



Together Health Crisis Policy Paper

FOR CIRCULATION

Together Position Statement

Together represents Medical Officers, Aboriginal and Torres Strait Islander Health Workers, Allied Health professionals, scientists, administration officers, clinical assistants, and a range of other occupations that all play a vital role in our health system. Together has convened HHS groups, and a state wide group of members from all of our callings to discuss the pressure the hospital and health system is under, and how to fix those issues. These groups have produced and endorsed the following six point plan to build a strong health system, and this has become the endorsed position of our union.

1. Patients should get the public health services they need – not privatization and unnecessary managers

Queensland Emergency rooms are suffering from the consequences of reduced community and primary health services. Queensland Health must invest in adult and paediatric community services, including mental health and dental services, to meet community needs. The solution from Queensland Health is short term funding for privatization. Every patient and procedure outsourced is an admission of failure from the public system to care for the needs of Queenslanders.

Queenslanders deserve a public health and hospital system that provides the health services they need in public facilities with clinicians committed to a public health service. This is how we ensure all Queenslanders live full lives not unnecessarily limited by delayed and deficient health services. As the needs of Queenslanders change and the population grows, Queensland Health must be funded to provide more public services to meet the community's growing needs. If patients need aged care, home care, expanded outpatients services, oral health, or palliative care Queensland Health should invest in those services.

Queensland Health should provide these services, as well as acute hospital care, publicly, and invest in building long term public services, rather than contracting out to less cost-effective private services. If you need a new hospital, Queensland Health should build, own and operate that hospital, rather than outsourcing it to higher cost, lower quality private partners.

2. There needs to be surge capacity in a hospital. Hospitals should operate at 85% occupancy, with enough acute care beds for every area of the state.

Over the past two decades, acute beds per population have decreased.¹ Hospitals have run at a higher occupancy, and recently, Queensland's hospitals have been running at 90-95% occupancy and above. The ambulance ramping, and the new rapid offloading of patients into emergency departments prevents clinicians from providing safe care.

Hospital overcrowding is dangerous for patients and increases mortality.² Recent research has demonstrated that lower occupancy in hospitals decreases access block.³ It is commonly accepted in

¹ "Reviews of National Health Care Quality - OECD," accessed August 1, 2021, <https://www.oecd.org/health/health-systems/health-care-quality-reviews.htm>.

² Drew B. Richardson, "Increase in Patient Mortality at 10 Days Associated with Emergency Department Overcrowding," *Medical Journal of Australia* 184, no. 5 (2006): 213–16, <https://doi.org/10.5694/j.1326-5377.2006.tb00204.x>

³ Kendall J. Bein et al., "Does Volume or Occupancy Influence Emergency Access Block? A Multivariate Time Series Analysis from a Single Emergency Department in Sydney, Australia during the COVID-19 Pandemic," *Emergency Medicine Australasia* 33, no. 2

Canada and the UK that hospital occupancy should not exceed 85%.⁴ We are well above that because there has not been the investment in new acute beds required by population growth - especially in areas like Ipswich and the Gold Coast. Queensland has 2.53 acute beds per 1000 population.⁵ This number is significantly below the accepted minimum safe number of beds, which is 3 per 1000 population.⁶ The ratio of beds in Queensland is significantly less than the 3.8 beds Australia wide, and well below the OECD average, and below countries like China, Estonia, Greece, France and Japan.⁷ As clinicians, we demand investment in appropriate levels of acute, sub-acute and rehabilitation beds to enable patients to be properly cared for.

3. Restore and Improve Preventative Healthcare programs and funding

There have been cuts to or a failure to provide critical preventative health programs. There is a desperate shortage of allied health support for community and medical education (eg. Diabetes education and support) in places where people need it. This includes mental health and social and emotional support in the community. We know that there are acute needs now and very sick patients who must have care, to address this in the future there must also be programs to prevent the next generation of chronically ill people getting to this point. Health and Wellbeing Queensland is a start however primary care health networks are not providing preventative health care options. GPs do not have enough services to refer patients to or programs being provided.

Bariatric patients can be very challenging and frequently require input from multiple inter-disciplinary teams to ensure the patient's needs are fully met. Deconditioning can occur quickly in the bariatric patients potentially exacerbating pre-existing mobility limitations.

A wide variety of equipment is required while in hospital and then on discharge to the community to make it safe for staff/ carers and the patient. Workplace manual handling risks must be identified and managed in the hospital and home environment.

These patient are complex therefore discharge planning is a challenge and due to limited services in the community have long stays in hospital. Often Bariatric patients don't meet the criteria for support in the community due to their age and OHS.

4. Reform Queensland Health Governance to increase accountability and reduce duplication

Unlike other departments, the Department of Health is the "system manager" not directly in control and accountable for almost all hospital and health services in Queensland. There are 16 paid HHS Boards in Queensland, which act as a bottleneck between hospitals and the department. The purpose of the boards was to provide localized health care, but the effect of the HHS structure is an extra layer of management between patients and decision makers, and varied health outcomes across the state.

(2021): 343–48, <https://doi.org/10.1111/1742-6723.13717>.

⁴National Guideline Centre (UK), "Bed Occupancy," *Emergency and Acute Medical Care in over 16s: Service Delivery and Organisation* (National Institute for Health and Care Excellence (UK), March 2018), <https://www.ncbi.nlm.nih.gov/books/NBK564920/>.

⁵ "Hospital Resources 2019-2020 tables from "Admitted Patients," Australian Institute of Health and Welfare, accessed August 11, 2021, <https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients>.

⁶ "Health Equipment - Hospital Beds - OECD Data," theOECD, accessed August 1, 2021, <http://data.oecd.org/healthqt/hospital-beds.htm>.

There have been many scandals connected to this unaccountability- from the suing of patients with public money,⁷ under-provision of services in regional areas,⁸ and the sacking of boards for corruption.⁹ Your local school principal reports to the Department of Education, and there is a clear line of responsibility through to the Director-General and the Minister. There is someone who is clearly responsible and can intervene at every point in the chain. Hospitals services should be run with the same clarity of process.

Queensland Health needs to ensure efficient and effective health services by abolishing the redundant and unaccountable Health and Hospital Service boards, put the money from those unnecessary middle managers into public health services.

5. Safe staffing for all clinicians and support staff

To care for patients, you need more than just beds. There is a clear understanding of what safe staffing is for nurses, but there is no requirement for safe staffing of doctors, allied health professionals, administration staff, Aboriginal and Torres Strait Islander health workers Health Workers and Health Practitioners, and other clinicians and support staff.

Members have reported again and again that new services are opened, and there are not the staff to run that service safely.

It is well documented that safe staffing for nurses has meant better patient outcomes. Hospitals and health services are team efforts – you need safe staffing across all occupations to ensure patients are admitted quickly by administration, are seen by a doctor, are cared for by a nurse, supported by a physiotherapist, and set up with the appropriate care after discharge by a social worker and/or the Aboriginal and Torres Strait Islander Hospital Liaison Officer.

We are calling on the Queensland government to convene a process between Together and Queensland Health to develop and agree to safe minimum staffing levels for all clinicians, and a clear and effective workforce planning process to ensure that services are planned with appropriate support staff.

6. Fix the block between hospital and other kinds of care

Because of failings in the aged care and disability systems, hospitals are warehousing people who should be moved out of acute care beds.¹⁰⁹ This is an incredibly expensive way to house this population and endangers other people who need acute care. Queenslanders deserve to be taken care of – there must be care systems for our elders and people with disabilities. The federal government must step up and fix these problems with disability, mental health and aged care systems. It is reported that mental health patients are discharged to motels to vacate a bed, as there is a growing need for acute mental health inpatient beds.

⁷ "Unhealthy Bureaucracy, February 12 2020, ABC News. <https://www.abc.net.au/news/2020-02-12/queensland-health-metro-north-accused-whistleblower/11862318?nw=0>

⁸ Felicity Caldwell, "Health Minister Asks Hospital Board Why It Should Not Be Sacked," Brisbane Times, May 19, 2021, <https://www.brisbanetimes.com.au/politics/queensland/health-minister-asks-hospital-board-why-it-should-not-be-sacked-20210519-p57tal.html>.

⁹ "Cairns Hospital Board Steps Down," Brisbane Times, September 19, 2016, <https://www.brisbanetimes.com.au/national/queensland/cairns-hospital-board-steps-down-20160919-grjga6.html>.

¹⁰ Exclusive by state political correspondent Peter McCutcheon and Michael Atkin, "People with Disabilities Left in Queensland Hospitals for Years Unnecessarily, RTI Investigation Reveals," ABC News, September 1, 2020, <https://www.abc.net.au/news/2020-09-02/coronavirus-queensland-rti-documents-disabled-hospitalised-ndis/12607344>.