AMA QUEENSLAND

RAMPING ROUNDTABLE
ACTION PLAN

LEADERSHIP | INNOVATION | INVESTMENT

AMA Queensland strongly believes the Queensland public health system requires strong effective ***leadership***, system and procedural ***innovation*** and appropriate ***investment*** by the State and Federal Governments. The list of recommended actions in this submission will significantly improve patient flow, patient safety, utilisation of staff time, and address access block in the Queensland public hospitals system and should be implemented statewide with reporting accountability from the Hospital and Health Services (HHSs) to the Minister.

RAMPING ROUNDTABLE ACTION PLAN CONT.

ACTION 1

*The government must commit to ongoing investment in more beds**

		URGENCY
i.	**Current deficit <u>now</u> is estimated to be <u>at least 1,500 beds</u> and these can be acquired by:** ▸ <u>Additional 815 new beds</u> needed across the state (>$1.2 billion) ▸ <u>Free up the 685 beds</u> which are currently being used by NDIS recipients and those waiting for an aged care place	**Short-term – Statewide** but maintain as ongoing directive
ii.	**Increase support for <u>ambulatory care</u>**	**Short-term – Statewide** but maintain as ongoing directive
iii.	**<u>Match bed numbers to presentations</u> and complexity into the future**	**Short-term – Statewide** but maintain as ongoing directive
iv.	**<u>Increase number of mental health patient beds</u> – at least to national average**	**Short-term – Statewide** but maintain as ongoing directive

*A bed is defined as an open staffed bed available for an unplanned admission

ACTION 2

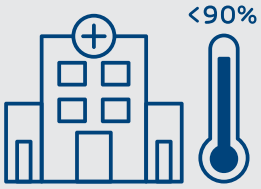
The government must ensure HHSs provide fully operational acute hospitals that function seven days a week with extended hours

		URGENCY
i.	**<u>Employ and train enough staff</u> (including doctors, nurses and allied health) to fill the necessary shifts across acute health services and sub-acute services safely**	**Medium-term – All large hospitals** plus where there are bed pressures
ii.	**<u>Allow discharge to occur seven days a week</u> – patients should be discharged when they are clinically ready**	**Medium-term – All large hospitals** plus where there are bed pressures

RAMPING ROUNDTABLE ACTION PLAN CONT.

ACTION 3

The government must ensure that HHSs run hospitals at <90% occupancy



		URGENCY
i.	Identify how many funded beds each hospital needs from the data that exists to determine how many beds they would need to meet this <90% occupancy figure	Long-term – Statewide
ii.	Introduce twice daily ward reviews with criteria-led discharge – track time from decision to discharge	Short-term – Statewide but maintain as ongoing directive
iii.	Invest in outreach and post-discharge community services necessary for safe discharge	Short-term – Statewide but maintain as ongoing directive

ACTION 4

The government must direct HHSs to conduct a detailed analysis of patient flow within the hospital and report against those

		URGENCY
i.	Daily reporting of bed availability – Inpatient bed management measured in minutes and seconds (not hours or days)	Short-term – Statewide but maintain as an ongoing directive
ii.	Link hospital resources to patient flows/bed activity e.g. properly resource emergency surgery on the volumes presenting	Short-term – Statewide but maintain as an ongoing directive
iii.	Identify local barriers to patient flow e.g. access to imaging, access to pathology, use of interim orders, use of Hospital in the Home	Short-term – Statewide but maintain as an ongoing directive
iv.	Enhance communication between teams that leads to actions (discharges, referral to rapid access clinic) rather than overnight stay in a ward or emergency department	Short-term – Statewide but maintain as an ongoing directive
v.	Need real-time bed availability data for clinicians on the floor	Short-term – Statewide but maintain as an ongoing directive
vi.	Establish innovative models of care to avoid mental health patients from experiencing long stays in EDs	Short-term – Statewide but maintain as an ongoing directive

RAMPING ROUNDTABLE ACTION PLAN CONT.

ACTION 5

The government must support alternative models of access to hospital care other than through the emergency department

		URGENCY
i.	Direct admissions from the community	**Short-term – All large hospitals plus referral services** maintain as an ongoing directive
ii.	Rapid access clinics	**Short-term – All large hospitals plus referral services** maintain as an ongoing directive
iii.	Rapid virtual reviews	**Short-term – All large hospitals plus referral services** maintain as an ongoing directive
iv.	Hospital in the Home	**Short-term – All large hospitals plus referral services** maintain as an ongoing directive
v.	Transit lounge – for semi-urgent admissions and stable representations	**Short-term – All large hospitals plus referral services** maintain as an ongoing directive

GPs must be able to access these models

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