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NEW HOSPITAL MODELLING NEEDED BEFORE OPENING UP
Hospitals not ready to cope with plans for opening up, AMA says.

The AMA says hospitals are ill prepared for plans to open up and has called for new modelling based on hospital and staffing capacity to guide opening-up plans for Australia.

In a dire warning to leaders, the AMA has written to the Prime Minister, state premiers and chief ministers telling them our hospitals, and the people who need them and work in them, are in danger of being locked into a permanent cycle of crisis.

AMA President Dr Omar Khorshid’s letter said our hospital system is not ready to cope with an easing of restrictions - even with increased vaccination rates - and a detailed understanding of current hospital capacity must be developed, modelling the impact of ‘living with COVID-19’.

“Even pre-COVID, emergency departments were full, ambulances ramped, and waiting times for elective surgery too long.” Dr Khorshid said.

“While National Cabinet is considering the cost of expanding intensive care capacity for an expected COVID surge, a funding top-up alone won’t cut it. The Commonwealth will need to address the longer-term public hospital funding crisis.

“We must urgently prepare our health system before opening up and to do that we need new modelling based on our hospitals’ ability to cope with the associated increase in caseload.

“This modelling should contemplate all aspects of the impact of COVID-19 on our hospitals and primary care sector. Staffing, for instance, is already a significant problem right across the health sector, exacerbated by international border closures.

“Modelling should also contemplate the cost, efficiency impact and supply of enhanced PPE and infection controls, and the inevitable reduction in patient throughput, especially where COVID-19 positive and negative patients are treated at the same facility.

“The practice of furloughing staff exposed to COVID-19 won’t be sustainable once caseloads increase and this is one of the reasons the AMA called for vaccination to be mandated for all employees and contractors in hospitals and community health settings.

“Our hospital system will need to adapt to incorporate new facilities, staff and processes required to stop the spread of COVID-19, especially recognising airborne transmission.

Crucially, Dr Khorshid said modelling may also show a higher level of community vaccination is required to ensure the hospital sector remains functional once restrictions are fully eased.

“The AMA believes a vaccination rate higher than 80 per cent of the adult population is likely to be required to avoid repeated lockdowns given the existing constraints on hospital capacity and staffing.

“If we throw open the doors to COVID we risk seeing our public hospitals collapse and part of this stems from a long-term lack of investment in public hospital capacity by state and federal governments,” Dr Khorshid said.

“Our hospitals are not starting from a position of strength. Far from it. As well as ambulance ramping, we have the lowest bed-to-patient ratio in decades, our emergency and elective performance continues to decline, and our doctors and nurses continue to barely cope with their workloads and the constraints of the system.

“The AMA is calling for National Cabinet to urgently commit the necessary funding to prepare our hospitals.

“Without a commitment to a new reform agreement – one that provides the increased beds, the extra staff, addresses avoidable admissions and readmissions and supports performance improvement – we will lock our hospitals and those who need them into a permanent cycle of crisis.

“Too often we hear tragic stories of late-stage cancer diagnosis, emergency treatment delayed and sadly, avoidable deaths all resulting from an overworked system. This is only going to get worse with COVID and we cannot afford to wait any longer,” Dr Khorshid said.

2 September 2021

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