Inquiry into Annual and Financial Reports 2023–2024

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Ms Rachel Stephen-Smith MLA, Minister for Mental Health

In relation to: Emergency department presentations

Hearing: 11 February 2025
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Transcript provided: 14 February 2025
Answer Due: 21 February 2025 5.00 pm

Minister Stephen-Smith took on notice the following question(s):

MS CASTLEY: Sure, and with the goal of 24 hours having people go, I am wondering if we have an understanding of how many people are being discharged from ED without receiving a mental health treatment due to capacity restraints or without a mental health plan once they are discharged after 24 hours. Do we know what happens to them and how many of those people there are?

Mr Aloisi: Sorry, I am not sure I understand the question.

MS CASTLEY: So I understand the goal is to have treated someone and we have this 24 hour timeframe. Do we know how many people are discharged at that point or are discharged from ED that have not had any mental health treatment?

Ms Stephen-Smith: Well, I think there are probably a couple of elements to that. So our performance indicator is the proportion of people staying in the ED 24 hours or more is zero per cent. The sooner we can get people either admitted or treated and discharged home the better, so the intention is that nobody stays for 24 hours. That is not part of the treatment plan.

Anybody who is either discharged or admitted—correct me if I am wrong—would have some kind of plan associated with that. So the only reason people would leave without a plan is if they leave without being seen or without treatment or without a plan being fully developed, so if they self-discharge, as it were. But not everybody who presents to the ED is going to be admitted to the hospital. So the alternative to being admitted would be—

Mr Peffer: Would be follow up in the community generally, so that a plan would be formulated around what that looks like.

MS CASTLEY: And do we have a figure on the self-discharge? Like, we must know why they are admitted to ED. Do we know how many just decide to leave because they either waited for too long or they have changed their mind?

Mr Peffer: Yes. So as we have seen the performance of the emergency department improve, we have also seen the "did not waits"—so DNWs, we sort of refer to them in our reporting—also tracked down. Some years back, that was hovering around 8 per cent. It is now down around about 2 per cent. I think it is actually sitting below 2 per cent at the moment, so a marked improvement.

In terms of what those people may have presented for, that might be a little more challenging to produce a report on that, because for some of them, they may have come in, not received any treatment at all and departed. Perhaps they have looked at the waiting room and said, "You know, I might wait for the GP tomorrow," or "I might had to a walk-in centre," or something like that. So that might be a little hard for us to produce.

MS CASTLEY: But surely you must have an understanding of someone who did get to see that triage and then who did not wait. How many of those are there? And do we have that?

Ms Stephen-Smith: Yes, we will take on notice either we can break the "did not waits" down into mental health and non.

MS CASTLEY: That is great. Thank you.

Minister Stephen-Smith: The answer to the Member's question is as follows:

Patients who present to the Emergency department, who are triaged, but then leave without being seen by a health care professional do not have a diagnosis recorded in their clinical record. As such, it is not possible to identify patients who presented with a mental health related condition within the cohort of patients who were triaged and subsequently did not wait to be seen by a health care professional.

Approved for circulation to the Standing Committee on Social Policy

Signature:  Date: 24/2/25

By the Minister for Health, Rachel Stephen-Smith