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‘Hospital exit block’ costing health system billions

Major delays in finding public hospital patients appropriate aged care and disability supports are costing governments up to \$2 billion dollars every year.

In its new report [Hospital exit block, a symptom of a sick health system](#), the Australian Medical Association has highlighted ‘exit block’ — where patients who are medically ready to be discharged are stuck because they have nowhere to go — as one of the major causes of public hospital logjams.

AMA President Professor Steve Robson said many of these patients are waiting for months and sometimes years in public hospitals for appropriate aged care and disability supports to be put in place, taking up a bed that could be used by other patients who need care.

“We have thousands of patients at any given time who are medically ready to be discharged from Australian hospitals but have nowhere to go,” Professor Robson said.

“Exit block means less beds for inpatient services, which results in increased waiting times for ambulance services, emergency department services, and essential elective surgeries. Public hospitals cannot afford to keep operating with this level of exit block. Our public hospitals already have limited capacity and are struggling.”

In 2020–21, 286,050 patient days were attributed to patients waiting in hospital for a place in a residential aged care facility, and in November 2022 there were over a thousand patients waiting to be discharged.

“The number of patients waiting to be discharged is concerning, however the results of the work being undertaken to transition NDIS-eligible patients out of hospital, as well as some state and territory initiatives, is promising. We want to see the Commonwealth and state and territory governments working together to expand on these programs so these patients — many of who are vulnerable members of our community — can be discharged into more appropriate care.”

Professor Robson said that, for these programs to succeed, we need investment into primary care, aged care, and NDIS, as well as accurate, regular, and contextual reporting of data on patients waiting in hospital for aged care and disability supports.

“Real-time data collection, improved use of the My Health Record, as well as interoperability between other systems (such as My Aged Care), will help us understand where the roadblocks are, and will enable us to implement effective and targeted solutions to transition patients from hospital into more appropriate care.

“The AMA’s analysis, part of the AMA’s [Clear the Hospital Logjam](#) campaign, reveals that addressing address hospital exit block could save an estimated \$811.6 million to \$2.17 billion each year. It will also free up beds, which will help clear the hospital logjam,” he said.

Professor Robson said that long-term reform of our hospital system is also needed to support public hospitals to improve performance and expand capacity to meet community demand.

“The AMA is calling for a new hospital agreement, with 50–50 funding between the Commonwealth and states and territories, removal of the arbitrary 6.5 per cent cap on funding growth, and the reintroduction of funding for performance improvement,” Professor Robson said.

“It is time for governments to step up and end this blame game. At the end of the day, these are people’s lives we are talking about, and they deserve more.”

Read [*Hospital exit block, a symptom of a sick health system*](#)

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