community, especially in winter. Throughout winter, our ED often has more patients awaiting an inpatient bed than it has assessment cubicles to house them in, leaving literally no space for new patients attending. This leads to workarounds to create space, such as the boarding of the elderly in open areas of the department. This is a problem during daylight hours, but is a tragedy when it happens overnight, as vulnerable elderly patients are subjected to noise, violence and a brightly lit department when they should be sleeping. Sleep deprivation both causes and exacerbates delirium in the elderly, but what really hurts is the indignity.

Peel urgently needs the following to meet the needs of our community:

- 1) An urgent increase in the number of inpatient beds
- 2) A redevelopment and expansion of the emergency department
- 3) A mental health facility
- 4) A high dependency unit

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The Peel region cannot continue to be neglected by policy makers. Our community deserves better.

Kind regards,

Dr Andrew Walker MBBS FACEM

Director of Emergency Medicine

Peel Health Campus