



Clinical Excellence Division

# 2017 Winter Beds Strategy

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# Background

Delivering timely, quality and sustainable emergency care is an integral part of the health system in Queensland. Emergency care is essential to the health outcomes for many Queenslanders who require unscheduled and urgent medical treatment each year. Providing this care is becoming increasingly challenging as Queensland's burden of chronic illness, population, and the volume of scheduled elective surgery continues to grow.

Each year Queensland public hospitals experience increasing demand for services with approximately four per cent more presentations to emergency departments and more patients admitted year on year. This is particularly true during winter, when hospitals, emergency departments (EDs) and ambulances face increased demand. They also face increased absences among their staff due to illness.

In April 2016 the Winter Beds Strategy 2016 was released to ensure there was additional capacity available within the system to assist Hospital and Health Services (HHSs) to better manage winter demand surges. It was also designed to enable EDs to more effectively reduce off-load times to free up the Queensland Ambulance Service (QAS), enabling them to respond to emergencies within the community faster.

This investment enabled the health system to respond well to the additional demands of winter 2016. In spite of higher acuity patients in our EDs, increased ambulance arrivals and influenza admissions, more patients were seen in time in emergency departments, and patient off stretcher time (POST) performance remained relatively stable during winter 2016 compared with the previous winter period.

The government's commitment to ensuring that patients have access to timely ED care and ambulance services will continue in winter 2017. The Queensland Government is funding a \$15 million package of initiatives to drive improved emergency access performance across the state during the winter months. The new initiatives are targeted at preventing congested emergency departments, instances of ambulance ramping, and delays in patients being transferred from ambulances.



# Demand for emergency care in Queensland

## Emergency care in Queensland 2015-16 – a snapshot

- Queenslanders made almost 1.44 million presentations to public hospital emergency departments
- ED presentations were highest for those under five years of age (11.3 per cent) and those aged 75 years and over (10.2 per cent)
- The biggest increases in ED presentations between 2010-11 and 2015-16 were in Categories 1 (8.7 per cent), 2 (59.2 per cent) and 3 (30.8 per cent); the most acutely unwell patients
- Of all ED presentations:
  - 32 per cent arrived by ambulance
  - 61.6 per cent returned home following assessment and management at the ED
  - 33.6 per cent were admitted to a hospital inpatient or short stay unit bed

In 2015-16 there were an average of 3,780 presentations to Queensland public hospital emergency departments every day.



# The 2017 Winter Beds Strategy

## The government's strategy will:

- 1** Provide \$15 million to support HHSs most impacted by winter to implement additional targeted capacity management strategies.
- 2** Provide access to an extra 90 beds to provide surge capacity in areas of high demand.
- 3** Develop and enact Annual Patient Flow and Capacity Plans (including winter bed initiatives) in all HHSs across Queensland.
- 4** Provide funding for dedicated nursing resources to support patient flow in our busiest EDs.
- 5** Continue to utilise private sector capacity through the \$20 million Surgery Connect program.
- 6** Continue a communication strategy and marketing plan to promote influenza vaccination for the general population and those individuals at an increased risk of complications as a result of influenza infection.
- 7** Provide a quality improvement payment for staff influenza vaccination to improve voluntary influenza vaccination uptake amongst Hospital and Health Service staff.

# 2017 Winter Beds Strategy timeline

<b>Planning</b>	FEB	<b>January - March:</b> <ul style="list-style-type: none"> <li>Development of 2017 Winter Beds Strategy</li> </ul>
	MAR	<b>March - April:</b> <ul style="list-style-type: none"> <li>Documents to support the development of Annual Patient Flow and Capacity Plans (with winter surge component) made available to HHSs</li> </ul>
	APR	
	MAY	<b>Mid May:</b> <ul style="list-style-type: none"> <li>HHSs advised of 2017 Winter Beds Strategy funding allocations to support the implementation of initiatives targeted at improving access to services during winter 2017.</li> </ul>
<b>Operationalise</b>	JUN	<b>June - July:</b> <ul style="list-style-type: none"> <li>HHSs commence implementation of initiatives funded under the 2017 Winter Beds Strategy</li> <li>HHSs commence implementation of Annual Patient Flow and Capacity Plans</li> </ul>
	JUL	
	AUG	<b>July - October:</b> <ul style="list-style-type: none"> <li>HHSs monitor performance and progress of 2017 Winter Beds Strategy initiatives</li> <li>HHSs monitor performance and progress against Annual Patient Flow and Capacity Plans</li> </ul>
	SEP	
<b>Review</b>	OCT	<b>30 October:</b> <ul style="list-style-type: none"> <li>HHSs self-evaluate performance against Annual Patient Flow and Capacity Plans (including winter bed initiatives)</li> </ul>
	NOV	<b>October - December:</b> <ul style="list-style-type: none"> <li>Ongoing monitoring against Annual Patient Flow and Capacity Plans by HHSs</li> </ul>
	DEC	<b>20 December:</b> <ul style="list-style-type: none"> <li>Review and evaluation of initiatives funded under the 2017 Winter Beds Strategy</li> </ul>



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