SUBJECT: Potential deployment of Project ECHO as part of Queensland Health's COVID-19 pandemic response

☐ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed…………………………………. Date……../……../…….. Dr John Wakefield, Director-General, Queensland Health Comments:

ACTION REQUIRED BY - 24 March 2020 due to the need for a pandemic response as soon as possible.

RECOMMENDATION

It is recommended the Director-General:

- **Note** the proposal provided by Children's Health Queensland Hospital and Health Service (CHQ HHS) in relation to deploying Project ECHO as part of Queensland Health's COVID-19 pandemic response (Attachment 1).
- **Approve** delegating the consideration of this proposal to the Deputy Director-General Clinical Excellence Queensland (CEQ).

ISSUES

1. Queensland Health is currently preparing for a rapid increase in cases resulting from the COVID-19 pandemic.
2. Project ECHO is a videoconference enabled platform that can support rapid dissemination of public health, infectious disease and other clinical advice to frontline service providers across the State.
3. Project ECHO has a track record of deployment during international public health emergencies such as the South American Zika epidemic.

BACKGROUND

4. (CHQ HHS is an established Project ECHO Superhub for the Asia-Pacific Region.
5. Project ECHO is a hub-and-spoke model of 'telementoring', using widely available videoconference technology, in which multidisciplinary teams of experts at a hub provide support to providers at spoke sites to deliver best practice, evidence-based care.
6. Project ECHO is well suited to complex conditions or situations which require input from multiple disciplines/specialities.
7. Each 'teleECHO' or videoconference session consists of a brief presentation, similar to a webinar, followed by highly interactive case discussions.
8. Advantages of using Project ECHO to assist Queensland Health's COVID-19 response include:
   8.1. Rapid deployment;
   8.2. Force multiplier effect; and
   8.3. Low cost.

RESULTS OF CONSULTATION

9. The CHQ HHS Project ECHO Superhub and Executive have been consulted and are very supportive of this opportunity to support Queensland Health, while further demonstrating the utility of the ECHO model in Queensland. These stakeholders have included:
   9.1. Mr David Gow, CHQ HHS Board Chair;
   9.2. A/Professor Frank Tracey, CHQ HHS Chief Executive;
   9.3. Craig Kennedy, A/Executive Director Clinical Services;
   9.4. Dr Dana Newcomb, Medical Director Integrated Care and Clinical Lead Project ECHO; and
   9.5. Mr Perrin Moss, Program Manager, ECHO.

RESOURCE/FINANCIAL IMPLICATIONS

10. CHQ HHS can consult with CEQ to coordinate and mobilise a Project ECHO telementoring response to the COVID-19 pandemic.
11. This network can be delivered in partnership between CHQ HHS and CEQ, incorporating clinical expertise necessary to address the public health response in Queensland.
12. Financial and resource requirements can be provided following consultation with the Deputy Director-General CEQ on the preferred approach for approval.

RELEASE DRAFT

SENSITIVITIES/RISKS

13. There are no sensitivities or risks associated with this brief.
14. Utilisation of Project ECHO in the COVID-19 pandemic response could yield positive media attention, showcasing Queensland Health's proactive measures to partner with frontline primary care providers during the pandemic period.

ATTACHMENTS

15. Attachment 1. Proposal – Project ECHO: COVID-19 pandemic.

RTI RELEASE DRAFT

Author	**Cleared by (Dir/Snr Dir)**	**Content verified by (DDG/CE)**
Name: Perrin Moss Position: Program Manager - ECHO Unit: Integrated Care, CHQ HHS Tel No: 07 Date Drafted: 15 March 2020	Name: Dr Dana Newcomb Position: Medical Director Integrated Care Branch: Integrated Care, CHQ HHS Tel No: Date Cleared: 15 March 2020 **Note clearance contact is also key contact for brief queries**	Name: Frank Tracey Position: Chief Executive Division: CHQ HHS Tel No: Date Verified: 16 March 2020

DOH RTI 0675

Potential deployment of Project ECHO as part of Queensland Health's COVID-19 pandemic response

Situation

- The COVID-19 pandemic is a public health emergency requiring a coordinated response from all parts of the health care system
- Knowledge of COVID-19 is rapidly evolving and guidelines are being frequently updated
- Significant confusion about current guidelines exists amongst community providers in all states, evidenced by social media discussions, calls to public health units, and the number of tests being ordered outside current recommendations

Background

- A Project ECHO hub was established by CHQ in 2016, funded through the Integrated Care Innovation Fund
  - Brisbane now has the largest and most successful ECHO Hub in the southern hemisphere, and Australasia's only ECHO Superhub (a team licenced to train others to implement the model)
- Project ECHO
  - A hub and spoke model of 'telementoring' using widely available videoconference technology
  - A multidisciplinary team of experts at the hub provides support to providers at spoke sites to deliver best practice, evidence-based care
  - Suited to complex conditions or situations which require input from multiple disciplines/specialities
  - Each 'ECHO' or videoconference consists of a brief presentation, similar to a webinar, followed by highly interactive case discussions
  - Advantages include:
    - Rapid deployment
    - Force multiplier effect
    - Low cost
  - Track record of deployment during international public health emergencies such as the South American Zika epidemic

Assessment

- With an existing Hub in Brisbane, Queensland Health has the potential to rapidly deploy Project ECHO as part of its pandemic response
- The immediate need is for a primary care-focussed ECHO addressing complexity around testing and self-isolation
  - Expertise in public health, infectious diseases, respiratory medicine, pathology and primary care required.
- With evolution of the public health crisis, a second hospital-focussed ECHO could be indicated, particularly to support outer metropolitan and regional hospitals with decisions regarding bed management, rational use of scant resources etc., triage, and management of critically ill patients.
  - Expertise in hospital administration/management, critical care, infectious diseases, nursing etc. could be required.
- RACFs are likely to benefit significantly and be a key target of ECHO support

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Recommendation

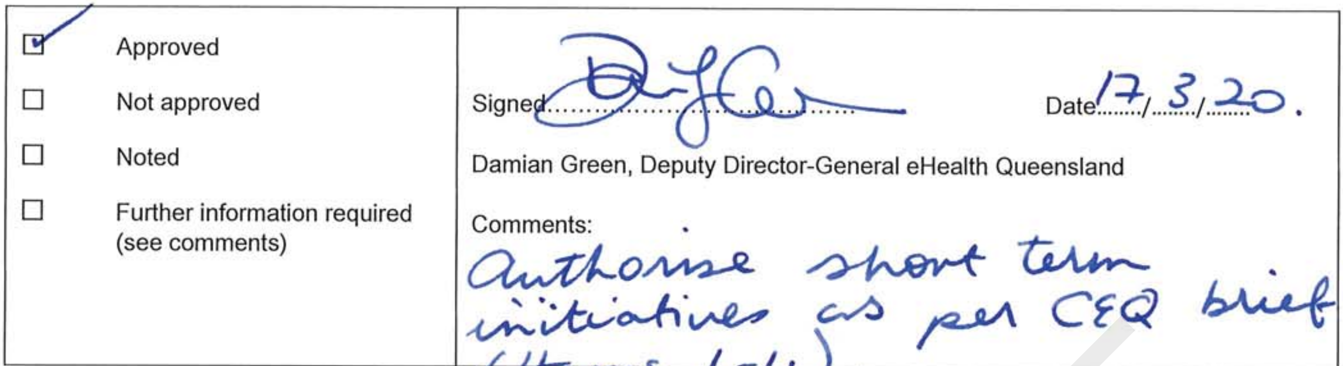
- Engage CHQ's ECHO team to work alongside public health and communicable diseases experts and the SHECC to urgently develop a time-limited ECHO series, based in Brisbane, to support the primary care/RACF response to COVID-19
- Consider training additional teams to establish regional ECHO Hubs, and/or hospital focussed ECHOs according to emerging need.

Contact

Dr Dana Newcomb
Dana.Newcomb@health.qld.gov.au
Medical Director Integrated Care
CHQ HHS

RTI RELEASE

SUBJECT: COVID-19 Virtual Care Telehealth capacity and capability establishment



☑ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed.................. Date 17/3/20. Damian Green, Deputy Director-General eHealth Queensland Comments: Authorise short term initiatives as per CEQ brief (Items 1-4).

ACTION REQUIRED BY 13 March 2020 to allow immediate establishment expenditure

RECOMMENDATION
It is recommended that the Deputy Director-General:

- **Approve** the Chief Technology Office expenditure of $500,000 CAPEX and $2,735,000 per annum OPEX from their budget to implement the four COVID-19 Telehealth initiatives (Attachment 1).
- **Approve** the increase in four temporary MOHRI positions (AO6) to support the increase in Telehealth usage from the initiatives.

ISSUES

1. The COVID-19 impact to Queensland Health will be significant with an expected large increase in presentations and capacity impact to the system.
2. There is demand from Hospital and Health Services to be able to offer Virtual Clinics, Remote Patient Monitoring and significant expansion of the capacity and capability of the Telehealth network.
3. The current Telehealth system can be scaled and additional capability can be added with additional investments in software, developer support and cloud capacity. Additional staffing will also be required to support the significant additional clinical use.

BACKGROUND

4. Clinical Excellence Queensland with eHealth Queensland have proposed increasing the capability and capacity of the existing Telehealth system as a response to the COVID-19 impact to the system.
5. The four short term priority initiatives are (Attachment 1):
   - 5.1. Telehealth Infrastructure capacity to allow high demand and peaks of concurrent users including from people's homes.
   - 5.2. Telehealth Virtual Clinic expansion to all Hospital and Health Services for COVID-19 Virtual Clinics.
   - 5.3. Simple One Click Access to clinical grade videoconferencing on the Queensland Health network, any device, any location.
   - 5.4. Remote Patient Monitoring Platform for patients in isolation at home.
6. These initiatives can play an important part of the systems response to these events especially where advice, care and treatment can be provided remotely.

RESULTS OF CONSULTATION

7. The Chief Technology Office provided the costs for this briefing note in consultation with Clinical Excellence Queensland.

RESOURCE/FINANCIAL IMPLICATIONS

8. $500,000 CAPEX and $2,735,000 per annum OPEX expenditure from the Chief Technology Office budget to implement the four short term COVID-19 Telehealth initiatives (Attachment 1). The OPEX is for Staff, Software and Developer Services.
9. An increase in four temporary MOHRI positions (AO6) to support the increase in Telehealth services from the seven initiatives.

SENSITIVITIES/RISKS

10. Careful planning will be required to ensure that the concurrent usage/burst capacity can handle large volumes of Telehealth sessions.

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ATTACHMENTS

11. Attachment 1. Recommend options for increasing telehealth capacity to respond to COVID-19.

RTI RELEASE

Author	Cleared by (Executive Director)	Content verified by (DDG)
Name: Mark Richards Position: Snr Director Branch: Digital Strategy and Transformation Tel No: Date Cleared: 13 March 2020	Name: Narelle Doss Position: Executive Director Branch: Digital Strategy and Transformation Tel No: Date Cleared: 17 March 2020	Name: Damian Green Position: DDG eHQ and CIO QH Division: eHealth Queensland Tel No: Date Verified:

Queensland Health

Clinical **Excellence** Queensland

Attachment 1

Recommended options for increasing telehealth capacity to respond to COVID-19

#	Timeframe	Functionality	Description	Investment
1	Short-term delivery (immediate)	Telehealth infrastructure capacity	Forecast capacity to accommodate the increased number of videoconference consultations occurring into patients' homes during periods of heightened demand, such as supporting virtual COVID-19 clinics across multiple HHS's. Current capacity of 90 concurrent calls.	**Phase 1 (2 weeks)** **OpEx:** Pexip videoconferencing licences to allow for ~300% increase in current capacity ($500,000p.a) **Phase 2 (6 weeks)** **OpEx:** Pexip videoconferencing licences to further increase capacity to 2,500 concurrent calls ($500,000p.a) **OpEx:** Cloud bursting capacity to accommodate for periods of high demand ($300,000p.a) **Phase 3 (12 weeks)** **CapEx:** 16 x Enterprise-grade servers to further support increased Pexip videoconferencing traffic ($500,000) **TOTAL** **OpEx: $1,300,000p.a** **CapEx: $500,000**
2	Short-term delivery (immediate)	Telehealth Virtual Clinic	Deliver sustainable and scalable Virtual Clinic capability to support management of high-volume telehealth clinics. Solution is urgently required by HHSs to enable delivery of high volume virtual clinics associated with COVID-19.	**OpEx:** Developer support of Virtual Clinic as a service offering ($100,000p.a) **OpEx:** 1 x A06 for Telehealth Services (eHealth) to support increase in clinical use. ($150,000p.a) **TOTAL** **OpEx: $250,000p.a**
3	Short-term delivery (immediate)	WebRTC video conferencing	***Requires investment in Item 1 Phase 2.*** Ensuring clinicians have easy access to clinical-grade videoconferencing	**OpEx:** 1 x A06 for Telehealth Services (eHealth) to support increase in clinical use.

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			during periods of high demand, essential to support delivery of effective and efficient virtual clinics. Current videoconference platform requires individual licensing for clinicians, impacting use and scalability. The introduction of WebRTC videoconferencing on the Queensland Health network will ensure that all clinicians have one-click access to videoconferencing on any device, in any location.	($150,000p.a) **TOTAL** **OpEx: $150,000p.a**
4	Short-term delivery (immediate)	Remote Patient Monitoring Platform	Establish Remote Patient Monitoring as a service offering to allow clinicians to monitor a patient's condition in their home. There is strong demand for this technology when managing patients with chronic disease, however during COVID-19 it could be particularly valuable in monitoring large numbers of patients in isolation at home.	**OpEx:** 1,000 patients onboarded to a Remote Patient Monitoring program across all HHSs Includes: licence, setup costs Excludes: biometric devices (dependent on clinical scenarios) and training Year 1 Setup OpEx: $735,000 Ongoing OpEx: $420,000p.a (1,000 patient at $35 per month) **OpEx:** 2 x A06 for Telehealth Services (eHealth) to support new service offering. ($300,000p.a) **TOTAL** **Year 1 - OpEx: $1,035,000** **Ongoing – OpEx: $720,000p.a**
5	Medium-term delivery	eConsultation platform	Establish an eConsultation platform as a service offering which allows for faster and more appropriate communication between primary healthcare providers and hospital-based clinicians.	**OpEx:** Licencing costs of eConsultation platform ($200,000p.a) **OpEx:** 1 x A06 for Telehealth Services (eHealth) to support new service offering. ($150,000p.a) **TOTAL** **OpEx: $350,000p.a**

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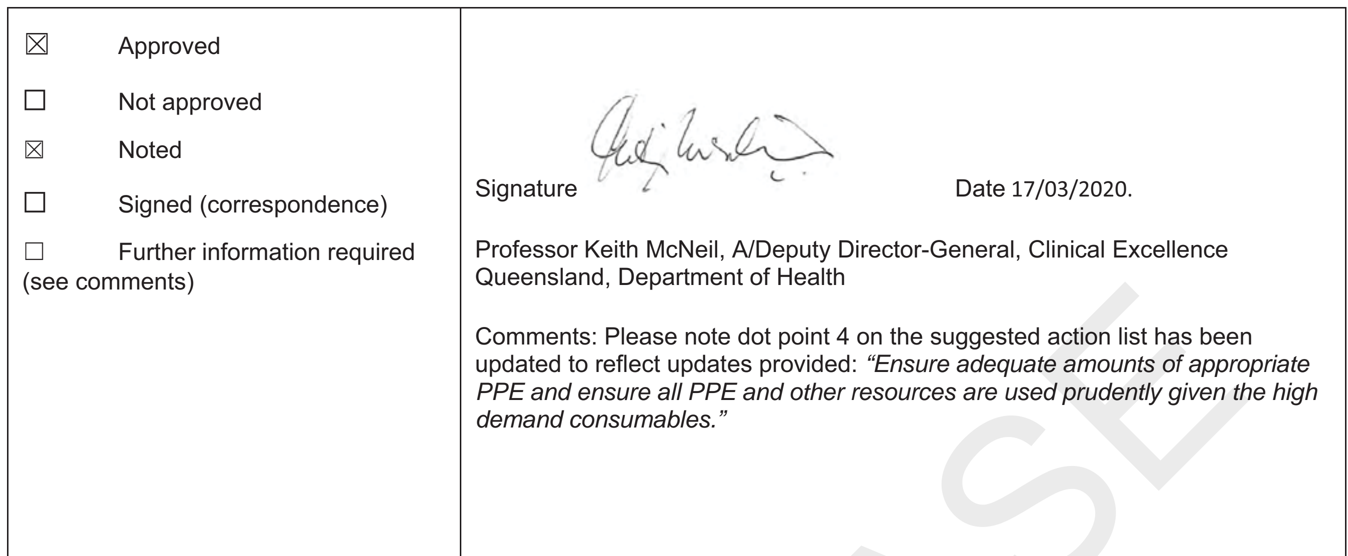
6	Long-term delivery	Telehealth clinical booking solution	Certain clinical scenarios do not warrant the use of the Telehealth Virtual Clinic and a simple tool to book a one-time dial in number for a patient and clinician is more appropriate. Collaboration Meeting Rooms (CMRs) do not meet this need because the dial number is not one time and presents a confidentiality risk if used in a clinical capacity. A booking solution is required with a one-time dial in number that sends a notification to both the patient and clinician clearly stating the options for how they can connect to the videoconference appointment.	**OpEx:** Developer support of upgrade to self-scheduling portal ($100,000) **TOTAL** **OpEx: $100,000p.a**
7	Long-term delivery	Telehealth Clinical Launchpad	Develop a web-based Telehealth Clinical Launchpad that enables quick and easy access to all telehealth applications for clinicians in the one place. Inspired by The Viewer, the Telehealth Clinical Launchpad will provide visibility of all telehealth applications, tools and activity needed to streamline clinical workflow.	**OpEx:** Developer support to implement Telehealth Clinical Launchpad ($100,000) **TOTAL** **OpEx: $100,000p.a**

RTI RELEASE

SUBJECT: Statewide Older Persons' Health Clinical Network – Statement on the potential impact of COVID-19 on the older population.



☒ Approved ☐ Not approved ☒ Noted ☐ Signed (correspondence) ☐ Further information required (see comments)	Signature Date 17/03/2020. Professor Keith McNeil, A/Deputy Director-General, Clinical Excellence Queensland, Department of Health Comments: Please note dot point 4 on the suggested action list has been updated to reflect updates provided: *"Ensure adequate amounts of appropriate PPE and ensure all PPE and other resources are used prudently given the high demand consumables."*

ACTION REQUIRED BY
20 March 2020, to ensure timely dissemination of the document (Attachment 1) to clinical staff to provide guiding principles underpinning the assessment and management of older people with suspected or confirmed COVID-19.

RECOMMENDATIONIt is recommended the A/Deputy Director-General:
- **Approve** the document Statewide Older Persons' Health Clinical Network – Statement on the potential impact of COVID19 on the older population (Attachment 1*)* to be published via the Queensland Health Intranet QHEPS and disseminated to appropriate clinical staff and to members of the Statewide Older Persons' Health Clinical Network (SOPHCN).
- **Note** the contents of the document.

ISSUES
1. SOPHCN has developed a statement to provide guiding principles underpinning the assessment and management of older people with suspected or confirmed COVID-19 (Attachment 1).
2. The document also contains suggested recommendations at a systems level to facilitate a coordinated response to COVID-19 for older persons.
3. It is recommended that clinical decision-making be informed by a variety of factors including the person's clinical status, an understanding of co-morbidities and premorbid frailty, and the person's advanced care planning wishes.
4. To ensure equity of medical treatment, the statement calls for the avoidance of assumptions that a person's chronological age or perceived place of residence correlates with their frailty or health status.

BACKGROUNDIn December 2019, a new infectious disease, COVID-19, caused by a novel strain of Coronavirus (SARS-CoV-2) emerged and is rapidly spreading globally.
6. As of 11 March 2020, COVID-19 has been declared a pandemic by the World Health Organisation.
7. Older people and people with pre-existing medical conditions are disproportionately at risk of severe disease and death from COVID-19.

RESULTS OF CONSULTATION
8. Consultation to inform the development of *Attachment 1* occurred with:
   8.1. Statewide Older Persons' Health Clinical Network;
   8.2. Strategic Policy and Legislation Branch;
   8.3. Office of Advance Care Planning;
   8.4. Frail Older Persons' Collaborative;
   8.5. Telehealth Support Unit;
   8.6. State Health Emergency Coordination Centre (SHECC).

RESOURCE/FINANCIAL IMPLICATIONS There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

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10. There are no sensitivities or risks associated with this brief.

ATTACHMENTS

11. Attachment 1. Statewide Older Persons' Health Clinical Network: Statement of the potential impact of COVID-19 on the older population.

Author	**Cleared by (Dir/Snr Dir)**	**Content verified by (ED)**
Name: Deanne Steele Position: A/Senior Project Officer Unit: Healthcare Improvement Unit Tel No: Date Drafted: 16/03/2020	Name: Elizabeth Garrigan Position: A/Manager Branch: Healthcare Improvement Unit Tel No: Date Cleared: 16/3/2020 **Note clearance contact is also key contact for brief queries**	Name: Michael Zanco Position: Executive Director Division: Clinical Excellence Queensland Tel No: Date Verified: 17 March 2020

RTI RELEASE

DOH RTI 0675

Statewide Older Persons' Health Clinical Network
Statement on the potential impact of COVID-19 on the older population

Purpose Statement

To provide guiding principles underpinning the assessment and management of older people with suspected or confirmed COVID-19

To provide specific recommendations at a systems level to facilitate a coordinated response to the COVID-19 situation, that may mitigate the impact of this novel disease on the health system and the older population

Background

December 2019 saw the emergence of a new infectious disease, COVID-19, caused by a novel strain of Coronavirus (SARS-CoV-2), that as of 11 March 2020 has been declared a pandemic by the World Health Organization. COVID-19 may result in severe respiratory illness in those who contract the virus. While there remains some uncertainty around the case fatality rate in those who acquire the infection, evidence available to date suggests that older people, and people with pre-existing medical conditions, are disproportionately at risk of severe disease and death from this infection. The case fatality rate in older multi-morbid patients may be as high as 14% (Chinese Centre for Disease Control and Prevention, 2020).

Although the virus that causes COVID-19 may be new, severe infectious respiratory illnesses have been described since ancient times, and the principles that guide the management of these illnesses in older, medically vulnerable people are well-established in modern healthcare.

Improved scientific rigour around the understanding of frailty over the last decade has provided health professionals a firmer footing for clinical decision-making around the management of acute health problems in older people. Queensland Health has endorsed the Rockwood Clinical Frailty Scale (CFS) as a validated tool to assess frailty in older patients. The CFS is a good predictor of mortality, prolonged inpatient hospital stay and functional decline (Jones, Song & Rockwood, 2004). To validly determine premorbid frailty the CFS must be evaluated based on the patient's level of function two weeks prior to the onset of an acute illness. It is generally accepted that medical interventions that are very unlikely to benefit a patient should not be offered, and this is particularly relevant in those with advanced premorbid frailty and severe, chronic co-morbidities.

However, it needs to be recognised that ageist attitudes have historically prevailed in healthcare and in our society more broadly. Age alone does not necessarily correlate with frailty and general health status, and we must assiduously avoid the tendency to deny older people medical treatments that could benefit them simply because of their age or place of residence. Healthcare providers also need to be aware that Queensland Health data management systems currently do not always accurately identify patient residential status. For example, residents of independent living units may be misidentified as dwelling in a residential aged care facility.

Principles guiding response to COVID-19

The Statewide Older Persons' Health Clinical Network endorses the following principles to guide clinical decision-making in the care of older people (people over 65 or Aboriginal and/or Torres Strait Islander people over 50):

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- Proactive advanced care planning, especially in those with moderate to severe frailty or significant pre-existing medical conditions, to enable greater autonomy of older people in relation to the health care they receive in the event of a severe acute health crisis
- Careful consideration of co-morbidities and premorbid frailty when determining appropriate acute management (including location of health care provision) in older people with confirmed or suspected COVID-19
- Avoidance of assumptions that a person's chronological age or perceived place of residence accurately equates with frailty or health status
- Vaccination against influenza for all people over 6 months of age; especially those aged 65 years and older and Aboriginal and/or Torres Strait Islander peoples aged 50 years and older, people with chronic health conditions, people living in residential aged care facilities, health care workers and those working in community or residential care of older people, and all close personal contacts (eg family and dependents) of the above groups; and vaccination against pneumococcal disease for all people aged 65 years and older and Aboriginal and/or Torres Strait Islander peoples aged 50 years and older, to minimise the concomitant impact of these serious vaccine-preventable conditions.*

*Pneumococcal vaccination recommendations for adults under the age of 65 years, including health care workers and aged care workers, depend upon the presence of conditions that increase the risk for invasive pneumococcal disease. Consult the Australian Immunisation Handbook (Australian Government Department of Health) for detailed vaccination guidelines.

References

Chinese Centre of Disease Control and Prevention (2020). The epidemiological characteristics of an outbreak of 2019 Novel Coronavirus disease (COVID-19) – China, 2020. CCDC Weekly, 2(x).

Jones DM, Song X, Rockwood K (2004). Operationalizing a Frailty Index from a Standardized Comprehensive Geriatric Assessment. Journal of the American Geriatrics Society. 52(

RTI DRAFT

Suggested Action List – To be completed as soon as practically possible	
Item	**Action**
1	Residential Aged Care Facility acute care Support Services (RaSS) and Geriatric Emergency Department Intervention (GEDI) services to be provided with clear guidelines to support RACF response
2	Provide advice and support to CEQ and HHSs about policy and responsibilities of approved providers in relation to events that require emergency, disaster management, and clinical staff to continue the care needs of residents impacted by their facility ceasing or scaling down services
3	Provide links to information being provided by the Australian Government to prepare the aged care sector
4	Ensure adequate amounts of appropriate PPE and ensure all PPE and other resources are used prudently given the high demand consumables.
5	Provide practical support to RACFs to undertake and document Advance Care Planning in all their residents
6	Implement RaSS in Wide Bay HHS as soon as possible (recurrent funding will be available 2020- 21 budget)
7	Major Residential Aged Care providers to be provided with an overview of projected situation including, but not limited to: • Flow on effects of increased sick leave • Consider recalling staff working in non-clinical/temporary positions • Likely implications of local outbreak • Quarantine procedures • Recommended infection control strategies • Advance Care planning readiness • Vaccination for staff / residents
8	HHS sites to be prompted to consider increasing capacity and capability to provide RaSS / GEDI services. This may include: • EOI for GEDI/RaSS emergency backfill roles • Commence education to ensure workforce preparedness if emergency backfill roles are required
9	Ensure resources for residents and their families are shared with RACF providers: • Specific information relating to the spread of disease • Where to seek advice
10	Advocate for increased capacity in Commonwealth aged care programs (Transition Care Services and Home Care Packages) to reduce demand for hospital services and facilitate discharge of long stay patients
11	Advocate for greater flexibility in Commonwealth aged care funding arrangements/emergency aged care funding to temporarily accommodate unorthodox care arrangements (eg to allow an RACF resident to be cared for in a private residence with the help of a Home Care Package on a temporary basis without losing their RACF bed)

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In Case of Mild Outbreak	
Item	**Action**

1	Consider expanding Telehealth services to reach into nursing homes. This may include:
	• Increasing functional capacity of aged care facilities to access Telehealth
	  ○ i.e. considering software/hardware requirements
	• Increasing workforce to provide the following
	  ○ In hour specialist advice
	  ○ Out of hours general advice

2	Consider expanding free influenza vaccine program to reduce health care burden, including: • Carers of frail older persons • Dependents of health care workers (e.g. children)
3	Activate public directive to advise: • Triggers to activate personal quarantine / isolation • The practical steps that need to be undertaken in order to achieve effective quarantine / isolation • Generate specific attention towards older persons / RACFs

In Case of Moderate/Severe Outbreak	
Item	**Action**
1	Expansion of RaSS capability: • Increasing clinician hours • Increasing after hours availability • Co-opting of services that can provide complementary role e.g. HITH, GEM-HITH, Palliative Care
2	Expand Telehealth services to reach into nursing homes. The Telehealth Support Unit (TSU) is well positioned to enable rapid expansion of services to support COVID-19, including care in alternative settings e.g. home monitoring, and hospital optimisation/avoidance.

RTI RELEASE

SUBJECT: Planned reduction in provision of MSHHS Specialist Surgical Outpatients and Elective Surgery and Services to create capacity to treat COVID-19 patients

☐ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed…………………………………. Date……../……../…….. Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services Comments:

ACTION REQUIRED BY - 19 March 2020. Reductions in Metro South Hospital and Health Service (MSHHS) Specialist Surgical Outpatients and Elective Surgery services are scheduled to commence 19 March 2020.

RECOMMENDATION

It is recommended the Minister:

- **Note** that MSHHS intends to reduce service access for non-urgent Category 2 and all Category3 specialist surgical outpatients from 19 March 2020, and for non-urgent Category 2 and all Category 3 elective surgery procedures from 23 March 2020, to create hospital capacity to treat the projected increase in emergent COVID-19 patients.

ISSUES

1. MSHHS must take urgent action to create hospital capacity and allow for training of staff in critical care for rapid redeployment to manage the significant spike in demand for emergency and critical care services anticipated as a result of the outbreak of COVID-19 in Queensland.
2. COVID-19 was declared a pandemic by the World Health Organisation on 11 March 2020.
3. The spread of COVID-19 throughout the MSHHS community is expected to cause high levels of morbidity (and possible mortality) and result in significantly increased demand on public hospital capacity, in particular, critical care capacity.
4. Population health modelling completed by MSHHS indicates that up to 280,000 residents could become infected with COVID-19 over the next few months, with approximately 56,000 requiring hospitalisation, including 11,000 requiring an intensive care bed.
5. A number of key surgical staff are affected by current 14 day requirements for self-isolation due to travel, or travel difficulties.

BACKGROUND

6. There are currently 1,057 acute surgical and medical beds in MSHHS public hospitals, including 58 intensive care unit beds.
7. MSHHS hospitals regularly operate at bed occupancy levels greater than 90 per cent.
8. MSHHS is investigating a number of strategies to increase public health resource availability to treat the projected emergent demands of COVID-19 patients, through the development of an HHS-wide Incident Action Plan.

RESULTS OF CONSULTATION

9. The MSH Elective Surgery and Outpatients COVID-19 Action Plan (Attachment 1) is a phased strategy to create capacity through the reduction of services in specialist surgical outpatients and elective surgery for Category 2 and Category 3 patients.
10. The key points of the Plan are:
    - 10.1. Phase 1 Outpatients – From 19 March 2020, consultant-led restrictions of service activity to Category 1 and urgent Category 2 outpatients only, urgent reviews and fracture clinic outpatients. Cancellation of all Category 3 outpatients booked from 19 March to end May 2020.
    - 10.2. Phase 1 Elective Surgery– From 23 March 2020, consultant-led restrictions of service activity to Category 1, urgent and long wait Category 2 patients. Cease intermediate lists and all Category 3 patients.
    - 10.3. Phase 2 – If required, consultant-led restrictions of service activity to Category 1, urgent reviews and fracture clinic outpatients only, and to emergency surgeries and Category 1 elective surgery patients only.
11. The Plan was developed in consultation with clinical leaders from the MSHHS Surgical Services clinical stream.

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RESOURCE/FINANCIAL IMPLICATIONS

12. Implementation of the Plan will enable MSHHS to redirect public hospital resources, including beds, staff and funding, towards treating the COVID-19 outbreak in MSHHS.

SENSITIVITIES/RISKS

13. Implementation of the Plan is highly likely to draw media attention given the reduction in access to specialist outpatient and elective surgery services.

ATTACHMENTS

14. Attachment 1. MSH Elective Surgery and Outpatients COVID-19 Action Plan

Author	**Cleared by (Dir/Snr Dir)**	**Content verified by (DDG/CE)**	**Director-General Endorsement**
Name: Holly McMillan Position: Senior Director Unit: MSH Strategy and Planning Tel No: Date Drafted: 17 March 2020	Name: Kay Toshach Position: Executive Director Branch: MSH Strategy and Planning Tel No: Date Cleared: **Note clearance contact is also key contact for brief queries**	Name: Dr Peter Bristow Position: Chief Executive Division: Metro South Hospital and Health Service Tel No: Date Verified: 17 March 2020	Name: Dr John Wakefield Signed Date ……/……/……

RTI RELEASE

Metro South Health

Metro South HHS Elective Surgery

COVID-19 Preparedness & Response Plan

Monday, 16th March 2020

Dr Sanjeev Naidu
Paula Foley

Queensland Government

RTI RELEASE

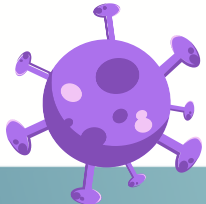
Principles of Elective Surgery Response to COVID-19

Preserving critical care capacity

Staff & patient safety

Maintaining Surgical Services and creating hospital capacity

RTI RELEASE



COVID-19 Elective Surgery Coordination: Phase 1

Effective Immediately: 30% reduction in elective surgery activity to create bed capacity

Outpatients: Consultant Led commence 18/03/2020

- Cat 1 and urgent Cat 2 outpatients only
- Continuation of fracture clinics
- Urgent reviews (face to face & telehealth)
- Cancellation of all Cat 3 outpatients booked from 18th March to end of May 2020
- Training/ upskilling to assist in EDs and wards
- Support the Emergency Departments & backfill absenteeism across Metro South

Elective Surgery: Consultant Led commence 23/03/2020

- Focus on emergency/ trauma/ Cat 1 and long wait and urgent Cat 2 patients
- Cease intermediate lists and all Cat 3 patients
- Closing elective surgery OT lists in alignment with cancellations (focus on building bed capacity)
- Training of staff for upskilling in critical care ICU
- Support ICU
- Continue day cases where possible and continue active outsourcing
- Creation of standby elective surgery lists for uptake if needed
- Workforce plan to support surgery across Metro South

Workforce

- Training plan in place with nurses and medical staff including PHOs and registrars upskilling to support ICUs and EDs.

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COVID-19 Elective Surgery Coordination: Phase 2

Outpatients: Consultant Led

- Cat 1 and fracture clinic outpatients
- Urgent reviews

Elective Surgery: Consultant Led

- Emergency surgeries and Cat 1 patients only
- Continued outsourcing

Workforce

- Continued Perioperative staff training and rapid redeployment into areas of need.

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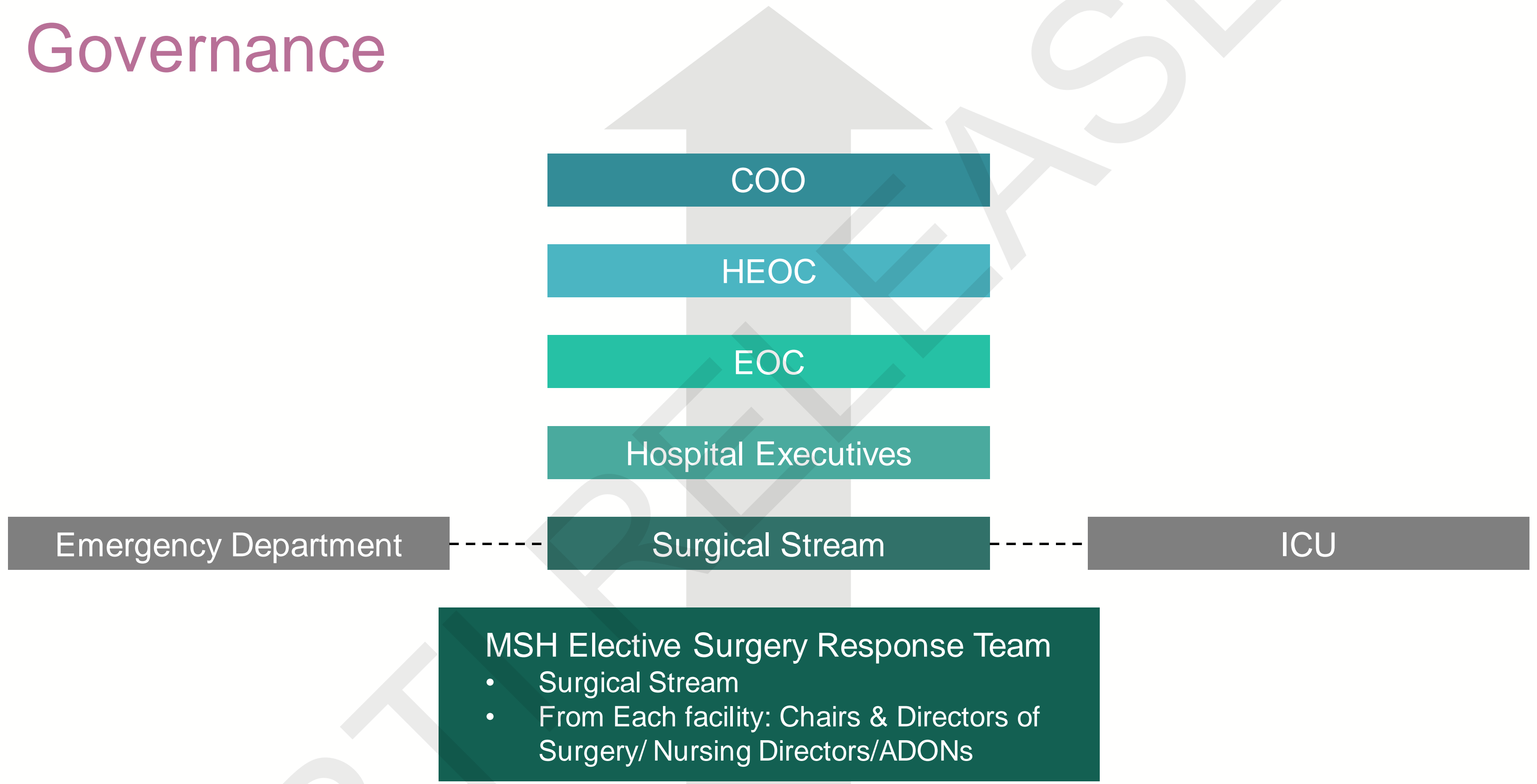
Governance



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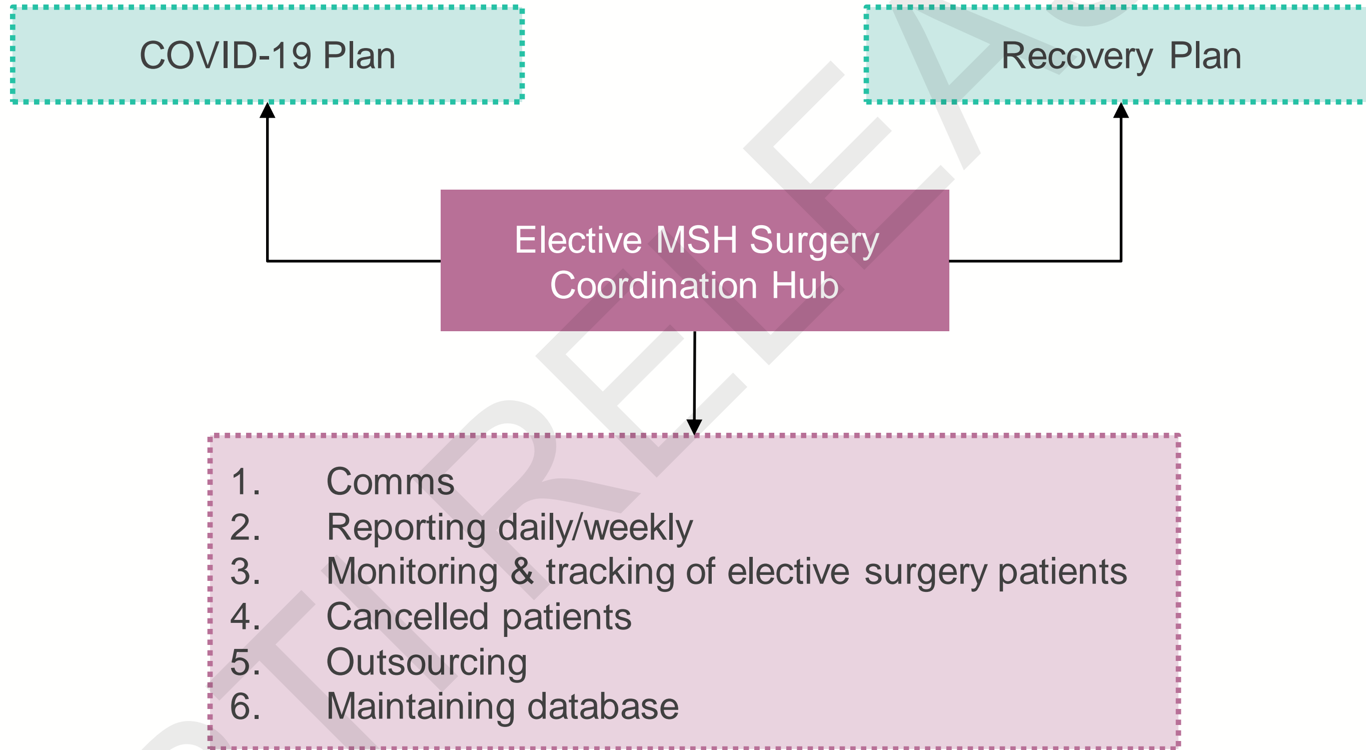
Communication Plan



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Queensland Health
DIRECTOR-GENERAL BRIEFING NOTE

C-ECTF-20/3136
Corporate Services Division

SUBJECT: Recreation and long service leave cancellation and recall provisions – Novel Coronavirus (also called COVID-19)

☒ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed.......................... Date 17/3/20 Barbara Phillips, Acting Director-General, Queensland Health Comments:

ACTION REQUIRED BY Urgent by 18 March 2020: to provide the authority for recreation and long service leave cancellation and recall provisions to apply across Queensland Health (including Queensland Ambulance Service (QAS)) in relation to COVID-19.

RECOMMENDATION
It is recommended the Director-General:

- **Approve** the application of recreation and long service leave provisions relating to recall, cancellation or deferral of leave provisions under the Minister for Employment and Industrial Relations Directive 04/17: *Recreation Leave* and Minister for Industrial Relations Directive 11/18: *Long Service Leave*, across Queensland Health (including QAS) in relation to COVID-19.
- **Approve** the application of recreation and long service leave provisions relating to recall, cancellation or deferral of leave provisions under the Minister for Employment and Industrial Relations Directive 04/17: *Recreation Leave* and Minister for Industrial Relations Directive 11/18: *Long Service Leave*, across Queensland Health (excluding QAS) in the case of future periods of demand for hospital services.
- **Approve** the reimbursement of incurred expenses relating to payment for accommodation and/or travel for Queensland Health employees (including QAS) and/or their family, when those expenses are lost due to Queensland Health requiring an employee to cancel, defer or be recalled from leave in relation to these provisions (as outline above).
- **Sign** the attached Memorandum – Recreation and long service leave cancellation and recall provisions – Novel Coronavirus (also called COVID-19) (Attachment 1).

ISSUES

1. The COVID-19 pandemic is likely to result in increased employee absences through illness, isolation requirements and caring responsibilities, combined with an increased demand for hospital and ambulance services.
2. It is also expected that many employees may have pre-booked leave or be on leave during this heighted demand period associated with COVID-19.
3. An authorised delegate may be required to cancel or recall employees to duty from recreation or long service leave to meet staffing shortfalls.
4. Some employee leave will have associated Australian or overseas travel, accommodation and activities, for which they are unable to claim a refund or make a travel insurance claim if cancelled, resulting in out-of-pocket expenses.
5. The Minister for Employment and Industrial Relations Directive 04/17: Recreation Leave only applies to public service employees and Building, Engineering and Maintenance Services employees in Queensland Health.
6. Directive 04/17 provides the reimbursement of incurred expenses relating to payment for accommodation and/or travel for the employee and/or their immediate family, when those expenses are lost due to a recall, cancellation or deferral of recreation leave.
7. The Minister for Industrial Relations Directive 11/18: Long Service Leave applies to all Queensland Health employees except nurses and midwives and ambulance service officers.
8. Directive 11/18 provides the reimbursement of incurred expenses relating to payment for accommodation and/or travel for the employee and/or their immediate family, when those expenses are lost due to a recall or cancellation of long service leave.
9. In addition to meeting an emergent need associated with COVID-19, ongoing access to these provisions will enable HHSs (and the Department) to have increased flexibility to apply these provisions in other periods of demand.

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BACKGROUND

10. On 11 March 2020, the World Health Organisation declared COVID-19 a pandemic.
11. QAS has a local procedure in place for the recall and cancellation of employee leave. Reimbursement of incurred expenses is only extended to QAS public service employees via the directives.
12. Section 45(g) of the *Hospital and Health Boards Act 2011* provides the Director-General establishes the conditions of employment for health service employees.
13. Section 13(2) of the *Ambulance Service Act 1991* provides the Director-General determines the conditions of employment for ambulance service officers and other staff engaged under the Act.

RESULTS OF CONSULTATION

14. The option to cancel or recall employees to duty from leave was discussed at the Queensland Health and Union Secretaries Forum held on 11 March 2020.
15. Consultation has occurred with QAS Human Resources who advise QAS employees need to be treated consistently with other Queensland Health employees in relation to the COVID-19 response.

RESOURCE/FINANCIAL IMPLICATIONS

16. The reimbursement of incurred expenses such as accommodation and/or travel for the employee and/or their family, when those expenses are lost due to an employee's cancellation or recall of leave is not in current budget allocations.
17. Where a decision is made to cancel leave or recall a leave, any reimbursement of costs will need to be met from within existing budget allocations.

SENSITIVITIES/RISKS

18. Adverse media attention could occur in relation to disgruntled employees not being able to take planned leave.

ATTACHMENTS

19. Attachment 1: Memorandum – Recreation and long service leave cancellation and recall provisions – Novel Coronavirus (also called COVID-19).

Author	**Cleared by (Snr Dir)**	**Content verified by (DDG)**
Name: Kaitlyn Barrett Position: Advisor Unit: Employment Relations Tel No: Date Drafted: 16 March 2020	Name: Theresa Hodges Position: Chief Human Resources Officer Division: Corporate Services Division Tel No: Date Verified: 16 March 2020	Name: David Sinclair Position: Acting Deputy Director-General Division: Corporate Services Division Tel No: Date Verified:

RTI RELEASE

DOH RTI 0675

Department of Health

MEMORANDUM

To:	Chief Executives, Hospital and Health Services Deputy Directors-General, Department of Health Commissioner, Queensland Ambulance Service
Copies to:	Executive Directors Workforce General Manager, Payroll Portfolio
From:	Barbara Phillips, Acting Director-General
Subject:	Recreation and long service leave cancellation and recall provisions – Novel Coronavirus (also called COVID-19).

File Ref: C-ECTF-20/3136

COVID-19 was listed as a public health event of significance in Queensland on 22 January 2020 and declared a pandemic by the World Health Organisation on 11 March 2020.

The impact of the COVID-19 pandemic is likely to result in increased employee absences combined with an increased demand for hospital and ambulance services. In these circumstances, an authorised delegate may need to consider cancelling, deferring or recalling employees to duty from recreation and long service leave to meet staffing shortfalls.

It is important to note that Queensland has not taken a decision to cancel all pre-planned leave and is unlikely to do so. Access to leave is an important element to supporting employees through this unprecedented health response associated with COVID-19 for reason of fatigue management, to assist employees to manage family and other responsibilities.

Whilst, a Chief Executive, if circumstances so require it, may recall, cancel or defer recreation leave or long service leave, it remains important that we engage with staff to ensure their personal circumstances are considered.

To ensure staff are not financially disadvantaged should it be necessary to cancel, defer or recall them from recreation/annual leave or long service leave, I have approved the application of the recreation and long service leave cancellation, deferral and recall provisions under the Minister for Employment and Industrial Relations Directive 04/17: Recreation Leave and the Minister for Industrial Relations Directive 11/18: Long Service Leave to be applied across Queensland Health (including Queensland Ambulance Service) in association with COVID-19.

Both directives also provide for the reimbursement of incurred expenses relating to payment for accommodation and/or travel for the employee and/or their immediate family, when those expenses are lost due to a recall, cancellation or deferral of leave. Note that the reimbursement of an employee's incurred expenses will require the delegate to hold both Human Resource and financial delegations.

It is acknowledged that this is a stressful time for employees. It would be appropriate to remind employees of the confidential counselling service available to them through your local Employee Assistance Service.

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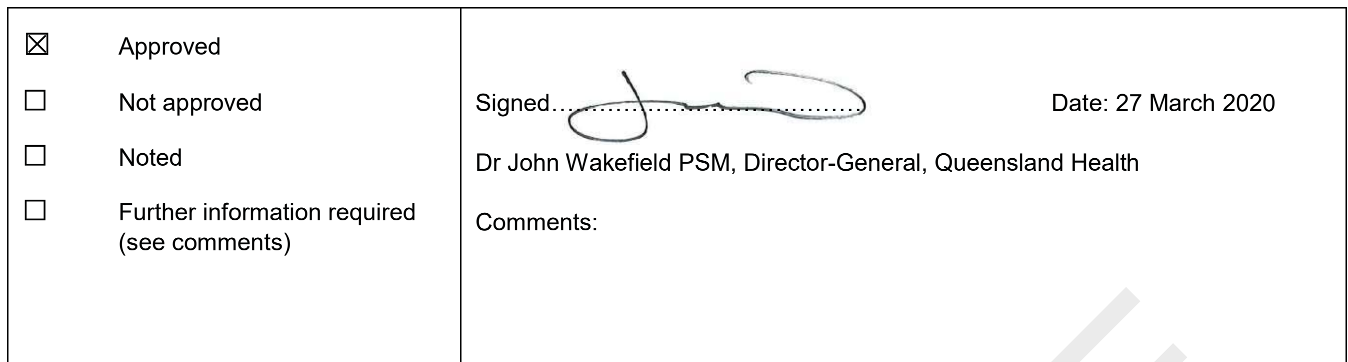
Should you or your local Human Resource teams need further information regarding this advice please contact the HR Response Team, Human Resources Branch via email HRResponseTeam@health.qld.gov.au.

Barbara Phillips
Acting Director-General
Queensland Health
17/3/20

RTI RELEASE

Queensland Health C-ECTF-20/3411
DIRECTOR-GENERAL BRIEFING NOTE Corporate Services Division

SUBJECT: Development of a state-wide app to support real-time workforce management and system-wide oversight



☒ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed………………………… Date: 27 March 2020 Dr John Wakefield PSM, Director-General, Queensland Health Comments:

ACTION REQUIRED BY 23 March 2020 to support COVID-19 workforce management and reporting.

RECOMMENDATION
It is recommended the Director-General:
- **Approve** the development of a state-wide app to support real-time workforce management and system-wide oversight.

ISSUES
1. There is a lack of real-time visibility of those employees affected - either becoming unwell, self-isolating or caring for those affected by COVID-19 at a system level. This has significant impacts for Queensland Health, particularly in Hospital and Health Services (HHSs), that need to ensure there are adequate staff to provide critical services.
2. my*HR* is currently the only enterprise system that supports centralised workforce reporting. While Corporate Enterprise Solutions can increase payroll processing capacity to reduce the 24-48 hour processing time for leave forms, this will not provide the level of responsiveness required by HHSs and other areas of the Department to manage their workforce effectively.
3. On 16 March 2020, the Public Service Commission (PSC) wrote to the Leadership Board requesting that all agencies provide daily data on workforce absences, including self-isolation and working arrangements, effective immediately. Initial advice from the PSC indicated this was under consideration with a view to commencing on 23 March 2020 (Attachment 1).
4. In the absence of a suitable solution, Metro North HHS have commenced building a simple app prototype to support vacancy management and reporting within their HHS. There may be an opportunity to work with Metro North and eHealth Queensland to leverage this concept for a state-wide app.
5. High level business requirements have been developed for this app (Attachment 2).
6. Data collected through the app could be made available through a COVID-19 workforce dashboard to provide both a HHS and system-level overview.

BACKGROUND
7. COVID-19 was listed as a public health event of significance in Queensland on 22 January 2020 and declared a pandemic by the World Health Organisation on 11 March 2020.
8. The impact of the COVID-19 pandemic is likely to result in increased employee absences combined with an increased demand in hospital services.
9. HR Branch are supporting the Queensland Health COVID-19 workforce response. This includes the development of a workforce dashboard to support workforce planning.

RESULTS OF CONSULTATION
10. The Executive Directors Workforce were consulted on the development of the app on 13 March 2020. It was agreed that the Metro North HHS app concept be explored as a state-wide solution.
11. On 19 March 2020, the DDG, Chief Information Officer Queensland Health agreed to allocate existing resources for the development, implementation and support of the state-wide app.
12. It was agreed that Metro North, Chief Clinical Information Officer, the Director, Shared Application Services and A/Senior Director HR Business Intelligence work together on the development of the app.
13. Work will commence on the state-wide solution from Monday 23 March 2020 as this is essential to support real time workforce management and reporting across Queensland Health.
14. While specific costs and times are unknown, eHealth Queensland has provided an estimate of 1-2 weeks development time, with implementation to follow shortly afterwards.
15. The Liaison Manager, ODDG Clinical Excellence Queensland, is also assisting with this work and has briefed the team responsible for the COVID-19 data response.
16. Consultation has occurred with PSC around Queensland Health's current position. As an interim measure, Queensland Health will provide PSC reporting based on payroll and rostering data. While this does not

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reflect real-time reporting, it will provide an indication of staff who are isolated or on leave due to COVID-19. Data on alternative working arrangements are not yet captured.

17. PSC understand the complexity of capturing this information in a timely manner. The PSC is satisfied with the interim data provisions, with the understanding that we are moving toward full compliance as soon as practical.

RESOURCE/FINANCIAL IMPLICATIONS

18. The development will require resources from within eHealth for the development and support of the app.

SENSITIVITIES/RISKS

19. The state-wide app will not replace the requirements for submitting leave forms through my*HR.* This may result in some level of duplication, although this will be part of the consideration in the app design to minimise this if possible.
20. Not all staff have a Queensland Health IT account. Business processes will need to factor this in and support line managers entering staff absences on their behalf.
21. The introduction of a new process in the current environment may add confusion. Clear messaging and support will need to be provided to all Queensland Health staff.
22. HHSs may implement different governance models to manage staff vacancies and it may be difficult to reach consensus. Further consultation will occur with Executive Directors Workforce to accommodate requirements although the design of the app will be based on the minimum requirements to reduce complexity and deliver the solution in the shortest tie possible.

ATTACHMENTS

23. Attachment 1. HOCS briefing paper - COVID-19 data collection
    Attachment 2. Business Requirements – Real-time workforce management app

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Author	**Cleared by (Dir/Snr Dir)**	**Content verified by (DDG/CE)**
Name: Susan Vesperman Position: A/SD HRBI Unit: HR Branch Tel No: Date Drafted: 18 March 2020	Name: Theresa Hodges Position: CHRO Branch: HR Branch Tel No: Date Cleared: 18 March 2020 **Note clearance contact is also key contact for brief queries**	Name: David Sinclair Position: A/DDG Division: Corporate Services Tel No: Date Verified: 18 March 2020

DOH RTI 0675

Heads of Corporate Services briefing paper

For Endorsement | 13/03/2020

Issue/project title

- Public sector workforce data collection – COVID-19

Decisions required

- **Heads of Corporate endorse** or provide feedback to the Public Service Commission (PSC) by **COB Monday 16 March 2020.**

Summary

- PSC is seeking to gain a sector wide view of the how the public sector workforce is affected by COVID-19 to:
  - Provide timely information to government on the health and wellbeing of employees
  - Ensure we have visibility of those employees affected, either becoming unwell, isolating or caring for those affected
  - Ensure appropriate mechanisms exist to support all employees
  - Provide assurance that non-frontline services have arrangements in place to enable business continuity, including employees working from home or working from another location.
- While it is understood that individual service delivery agencies are planning or implementing their own business continuity arrangements in response to this event, it is important that we maintain visibility of this at a sector level to ensure we can respond as a sector when required.
- This data could also enable central response planning to ensure continuity of essential services (including where cross-agency solutions may be required).

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Proposed data collection approach

- Given the lag present in payroll data, we are proposing to collect this data directly from agencies to ensure we have point in time data to inform decision making.
- In the first instance, it is proposed that PSC would seek to coordinate the collection of the following data, **on a daily basis**:

  a) Department/agency name

  b) Total number of employees unable to work today (*calculated by 1+2+3(a)*), due to:

     1. COVID-19 illness (diagnosed)
     2. COVID-19 caring responsibilities (including caring for sick dependents, caring for self-isolated dependents, or caring for well dependents who are affected by service closures)

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DOH-DL 19/20-035

3. Not ill but required to self-isolate on health advice
   a) Not working from home (and accessing leave arrangements)
   b) Working from home

- Note that information collected **will not identify individual employees**, ensuring the protection of employees' rights to privacy.
- The scope of the data collection is aligned with the scope of standard workforce reporting. Included agencies are listed in **Attachment 1**.
- Departments will be responsible for supporting the public service offices and entities within their respective portfolios, limited to those listed in Attachment 1.
- PSC proposes to use Microsoft Forms to capture this data (see **Attachment 2**). Department results captured from the form would be collated in an Excel spreadsheet that PSC can then share and/or build dashboards from as required.
  - Departments would access the form via a hyperlink that PSC will share with department contacts
  - Departments' nominated contact officer would manually enter their information by 5pm each day, based on information collected from their own systems.
  - Please note, additional fields could be added as the data collection mechanism becomes more sophisticated and as reporting requirements emerge.
    - For example, to inform government of frontline service areas or essential functions that experience significant employee impact, and enable response planning to ensure continuity of essential services (including where cross-agency solutions may be required) PSC could seek to gather this data by occupation and by region.
- The amendments being made to payroll fields to enable accurate reporting over time (particularly of access to special leave) will continue in parallel to this work.

Proposed data collection commencement

- **Agencies ready to contribute** to the data collection will be requested to provide a **trial** data return on **Thursday 19 March 2020.**
- Formal data collection will commence for **all agencies** on **Monday 23 March 2020.**

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Attachment 1: Proposed scope of agencies to be included

Budget paper 2 agencies
Department of Aboriginal and Torres Strait Islander Partnerships
Department of Agriculture and Fisheries
Department of Child Safety, Youth and Women
Department of Communities, Disability Services and Seniors
Department of Education
Department of Employment, Small Business and Training
Department of Environment and Science
Department of Housing and Public Works
Department of Innovation, Tourism Industry Development and the Commonwealth Games
Department of Justice and Attorney-General
Department of Local Government, Racing and Multicultural Affairs
Department of Natural Resources, Mines and Energy
Department of State Development, Manufacturing, Infrastructure and Planning
Department of the Premier and Cabinet
Department of Transport and Main Roads
Queensland Corrective Services
Queensland Fire and Emergency Services
Queensland Health
Queensland Police Service
Queensland Treasury
Electoral Commission Queensland
Office of the Inspector-General of Emergency Management
Public Safety Business Agency
Public Service Commission
Public Trustee
Queensland Audit Office
TAFE Queensland
Queensland public sector sub-total: Budget paper 2 agencies

Other entities
Queensland Human Rights Commission
Legal Aid Queensland
Office of the Health Ombudsman
Queensland Art Gallery
Queensland Family and Child Commission
Queensland Museum
State Library of Queensland
Trade and Investment Queensland

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Attachment 2: Microsoft Form

Workforce Planning - COVID-19

This form is designed to collect updates on public sector employees affected by COVID-19 in order to:

— Provide timely information to government on the health and wellbeing of employees

— Ensure we have visibility of those employees affected, either becoming unwell, isolating or caring for those affected

— Ensure appropriate mechanisms exist to support all employees

— Provide assurance that non-frontline services have arrangements in place to enable business continuity, including employees working from home or working from another location.

While it is understood that individual service delivery agencies are planning or implementing their own business continuity arrangements in response to this event, it is important that we maintain visibility of this at a sector level to ensure we can respond as a sector when required.

This data could also enable central response planning to ensure continuity of essential services (including where cross-agency solutions may be required).

Note that all information requested in this form should be de-identified, aggregated information. Data that identifies employees is not required.
If there are no employees in a category, please enter zero.

* Required

1. Which agency are you submitting for? *

Select your answer

2. Number of employees unable to work due to testing positive to COVID-19 *

The value must be a number

3. Number of employees unable to work due to caring responsibilities (including caring for sick dependents, caring for self-isolated dependents, or caring for well dependents who are affected by service closures) *

The value must be a number

4. Not ill but required to self-isolate on heath advice - not working from home (and accessing leave arrangements) *

The value must be a number

5. Not ill but required to self-isolate on heath advice - working from home *

The value must be a number

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Queensland Health

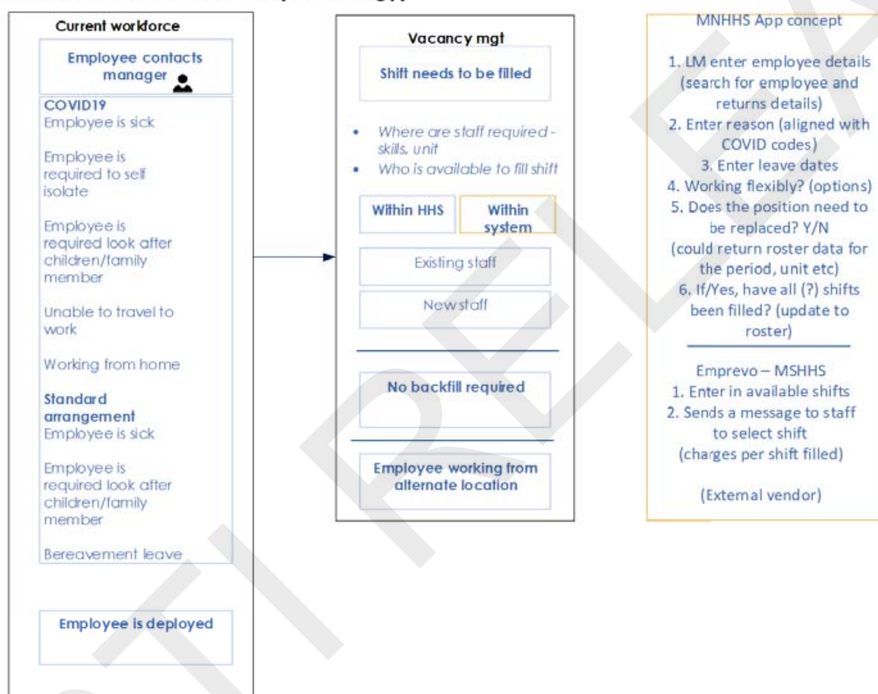
Business Requirements Specification

Real time Workforce Management App

Purpose

This document is to describe high-level business needs to support the Queensland Health Workforce through a state-wide real time workforce management app, identify availability data required to meet reporting obligations to the State and define future state business requirements.

Solution Context Diagram



High-level business needs and outcome

A real time workforce management app will be required to inform Hospital and Health Services and the Department who is available to work and who is unable to work on a given day, in real time. It will also identify the availability and redeployment of skilled staff to areas where needed.

Need No.	Descriptions
1	Need for Line managers or staff to be able to identify workforce and search for employees and return details
2	Need to be able to enter a reason aligned with COVID payroll rostering codes for staff absence.
3	Need to identify areas where staff need to be redeployed in a timely manner across the Hospital and Health Service facilities where needed.

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Need No.	Descriptions
4	Need to identify and report on employees who are on leave due to COVID-19 or self-isolating.
5	Need to view workforce availability now and in the future.
6	Need to access workforce information anytime and anywhere, as real-time as possible.
7	Need to be able to extract the workforce information and report on changes made

Business requirements

No.	Need area	Descriptions	Priority
1. **App**			
1-1	**1**	Ability for Line managers to view shift of workforce at various levels (state-wide, HHS, Facility, organizational unit and rostering unit and stream)	High
1-2	**1**	Ability to identify employees by name and payroll number and where they are working and draw on existing data sources	Medium
1-3	**2**	Ability to enter a start date and end date and a reason for absence for an employee who is unable to attend.	High
1-4	**2**	Ability to enter a reason aligned with COVID 19 payroll/ rostering codes for staff absence.	High
1-5	**2**	Ability to view employees who are available to work the shift left vacant by the staff absence	Medium
1-6	**4**	Ability to identify employees who are on leave due to COVID 19.	High
1-7	**4**	Ability to identify employees who are self-isolating and working at home or performing an alternative duty.	High
1-8	**1**	Ability to view employee data at an employee level	High
1-9	**1**	Ability to see the employee’s work stream, level and availability for shift.	Medium
1-10	**6**	Ability to access an app on a computer and smartphone	High
1-11	**1**	Ability to view staffing coverage at a facility level	High
1-12	**3**	Ability to see employee qualification and skills	Medium
1-13	**7**	Ability to output employee data and leave details required to populate AVACs and Leave forms for payroll entry	Medium
1-14	**6**	Ability to automate input data refresh daily	High
1-15	**1**	Ability to access state-wide workforce data	High

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Document Control

Version	Description	By	Date
0.1	Drafted	Damon Atzeni, Manager HRBI	18/03/2020
0.2	Reviewed	HRBI Managers	
1.0	Approved	Susan Vesperman, A/Senior Director HRBI	

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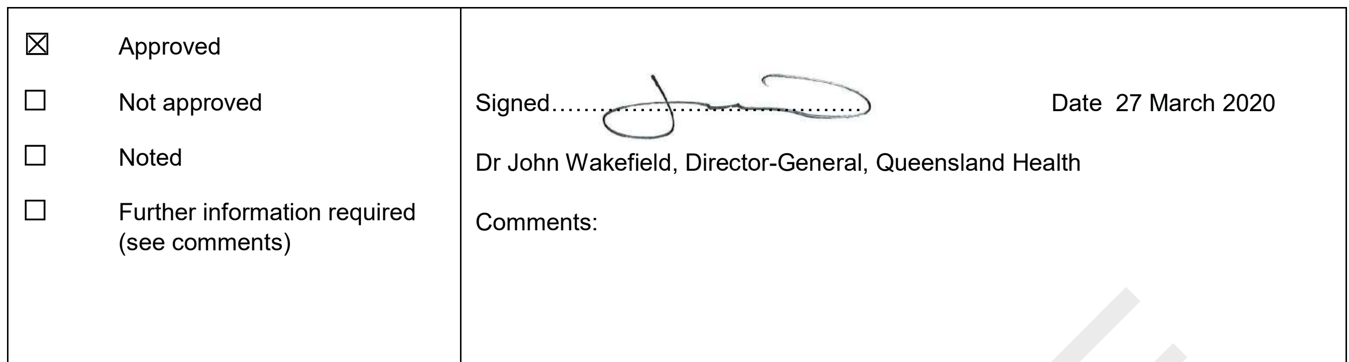
DRAFT

DOH RTI 0675

SUBJECT: Pre-employment screening for new temporary employees engaged to support Queensland Health's COVID-19 response.



☒ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed…………………………………… Date 27 March 2020 Dr John Wakefield, Director-General, Queensland Health Comments:

ACTION REQUIRED BY 19 March 2020 to support Hospital and Health Services (HHSs) to commence and onboard additional staff required for COVID-19.

RECOMMENDATION
It is recommended the Director-General:

- **Approve** a temporary exemption for General Criminal History Checks to be undertaken for prospective temporary employees prior to commencement during the Queensland Health COVID-19 response, and in the event of genuine urgency;
- **Approve** the proposed interim process (Attachment 1), including a prospective employee declaration form, 'Criminal History Check – Employee Declaration' (Attachment 2) associated with the interim criminal history checking process.
- **Approve** a temporary exemption from the requirement for Vaccine Preventable Diseases (VPD) exemptions to be reported to the Director-General in the VPD exemption report template during Queensland Health's response to COVID-19.
- **Approve** the temporary exemption for General Criminal History Checks and VPD to expire at the conclusion of the COVID-19 emergency, as defined under the *Public Health Act 2005*, as amended.

ISSUES

1. The Department of Health and Hospital and Health Services (HHSs) have commenced workforce contingency planning in preparation for increased demand and reduced workforce capacity in relation to COVID-19.
2. HHSs have identified that some pre-employment activities, while necessary, may create a barrier to fast tracking the recruitment and onboarding of additional temporary employees to bolster the workforce, including necessary induction and training in preparation for an increased workforce need.
3. Specifically, pre-employment screening requirements relating to general criminal history checks and VPD requirements, due to associated processes, can delay the onboarding of employees.
4. During discussions with the executive directors of Workforce, it was identified that, in response to COVID-19, some HHSs have implemented fast tracked recruitment resulting in circumstances where employees are commencing employment prior to the completion of General Criminal History Checks and VPD requirements.
5. The Human Resources Branch has reviewed the associated policies and has considered where it may be necessary for the COVID-19 response to facilitate fast-tracked recruitment and onboarding while still mitigating risk and maintaining the intention of the policy.
6. It is proposed that a temporary exemption be granted for General Criminal History Checks to be undertaken for prospective temporary employees prior to their commencement during the Queensland Health COVID-19 response and in the event of genuine urgency.
7. It is proposed that an interim process (Attachment 1) be put in place whereby prospective employees, in addition to the consent to conduct a criminal history check (CHC), be required to complete a declaration regarding their criminal history (Attachment 2).
8. The consent to conduct a criminal history and employee declaration form will be completed simultaneously to allow the usual criminal history processes to occur.
9. All legislated criminal history checking requirements prior to commencement including working with children, aged care and corrective services criminal history checks will continue to occur and be finalised prior to commencement.

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10. HR Policy B1 *Recruitment and Selection*, section 13.6 VPD provides, in circumstances where a 'delay in the commencement of a worker would directly impact on clinical care and/or services, the Director-General (or delegate) or a Health Service Chief Executive may temporarily exempt a position from the requirements, prior to commencement, relating to VPD'.
11. To support this provision, a 'quick start process' has been developed (refer Attachment 3) and it will be recommended that a standard paragraph be included in appointment letters. A timeframe for compliance will also be included, with 21 days being the preferred period, which can be adjusted based on local needs. The standard paragraph is as follows:

    It is a condition of employment with Queensland Health that all relevant criminal history checks, and Vaccine Preventable Disease vaccinations are undertaken. Ongoing employment is subject to the:
    1. *completion of criminal history checks and assessment of suitability for engagement to perform relevant duties in accordance with applicable policies; and*
    2. *the required vaccinations being obtained and evidence provided within 21 days of role commencement.*

BACKGROUND

12. On 11 March 2020, the World Health Organization declared a COVID-19 a pandemic.

RESULTS OF CONSULTATION

13. Consultation has occurred with HHSs regarding the need for a quick start process and the potential for HHSs to make changes to the current policy, due to genuine urgent workforce demands associated with COVID-19.
14. Consultation has occurred with Legal Branch, Department of Health. Legal Branch has recommended the adoption of a 'statutory declaration' form, however, recognises that, in this current circumstances, the proposed process and the introduction of the employee declaration form is an adequate mitigating strategy. It is recognised that requiring a statutory declaration may not support a 'fast tracked' recruitment process.

RESOURCE/FINANCIAL IMPLICATIONS

15. There are no financial implications.

SENSITIVITIES/RISKS

16. There may be risks including harm and reputational damage if an employee is identified as having a criminal history.

ATTACHMENTS

17. Attachment 1. Criminal History Check (CHC) Process – Quick Start
    Attachment 2. Criminal History Check - Employee Declaration Form
    Attachment 3. VPD Quick Start Process

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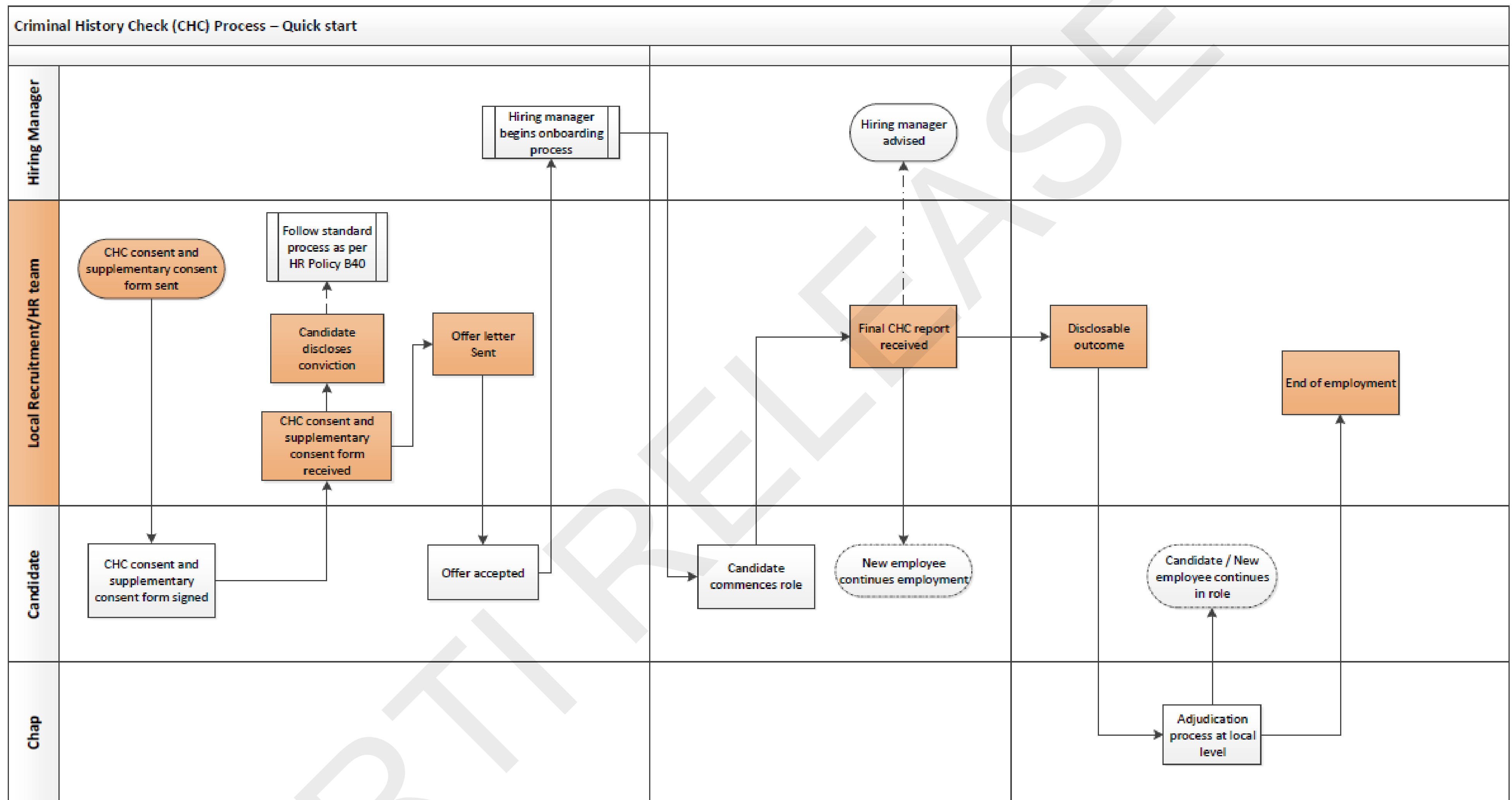
Author	**Cleared by (Senior Director)**	**Content verified by (DDG)**
Name: Wendy Branthwaite Position: A/Senior Director Unit: Recruitment and Capability Tel No: Date Drafted: 17 March 2020	Name: Theresa Hodges Position: Chief Human Resources Officer Division: Corporate Services Division Tel No: Date Verified: 18 March 2020	Name: David Sinclair Position: A/Deputy Director-General Division: Corporate Services Division Tel No: Date Verified: 19 March 2020

ATTACHMENT 1



Queensland Health

Criminal History Check – Employee Declaration

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Background

The use of information associated with criminal history checks is covered by the confidentiality provisions of section 172 of the *Public Service Act 2008* (the Act), *Information Privacy Act 2009* and *Information Privacy Guidelines*.

Under section 181 of the Act, at commencement of and at all times during employment, employees are required to give notice of any charge or conviction for an indictable offence. The Act also requires prosecuting authorities to notify the department's chief executive if a public service employee is charged with a relevant offence.

Employee Declaration

☐ I acknowledge that my employment with Queensland Health (the Department of Health or a Hospital and Health Service), is subject to a successful criminal history check outcome.

☐ Failure to fulfil my pre-employment screening responsibilities or possessing a past conviction/s that is considered relevant to the inherent requirements of the position I am engaged in, may result in early termination of my contract of employment.

☐ I understand that the disclosure of any criminal history below may, but will not necessarily, preclude me from appointment.

☐ I understand any disclosable outcomes identified as a result of my formal criminal history checks will be confidentially assessed in accordance with relevant directives and policies to determine suitability for engagement to perform the relevant duties.

☐ I do / do not have any convictions which were imposed as an adult and which are less than 10 years old?

☐ I do / do not have any convictions which were imposed as a juvenile and which are less than 5 years old?

☐ I do/do not have any convictions which are over 10 years old (or 5 years for juvenile convictions), where the sentence imposed was greater than 30 months imprisonment?

If you have received any convictions as outlined above, please list the offence, date of conviction, and sentence received for each offence (add additional sheet if required)

Offence details	Date of offence	Date of conviction	Outcome of sentence

I, ………………………………………………., declare that the above information is true and correct to the best of my knowledge and belief.

……………………………………………………………………………… (Signature)

…………………………… (Date)

Queensland Government

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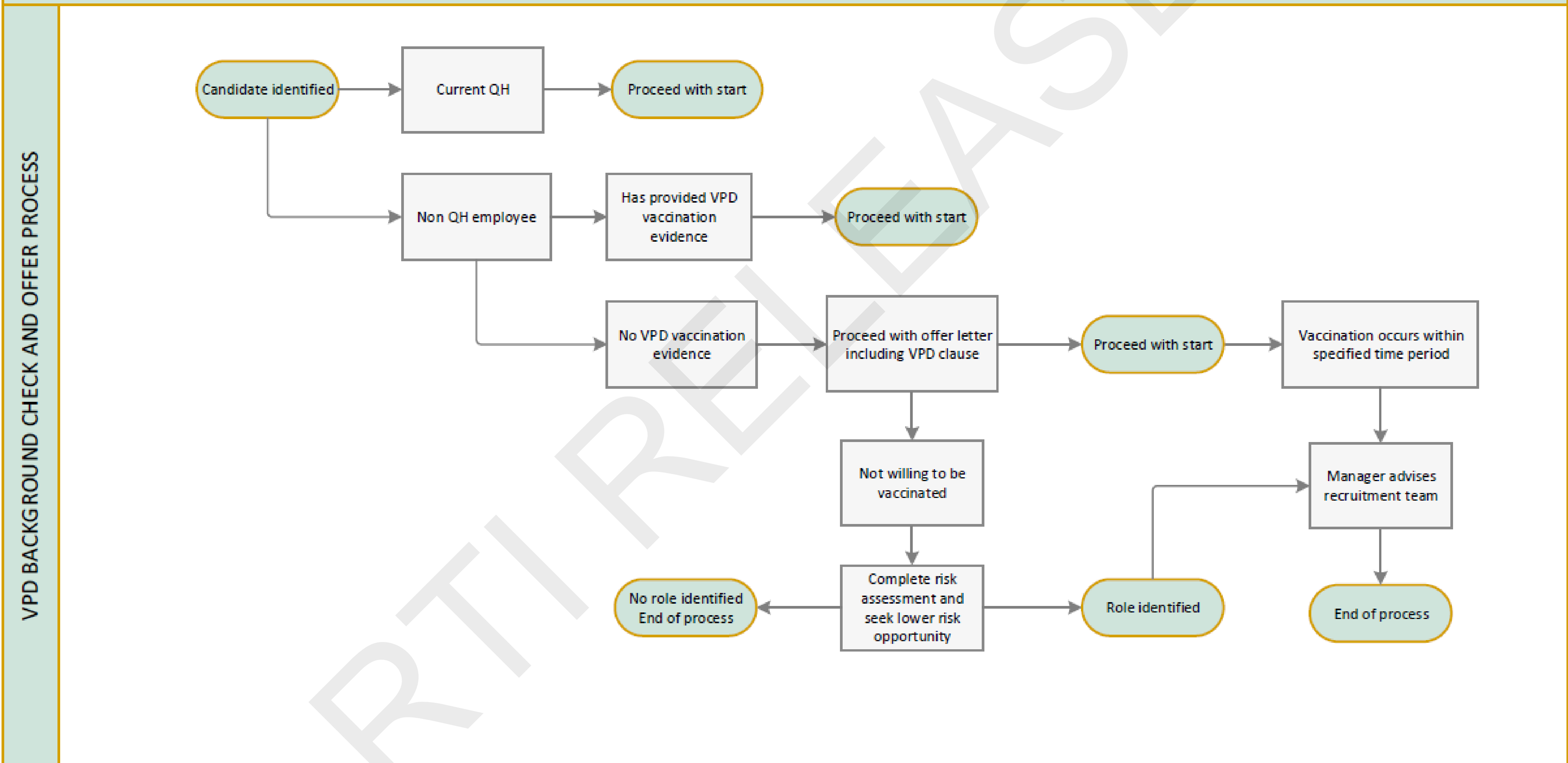
Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

RTI RELEASE

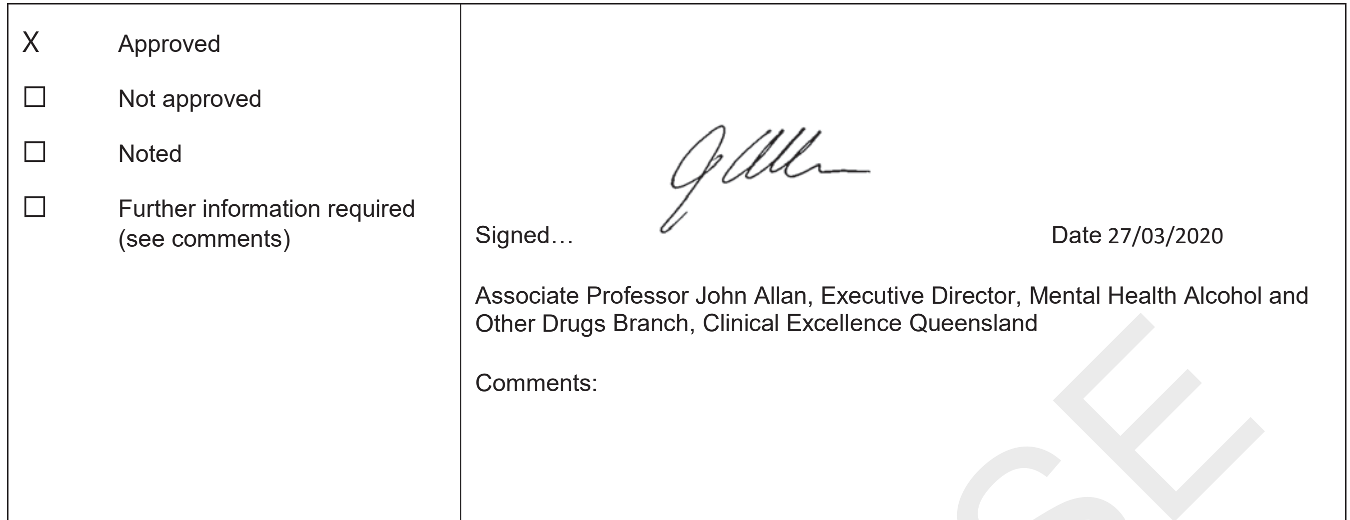
DOH RTI 0675

ATTACHMENT 3



DOH RTI 0675

SUBJECT: 2020 Your Experience of Service collection extension due to COVID-19



X Approved
☐ Not approved
☐ Noted
☐ Further information required (see comments)

Signed… Date 27/03/2020

Associate Professor John Allan, Executive Director, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Queensland

Comments:

ACTION REQUIRED BY
COB 25 March 2020.

RECOMMENDATION
It is recommended the Executive Director:

- **Note** the concerns raised by services detailed below in relation to the offering of the Your Experience of Service (YES) and Family of Youth (FoY) surveys
- **Approve** the extension to the 2020 YES and FoY collection period until 4 May 2020.
- **Sign** the attached memorandum (Attachment 1) to all YES nominated executive sponsors and key contacts.

ISSUES
1. Concerns were raised by some Hospital and Health Services in relation to the offering of YES and FoY surveys for the 2020 collection as services implement measures in response to COVID-19.
2. A mid-collection meeting was held with executive sponsors and key contacts to ascertain how the services were progressing with the survey offering with mixed responses including:
   2.1. initial response rates were good however due to COVID-19 response, numbers have decreased dramatically where consumers are no longer presenting to services for appointments
   2.2. concerns around infection prevention has limited staff ability to offer surveys in a face to face interaction(i.e. 1.5 meter social distancing)
   2.3. Some services advised that the survey offering continues as business as usual
3. Feedback from services in relation to the collection proceeding at this time was also mixed including:
   3.1. in light of the current situation, the collection should cease and use the survey responses we have to date
   3.2. the collection should be postponed and revisited in September 2020
   3.3. the collection should be ceased for 2020 and offered as usual in 2021 due to uncertainty in coming months
   3.4. the collection period should be extended to allow for more time for services to offer surveys
4. There will be a delay in data entry as the contracted data entry officer contract has been ceased due to external visitor restrictions to building access. The delay in data entry will therefore impact on data availability and reporting timeframes for the 2020 collection.

BACKGROUND
5. The YES and FoY surveys are offered annually as part of a snapshot collection, i.e. for a limited time each year, which is for a period of six weeks.
6. The 2020 YES collection period commenced on 2 March and was scheduled to conclude on 12 April 2020.
7. Measures currently being implemented in response to COVID-19 are affecting the ability for services to offer the surveys.
8. The offering of the YES and FoY is mandated in the Hospital and Health Services agreements and data is used for reporting a key performance indicator for services.

RESULTS OF CONSULTATION

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9. A mid-collection meeting was held with executive sponsors and key contacts to ascertain how the services were progressing with the collection and to discuss how recent measures in response to COVID-19 were affecting the offering of the surveys with mixed responses outlined above.

RESOURCE/FINANCIAL IMPLICATIONS

10. There are no resource or financial implications associated with this brief.

SENSITIVITIES/RISKS

11. There are no sensitivities or risks associated with this brief.

ATTACHMENTS

12. Attachment 1. ED Memo – 2020 YES – COVID-19

Author	**Cleared by (Manager)**	**Content verified by (Director)**
Name: Bree Elmer Position: A/Senior Data Collection Coordinator Unit: Clinical Systems, Collections & Performance Unit Tel No: Date Drafted: 25/03/2020	Name: Garry Thorne Position: Manager Unit: Clinical Systems, Collections & Performance Unit Tel No: Date Cleared: 25/03/2020 **Note clearance contact is also key contact for brief queries**	Name: Ruth Fjeldsoe Position: Director Division: Clinical Systems, Collections & Performance Unit Tel No: Date Verified: 25/03/2020

RTI RELEASE

Department of Health

MEMORANDUM

To:	Executive Directors; YES Key Contacts; YES Executive Sponsors, Mental Health Alcohol and Other Drugs Services, Hospital and Health Services		
Copies to:	Clinical Improvement Team; Analysis & Accountability Team, Mental Health Alcohol and Other Drugs Branch		
From:	Associate Professor John Allan – Executive Director, Mental Health Alcohol and Other Drugs Branch	**Contact No:** **Fax No:**	3328 9538 3328 9619
Subject:	2020 Your Experience of Service Collection – COVID 19		
		File Ref:	C-ECTF-20/3872

The COVID-19 situation is creating new challenges for all of us including in mental health, alcohol and other drugs. I want to reassure you that the Mental Health Alcohol and Other Drugs Branch (MHAODB) remains committed to supporting mental health alcohol and other drug services and our service partners to deliver high quality services to consumers and carers.

Recently we have received requests for direction in relation to the offering of the Your Experience of Service (YES) and Family of Youth (FoY) surveys. Concerns raised include barriers in offering the surveys as services implement measures in response to COVID-19.

MHAODB understands the increased pressures on services and that the return rates for the experience of service data will reflect this. MHAODB is aware of how rapidly things are changing for services and provides assurance that there will be no negative consequences for gaps in the experience of service data collected. Furthermore, wherever this data may be used or reported appropriate caveats will be applied describing the extra-ordinary circumstances of this year.

Given this, the MHAODB understands and accepts that some services may decide not to proceed with the offering of experience surveys at this time. The MHAODB has also **extended the collection period for the 2020 YES and FoY until 4 May 2020** for those services who are still wanting and able to proceed with offering the survey.

It is requested that services email YES@health.qld.gov.au and advise whether their service is unable to progress the offering of experience surveys.

Where concerns regarding distancing and infection control are raised, services are encouraged to follow their local infection prevention and control procedures when offering surveys to consumers, their family or carers. Should you require further clarification on infection prevention and control procedures, please contact your local infection control officers.

It is to be noted that due to current measures being implemented within the branch in response to COVID-19, there will be a delay on data entry of the surveys. This in turn will have an impact on the reporting timeframes and thus availability of reports for services.

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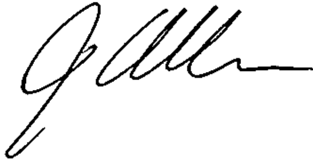
If you have any queries regarding the above, please do not hesitate to contact YES@health.qld.gov.au.

Please stay safe and together so we can do our best to meet this challenge.



Associate Professor John Allan
Executive Director
Mental Health Alcohol and Other Drugs Branch
27/03/2020

RTI RELEASE

Queensland Health
C-ECTF-20/2711
MINISTERIAL BRIEFING NOTE
Strategy, Policy and Planning Division

SUBJECT: COVID-19 risks for long-stay patients requiring an urgent response from the Commonwealth

☐ Approved ☐ Not approved ☐ Noted ☐ Further information required (see comments)	Signed………………………………… Date…14/…04…/ 2020 Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services Comments:

ACTION REQUIRED BY 27 March 2020. Urgent action by the Australian Government (National Disability Insurance Agency (NDIA) and Department of Health) is required to increase hospital capacity and minimise novel coronavirus (COVID-19) risks for long-stay patients.

RECOMMENDATION
It is recommended the Minister:

- **Sign** the attached letter to the Commonwealth Ministers for Social Services, Health, Aged Care and the National Disability Insurance Scheme (NDIS), requesting an urgent response to discharge long-stay patients at risk of contracting COVID-19 (Attachments 1–1.2).

ISSUES

Patients with disability

1. As at 25 March 2020, there are approximately 296 patients in Queensland Health beds who are NDIS eligible and who are medically ready for discharge.
2. The NDIS eligible patients are waiting on access decisions, plan reviews, specialist assessments or for accommodation and support services to become available. On average these patients usually wait two-to-three months to leave hospital, and sometimes years. This is far too long, especially considering that patients with comorbidities are at a greater risk of fatality as a result of COVID-19. NDIS participants in acute and subacute public beds would be exposed to, and are at high risk of, contracting the virus.
3. In addition, there are other NDIS-eligible patients who no longer need to be in hospital for medical reasons but require longer-term planning for discharge. For example, some patients have complex behaviours or extreme support needs that require careful management. These patients will continue to be cared for by Queensland Health until the NDIA can find appropriate, long-term housing and care solutions.
4. With urgent action from the NDIA, long-stay patients could be discharged within days or weeks. This would reduce the risk of long-stay patients contracting COVID-19 and create additional bed capacity for health services to treat patients with COVID-19.
5. While local NDIA staff are attempting to fast track patient discharge they are continuing to strictly adhere to the NDIA usual policy positions and there is no flexibility to consider innovative but safe options for this patient cohort.
6. The Director-General has enabled Hospital and Health Service to explore bed alternatives with the necessary and reasonable services to safely move these patients out of hospital beds. This is to manage the health of this vulnerable patient group as well as freeing up bed capacity in hospitals.
7. The Department of Communities, Disability Services and Seniors (DCDSS) is seeking to vary its project agreement with the Commonwealth for the Assessment and Referral Teams (ART) project. DCDSS proposes that ART, inclusive of its clinical staff, be redeployed to support Queensland Health to conduct assessments and facilitate urgent NDIS access and planning for admitted patients with disability.

Older patients

8. As at 25 March 2020, approximately 208 older patients were reported to be occupying Queensland Health beds and medically ready for discharge but are waiting Commonwealth funded aged care services.
9. On 28 February 2020, the COAG Health Council considered the COVID-19 response and the joint work required between States and Territories and the Commonwealth. It was decided that the Commonwealth (the funder and regulator of aged care), would work with States and Territories to activate planning for the aged care sector in response to the COVID-19 outbreak.
10. Older people in Queensland are an at-risk cohort. Specific areas of consideration are:
    10.1. long-stay older patients in hospital awaiting aged care supports to facilitate discharge;
    10.2. older people in the community receiving or waiting to receive a home care package due to aging and declining health; and
    10.3. older people residing in Queensland Health Residential Aged Care Facilities or private Residential Aged Care Facilities or similar arrangements (for example, retirement villages, including those collocated with Aged Care Facilities).

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11. The Department is working with the Commonwealth and Hospital and Health Services on a range of activities in preparation, including:
    11.1. sector consultation: Engagement with peak bodies and key stakeholders (for example, Leading Aged Services Australia, Palliative Care Queensland, Council on the Ageing, Carers Queensland);
    11.2. health response: Development of scenarios, issues, and mitigation strategies around workforce support and arrangements, particularly for those in residential aged care sector or the Aged Care Assessment Teams (who regularly visit and assess client needs), and could give consideration to the discharge of long stay older patients to other private aged care facilities to enable increased capacity at the hospitals and to manage increased health risks;
    11.3. identifying a range of aged care facilities not currently in use that may be able to be used or contracted for either step down or COVID-19 overflow arrangements (for example, going through refurbishment or close to completion, or that has significant capacity);
    11.4. the procurement and provision of additional personal protective equipment and consumables for managing containment;
    11.5. the provision of additional home care packages, transition care places, and other aged care supports for enabling discharge;
    approved provider self-assessment for readiness of an outbreak using tools provided by the Aged Care Quality and Safety Commission who has advised that it will focus its role on infection control in the current COVID-19 situation; and
    11.6. protocols and guidance material for HHSs engaging with the sector at the system-wide and local level to respond.
12. Queensland Health will need to reflect and engage early, based on the outcomes of the Earle Haven event, to inform a systematic response that provides assurance to the community and the health services.

BACKGROUND

13. Long-stay patients are people in hospital that could live in the community if they had access to appropriate accommodation and supports. Queensland Health experiences significant issues with transitioning NDIS-eligible long-stay patients into the community.
14. Long-stay patients who are NDIS eligible or elderly are vulnerable cohorts who should be moved from hospital beds as soon as possible particularly in a COVID-19 context.

RESULTS OF CONSULTATION

15. Elizabeth Bianchi, Executive Director, DCDSS, has reviewed, contributed to and endorsed the Ministers' letter at Attachment 1.
16. Paige Armstrong, CEO, and Michelle Moss of the Queenslanders with Disability Network were supportive of Queensland Health exploring alternative accommodation options to ensure long-stay people with disability are kept out of hospitals, including arrangements that may not be considered best practice under ordinary circumstances (for example: extended use of hotels and motels).
17. Michelle Stute, Executive Director, Allied Health, MNHHS advised on options the NDIA can take to expedite the discharge of long-stay patients and advised of the current number of long-stay patients in its facilities.
18. Dr Peter Aitken, Senior Director, State Health Emergency Coordination Centre, supported the request for Commonwealth support and confirmed the increased risk for people with co-existing chronic disease or limited respiratory excursion.
19. The Chief Health Officer, Dr Jeanette Young, intends to discuss this issue with the Australian Health Protection Principal Committee.

RESOURCE/FINANCIAL IMPLICATIONS

20. Queensland Health has enabled Hospital and Health Services to explore alternate bed alternatives for NDIS eligible patients who are medically ready for discharge. HHSs have been asked to keep detailed accounts of costs so they can be reimbursed under the Commonwealth State 50/50 funding split.
21. Queensland Government is working with the Commonwealth on a national partnership agreement for the share of costs, and for 100 per cent of costs for aged care work to be met by the Commonwealth. A formal National Partnership Agreement is yet to be finalised by Funding Strategy and Intergovernmental Policy Branch.

SENSITIVITIES/RISKS

22. COVID-19 and the health system's capacity to adequately respond continues to be a source of public concern. The recommendations outlined in this brief are considered appropriate actions to minimise unnecessary exposure to the virus and to increase health system capacity.

ATTACHMENTS

23. Attachment 1. MIN LTR – Federal Ministers – COVID-19 impact on long-stay patients

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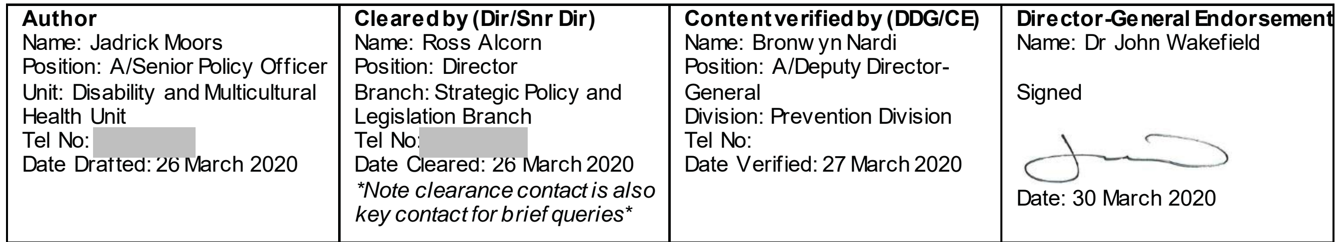

Author	Cleared by (Dir/Snr Dir)	Content verified by (DDG/CE)	Director-General Endorsement
Name: Jadrick Moors Position: A/Senior Policy Officer Unit: Disability and Multicultural Health Unit Tel No: [redacted] Date Drafted: 26 March 2020	Name: Ross Alcorn Position: Director Branch: Strategic Policy and Legislation Branch Tel No: [redacted] Date Cleared: 26 March 2020 **Note clearance contact is also key contact for brief queries**	Name: Bronwyn Nardi Position: A/Deputy Director-General Division: Prevention Division Tel No: Date Verified: 27 March 2020	Name: Dr John Wakefield Signed Date: 30 March 2020

RTI RELEASE

Hon Steven Miles MP
Minister for Health and
Minister for Ambulance Services

1 William Street Brisbane Qld 4000
GPO Box 48 Brisbane
Queensland 4001 Australia
Telephone +61 7 3035 6100
Facsimile +61 7 3220 6231

C-ECTF-20/2711

The Honourable Stuart Robert MP
Minister for the National Disability Insurance Scheme
Minister for Government Services

Senator the Honourable Anne Ruston
Minister for Families and Social Services
Manager of Government Business in the Senate

The Honourable Greg Hunt MP
Minister for Health

Senator the Honourable Richard Colbeck
Minister for Aged Care and Senior Australians
Minister for Youth and Sport

Dear Ministers

Urgent action is required to support vulnerable patients in hospitals who could be immediately discharged to ensure their safety and create system capacity to respond to COVID-19.

Approximately 504 long-stay patients occupy Queensland Health beds despite being medically ready for discharge. 296 of these patients are eligible for the National Disability Insurance Scheme (NDIS), but are waiting on access decisions, plan reviews, specialist assessments or for accommodation and support services. 208 are people that are eligible for Commonwealth funded aged care but are waiting on the availability of an appropriate residential aged care bed or home care services. It is understood this topic will soon be raised at the Australian Health Protection Principal Committee.

I acknowledge Minister Robert for the measures announced on 21 March 2020 to support NDIS participants and providers through COVID-19 and the efforts of Agency staff to expedite patient discharge. However, without compassionate flexibility in national policy for people with disability and older people, and significant investment, many people will be unable to leave hospital and are at significant risk. I implore the Commonwealth to consider additional proactive and meaningful action in its program areas to assist with the task ahead of us. The following solutions are suggested for urgent consideration:

- **Actions for long stay patients with disability**
  - Flexible scheme policy to enable discharge opportunities;
  - Innovative housing solutions to create safe living environments;
  - Training programs to rapidly upskill the disability sector workforce; and
  - Continued fast-tracking of resources.

- **Actions for long stay older patients**
  - Funding additional home care packages and enabling service provision;
  - Fund and facilitate additional Transition Care places in Residential Aged Care; and
  - Source and fund alternative accommodation, such as medi-hotels.

I note that the Honourable Coralee O'Rourke MP, Queensland Minister for Communities and Minister for Disability Services and Seniors, has written to you separately regarding the redirection of Assessment and Referral Teams to assist in hospital discharge efforts.

RELEASE DRAFT

Should your officers require further information in relation to this matter, I have arranged for Mr Shaun Drummond, Health Service Chief Executive, Metro North Hospital and Health Service, on telephone (07) [redacted] or mobile [redacted], to be available.

Yours faithfully

STEVEN MILES MP
Minister for Health
Minister for Ambulance Services

Cc:
The Honourable Coralee O'Rourke MP
Minister for Communities and
Minister for Disability Services and Seniors
Email: communities@ministerial.qld.gov.au

RTI RELEASE

Prepared by:	Carissa Griffiths Principal Project Officer Strategic Policy and Legislation Branch 26 March 2020
Submitted through:	Ross Alcorn Director Strategic Policy and Legislation Branch 25 March 2020
Cleared by:	Bronwyn Nardi A/Deputy Director-General Prevention Division 27 March 2020

RTI RELEASE