

SUBJECT: Meeting with the Australasian College for Emergency Medicine regarding issues facing Queensland emergency departments

<input type="checkbox"/> Approved	Signed...../...../..... Date...../...../..... Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services Comments:
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	

ACTION REQUIRED BY 4 April 2019 as a meeting has been scheduled with the Australasian College of Emergency Medicine and the Australian Medical Association Queensland for 4 April 2019 at 3:00pm.

RECOMMENDATION

It is recommended the Minister:

- **Note** the Minister and Director-General are meeting with Dr Simon Judkins, President, Australasian College of Emergency Medicine (ACEM) and Ms Jane Schmitt, Chief Executive of the Australian Medical Association Queensland, on Thursday 4 April 2019 at 3:00pm, in relation to the ACEM's and AMAQ's concerns about issues facing Queensland emergency departments.
- **Note** the letters from Dr Simon Judkins, President, ACEM (Attachments 1 and 2) and from Dr Dilip Dhupelia and Ms Jane Schmitt, President and Chief Executive Officer, AMAQ, respectively (Attachment 3) raising issues about demands on emergency departments and accessibility to mental health services to those patients presenting to emergency Departments.
- **Note** the that speaking points for the meeting have been prepared (Attachment 4).

ISSUES

1. Correspondence (Attachments 1 and 2) has been received from the Australasian College for Emergency Medicine (ACEM) outlining concerns regarding issues facing Queensland Emergency Departments, namely:
 - 1.1. Access block, hospital overcrowding, ambulance ramping and difficulties working with hospital executives.
 - 1.2. Issues raised by AECM members including working conditions, increased demands, and their inability to provide timely and appropriate care.
 - 1.3. The recent treatment of a mental health patient in Logan Hospital Emergency Department (ED).
 - 1.4. The recent bed capacity issues in South East Queensland.
2. The ACEM has specifically requested that:
 - 2.1. All Australian Governments act urgently to engage people with lived experience in reforms that deliver timely access to appropriate mental health care, with an immediate focus on after hours care in the community.
 - 2.2. When psychiatric admission is required, processes need to be timely and streamlined so that acutely unwell people can access an appropriate inpatient bed any time of day or any day of the week.
 - 2.3. States and territory health departments enforce a maximum 12-hour length of stay in the ED, by providing accessible, appropriate and resourced facilities to allow for ongoing care beyond the ED, with mandatory notification and review of all cases embedded in the key performance indicators of public hospital Chief Executive Officers (CEOs).
 - 2.4. All 24-hour waits in an ED should be reported to the Health Minister regularly, alongside any CEO interventions and mechanisms for review.
3. Correspondence from the AMAQ (Attachment 3) also raised concerns about pressures being experienced by emergency departments in Queensland Health hospitals and about the use of demountables to increase bed capacity.
4. The AMAQ correspondence makes several suggestions on how to improve efficiency and patient flow, including:
 - 4.1. A metropolitan road-transfer service
 - 4.2. Better distributing patient delivery to hospitals
 - 4.3. Additional staffing at Logan Hospital's Mental Health area
 - 4.4. Finding additional beds at other facilities, including private facilities to reduce pressure on emergency departments.
5. The Queensland Government recognises the need for system reform to better meet the needs of people experiencing mental health related crises. Relevant, funded reform and a proposal for further crisis care services are detailed in Attachment 5.

6. *Connecting Care to Recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drug services* (Connecting Care to Recovery) and *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023* identify investment in new and expanded community-based mental health services, including alternatives to ED, and improved access to mental health care following presentation to an ED, as priorities.
7. The letter from ACEM mentions a recent incident at Logan Hospital ED involving a young man with mental illness presenting in crisis, and a subsequent escalation in which hospital staff were injured.
8. Medical Advisory and Prevocational Accreditation and Dr Young attended a routine consultation meeting with ACEM on 8 November 2018 for workforce planning. At these meetings no workforce issues were identified.
9. In relation to the AMAQ concerns:
 - 9.1. Metro South Hospital and Health Service and Queensland Ambulance Service have co-commissioned a review of their Patient Access Coordination Hub and how a metropolitan-wide road transfer service could operate to support better load sharing;
 - 9.2. The Queensland Emergency Department Strategic Advisory Panel (QEDSAP) has been asked to review the data on patients in ED for greater than 24 hours and provide advice to me on implementing a key performance indicator and escalation process for stays that exceed 24 hours, with the review to include comparison of how other states manage this, including Victoria;
 - 9.3. The Department will liaise with Metro South HHS on identifying additional step up and step down mental health services and staffing to support Logan emergency department;
 - 9.4. The Queensland Ambulance Service has prioritised a vehicle for Redlands transfers, which will improve the response times and support for high-acuity transfers;
 - 9.5. In relation to a metropolitan-wide retrieval service, a business case prepared in 2017 did not progress – but the business case will be updated and the cost-benefit will be considered by the Chief Executives of Metro North, Metro South and West Moreton Hospital and Health Services.
10. In relation to the 24-hour alerts raised by the AMAQ, Queensland has made contact with the Victorian Department of Health and Human Services regarding their 24-hour breach policy. This forms part of the Health Service Performance Monitoring Framework where Health Services are required to notify the department (via the Director Commissioning, Performance and Regulation, or the Director Rural and Regional Health for rural health services) within 24 hours of the breach or becoming aware of the breach, advising of the circumstances and response to the breach including whether or not patient safety has been compromised. It should be noted that this is not real-time reporting.
11. The Queensland Emergency Department Strategic Advisory Panel (QEDSAP) are currently leading work in relation to current practice across Queensland and will have a summary report, including a review of other jurisdictional practices by the end of April 2019.
12. The Deputy Director-General, Clinical Excellence Queensland has a teleconference arranged with the Deputy Secretary, Health and Wellbeing, Department of Health and Human Services Thursday 4 April 2019 to discuss the 24-hour practice.
13. Also in relation to the AMAQ concerns, Metro South HHS has advised that:
 - 13.1. State Government is investing \$1.5 million for the construction of the mental health clinical decision unit within the Logan Hospital Emergency Department, which will enable mental health workers to deliver appropriate safe and personalised assessment and treatment for patients who present to the ED experiencing a mental health crisis;
 - 13.2. In preparation for the opening of the redesignated space the hospital has employed 13.26 full-time equivalent (FTE) Registered Nurses to enable the Logan Hospital ED to look after our mental health clients in the ED and in the ED over census areas until now.
 - 13.3. An additional Resident Medical Officer (RMO) resources will be allocated to the department, equating to 2.8 FTEs.
14. In relation to employing additional RMOs, a limiting factor to progressing this initially will be the time of year (out of RMO campaign cycle). Expansion of allied health staff in the CDU has been requested with funding for Social Work (2.9 full time equivalent) and Pharmacy (0.8 full time equivalent), together with appropriate support staff (administrative and operational staff) to support patient care and department flow adequately within the department.
15. Clinical Excellence Queensland is working with Hospital and Health Services to implement a number of initiatives to support whole of hospital flow. These include, but are not limited to, Waiting for What, Watch our Waits, criteria led discharge and hospital substitution models.
16. The State Health Emergency Coordination Centre has been liaising extensively with Hospital and Health Services and all departmental areas during recent bed capacity issues. This included working with external agencies, such as the Commonwealth Department of Health (aged care) and private hospitals to identify potential efficiencies in disposition of patients where appropriate.
17. The speaking points drafted for this meeting combine responses from key areas (Attachment 4).
18. Responses to the AMAQ and ACEM letters have been drafted (refer C-ECTF-19/3945).

BACKGROUND

19. The demand for ED services across the State is growing, on average, at around four per cent per year, with a similar growth in demand for ambulance services.
20. On Tuesday 26 March 2019, three south-east Queensland Hospital and Health Service activated a Code Yellow in relation to capacity issues across their hospital facilities. A total of 10 individual hospitals faced capacity concerns during at this time.
21. The number of current beds per 1,000 population between South East Queensland and Greater Sydney is similar, as outlined in below:
 - 21.1. In June 2018 the region from Gold Coast to Metro North HHS had 2.29 public beds per 1,000 population and this included Queensland Children's Hospital and the Mater Public Facilities.
 - 21.2. In the same region there a number of private hospitals that collectively have 1.71 private licensed beds per 1,000 population.
 - 21.3. Therefore, for the region there is a total bed stock of 3.99 beds per 1,000 population.
 - 21.4. Across the rest of Queensland, that is outside of SEQ, there were 3.98 public and private beds per 1,000 population.
 - 21.5. In comparison the greater Sydney area (including Sydney, Gosford, Newcastle and Wollongong had 2.55 public hospital beds per 1,000 population in 2016-17.
 - 21.6. The NSW private hospital bed rate is 1.20 per 1,000 population.
 - 21.7. While the comparator has certain qualifications to be considered, the bed ratios between greater Sydney and greater Brisbane areas are approximately the same.
22. A summary of available beds is at Attachment 6.
23. The Queensland population is around 5 million people and to increase the beds per 1,000 population measure by 0.01 statewide requires an additional 50 beds and to increase beds per 1,000 population measure by 0.10 statewide requires an additional 500 beds.
24. The population of Greater South-East Queensland (SEQ; Gold Coast to Sunshine Coast) is around 3.5 million people and to increase the beds per 1,000 population measure by 0.01 in SEQ requires an additional 35 beds and to increase the beds per population measure by 0.10 in SEQ requires an additional 350 beds.
25. The announced additional 774 beds will add 0.15 per 1,000 population across the state.
26. There are some shelled spaces (e.g. Gold Coast, Sunshine Coast) or potential flex beds that could become available if additional operational funding was provided or minor capital.
27. The State Health Emergency Coordination Centre moved to Stand Up on Tuesday 26 March 2019 in response to the Hospital and Health Service activations.
28. On 23 March 2019, a patient presented to the Logan Hospital ED in mental health crisis. Whilst waiting for a mental health assessment the patient's mental health crisis intensified, the situation turned violent, and resulted in the two members of hospital staff receiving stab wounds and another being assaulted. The patient is now in the custody of police.
29. Queensland Hospital and Health Services provide a range of services for people experiencing mental health-related crises, including 1300 MH CALL (Queensland's statewide 24/7 phone triage and intake service), mental health acute care services in the community and in EDs, Step-Up Step-Down sub-acute facilities, and acute mental health inpatient services.
30. A recent snapshot of data drawn from Queensland's Emergency Department Collection (October-December 2018) suggests that:
 - 30.1. On average, mental health presentations accounted for 5.7 per cent of total presentations to Queensland EDs during the recording period
 - 30.2. Proportionately, mental health presentations to EDs were more likely to be triaged as Urgent or Emergency than non-mental health presentations
 - 30.3. The numbers of mental health presentations to EDs were highest in the afternoon and evening between 1:00pm and 8:00pm, with the peak at 4:00pm.
31. It is widely acknowledged, by service providers and people with a lived experience alike, that EDs are not ideal locations for many people who are experiencing a suicidal crisis or are in mental distress.
32. Internationally, a range of alternative crisis care options has emerged to allow people experiencing mental distress and suicidal crisis to be diverted from EDs to a more suitable environment, where compassionate care can be delivered by a combination of clinical, non-clinical and peer support workers.

RESULTS OF CONSULTATION

33. Information has been received from a number of Divisions within the Department to enable speaking points to be generated.
34. Integrated Communications Branch have been heavily involved in the response to the recent bed capacity incident across South East Queensland.

RESOURCE/FINANCIAL IMPLICATIONS

35. There are no resource implications in relation to meeting with the ACEM. Any outcomes of the meeting would need consideration of potential implications.

SENSITIVITIES/RISKS

36. ACEM has been quoted in recent media relating to the bed capacity incident, expressing concerns for patient safety. ACEM have also been active in communicating with their members about a potential meeting.

ATTACHMENTS

- 37. Attachment 1: Letter dated 22 March 2019 from Dr Simon Judkins and Dr Kim Hansen, Australasian College for Emergency Medicine to the Hon Dr Steven Miles MP.
- Attachment 2: Letter dated 27 March 2019 from Dr Simon Judkins, Australasian College for Emergency Medicine to the Hon Dr Steven Miles, MP.
- Attachment 3: Letter dated 1 April from Dr Dilip Dhupelia, President, AMAQ and Ms Jane Schmitt, Chief Executive Officer, AMAQ to the Hon Dr Steven Miles MP.
- Attachment 4: Key speaking points for meeting with ACEM on 4 April 2019.
- Attachment 5: Mental health services funded reform.
- Attachment 6: Summary of bed availability.

Author	Content verified by (DDG/CE)	Director-General Endorsement
Name: Marco D'arbe Position: A/Director Unit: Office of the Deputy Director-General Clinical Excellence Queensland Tel No: (07) 3708 5343 Date Drafted: 4 April 2019	Name: Dr John Wakefield Position: Deputy Director-Genera Division: Clinical Excellence Queensland Tel No: (07) 3708 5342 Date Verified: xx April 2019	Name: Michael Walsh Signed Date/...../.....

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22 March 2019

Hon Dr Steven Miles, MP
1 William Street
Brisbane
Queensland 4000

Via email: health@ministerial.qld.gov.au

Dear Dr Miles,

Re: Request for meeting to discuss issues facing Queensland emergency departments

On behalf of the Australasian College for Emergency Medicine (ACEM), and the Queensland Faculty, we would like to arrange a meeting with you as a matter of urgency to raise key issues facing emergency departments (EDs) in Queensland.

On February 12, at a Queensland Faculty meeting, members raised concerns regarding access block (where admitted patients spend extended periods in ED beds), hospital overcrowding, ambulance ramping and difficulties working with hospital executives to address longstanding issues. Further, members in a number of areas raised concerns around Queensland Health's rapid offloading initiative which was announced without adequate consultation.

On 13 March 2019 we (the ACEM President, Dr Simon Judkins, and Faculty Chair, Dr Kim Hansen) visited Brisbane to tour EDs in the South Metro. Logan and Redland emergency departments were visited. The President and Faculty Chair also met with Fellows of the College and trainees from across a number of hospitals in the area, as well as discussions with clinicians from Cairns Hospital, to hear their stories.

Emergency doctors in Queensland are expressing that their EDs are reaching a critical point working in a crisis level more often than not. Increased demand has pushed a strained system toward breaking point. We observed a number of patients being nursed in corridors within Emergency Departments and both Consultants and trainees expressed a deep level of frustration with their working conditions and, in particular, their inability to provide timely and appropriate care.

ACEM is committed to working with your office and Queensland Health to ensure the community has access to an equitable, high quality, and safe health system. We wish to request a meeting with you to discuss the issues raised by our members and we can present further data on what is occurring in EDs across Queensland.

Please do not hesitate to contact the Director of Policy and Strategic Partnerships, Nicola Ballenden, on (03) 9320 0444 or via email at s.73@acem.org.au.

Yours sincerely,

Dr Simon Judkins
President

Dr Kim Hansen
Queensland Faculty Chair



Australasian College for Emergency Medicine

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27 March 2019

The Hon. Dr Steven Miles, MP
Minister for Health
Parliament House
Corner George and Alice Streets
Brisbane QLD 4000

Via email: health@ministerial.qld.gov.au

Dear Minister,

Re: Request for meeting to discuss issues facing Queensland emergency departments

On behalf of the Australasian College for Emergency Medicine (ACEM), we wish to raise our deep concern at the unacceptable state of mental health support available to people seeking help through Emergency Departments (EDs) and to urge you to act immediately to improve this situation.

Sch 3(10)(1)

ACEM is deeply concerned that punishing the individual for the outcome in this case will not result in the significant system change that is required to improve to the way people with mental health presentations are managed in the hospital system.

It is only through good fortune that this incident did not result in death; we may not always be so lucky. We know that incidences of violence are under-reported, but also that they are increasing across EDs. Clearly, better reporting of incidences of violence, and the conditions under which they occur, must be a key part of the solution.

Unfortunately, incidences such as the one described above are common throughout EDs across Australia. The failures in the mental health system are being felt in our EDs every day, with dire consequences for patients and staff. Our members report feeling heart broken and burnt out at their inability to adequately assist people who come to the ED seeking help, and are deeply worried for their patient's safety as well as their own. This is not a problem that will be addressed by additional security guards, body-worn cameras and posters alone. More concerted, systemic action must be taken to protect the safety and wellbeing of ED staff and patients.

We see how mental health presentations peak after-hours, when the ED is the only option available for professional care but when access to mental health professionals is limited. Similarly, vital support from social work, drug and alcohol or homeless services is not available. As a result, their experience of the ED is harmful not helpful, and characterised by long waits with seemingly no end in sight in a stressful environment. Too few mental health beds and the lack of appropriate infrastructure to calm desperate and distressed patients exacerbate the harm. These long waits often result in people being sedated and physically restrained for long periods of time.

This situation is not good enough. Everyone in Australia, regardless of age and location, should have access to timely and appropriate care, with EDs being just one door into a high quality, equitable and evidence-based mental health system.

We recognise that some Health Ministers have engaged with this crisis. However, there is now a need for urgent action. We are calling on all health departments in Australia to address this issue as a matter of urgency. The current arrangements burden individual patients, their families and EDs, and are unsustainable.

We ask that:

1. All Australian Governments act urgently to engage people with lived experience in reforms that deliver timely access to appropriate mental health care, with an immediate focus on after hours care in the community.
2. When psychiatric admission is required, processes need to be timely and streamlined so that acutely unwell people can access an appropriate inpatient bed any time of day or any day of the week.
3. States and territory health departments enforce a maximum 12-hour length of stay in the ED, by providing accessible, appropriate and resourced facilities to allow for ongoing care beyond the ED, with mandatory notification and review of all cases embedded in the key performance indicators of public hospital Chief Executive Officers (CEOs).
4. All 24-hour waits in an ED should be reported to the Health Minister regularly, alongside any CEO interventions and mechanisms for incident review.

I would be happy to discuss this issue with you further at your earliest convenience. Please contact Nicola Ballenden, Executive Director of Policy and Strategic Partnerships at the College on 03 9320 0479 or s.73@acem.org.au.

Yours sincerely,



Dr Simon Judkins
President
Australasian College for Emergency Medicine
s.73@acem.org.au

SharePoint Ref No: 7611

Registration No.: C-ECTF- 19/4007

RESPONSE: URGENT

Name: Dr Dilip Dhupnelia and Jane Schmitt

URGENT

Minister

Chief of Staff

Action Direct

- Provide to ESU copy of signed response or details of action taken

DLO to action

No Response Required (Note and File)

Ministerial Brief for Noting required

Organisation: Australian Medical Association Qld

Issue: Concerns raised about Emergency Departments

Previous Dept Ref #: _____

INSTRUCTIONS:

Min Response - SPPD

Reviewed by: [Signature]

Date: 1/4/19

Sent to ESU by: [Signature]

Date: 1/4/19

ESU ONLY

Workflow: Response to General Public

Container	
PDF	
Workflow	
Email	

Classification: ECS

Brief Template: -

Letter Template: B

Assignee: SPPD

Due Date: 3/4/19

Opening Paragraph: _____

Donna DeBrenni

From: s.73 [REDACTED]@amaq.com.au>
Sent: Monday, April 1, 2019 2:08 PM
To: Health
Cc: Erica Judd
Subject: AMA Queensland correspondence re Emergency Departments
Attachments: AMAQ to Minister re EDs 01 04 19.pdf

Dear Minister

Please find attached correspondence from AMA Queensland for your attention.

Kind regards

Erica Judd | PA to CEO & President | Australian Medical Association Queensland
88 L'Estrange Terrace, Kelvin Grove Q 4059 | PO Box 123, Red Hill Q 4059
T: 07 3872 2254 | E: s [REDACTED]@amaq.com.au | W: amaq.com.au | F: 07 3856 4727

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www.amaq.com.au

1 April 2019

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

By email: health@ministerial.qld.gov.au

88 L'Estrange Terrace
Kelvin Grove 4059

PO Box 123
Red Hill 4059

Ph: (07) 3872 2222
Fax: (07) 3856 4727

amaq@amaq.com.au

ACN: 009 660 280
ABN: 17 009 660 280

Dear Minister

We refer to our recent discussions with your staff regarding concerns raised by our members who work in emergency departments around Queensland.

We are aware of your recent intervention to provide funding to help ease pressure in a number of emergency departments. We support work being done in this regard.

From discussions with members and visits to the departments where they work, we believe the following projects would also ease pressure and improve both efficiencies and patient flow:-

- Introducing a metropolitan-wide road transfer service.
- Ensuring patient offloading is appropriately distributed (based on data received via the Patient Access Coordination Hub).
- Introducing a system where a hospital provides alerts to the Health Minister if patients are in the ED for more than 24 hours.
- Providing additional doctor staffing to the Logan Emergency Department's Mental Health area. We have requested confirmation of funding for three doctors across three shifts (morning, afternoon and evening) to staff the Logan Emergency Department's Mental Health Decision Unit once it is built. However, we request that you bring this funding forward to provide this level of staffing in the current existing Mental Health area.
- Finding additional beds at other/private facilities to reduce pressure on EDs. We note that you have recently announced funding to assist in this regard.

Would you please provide us with feedback on these priority issues and some timeframes around their introduction.

Yours sincerely

Dr Dilip Dhupelia
President
Australian Medical Association
Queensland

Jane Schmitt
Chief Executive Officer
Australian Medical Association
Queensland

Meeting request and speaking notes for Minister for Health meeting with the AMAQ and ACEM on Thursday, 4 April 2019 at 3:00 pm to 3:30 pm afternoon.

- I appreciate your organisations writing to me to raise your concerns about the pressures that Queensland Health emergency departments have been facing during this period of unprecedented demand for our services.
- I note your concerns also include the accessibility of mental health services for those patients that present to emergency departments who are experiencing a mental health crisis.
- In relation to the patient access coordination hub, a review of the Metro South patient access coordination hub is being undertaken, jointly commissioned by Queensland Ambulance Service and Metro South Hospital and Health Service.
- This will identify steps required to ensure that the Queensland Ambulance Service and the Metro South personnel in the patient access coordination hub have the right information and the necessary authority to make timely decisions on: load sharing ambulances; operational resourcing of Metro South Hospitals including opening beds and calling in staff.
- In relation to the proposal for escalation of emergency department stays greater than 24 hours to the I have asked the Queensland Emergency Department Strategic Advisory Panel to review the data on patients in emergency departments for greater 24 hours and provide advice to me on implementing a key performance indicator and escalation process for stays that exceed 24 hours, with the review to include comparison of how other states manage this, including Victoria.
- With effective operation of a patient access coordination hub and appropriate indicator monitoring in the Hospital and Health Service, the focus should be on preventing this from happening and before such escalation to the Department or Minister – the internal Hospital and Health Service escalations and actions

should be fully operational to Chief Executive level prior to any further escalation.

- In relation to mental health at Logan Hospital emergency department:
 - two demountables are scheduled to come on line by February 2020 and the tender has currently been let;
 - A quadrant in-fill, providing additional space for mental health clients attending the emergency department, is due to be operational by early October 2019;
 - Additional nursing staff are to be made permanent – the 13 nursing staff job offers have been made, which will improve the situation with respect to temporary staffing and consequential skills issues;
 - In relation to the proposal to hire three additional junior doctors, I am informed that consultation is occurring between the Mental Health, Alcohol and Other Drugs Branch of the Department and the mental health and emergency department leadership at Logan Hospital. Prior to any decision to hire additional junior medical staff, there is a need to be clear on the problem being addressed. The Department of Health understands that the issue is delays accessing inpatient beds rather than delays in assessing emergency department patients. There will be a swift analysis of the data to determine the major cause of constraint and to implement a solution that will address this.
- I understand the AMAQ has raised issues about transfers from Redlands Hospital.
- I can advise that Queensland Ambulance Service has prioritised a vehicle for Redlands transfers, which will improve the response times and support for high-acuity transfers.

- In relation to a metropolitan-wide retrieval service, I am advised that the previous business case prepared in 2017 did not progress.
- However, the business case will be updated and cost-benefit will be considered by the Chief Executives of Metro North, Metro South and West Moreton Hospital and Health Services.

RTI RELEASE

Mental health services

Funded reform

- Connecting Care to Recovery is investing more than \$350 million over five years to support Queenslanders living with mental health conditions and problematic alcohol and substance use.
- The National Mental Health Service Planning Framework, which was used to inform development of the plan, identified adequate levels of investment in acute bed-based services and a need for alternative sub-acute and non-acute options delivered in the community.
- Connecting Care to Recovery provides recurrent funding prioritised to support the expansion of mental health services aimed at optimising the level and mix of services across the care continuum, focusing on the continued expansion of care and treatment, rehabilitation and support delivered in the community.
- New community bed-based service models such as Step-Up Step-Down Units and Youth Residential Rehabilitation Units support this key action of the plan. These services are delivered as partnerships between Hospital and Health Services and non-government providers, allowing public mental health services to focus on providing specialist mental health services more efficiently and within their scope of practice.
- Additionally, through the Suicide Prevention in Health Services Initiative, the Queensland Government is investing \$9.6 million over four years to deliver widespread service enhancements to better identify, assess and treat people experiencing suicidality.
- Service reform being delivered through the Suicide Prevention in Health Services Initiative includes enhancing services in EDs, and trialling community-based crisis services for people at risk of suicide to provide timely access to care following presentation to an emergency departments.
- For example: The *Living EDge* is a lived experience peer support service for people aged 16 and over presenting to Redlands Hospital Emergency Department and acute settings (Metro South Hospital and Health Service) experiencing a suicidal crisis. The service delivery model features both an alternative waiting room and adjunct supports to people presenting to emergency departments and a variety of post presentation supports, including group, one-on-one support and self-management resources. The service will be evaluated for effectiveness, sustainability and scalability.

Summary of Available Hospital Beds

HHS	Public as at 30 June 2018			Private	Population *	Public Beds per 1,000	Private Beds per 1,000	Total Beds per 1,000
	Beds	Bed Alternatives	Total Hospital Beds #	Private Hospital Beds^				
Gold Coast	974	244	1,218	972	606,291	2.01	1.60	3.61
Metro North	1,944	342	2,286	1,688	1,003,517	2.28	1.68	3.96
Metro South	1,616	315	1,931	2,034	1,143,199	2.44	1.78	4.22
Children's Health Queensland	347	24	371					
Mater Public Hospitals	410	80	490					
Gold Coast to Metro North	5,291	1,005	6,296	4,694	2,753,007	2.29	1.71	3.99
Sunshine Coast	684	95	779	629	416,828	1.87	1.51	3.38
West Moreton	597	51	648	249	286,271	2.26	0.87	3.13
Greater South-East Queensland	6,572	1,151	7,723	5,572	3,456,106	2.23	1.61	3.85
Cairns and Hinterland	796	124	920	178	254,882	3.61	0.70	4.31
Central Queensland	433	88	521	230	218,283	2.39	1.05	3.44
Central West	59	3	62	-	10,474	5.92	0.00	5.92
Darling Downs	758	123	881	354	281,700	3.13	1.26	4.38
Mackay	306	29	335	105	172,587	1.94	0.61	2.55
North West	120	3	123	-	28,126	4.37	0.00	4.37
South West	129	33	162	-	24,365	6.65	0.00	6.65
Torres and Cape	71	26	97	-	26,889	3.61	0.00	3.61
Townsville	751	133	884	227	240,144	3.68	0.95	4.63
Wide Bay	453	82	535	246	215,596	2.48	1.14	3.62
Rest of Queensland	3,876	644	4,520	1,340	1,473,046	3.07	0.91	3.98
Queensland	10,448	1,795	12,243	6,912	4,929,152	2.48	1.40	3.89

- Gold Coast to Metro North HHS has 2.29 public beds per 1,000 population as of June 2018, this included Queensland Children's Hospital and the Mater Public Facilities.
- There were 1.71 private licensed beds per 1,000 population as per the Private Regulation Unit, CHO.
- This gives a region total of 3.99 public and private beds
- The rest of Queensland had 3.98 public and private beds, with 3.07 public beds and 0.91 private beds.

“Greater Sydney”

- NSW had 2.55 public hospital beds within areas classified as “Major Cities” while Queensland had 2.43 as reported by AIHW in 2016-17.
- The “Major Cities” region for Queensland includes the broad regions of Brisbane, Gold Coast, and Sunshine Coast
- The “Major Cities” region for NSW included the Sydney Basin as well as the corridor from Gosford to Newcastle and Wollongong.

Growth

- Queensland population is around 5 million people
- To move the beds per population measure by 0.01 statewide requires an additional 50 beds
- To move the beds per population measure by 0.10 statewide requires an additional 500 beds
- Greater South-East Queensland (Gold Coast to Sunshine Coast) has around 3.5 million people
- To move the beds per population measure by 0.01 in SEQ requires an additional 35 beds
- To move the beds per population measure by 0.10 in SEQ requires an additional 350 beds
- The announced additional 774 beds will add 0.15 per 1,000 population across the state.
- There are some shelved spaces (e.g. Gold Coast, Sunshine Coast) or potential flex beds that could become available if additional operational funding was provided or minor capital.

“Greater Sydney”

- NSW had 2.55 public hospital beds within areas classified as “Major Cities” while Queensland had 2.43 as reported by AIHW in 2016-17.
- The Major Cities region for Queensland includes the broad regions of Brisbane, Gold Coast, and Sunshine Coast
- The Major Cities for region for NSW included the Sydney Basin as well as the corridor from Gosford to Newcastle and Wollongong.
- There is no published reporting of private hospitals bed numbers at a sub state level.
- In 2015-16 Queensland had 1.54 private hospital beds per 1,000 population compared to 1.20 in NSW.
- Most private hospitals are located in large metropolitan centres.

Table 2.14: Average available beds and beds per 1,000 population(a), by remoteness area(b), public hospitals, states and territories, 2016–17

	NSW	Vic	Qld ^(c)	WA	SA	Tas	ACT	NT	Total
Average available beds									
Major cities	14,733	10,845	7,442	4,465	3,323	..	1,110	..	41,918
<i>Total regional</i>	<i>6,172</i>	<i>3,812</i>	<i>4,283</i>	<i>960</i>	<i>1,209</i>	<i>1,282</i>	<i>0</i>	<i>367</i>	<i>18,084</i>
Inner regional	4,453	3,048	2,035	399	370	957	0	..	11,262
Outer regional	1,719	764	2,248	560	839	325	..	367	6,822
<i>Total remote</i>	<i>242</i>	<i>11</i>	<i>488</i>	<i>451</i>	<i>284</i>	<i>22</i>	<i>..</i>	<i>297</i>	<i>1,795</i>
Remote	182	11	211	330	226	12	..	243	1,215
Very remote	60	..	277	121	58	10	..	54	580
Total all remoteness areas	21,147	14,667	12,213	5,876	4,816	1,304	1,110	664	61,797
Available beds per 1,000 population									
Major cities	2.55	2.28	2.43	2.27	2.64	..	2.79	..	2.43
<i>Total regional</i>	<i>3.22</i>	<i>2.70</i>	<i>2.58</i>	<i>2.22</i>	<i>3.05</i>	<i>2.53</i>	<i>0.00</i>	<i>2.52</i>	<i>2.79</i>
Inner regional	3.03	2.62	2.10	1.62	1.95	2.79	0.00	..	2.57
Outer regional	3.86	3.04	3.25	3.02	4.06	1.98	..	2.52	3.27
<i>Total remote</i>	<i>6.57</i>	<i>2.42</i>	<i>3.75</i>	<i>2.86</i>	<i>4.78</i>	<i>2.12</i>	<i>..</i>	<i>2.98</i>	<i>3.58</i>
Remote	6.27	2.42	2.82	3.35	4.98	1.53	..	5.12	3.95
Very remote	7.67	..	5.02	2.03	4.15	3.93	..	1.03	2.99
Total all remoteness areas	2.73	2.37	2.52	2.30	2.81	2.52	2.75	2.70	2.55

(a) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2016, as 30 June 2017 estimated resident population for remoteness areas were not available at the time of publication. Therefore, the numbers of beds per 1,000 population in this table differ from those reported in tables 2.8, 2.9 and 2.12 that are based on the estimated resident population by state or territory as at 30 June 2017.

(b) The remoteness area of hospital was based on the ABS 2011 remoteness area classification.

Source: NPHEd, Hospital resources 2016–17: Australian hospital statistics

Table 2.15: Hospital beds, per 1,000 population(a), states and territories, public hospitals (2016–17), and private hospitals (2015–16)

	Hospital beds (per 1,000 population)		
	Public hospitals	Private hospitals ^(c)	Total
New South Wales	2.69	1.20	3.89
Victoria	2.32	1.45	3.77
Queensland	2.48	1.54	4.02
Australia	2.51	1.39	3.90

Table 2.7: Number of public hospitals by remoteness area(a), states and territories, 2016–17

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Major cities	66	53	20	19	15	..	3	..	176
<i>Total regional</i>	<i>137</i>	<i>96</i>	<i>70</i>	<i>37</i>	<i>44</i>	<i>19</i>	<i>0</i>	<i>1</i>	<i>404</i>
Inner regional	74	58	25	12	14	5	0	..	188
Outer regional	63	38	45	25	30	14	..	1	216
<i>Total remote</i>	<i>19</i>	<i>2</i>	<i>33</i>	<i>35</i>	<i>18</i>	<i>4</i>	<i>..</i>	<i>4</i>	<i>115</i>
Remote	10	2	12	21	12	2	..	2	61
Very remote	9	..	21	14	6	2	..	2	54
Total all remoteness areas	222	151	123	91	77	23	3	5	695

Source: Hospital resources 2016–17: Australian hospital statistics

Hospital resources 2016–17: Australian hospital statistics

<https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-hospital-resources/contents/table-of-contents>

SUBJECT: Meeting with the Australasian College for Emergency Medicine regarding issues facing Queensland emergency departments

<input type="checkbox"/> Approved	Signed...../...../..... Date...../...../..... Hon Steven Miles MP, Minister for Health and Minister for Ambulance Services Comments:
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	

ACTION REQUIRED BY 4 April 2019 as a meeting has been scheduled with the Australasian College of Emergency Medicine for 4 April 2019 at 3:00pm.

RECOMMENDATION

It is recommended the Minister:

- **Note** the Minister and DG are meeting with Dr Simon Judkins, President, Australasian College of Emergency Medicine (ACEM), on Thursday 4 April 2019 at 3:00pm, in relation to ACEM's concerns about issues facing Queensland emergency departments.
- **Sign** the attached letter to Dr Simon Judkins, President, Australasian College of Emergency Medicine (ACEM) confirming the meeting scheduled for Thursday 4 April 2019 at 3:00pm.

ISSUES

1. Correspondence (attachments 1 and 2) has been received from the Australasian College for Emergency Medicine (ACEM) outlining concerns regarding issues facing Queensland Emergency Departments, namely:
 - 1.1. Access block, hospital overcrowding, ambulance ramping and difficulties working with hospital executives.
 - 1.2. Issues raised by ACEM members including working condition, increased demands, and their inability to provide timely and appropriate care.
 - 1.3. The recent treatment of a mental health patient in Logan Hospital Emergency Department (ED).
 - 1.4. The recent bed capacity issues in South East Queensland.
2. The ACEM have specifically requested that:
 - 2.1. All Australian Governments act urgently to engage people with lived experience in reforms that deliver timely access to appropriate mental health care, with an immediate focus on after hours care in the community.
 - 2.2. When psychiatric admission is required, processes need to be timely and streamlined so that acutely unwell people can access an appropriate inpatient bed any time of day or any day of the week.
 - 2.3. States and territory health departments enforce a maximum 12-hour length of stay in the ED, by providing accessible, appropriate and resourced facilities to allow for ongoing care beyond the ED, with mandatory notification and review of all cases embedded in the key performance indicators of public hospital Chief Executive Officers (CEOs).
 - 2.4. All 24-hour waits in an ED should be reported to the Health Minister regularly, alongside any CEO interventions and mechanisms for review.
3. The Queensland Government recognises the need for system reform to better meet the needs of people experiencing mental health related crises. Relevant funded reform and a proposal for further crisis care services are detailed in attachment 3.
4. *Connecting Care to Recovery 2016-2021: A plan for Queensland's State-funded mental health, alcohol and other drug services* (Connecting Care to Recovery) and *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023* identify investment in new and expanded community-based mental health services, including alternatives to ED, and improved access to mental health care following presentation to an ED, as priorities.
5. The letter from ACEM mentions a recent incident at Logan Hospital ED involving a young man with mental illness presenting in crisis, and a subsequent escalation in which hospital staff were injured. Refer to the Possible Parliamentary Question developed by Metro South Hospital and Health Service about this incident (attachment 4).
6. Medical Advisory and Prevocational Accreditation and Dr Young attended a routine consultation meeting with ACEM on 8 November 2018 for workforce planning. At these meetings no workforce issues were identified.
7. Clinical Excellence Queensland is working with Hospital and Health Services to implement a number of initiatives to support whole of hospital flow. These include, but are not limited to, Waiting for What, Watch our Waits, criteria led discharge and hospital substitution models.

8. Speaking points have been drafted for a meeting scheduled for 4 April 2019 at 3:00pm, combining responses from key departmental areas (attachment 3).
9. A response letter to Dr Simon Judkins, Australasian College for Emergency Medicine has been drafted confirming the scheduled meeting (attachment 5).
10. The State Health Emergency Coordination Centre has been liaising heavily with Hospital and Health Services and all departmental areas during recent bed capacity issues. This included working with external agencies, such as the Commonwealth Department of Health (aged care) and private hospitals to identify potential efficiencies in disposition of patients where appropriate.

BACKGROUND

11. The demand for ED services across the State is growing, on average, at around four per cent per year, with a similar growth in demand for ambulance services.
12. On Tuesday 26 March 2019, three south-east Queensland Hospital and Health Service activated a Code Yellow in relation to capacity issues across their hospital facilities. 10 individual hospitals faced capacity concerns during at this time.
13. The State Health Emergency Coordination Centre moved to Stand Up on Tuesday 26 March 2019 in response to the Hospital and Health Service activations.
14. On 23 March 2019 a patient presented to the Logan Hospital ED in mental health crisis. Whilst waiting for a mental health assessment the patient's mental health crisis intensified, the situation turned violent, and resulted in the two members of hospital staff receiving stab wounds and another being assaulted. The patient is now in the custody of police.
15. Queensland Hospital and Health Services provide a range of services for people experiencing mental health-related crises, including 1300 MH CALL (Queensland's statewide 24/7 phone triage and intake service), mental health acute care services in the community and in EDs, Step-Up Step-Down sub-acute facilities, and acute mental health inpatient services.
16. A recent snapshot of data drawn from Queensland's Emergency Department Collection (October-December 2018) suggests that:
 - 16.1. On average, mental health presentations accounted for 5.7 per cent of total presentations to Queensland EDs during the recording period
 - 16.2. Proportionately, mental health presentations to EDs were more likely to be triaged as Urgent or Emergency than non-mental health presentations
 - 16.3. The numbers of mental health presentations to EDs were highest in the afternoon and evening between 1:00pm and 8:00pm, with the peak at 4:00pm.
17. It is widely acknowledged, by service providers and people with a lived experience alike, that EDs are not ideal locations for many people who are experiencing a suicidal crisis or are in mental distress.
18. Internationally, a range of alternative crisis care options has emerged to allow people experiencing mental distress and suicidal crisis to be diverted from EDs to a more suitable environment, where compassionate care can be delivered by a combination of clinical, non-clinical and peer support workers.

RESULTS OF CONSULTATION

19. Information has been received from a number of Divisions within the Department to enable speaking points to be generated.
20. Integrated Communications Branch have been heavily involved in the response to the recent bed capacity incident across South East Queensland.

RESOURCE/FINANCIAL IMPLICATIONS

21. There are no resource implications in relation to meeting with the ACEM. Any outcomes of the meeting would need consideration of potential implications.

SENSITIVITIES/RISKS

22. ACEM have been quoted in recent media relating to the bed capacity incident, expressing concerns for patient safety. ACEM have also been active in communicating with their members about a potential meeting.

ATTACHMENTS

23. Attachment 1. Letter dated 22 March 2019 from Dr Simon Judkins and Dr Kim Hansen, Australasian College for Emergency Medicine to The Hon, Dr Steven Miles, MP.
24. Attachment 2. Letter dated 27 March 2019 from Dr Simon Judkins, Australasian College for Emergency Medicine to The Hon, Dr Steven Miles, MP.
25. Attachment 3. Key speaking points for meeting with ACEM on 4 April 2019.
26. Attachment 4. **Sch. 3(6)(c)(i)** PPG **Sch. 3(6)(c)(i)**.
27. Attachment 5. Letter to Dr Simon Judkins, Australasian College for Emergency Medicine advising meeting scheduled for 4 April 2019.

Author Name: Brenda Patane Position: A/Principal Project Officer Unit: Health Disaster Management Unit Tel No: (07) 3708 5223 Date Drafted: 1 April 2019	Cleared by (Dir/Snr Dir) Name: Dr Peter Aitken Position: Senior Director Branch: Health Disaster Management Unit Tel No: (07) 3708 5228 Date Cleared: Insert text <i>*Note clearance contact is also key contact for brief queries*</i>	Content verified by (DDG/CE) Name: Dr Jeannette Young Position: Chief Health Officer and Deputy Director-General Division: Prevention Division Tel No: (07) 3708 190 Date Verified: Insert text	Director-General Endorsement Name: Michael Walsh Signed Date/...../.....
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RTI RELEASED

AUSTRALASIAN COLLEGE FOR EMERGENCY MEDICINE

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ABN 76 009 090 715

Tel 61 3 9320 0444
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22 March 2019

Hon Dr Steven Miles, MP
1 William Street
Brisbane
Queensland 4000

Via email: health@ministerial.qld.gov.au

Dear Dr Miles,

Re: Request for meeting to discuss issues facing Queensland emergency departments

On behalf of the Australasian College for Emergency Medicine (ACEM), and the Queensland Faculty, we would like to arrange a meeting with you as a matter of urgency to raise key issues facing emergency departments (EDs) in Queensland.

On February 12, at a Queensland Faculty meeting, members raised concerns regarding access block (where admitted patients spend extended periods in ED beds), hospital overcrowding, ambulance ramping and difficulties working with hospital executives to address longstanding issues. Further, members in a number of areas raised concerns around Queensland Health's rapid offloading initiative which was announced without adequate consultation.

On 13 March 2019 we (the ACEM President, Dr Simon Judkins, and Faculty Chair, Dr Kim Hansen) visited Brisbane to tour EDs in the South Metro. Logan and Redland emergency departments were visited. The President and Faculty Chair also met with Fellows of the College and trainees from across a number of hospitals in the area, as well as discussions with clinicians from Cairns Hospital, to hear their stories.

Emergency doctors in Queensland are expressing that their EDs are reaching a critical point working in a crisis level more often than not. Increased demand has pushed a strained system toward breaking point. We observed a number of patients being nursed in corridors within Emergency Departments and both Consultants and trainees expressed a deep level of frustration with their working conditions and, in particular, their inability to provide timely and appropriate care.

ACEM is committed to working with your office and Queensland Health to ensure the community has access to an equitable, high quality, and safe health system. We wish to request a meeting with you to discuss the issues raised by our members and we can present further data on what is occurring in EDs across Queensland.

Please do not hesitate to contact the Director of Policy and Strategic Partnerships, Nicola Ballenden, on (03) 9320 0444 or via email at s.73@acem.org.au.

Yours sincerely,

Dr Simon Judkins
President

Dr Kim Hansen
Queensland Faculty Chair



Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

27 March 2019

The Hon. Dr Steven Miles, MP
Minister for Health
Parliament House
Corner George and Alice Streets
Brisbane QLD 4000

Via email: health@ministerial.qld.gov.au

Dear Minister,

Re: Request for meeting to discuss issues facing Queensland emergency departments

On behalf of the Australasian College for Emergency Medicine (ACEM), we wish to raise our deep concern at the unacceptable state of mental health support available to people seeking help through Emergency Departments (EDs) and to urge you to act immediately to improve this situation.

Sch 3(10)(1)

ACEM is deeply concerned that punishing the individual for the outcome in this case will not result in the significant system change that is required to improve to the way people with mental health presentations are managed in the hospital system.

It is only through good fortune that this incident did not result in death; we may not always be so lucky. We know that incidences of violence are under-reported, but also that they are increasing across EDs. Clearly, better reporting of incidences of violence, and the conditions under which they occur, must be a key part of the solution.

Unfortunately, incidences such as the one described above are common throughout EDs across Australia. The failures in the mental health system are being felt in our EDs every day, with dire consequences for patients and staff. Our members report feeling heart broken and burnt out at their inability to adequately assist people who come to the ED seeking help, and are deeply worried for their patient's safety as well as their own. This is not a problem that will be addressed by additional security guards, body-worn cameras and posters alone. More concerted, systemic action must be taken to protect the safety and wellbeing of ED staff and patients.

We see how mental health presentations peak after-hours, when the ED is the only option available for professional care but when access to mental health professionals is limited. Similarly, vital support from social work, drug and alcohol or homeless services is not available. As a result, their experience of the ED is harmful not helpful, and characterised by long waits with seemingly no end in sight in a stressful environment. Too few mental health beds and the lack of appropriate infrastructure to calm desperate and distressed patients exacerbate the harm. These long waits often result in people being sedated and physically restrained for long periods of time.

This situation is not good enough. Everyone in Australia, regardless of age and location, should have access to timely and appropriate care, with EDs being just one door into a high quality, equitable and evidence-based mental health system.

We recognise that some Health Ministers have engaged with this crisis. However, there is now a need for urgent action. We are calling on all health departments in Australia to address this issue as a matter of urgency. The current arrangements burden individual patients, their families and EDs, and are unsustainable.

We ask that:

1. All Australian Governments act urgently to engage people with lived experience in reforms that deliver timely access to appropriate mental health care, with an immediate focus on after hours care in the community.
2. When psychiatric admission is required, processes need to be timely and streamlined so that acutely unwell people can access an appropriate inpatient bed any time of day or any day of the week.
3. States and territory health departments enforce a maximum 12-hour length of stay in the ED, by providing accessible, appropriate and resourced facilities to allow for ongoing care beyond the ED, with mandatory notification and review of all cases embedded in the key performance indicators of public hospital Chief Executive Officers (CEOs).
4. All 24-hour waits in an ED should be reported to the Health Minister regularly, alongside any CEO interventions and mechanisms for incident review.

I would be happy to discuss this issue with you further at your earliest convenience. Please contact Nicola Ballenden, Executive Director of Policy and Strategic Partnerships at the College on 03 9320 0479 or [s.73](tel:s.73) @acem.org.au.

Yours sincerely,



Dr Simon Judkins
President
Australasian College for Emergency Medicine
[s.73](tel:s.73) @acem.org.au

Mental health services

Funded reform

- Connecting Care to Recovery is investing more than \$350 million over five years to support Queenslanders living with mental health conditions and problematic alcohol and substance use.
- The National Mental Health Service Planning Framework, which was used to inform development of the plan, identified adequate levels of investment in acute bed-based services and a need for alternative sub-acute and non-acute options delivered in the community.
- Connecting Care to Recovery provides recurrent funding prioritised to support the expansion of mental health services aimed at optimising the level and mix of services across the care continuum, focusing on the continued expansion of care and treatment, rehabilitation and support delivered in the community.
- New community bed-based service models such as Step-Up Step-Down Units and Youth Residential Rehabilitation Units support this key action of the plan. These services are delivered as partnerships between Hospital and Health Services and non-government providers, allowing public mental health services to focus on providing specialist mental health services more efficiently and within their scope of practice.
- Additionally, through the Suicide Prevention in Health Services Initiative, the Queensland Government is investing \$9.6 million over four years to deliver widespread service enhancements to better identify, assess and treat people experiencing suicidality.
- Service reform being delivered through the Suicide Prevention in Health Services Initiative includes enhancing services in EDs, and trialling community-based crisis services for people at risk of suicide to provide timely access to care following presentation to an emergency departments.
- For example: The *Living EDge* is a lived experience peer support service for people aged 16 and over presenting to Redlands Hospital Emergency Department and acute settings (Metro South Hospital and Health Service) experiencing a suicidal crisis. The service delivery model features both an alternative waiting room and adjunct supports to people presenting to emergency departments and a variety of post presentation supports, including group, one-on-one support and self-management resources. The service will be evaluated for effectiveness, sustainability and scalability.

RTI RELEASE

RTI RELEASE

RTI RELEASE

RTI RELEASE



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

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C-ECTF-19/3945

Dr Simon Judkins
President
Australasian College for Emergency Management
34 Jeffcott Street
WEST MELBOURNE VIC 3003

Email: s.73 t@acem.org.au, s.73 @acem.org.au

Dear Dr Judkins

Thank you for your letters dated 22 and 27 March 2019, and for further taking the time to discuss with me during our meeting on 4 April 2019, also attended by the Australian Medical Association, Queensland, concerns and ideas for improvement raised by your members.

The Queensland Government recognises the need for system reform to better meet the demands for emergency department services. As discussed, the Department, together with the Queensland Ambulance Service and Hospital and Health Service will examine potential initiatives including:

- A reporting system for instances where a patient remains in an emergency department for more than 24 hours.
- Allocation of a dedicated Queensland Ambulance Service resource to transport patients being transferred from the Redland Hospital emergency department to another hospital.
- Review of the processes within the Metro South Patient Access Communication Hub to improve its operational effectiveness.
- Expedited recruitment for new clinical staff to support the mental health clinical decision-making unit being established at Logan Hospital.
- A metropolitan-wide patient retrieval service to streamline the transfer and transportation of patients across all metropolitan hospitals.

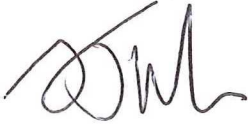
As discussed, Metro South Hospital and Health Service and Queensland Ambulance Service have co-commissioned a review of their Patient Access Coordination Hub and how a metropolitan-wide road transfer service could operate to support better load sharing and improve timely access to services across Metro South and the broader metropolitan area. The review is expected to commence in late May.

I have also requested the Queensland Emergency Department Strategic Advisory Panel (QEDSAP) review the data on patients in emergency departments for greater than 24 hours and provide advice to me on implementing an appropriate escalation process. I plan to attend an upcoming QEDSAP meeting so that I can hear directly from frontline clinicians about issues impacting on the quality and safety of emergency care across the State. I understand that Dr Kim Hansen, Chair of the Queensland Faculty, Australasian College for Emergency Management is a participant of this group.

I would be happy to keep you informed of our progresses over the coming months and welcome your input to supporting staff and patient safety in these matters.

Thank you again for bringing this matter to my attention.

Yours sincerely

A handwritten signature in black ink, appearing to read 'SM', is positioned above the typed name.

STEVEN MILES MP
Minister for Health
Minister for Ambulance Services

RTI RELEASE

C-ECTF-19/3945

Dr Simon Judkins
President
Australasian College for Emergency Management
34 Jeffcott Street
WEST MELBOURNE VIC 3003

Email: s.73 @acem.org.au, s.73 @acem.org.au

Dear Dr Judkins

Thank you for your letters dated 22 March 2019 and 27 March 2019, in relation to a request for a meeting to discuss issues facing Queensland emergency departments.

I appreciate you taking the time to or share with me your concerns, and would like to extend an invitation to meet on Thursday, 4 April 2019, from 3:00pm – 3:30pm in Parliament House (C.27) to discuss your concerns further.

Thank you again for bringing this matter to my attention. Should you require any further information in relation to this matter, I have arranged for Dr Peter Aitken, Senior Director, Health Disaster Management Unit, on telephone (07) 3708 5228, to be available to assist you.

Yours sincerely

STEVEN MILES MP
Minister for Health
Minister for Ambulance Services

DANIELLE COHEN
Chief of Staff

Prepared by: Brenda Patane
A/Principal Project Officer
Health Disaster Management Unit
(07) 3708 5223
1 April 2019

Submitted through: Dr Peter Aitken
Senior Director
Health Disaster Management Unit
(07) 3708 5228
date

Cleared by: Dr Jeannette Young PSM
Chief Health Officer and Deputy Director-General
Prevention Division
(07) 3708 5190
date

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RTI RELEASE