

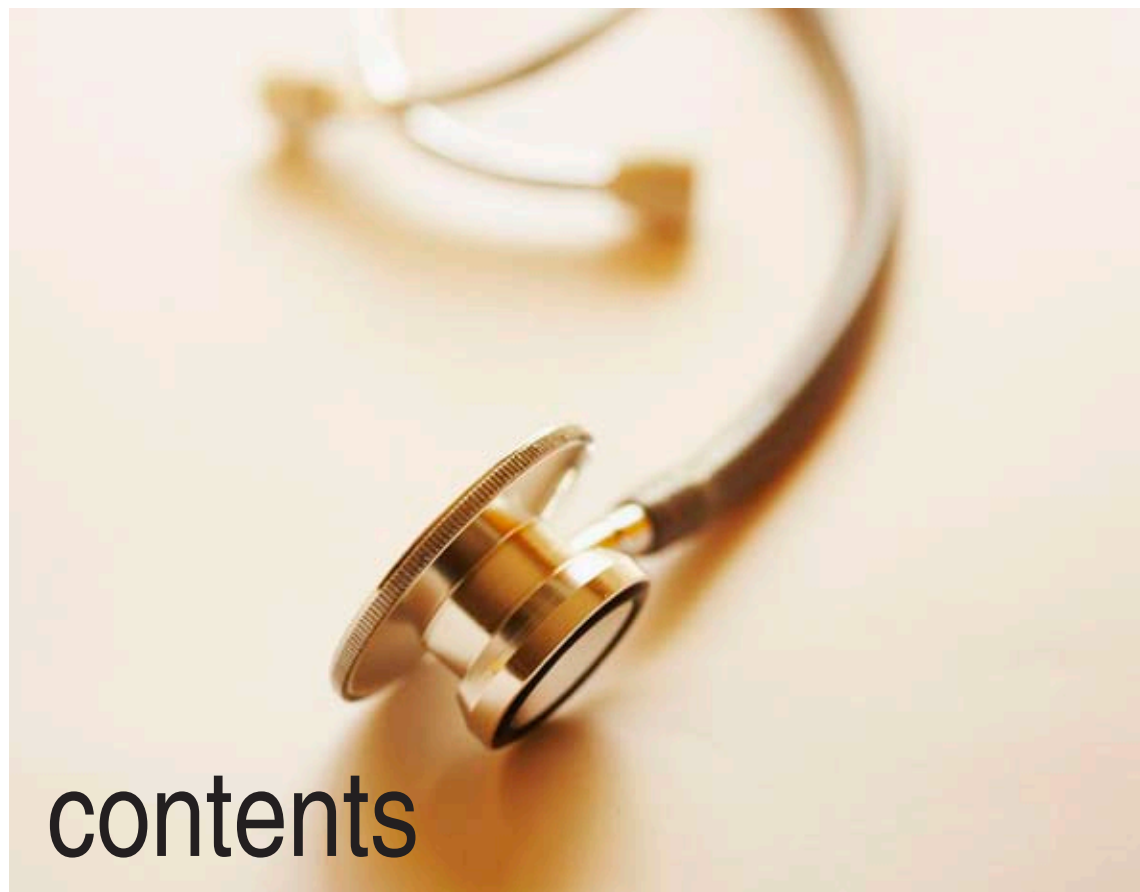


Invest in health

***Poor state of health:
Queensland's most
under-pressure regions***

State election 2009





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MESSAGE FROM THE PRESIDENT

Many of Queensland's public hospitals and health district regions operate under very significant pressure as evident from elective surgery waiting lists, emergency department statistics and bed occupancy rates. These pressures will only increase as Queensland's population continues to grow and age, particularly as older persons are major users of hospital services.

The health issues facing Queensland are not restricted to our public hospitals. General Practice and the provision of community services are also limited in many of our health service districts because of budgetary constraints and staffing shortages.

In a State as decentralised as Queensland it is imperative that all regions have adequate health resources in place so that all Queenslanders, irrespective of where they live, can access a health service when they need one.

This document looks at 13 of the State's most under pressure health district regions, highlighting not only the issues that challenge our public hospitals, but also the broader health issues facing the community.

This information was gathered through extensive feedback with doctors and health staff working at the coalface of healthcare delivery. As well as identifying the key issues, the document also provides recommendations on how to improve health services for each area. These have again been provided locally by those who know the hospital and surrounding community best.

It is the responsibility of all political parties to invest in health, not only as part of current State Election policies, but long-term to ensure Queenslanders have access to the world-class health service they need. This will also help to ensure our ability to attract and retain world-class clinicians, nurses and allied health staff to provide these services. Whilst properly skilled, supported and motivated healthcare teams are essential for the safe and efficient delivery of patient care, state of the art working environments and technology greatly enhance their effectiveness.

AMA Queensland calls on all sides of politics to carefully consider this document and respond to ensure that the needs identified are addressed in a timely and sustained manner. Investing in health is not only critically important for individual patients and their families, but also for the long-term wellbeing and productivity of all Queenslanders.

Dr Chris Davis
President
AMA Queensland



Bed Occupancy

Bed occupancy constitutes the average number or proportion of beds occupied by patients within a health facility over a given time period. The table on page 5 illustrates many Queensland public hospitals run at well over the recommended 85 per cent safe occupancy level, with some running in excess of 100 per cent occupancy.

The Australasian College for Emergency Medicine states an occupancy rate of more than 85 per cent (as an average over a 12 month period) risks systematic breakdowns, extended periods of 'code red', and puts patients at risk of higher mortality and disability rates. Hospital overcrowding is the most serious reversible cause of reduced patient safety in our hospitals.

The occupancy levels tabled on page 5 demonstrate a critical need to increase the capacity of Queensland's public hospital system, through the provision of additional beds, to lower bed occupancy rates to safe levels. The need for increasing hospital capacity is exacerbated by Queensland's growing and ageing population.



Bed Occupancy continued

2007-08 Bed occupancy rates of Queensland's 32 reporting public hospitals (by hospital type/peer group)

	Facility	Beds (07/08)	Beds (06/07)	% Change	Bed Occupancy (07/08)
Larger and Specialised	Cairns Base Hospital	375	375	0.0%	101.5%
	Gold Coast Hospital	855	732	16.8%	77.3%
	Mater Children's Hospital	141	121	16.5%	58.2%
	Nambour Hospital	361	357	1.1%	92.2%
	Princess Alexandra Hospital	918	892	2.9%	87.9%
	Royal Brisbane & Women's Hospital	1051	982	7.0%	85.8%
	Royal Children's Hospital	162	156	3.8%	79.6%
	Prince Charles Hospital	604	551	9.6%	74.6%
	Townsville Hospital	546	523	4.4%	82.3%
Medium	Bundaberg Hospital	177	162	9.3%	87.6%
	Caboolture Hospital	198	189	4.8%	97.6%
	Hervey Bay Hospital	121	119	1.7%	86.2%
	Ipswich Hospital	340	333	2.1%	76.9%
	Logan Hospital	316	300	5.3%	92.2%
	Mackay Base Hospital	160	160	0.0%	101.3%
	Maryborough Hospital	78	88	-11.4%	74.0%
	Mater General Hospital	217	176	23.3%	64.5%
	Mater Mothers Hospital	136	109	24.8%	63.1%
	Mount Isa Hospital	82	80	2.5%	62.7%
	Queen Elizabeth II Jubilee Hospital	166	172	-3.5%	80.6%
	Redcliffe Hospital	259	253	2.4%	95.9%
	Redland Hospital	158	152	3.9%	90.8%
	Rockhampton Base Hospital	233	215	8.4%	88.9%
Toowoomba Hospital	307	312	-1.6%	85.7%	
Smaller	Atherton Hospital	90	90	0.0%	49.5%
	Beaudesert Hospital	22	22	0.0%	86.8%
	Caloundra Hospital	58	60	-3.3%	119.8%
	Emerald Hospital	36	36	0.0%	44.0%
	Gladstone Hospital	66	66	0.0%	56.1%
	Gympie Hospital	81	81	0.0%	66.2%
	Innisfail Hospital	53	53	0.0%	70.1%
	Kingaroy Hospital	41	41	0.0%	48.8%



Bundaberg

SNAPSHOT

Bundaberg Base Hospital has been under significant pressure and public scrutiny in recent years due to intrinsic system failures, and this has had a significant negative impact on hospital staff morale.

Bundaberg Base Hospital has experienced an increase in demand with a 2.2 per cent increase in emergency department attendances from December 2007 to December 2008.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at Bundaberg Base Hospital dropped from 842 to 778 and 127 to 56 respectively.

There are still a significant number of cultural issues that need to be overcome at Bundaberg Base Hospital, with the hospital under constant scrutiny that is affecting staff morale across all disciplines.

AMA QUEENSLAND RECOMMENDATIONS

- Strategies to improve the culture of the hospital and staff morale.
- Significant resource and monetary investment in medical and allied health services to reduce wait times.
- More beds and staff are urgently required to ensure timely access to care when it is needed.
- Implementation of strategies to recruit and retain highly skilled medical staff in Bundaberg. This includes the need for a deputy medical superintendent to assist in the recruitment of International Medical Graduates (IMGs).
- The current emergency department is inadequate, and this has been identified by a number of recent reports. It is recommended the structure and size of the emergency department be addressed as a priority.
- Better support for senior management staff as many are struggling at present due to significant workloads.
- There is support locally for a new hospital for Bundaberg or, at the very least, a significant upgrade of the current hospital.

BUNDABERG BASE HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
177	+ 9.3%	87.6%	9,259	6,004	778	56

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Cairns

SNAPSHOT

Cairns Base Hospital has the State's second most under-pressure emergency department, with up to 20 people awaiting transfer from the emergency department at any one time. Demand for health services in the region is increasing in correlation with a growing and ageing population, with emergency department attendances up by 4.5 per cent from December 2007 to December 2008.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at Cairns Base Hospital dropped from 1,513 to 1,274 and 540 to 381 respectively.

AMA Queensland acknowledges significant inroads are being made in Cairns, with the *Clinical Services Plan for Cairns Base Hospital* released on 12 December 2008 by the State Government as a blueprint for the future health service and infrastructure needs of the Cairns community, from 2008 to 2012. The Plan includes expansions to emergency, intensive care, medical rehabilitation, surgical, maternity and special care, mental health, diagnostic imaging, pharmacy, interventional radiology and pathology, a new 20-bed oncology service and a new block for future expansion.

Additionally, development of the Cairns Base Hospital to be completed by 2014 will deliver 168 extra beds, a new building for clinical services, development of Block E, expanded car park capacity, refurbishment to provide new specialist clinic and pathology services and four vacant floors to allow for future expansion.

However, the AMA Queensland and Salaried Doctors Queensland *2008 Workplace Facilities Audit Report* showed the standard of workplace facilities at Cairns Base Hospital had significantly declined from 2004 to 2008. Specifically, the hospital did not provide any of the recommended residential accommodation facilities or on-duty rest room facilities.

AMA QUEENSLAND RECOMMENDATIONS

- Vital means and resources are desperately needed at Cairns Base Hospital to cope with demand prior to completion of hospital development.
- Fast tracking of infrastructure, resources and funding at Cairns Base Hospital is required to meet current demand, and a commitment to future investment to meet the prospective health needs of the Cairns district is also required.
- Adequate measures to reduce pressures on, and improve morale, of staff at the hospital, including enhanced support for staff.
- Commitment to resources and funding to service the uniquely diverse needs of the Cairns district, including the areas of Indigenous health, community mental health and aged care services.
- Implementation of strategies to recruit and retain highly skilled medical staff in Cairns.
- Investment in e-health and telemedicine to improve health services.
- Improvement in the standard of workplace facilities at Cairns Base Hospital, specifically the on-duty rest rooms and residential accommodation facilities.



Cairns continued

CAIRNS BASE HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
375	0.0%	101.5%	10,925	11,913	1,274	381

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Gold Coast

SNAPSHOT

AMA Queensland acknowledges inroads in providing health services are being made within the Gold Coast health district with significant development underway including: construction of a new Gold Coast Parklands University Hospital with 620 beds by 2012 and growing to a 750-bed tertiary facility by 2016, and; a \$230 million expansion of Robina Hospital, including 154 new beds, to be completed by mid 2011.

Despite these significant infrastructure projects for the Gold Coast, means and resources are urgently needed in the interim to meet significant increasing demand in the region, and to reduce emergency department pressures.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at Gold Coast Hospital and Robina hospital combined rose from 2,448 to 2,771 (a 13 per cent increase) and 451 to 485 (an 8 per cent increase) respectively.

Robina Hospital experienced the most significant increase in emergency department demand in Queensland, with a 35.8 per cent increase in attendances from December 2007 to December 2008. Gold Coast Hospital also experienced an increase in demand of 2.5 per cent from December 2007 to December 2008.

AMA QUEENSLAND RECOMMENDATIONS

- Sufficient resources, namely public beds, are needed to service the increasing and ageing population of the Gold Coast region.
- Medical services provided in the public sector on the Gold Coast must match the breadth and sophistication of services available in Brisbane, with the exception of heart, lung and liver transplantation services. Primarily, the new Parklands Hospital should provide renal transplant services for the Gold Coast region and northern rivers population of New South Wales.
- Effective interim measures to cope with demand at the Southport Hospital prior to development and completion of the Parklands Hospital.
- Better support for Visiting Medical Officers working on the Gold Coast and further promotion of the vital role of training for the many future generations of doctors set to graduate on the Gold Coast.
- Efforts to upgrade and maintain the current Southport Hospital to provide additional beds for the Gold Coast's rapidly expanding population to complement the new Parklands Hospital. It is imperative that funding for continuation of the Gold Coast Hospital at Southport after 2012 is not diverted from services or funding for the Parklands Hospital for this to occur.



Gold Coast continued

GOLD COAST

(Robina Hospital and Gold Coast Hospital combined data)

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
855	+ 16.8%	77.3%	26,653	19,058	2,771	485

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Hervey Bay

SNAPSHOT

Hervey Bay Hospital has seen a significant increase in demand for health services, as evidenced by the rise in emergency department attendances and waiting times for elective surgery. This correlates to an increasing and ageing population in the region.

Emergency department attendances at Hervey Bay Hospital increased by 6.6 per cent between December 2007 and December 2008. Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at Hervey Bay Hospital rose from 223 to 391 and 23 to 62 respectively.

This increase in demand for services highlights the need for immediate investment in resources, funds and infrastructure for the region to reduce pressures on staff and increase quality of patient care.

AMA QUEENSLAND RECOMMENDATIONS

- Significant resources and monetary investment in medical and allied health services to reduce wait times.
- Additional staff to ensure timely access to care when it is needed.
- Significant investment in Hervey Bay Hospital to provide urgently needed additional beds to reduce the occurrence of access block in the emergency department.
- Further investment in primary healthcare services in the region.
- Reduction in bureaucratic processes to increase efficiency.
- Improved public hospital services and systems to reduce the need to outsource to the private sector.
- Guaranteed access to education and training for medical students and graduates at the hospital.

HERVEY BAY HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
121	+ 1.7%	86.2%	8,937	4,674	391	62

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Mackay

SNAPSHOT

Mackay Base Hospital had the third highest bed occupancy rate in Queensland from 2007-2008 at 101.3 per cent. This rate is far above the recommended 85 per cent safe occupancy level as recommended by the Australasian College for Emergency Medicine to ensure patient safety. Mackay Base Hospital did not receive any additional beds between 2006 and 2008.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at Mackay Base Hospital decreased from 473 to 445 and 67 to 40 respectively. Emergency department attendances at Mackay Base Hospital decreased also, by 4.1 per cent from 9,406 to 9,018 from December 2007 to December 2008.

AMA Queensland acknowledges inroads are being made in Mackay with the redevelopment of Mackay Base Hospital, which will increase the number of beds to 318 by 2013. The redevelopment will also provide: additional operating theatres; a dedicated coronary care unit; a larger intensive care unit; increased mental health services; a larger dialysis unit, and; a staff skill centre.

There will also be a new acute care hospital building with a new emergency department, an expansion of renal support services, day oncology, dental services, birthing and delivery suites, special care nursery (neonatal) and day surgery suites. The redevelopment will also allow further expansion to meet future demand.

AMA QUEENSLAND RECOMMENDATIONS

- Culture at the hospital must be addressed as this is affecting staff morale. Increased support for hospital staff is also essential in addressing this issue.
- A reduction in red tape with respect to International Medical Graduates (IMGs) providing vital services in Mackay is urgently required to help improve retention and recruitment of IMGs, particularly as many are filling vital workforce shortages. Increased support for IMGs working at the Mackay Base Hospital will also help to improve retention and recruitment issues.
- There is a need for enhanced community services and step-down facilities to provide intermediate care and help to free-up acute hospital beds.
- Increased consultation and communication with local clinicians is essential in the day-to-day management of service delivery as well as future planning, this is currently not occurring to the extent that it should be.



Mackay continued

MACKAY BASE HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
160	0.0%	101.3%	9,018	6,591	445	40

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Mount Isa

SNAPSHOT

Pressures on Mount Isa Hospital have eased with emergency department attendances down by 7.2 per cent from December 2007 to December 2008. Additionally, 'long waits' for elective surgery dropped from January 2008 to January 2009, from 23 to three.

However, between January 2008 and January 2009, the number of patients waiting for elective surgery at Mount Isa Hospital rose from 163 to 207.

AMA Queensland acknowledges inroads in providing health services are being made at Mount Isa, with the Mount Isa Hospital redevelopment announced in April 2008. The redevelopment, costed at \$65.2 million will include: a new single storey ambulatory/community health building; refurbishment and extension of the emergency department/short stay ward; upgrade of lifts in Block C, together with minor refurbishment of the medical and surgical ward floors in this building, and; new outpatients, primary health and community health facilities in a new building on the current hospital site. The redevelopment is due for completion by 2011.

Mount Isa has a catchment population of approximately 35,000 people and services a vast geographic area that includes a high Aboriginal and Torres Strait Islander population.

AMA QUEENSLAND RECOMMENDATIONS

- Staffing continues to remain a significant issue for Mount Isa and implementation of strategies to recruit and retain highly skilled medical staff is urgently required.
- Staff accommodation is inadequate, and this is continuing to remain a major barrier in the attraction and retention of staff and their families to the area. The cost of travel from Mount Isa to any major centre is also significant, making the provision of quality local accommodation even more essential.
- The hospital is dated and rundown, and in need of a much more major upgrade than the current \$65 million commitment. Areas in urgent need of an upgrade are operating theatres and the emergency department.
- Investment in e-health and telemedicine to improve health services.

MOUNT ISA HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
82	+ 2.5%	62.7%	8,272	1,385	207	3

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



The Prince Charles Hospital

SNAPSHOT

The Prince Charles Hospital (TPCH) is one of Queensland's major metropolitan hospitals, with 3,500 staff servicing primarily residents living in the northern suburbs of Brisbane, with additional specialist services provided to patients throughout Queensland and northern New South Wales.

Services at the hospital include: cardiac and thoracic medicine and surgery; general medicine and general surgical services; acute geriatrics and rehabilitative medicine; palliative care; elective orthopaedic surgery; aged, disability and residential services; integrated mental health services, and; specialised community health services providing health assessment, care coordination, clinical and support services.

AMA Queensland acknowledges inroads are being made at TPCH with a \$134 million upgrade of the hospital underway due for completion in 2009. Improvements include: a new emergency department; new surgical wards, operating theatres and medical wards; three nine-bed intensive care unit pods; expansion of day surgery and recovery, outpatients department and allied health facilities, and; refurbishment of four existing operating theatres.

TPCH has seen the second largest demand for emergency department services of all Queensland public hospitals, with a 31.6 per cent increase in attendances from December 2007 to December 2008.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at TPCH has dropped from 769 to 719 and 58 to 41 respectively.

AMA QUEENSLAND RECOMMENDATIONS

- Fast tracking of redevelopment at TPCH to deal with substantial increasing demand for services at the hospital and immediate means and resources to cope with pressures prior to completion of development.
- Significant resources and monetary investment in medical and allied health services to reduce wait times.
- Additional beds and staff to ensure timely access to care when it is needed.

THE PRINCE CHARLES HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
604	+ 9.6%	74.6%	8,317	7,248	719	41

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



The Princess Alexandra Hospital

SNAPSHOT

The Princess Alexandra Hospital (PAH) is a leading teaching and research facility, providing care in all major adult specialities, with the exception of obstetrics, including: acute medical surgical; mental health rehabilitation, and; allied health services.

PAH had the highest number of patients admitted to hospital of all Queensland public hospitals in the December 2008 quarter. Consequently, adequate beds and staffing are essential to maintain patient care and reduce pressures on hospital staff.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at PAH has dropped from 4,366 to 4,110 and 1,687 to 1,433 respectively.

Emergency department attendances at PAH have decreased by 3.4 per cent from December 2007 to December 2008. However, emergency department services are still under pressure, with up to 13 people awaiting transfer from the emergency department at any one time.

AMA Queensland and Salaried Doctors Queensland *2008 Workplace Facilities Audit Report* showed the standard of workplace facilities at the PAH significantly improved between 2004 and 2008, and this is commendable.

AMA QUEENSLAND RECOMMENDATIONS

- Immediate means and resources are needed to alleviate pressures on the PAH elective surgery waiting times. These measures are essential not only to relieve pressures on hospital staff, but also to improve the quality and expediency of patient care.
- As PAH is one of the state's major tertiary hospitals, significant investment and measures must be put in place to ensure training and education is provided to the highest standard to ensure highly skilled and highly educated staff are maintained at the hospital and throughout the State. Additionally, adequate training places must be provided to meet the projected increase in Queensland medical graduates. This is essential for the retention of highly skilled clinicians in Queensland.
- Additional beds are needed at the hospital to cope with the demand of Queensland's growing and ageing population. Planning needs to be undertaken for future expansion to accommodate additional beds long-term.
- Mental health services are under significant pressure due to a lack of beds, and this needs to be urgently addressed. This includes efforts to enhance step-down facilities in the community to provide intermediate care to ensure these patients do not have to consistently occupy acute beds at PAH.
- PAH is continuing to suffer due to budgetary constraints and more flexible funding arrangements need to be in place.



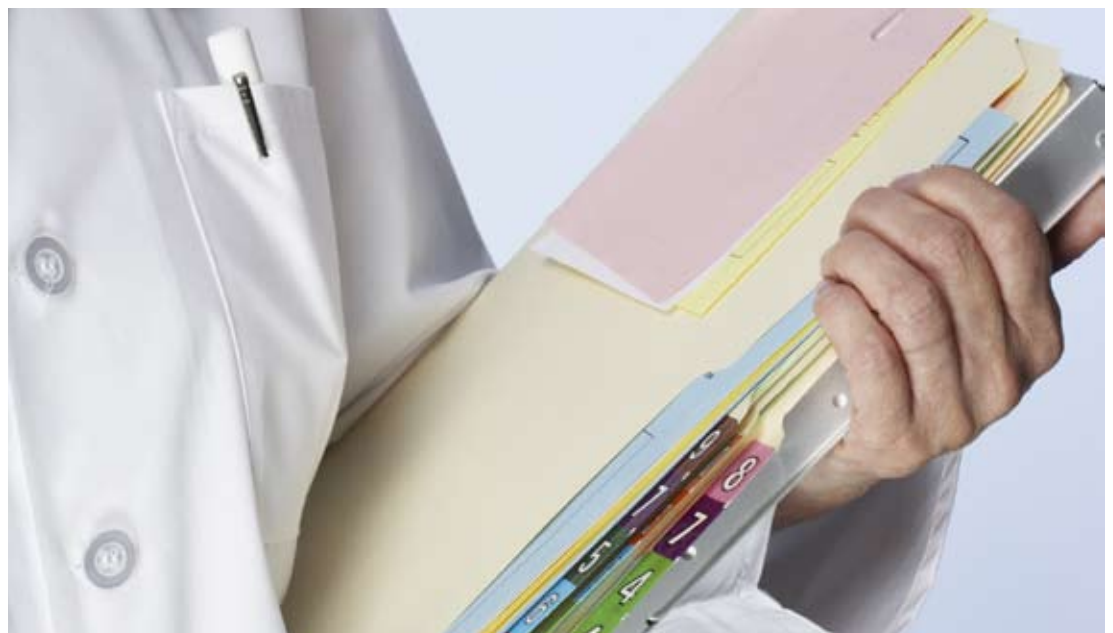
The Princess Alexandra Hospital continued

PRINCESS ALEXANDRA HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
918	+ 2.9%	87.9%	11,327	19,282	4,110	1,433

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Royal Brisbane & Women's Hospital

SNAPSHOT

The Royal Brisbane & Women's Hospital (RBWH) situated in Brisbane is the largest tertiary hospital in the state and services patients from throughout Queensland. RBWH has a significant research and teaching role, with links to major tertiary institutions, and a large number of medical graduates carrying out their internships at the campus.

The staff at RBWH provide vital healthcare services to all Queenslanders, including: cancer care; critical care and clinical support; internal medicine; mental health; emergency medicine; nursing; oral health; surgical and perioperative, and; women's and newborn care.

In the December 2008 quarter, 17,668 people were treated in the RBWH emergency department, a 5 per cent decrease in attendances from the December 2007 quarter. However, RBWH is still experiencing significant pressures on their emergency department, with the hospital declared at capacity and on bypass in 2009, and up to 20 people awaiting transfer from the emergency department at any one time.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at RBWH dropped from 5,676 to 4,716 and 2,132 to 1,554 respectively. The number of patients waiting and 'long waits' at RBWH are the highest of all public hospitals in Queensland.

AMA QUEENSLAND RECOMMENDATIONS

- Immediate measures, means and resources are needed to alleviate the significant pressures on the RBWH emergency department and elective surgery waiting times. These measures are essential not only to relieve pressures on hospital staff, but also to improve the quality and expediency of patient care.
- Access block is a major issue in the emergency department and additional inpatient beds are urgently required to help relieve pressure on this department and ensure improved patient flow.
- Additional measures are needed to enhance step-down community care, particularly for the elderly, to help free-up inpatient beds at the hospital.
- Ongoing funding for training is required. The RBWH continues to remain strong in training but this needs to be further enhanced to accommodate the increasing number of Queensland medical graduates.

ROYAL BRISBANE & WOMEN'S HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
1051	+ 7.0%	85.8%	17,668	19,132	4,716	1,554

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Rockhampton

SNAPSHOT

AMA Queensland acknowledges inroads are being made in Rockhampton with a major redevelopment of Rockhampton Hospital having commenced in mid 2007 and projected for completion by late 2010. However, the resources currently at Rockhampton Base Hospital are inadequate to deal with service expectations and demand, especially as demand at the hospital increases, with emergency department attendances rising by 5.1 per cent at the hospital from December 2007 to December 2008.

Progress has been made, especially in the emergency department, with regard to funding for a pilot investment in innovative telemedicine technologies to up-skill local doctors and deliver specialist advice in a cost effective and timely manner.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at Rockhampton Base Hospital dropped from 1,821 to 1,157 and 536 to 365 respectively. However, elective surgery has been stalled due to a lack of resources.

AMA QUEENSLAND RECOMMENDATIONS

- It is essential to develop strategic planning for the role of Rockhampton in a clinical service capability model as Rockhampton services a significantly large area in Central Queensland. This planning must be done in consultation with clinicians.
- Demonstrable and immediate moves to enable more services to be delivered locally prior to development of a clinical service capability model.
- A clear concept of Rockhampton's strategic role in the State's healthcare system under the State Government's Health Services Plan.
- Incentives and innovative ideas to attract General Practitioners into work as Visiting Medical Officers (VMOs) or the leaders of the Hospital in the Home program.
- Continued progress towards the development of a rural maternity risk management framework and establishment of rural 'clusters of care'.
- Substantial resources for the development of a safe 'hub and spoke' model for rural services, which has to date been grossly under-resourced, hindering the production of sustainable services.
- Urgent evaluation of the development of Rockhampton Hospital to ensure the facility is not only updated, but has additional capabilities, especially in the areas of trauma management.
- Maintenance of advanced speciality-training programs in general surgery and anaesthetics have to be maintained, and establishment of training posts in other major specialties need to be fast tracked.
- Updated infrastructure and resourcing to improve efficiency and service delivery.
- Increased funding to allow Rockhampton Base Hospital to provide timely service for patients, including adequately funding appropriate numbers of operating theatres and basic staff workplace facilities.



Rockhampton continued

ROCKHAMPTON BASE HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
233	+ 8.4%	88.9%	10,259	6,067	1,157	365

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Sunshine Coast

SNAPSHOT

Nambour Hospital's emergency department is the third most under-pressure in the State, with Queensland data showing up to 23 people are awaiting transfer from the emergency department at any one time. Emergency department attendances increased at Nambour Hospital by 0.8 per cent from December 2007 to December 2008. This highlights there has been no substantial improvement in reducing pressures on Nambour Hospital's emergency department despite the increasing and ageing population on the Sunshine Coast.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at Nambour Hospital dropped from 2,009 to 1,670 and 632 to 431 respectively.

AMA Queensland acknowledges inroads are being made on the Sunshine Coast, with significant development underway including: a \$1.2 billion, 450-bed (with potential expansion to 650 beds) Sunshine Coast University Hospital to be completed by 2014, and; a new \$150 million, 96-bed ward block at Nambour Hospital.

Despite these significant infrastructure projects at the Sunshine Coast, means and resources are urgently needed in the interim to meet increasing demand in the region and reduce emergency department pressures.

AMA QUEENSLAND RECOMMENDATIONS

- Effective interim measures to cope with demand at the hospital prior to development completion.
- Ensure construction of the Kawana Hospital and addition of 96 beds at Nambour Hospital are not delayed.
- Genuine community consultation on the development of the 'health hub' at Maroochydore is needed, specifically its composition and service delivery to the entire Sunshine Coast community. This needs to be done in close cooperation with private health services.
- Significant enhancement to mental health services to ensure they sufficiently cover the Sunshine Coast, on a 24 hour a day, seven days a week basis, with special attention to child and adolescent services, and drug and alcohol addictions.
- Sufficient resources for a public Pain Clinic – these are currently insufficient.
- Sufficient resources for a public patient transport subsidy scheme and/or overnight accommodation for patients attending specialist outpatients in Brisbane. These services are currently inefficient.
- Improved public facilities for ENT, cardiology, vascular surgery, neurology, ophthalmology and neurosurgery.
- Contract for public/private partnership to deliver radiation therapy services between now and 2014.
- Budgetary flexibility for the provision of elective surgery, as opposed to termination of this provision when budget constraints are met. For example, orthopaedic services at Noosa Hospital.



Sunshine Coast continued

NAMBOUR HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
361	+ 1.1%	92.2%	8,824	9,958	1,679	431

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Toowoomba and Darling Downs

SNAPSHOT

Pressures on the Toowoomba Base Hospital have eased, with emergency department attendances down by 8 per cent from December 2007 to December 2008. Additionally, 'long waits' for elective surgery dropped from January 2008 to January 2009, from 60 to 31.

However, between January 2008 and January 2009, the number of patients waiting for elective surgery at Toowoomba Base Hospital rose from 1,201 to 1,383.

There are also significant issues regarding mental health staffing in Toowoomba, in particular shortages in the numbers of psychiatry registrars at both the Base and Baillie Henderson Hospitals.

The current focus in Toowoomba is on enhancing General Practice and primary care through increased staffing and collaboration.

AMA QUEENSLAND RECOMMENDATIONS

- An operational matrix of all levels of hospitals, primary and community care.
- Ongoing funding to ensure the hospital is upgraded and beds expanded as needs dictate. Capital expenditure should not detract from the operational budgets of hospitals. Toowoomba urgently needs more beds due to population increases and the demand of servicing the South West.
- Funding for deployment of additional staff.
- Incentives for junior doctors to take-up psychiatry registrar positions, and a commitment to improving mental health services to attract and retain psychiatrists to both the Base and Baillie Henderson Hospitals.
- Funding to engage local and highly skilled General Practitioners in acute service delivery to ensure each township within the Toowoomba district has more than one GP.
- Further development of telemedicine and greater engagement with private General Practitioners.

TOOWOOMBA HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
307	- 1.6%	85.7%	10,373	7,319	1,383	31

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Townsville

SNAPSHOT

The Townsville Hospital is Queensland's most under-pressure hospital, with up to 26 people awaiting transfer from the emergency department at any one time.

Demand for health services in the region is increasing in correlation with a growing and ageing population, with a 0.7 per cent increase in emergency department attendances at the hospital from December 2007 to December 2008.

Between January 2008 and January 2009, the number of patients waiting, and patient 'long waits' for elective surgery at The Townsville Hospital dropped from 2,017 to 1,958 and 416 to 131 respectively.

The \$100 million expansion of The Townsville Hospital is currently underway and will be completed by 2011, however, emergency department and elective surgery wait times highlight vital means and resources are desperately needed at The Townsville Hospital now to cope during the interim.

AMA Queensland acknowledges inroads are being made at The Townsville Hospital, however it is vital this momentum is enhanced and continued to remove hospital pressures and improve quality of patient care.

AMA QUEENSLAND RECOMMENDATIONS

- Completion and release of the *Townsville Hospital Masterplan*, commissioned by Queensland Health, outlining the critical infrastructure required at Townsville Hospital from now until 2022 to cope with increasing population and subsequent demand.
- Initiatives to attract and retain clinical and allied health staff to Townsville.
- Commitment to improving the culture and morale of staff at the hospital.
- Fast tracking of infrastructure, funding and resources at The Townsville Hospital to meet current demand, and continued capital investment in the hospital to ensure staffing, beds and services meet prospective demand.
- Sufficient training of highly skilled doctors, nurses and other staff to ensure patients continue to receive high quality care.
- Lobbying of the Federal Government for additional and adequately staffed nursing home beds and community services to relieve pressure on The Townsville Hospital's acute beds. This includes a boost in staffing within the Geriatric Department, as well as enhanced support for Hospital in the Home and other community aged care services.

THE TOWNSVILLE HOSPITAL

2007-08 FINANCIAL YEAR*			DECEMBER QUARTER 2008**			
Acute hospital beds 2007-08			Emergency department attendances	People admitted to hospital	Elective surgery	
Beds	% change from previous year	Occupancy			Waiting	'Long waits'
546	+ 4.4%	82.3%	14,973	12,071	1,958	131

* Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

** Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.



Glossary and References

GLOSSARY

NB: With the exception of *Bed occupancy rate*, all terms are sourced from The Commonwealth Government, *State of our Public Hospitals June 2008*.

ADMISSION

Refers to a completed episode of hospital care, which begins when a patient is admitted to hospital. It ends when the patient is discharged from the hospital, is transferred to another hospital, changes their type of care, or dies. Admissions may be same day or overnight admissions.

BED OCCUPANCY RATE

The bed occupancy rate compares the number of patients (calculated as accrued patient days) treated over a twelve-month period to the total number of beds available for that same period of time (calculated as the total number of acute hospital beds multiplied by the number of days beds available for that period). Health departments previously reported bed occupancy rate as a measure of the intensity of the use of hospital resources by inpatients.¹

It is possible for the bed occupancy rate to be greater than 100 per cent. An example of when this may occur is when a hospital faces an epidemic (i.e. influenza) or disaster. In this type of situation, hospitals may setup temporary beds that are not normally included in the official bed count.²

ACCRUED PATIENT DAYS FOR ADMITTED PATIENTS:

The total number of days that admitted patients spent in hospital during the reported time period.

ELECTIVE SURGERY WAITING TIMES

The time from the date a patient was added to the procedure's waiting list to the date the patient was admitted for the same procedure, less any time the patient was not ready for care.

A 'long wait' is considered to be a patient who waited longer than the recommended time for their category, that is:

Category 1: Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.

Category 2: Admission within 90 days for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly, or become an emergency.

1. NSW Department of Health. *Annual Report 2004/05*.

2. Osborn E,C. *Basic Statistics for Health Information Management Technology*, 2008. Pages 10-11 [cited March 2009]

Commonwealth Government, *State of our Public Hospitals June 2008*.



Glossary and References continued

Category 3: Admission at some time in the future for a condition causing minimal or no pain, dysfunction or ability, which is unlikely to deteriorate quickly, and which does not have the potential to become an emergency. For the purposes of the Australian Health Care Agreement, Category 3 is reported on the basis that admission is desirable within 12 months.

A 'very long' wait is an elective surgery admission that has waited for more than 12 months.

EMERGENCY DEPARTMENT ATTENDANCE

Refers to non-admitted completed episodes of care provided in a dedicated emergency department. An attendance commences when a person is assigned a triage category and may then involve a waiting period before the person is seen by an emergency clinician. It ends when the person leaves the emergency department (for example, to home or transferred to another facility or is admitted to hospital), or if the person dies.

* Queensland Health, *Queensland Health Quarterly Public Hospitals Performance Report*, December Quarter 2008, pp. 3, 4, 11.

** Australian Institute of Health and Welfare, *AIHW Hospital Statistics 2006/07* and Queensland Health, *Queensland Health Statistics Centre 2007/08*.

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Queensland Government, *Queensland Health, Queensland Health Quarterly Public Hospitals Performance Report*, June Quarter 2008, (2008) pp. 3, 9, 14.

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Poor state of health:
Queensland's most under-pressure regions