



Metro North Health

File number: J24/11946

Dr Nick Yim
President
AMA Queensland

Dr Brett Dale
Chief Executive Officer
AMA Queensland

Dear Dr Yim and Dr Dale

Thank you for your correspondence dated 21 October 2024 providing a copy of the minutes from the meeting held with the AMAQ, Metro North executive team and emergency department and other doctors at Caboolture Hospital on 14 October 2024.

I appreciate the time Caboolture Hospital doctors have taken to articulate their concerns and thank them for their ongoing commitment to providing excellent healthcare to the growing community of Caboolture and Moreton Bay.

I also confirm whilst Metro North has continued to increase resources and funding, resource allocation is not driving the challenges.

I note the inclusion in the minutes of the registrar statement delivered during the meeting of 14 October 2024.

Metro North Health has invested in new medical leadership positions at Caboolture Hospital. Emergency Department Medical Director Dr Michelle Davison will work with the multidisciplinary leadership team to review and address these issues or develop escalation processes to support the emergency department.

Some of the concerns raised can be resolved quickly, but others will require longer-term or iterative approaches, such as ongoing registrar recruitment. Where possible, we will provide timeframes, however this is not immediately possible for all items. We are committed to co-designing fit for purpose solutions in recognition of the expertise of emergency department staff and ensuring that the staff responsible for implementation are part of the decision making around processes. The specific items will be worked through in detail with the Executive Director Karlene Willcocks and ED Medical Director at the weekly 'Green' meeting, which I will also attend monthly.

In regard to the minutes and the table provided, I provide the following clarification points.

Staffing and recruitment

We acknowledge the staffing shortfalls and remain committed to supporting the team to define a model of care that facilitates both improved patient care and workforce support by the second quarter of 2025. We have committed to networked recruitment for the 2026 calendar year.

We are actively recruiting for more medical staff through SmartJobs and developing an attraction and retention strategy for our clinical workforce. With the current shortage of Registrars/PHOs at Caboolture Hospital ED, we have over-recruited SMOs. CKW has approval for an additional 7 Reg/PHO employees and we will support over-recruitment for RMOs if possible. This should help address concerns around registrar night shift rosters. Locum approvals also remain in place.

Additionally, I can confirm that the proposal for the registrar incentive payment has been forwarded to the delegate for the 2025 intake and that Metro North's acute hospitals will work together to ensure appropriate opportunities are provided for distribution of ED registrars each term.

Composition of recruitment panels is determined by the Medical Director, but we are committed to having appropriate medical specialists on medical recruitment panels unless there is a conflict of interest. On occasion where there are very small teams it may not be appropriate to have a CKW team member on the panel. In these instances, alternative appropriately qualified medical officers will be identified for the panel.

The Director of Medical Services (DMS) Dr Theodore Chamberlain will continue to support monthly medical workforce meetings with ED workforce portfolio leads, ED Medical leadership and Medical Workforce staff. This ongoing work will be supported as a priority by the CKW Executive Director Karlene Willcocks and Metro North Chief Medical Officer Dr Elizabeth Rushbrook. Any issues with recruitment timelines or processes can be escalated through the Emergency Department Medical Director to the DMS at any time for resolution.

The Medical Director ED and Clinical Directors have the responsibility to ensure the rosters and floor are staffed at all times with appropriate seniority and skill mix. This includes addressing shortfalls and risk as these matters arise and ensuring staff are supported to act within their clinical scope of practice.

I note the request for escalation of clinical roster gaps to other facilities and will ensure a process is developed for consultation by the end of 2024 and managed via the Medical Director ED in consultation with the Metro North Emergency Medicine Stream lead and Emergency Department Clinical Directors, including appropriate timely escalation to CKW and Metro North executive if clinicians believe staffing levels may impact the safe level of care to the community.

The CKW Executive Director, DMS and SMOs will meet by end of 2024 to discuss opportunities to maximise opportunities for recruitment and retention and the DMS will regularly attend the ED SMO meetings to help oversee these processes.

Occupational Violence prevention

I share your concern about occupational violence. No healthcare worker should be made to feel unsafe at work. Metro North is actively working to reduce occupational violence and I encourage staff to make use of procedures in place for managing and supporting staff in managing patients with unacceptable behaviour and to report all incidents so can provide additional support where needed.

I invite an AMAQ representative to join the Metro North Occupational Violence Prevention Working Group.

I also acknowledge that delays to treatment and a perceived lack of communication can cause people to become aggressive. The ED directors are working to ensure that staff can communicate effectively to patients who are facing delays and that posters are displayed outlining unacceptable behaviours. These are currently being developed by the Queensland Occupational Violence Strategy Unit.

Metro North complaints process

There have been several recent external reviews related to complaints management. It is important for community assurance that we are publicly accountable, demonstrate good governance and a degree of independence in complaints management and an expectation that there is a trauma informed approach to these processes.

It is not the intention of reviews and complaints management to 'target' individual staff, but to identify system improvements. The Metro North complaints management process is focused on ensuring patients are contacted early by a senior clinician to ensure clinical concerns are addressed and complaints can be resolved early preventing higher level escalation where possible. CKW leadership will work with the new nursing and medical directors to review processes in the first quarter of 2025 and identify opportunities and challenges around complaints.

Lack of crisis support

The Caboolture Hospital emergency department leadership team will work with staff to develop a fit for purpose surge plan, with a draft for consultation in the first quarter of 2025.

As you are aware, across Queensland Health acute bed capacity is managed via HHS and local acute bed capacity management frameworks. Metro North Chief Medical Officer is currently working on enhanced reporting to clinical staff, expected by end of November 2024, in relation to:

- Numbers of Tier 3s called
- How long the hospital was at each Tier 3
- Number of ambulances diverted (or another equivalent measure/s if this is not available from QAS)
- Number of procedures postponed, and
- Number of presentations to all Metro North EDs and Satellite Hospital Minor Injury and Illness Clinics.

Following our meeting in October, the Chief Medical Officer has also provided Caboolture Hospital emergency department staff (through the Medical Director ED) with details of Queensland Health's overarching protocols and directives for [managing capacity](#), [patient access to care](#), [timely transfer of care in emergency departments](#), and [management of inter-hospital transfers](#), as well as the Metro North Acute Bed Capacity Management Framework and CKW capacity management subplan. Publicly available data on Caboolture Hospital emergency care is available on the Queensland Health [performance site](#).

Interference with patient locations and clinical decision making

We agree that clinicians are responsible for clinical decisions, and that patient needs and safety are the key priorities with staffing, triage, patient location and access to beds.

I acknowledge there are ongoing opportunities for medical and nursing staff to work collaboratively and with executive to address operational issues and tensions, and I want to be clear that regardless of how a patient arrives at the ED, they should be managed according

to triage priority. Effective triage remains the responsibility of the clinical team, including subsequent re-triage priority if their condition worsens.

To support our Queensland Ambulance Service colleagues to get back on road quickly, and ensure our community can access ambulance support when required, we have worked with staff to ensure patients are offloaded into the Ambulance waiting room. To support this, we have staffed this area with nurses to ensure that patients can be fully assessed regardless of mode of arrival in order of clinical priority as decided by the treating clinical team. There are clear escalation requirements to prevent patients experiencing extended ED stays (24 hours) or on the ramp (2 hours). This is consistent with both Queensland Health directives and protocols and with Australasian College for Emergency Medicine Position Statements [ED Overcrowding](#), [Access Block](#) and [Ambulance Ramping and Diversion](#).

You would be aware that there is significant evidence associated with increased morbidity and mortality for patients in ED for more than 24 hours especially over 75 and mental health patients¹.

The ED/Paediatric ED short term treatment area (ED STTA) is an emergency department model and decisions about moving patients to this area are made by the ED clinical team. ED STTA length of stay data will be included in the CKW ED monthly performance meeting and reviewed in the CKW Senior ED leadership team Operational Meeting.

Where there are concerns about patient location or disposition issues, staff should escalate to the clinical leadership team for resolution. This includes ensuring paediatric patients are not placed in adult wards without suitable staff and avoiding placing adult patients in paediatric spaces. I am aware that there is a clear direction that paediatric patients under 16 years of age are **not** to be placed in West Wing (a locked adult ED mental health pod), and patients between 16 and 18 years old must be reviewed by the senior SMO with documentation of the disposition decision in the notes, including clinical need and legal considerations.

As articulated at the meeting, safety and quality is everyone's business.

Lack of collaboration and codesign in changing and implementation models

ED models of care should be developed by the clinical leadership with appropriate expertise, and new leadership positions with these responsibilities have been filled. Where decisions are required at short notice, reasonable attempts will be made to involve relevant clinicians.

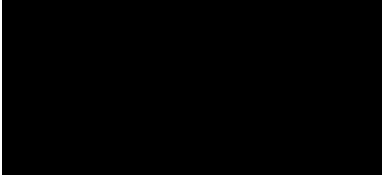
I consider our meeting on 14 October 2024 to have been effective in providing an open forum to raise these very important concerns. I wish to assure you that I am committed along with the Metro North Executive Team and CKW leadership team to support the ED leadership team, to address these concerns. As discussed, Metro North and AMAQ will meet regularly over the coming months to ensure these matters are progressing.

Additionally, I will be spending the day at Caboolture on 6 November, along with the Chief Operating Officer and Chief Finance and Corporate Officer, to meet directly with individual service line leaders to ensure open channels of discussion and opportunities for shared problem solving.

¹ 24 hours – Life in the E.R: A state-wide data linkage analysis on in-patients with prolonged emergency department length of stay in New South Wales, Australia.

While the Executive Director Karlene Willcocks, Director of Medical Services Dr Theodore Chamberlain, and Medical Director Dr Michelle Davison will be your main points of contact, I am available at any time to discuss these issues and any other matter of importance to the AMAQ and Metro North Health.

Yours sincerely



Adjunct Professor Jackie Hanson
Chief Executive
Metro North Health

31 / 10 / 2024