

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	[REDACTED]
Organisation	[REDACTED]
First Name(s)	[REDACTED]
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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).

WA Geriatric Specialists (WAGS) is proposing a Medihotel pilot or trial to develop proof of concept in WA. This will also allow WAGS to determine cost and savings to the WA health system. There will also be an opportunity to develop procedures for transfer from public hospitals.

WAGS is an established private aged care community and hospital service company. It provides services to 5 private hospitals within 30km radius of South Perth Hospital. WAGS Medihotel proposal will provide discharge trajectories for medical, post op, preop and in hospital patients from Fiona Stanley Hospital(FSH) and Fremantle Hospital to decompress the pressure on the public hospital system. There will be an emphasis on preventative medicine and the overall health and wellness of hospital patients and clients in the community with comprehensive assessments and health reviews.

The definition of a Medihotel is a specialist hotel designed to support patients when they have been discharged from hospital but are still recuperating, being monitored or receiving outpatient tests (Mark McGowan's medihotel paper available at <https://www.markmcgowan.com.au> Accessed 11th October 2017). Staff provide some assistance with everyday tasks, companionship, nourishment and transfers to and from hospitals. Medical staff such as nurses, physiotherapists and occupational therapists visit the guests. Family members will be able to stay.

In the press Health Minister Roger Cook indicated Medihotels could would help free up hospital beds and create a more efficient system. "A standard hospital patient can be anywhere from \$1,800 to \$3,000 per night, a medihotel patient from the costings we have done will cost between \$120 and \$200 per night," he said (Available at <http://www.abc.net.au/news/2017-07-11/was-first-medihotel-to-be-operating-in-perths-south/8697384> Accessed on 22 October 2017)

There are many models for a medihotel. Below is a Queensland model as a sample. **(Adopted from Qld Health Prince Charles Hosp – Medihotel)**

A medihotel offers accommodation to eligible patients who do not require hospital admission before, during or after their treatment. Screening criteria are to include requirements that a consumer needs accommodation in close proximity to acute care and is: over 18 years of age self-caring and independent with activities of daily living alert, oriented and accountable medically stable able to manage their own medications ambulant either with or without aids without supervision able to communicate effectively by telephone understand their treatment requirements in the short term and can manage these independently. Check in times will be arranged prior to admission to the Medihotel. Account will be settled on check in. Checking out: All keys and access cards must be handed to a staff member before leaving the Medihotel. For example a Medihotel offers 8 single rooms and 5 twin share rooms. All rooms have private ensuites. Some may offer up to 18 beds. Or they maybe beds purchased from a commercial hotel or serviced apartment operator. Communal facilities include a lounge area, a dining area, basic kitchen facilities and laundry. A pay phone and free taxi phones are located in the main foyer. The phone in your room is for emergency use only. Alcohol should not be permitted in the Medihotel. Housekeeping should be performed daily. However, in some sites clean linen will be provided on arrival and will not be changed daily. If clean linen or towels are required this is provided on request. If onsite parking is not available than through a nearby private parking station. Cost is \$16 per day to \$20 per day is recommended or \$48 for a 5 day visitor pass. Friends and relatives are welcome to visit yat the Medihotel anytime between 9am and 5pm. Relatives can also contact you by phone. Accommodation for carers should be available and can be pre-arranged. Carers may only able to utilise the medihotel whilst the guest is not admitted to the hospital. In the event of an emergency activate the alert token provided to guest (if applicable). If do not have an alert token provided then phone beside bed or mobile should allow contact to hospital switch. Guest should provide location (Medihotel), room number and what kind of emergency it is (eg medical, fire, personal threat). Security can also be contacted after hours by dialling switch on phone and requesting contact with security.

In the potential WAGS Medihotel proposal, 8 beds are proposed for the Medihotel trial at a location 15 minutes by car from FSH. The selection criteria and casemix for the Medihotel will be determined by discussion with the clinicians from FSH and the hospital executive. If suitable for the development of Medihotels in WA, WAGS will in the first instance contact the hospital executive at FSH and develop a mutually agreeable proposal. The beds are available for a start once negotiations are finalised after discussion.