



FREEING UP PUBLIC HOSPITALS TO COPE WITH COVID-19

The AMA believes State and Territory Governments must utilise private hospitals for urgent and semi-urgent medical care to free up public hospital capacity for escalating COVID-19 admissions, allowing Personal Protective Equipment (PPE) resources to be directed to care of COVID-19 patients.

AMA President, Dr Tony Bartone, said today the AMA is calling for auditing of available private hospital capacity and Federal Government support for the private health sector to maintain readiness to respond to escalation of the COVID-19 crisis beyond public hospital capacity.

Dr Bartone said public hospitals were stretched before COVID-19, but the COVID-19 escalation curve suggests public hospitals will face even more pressure, particularly in Intensive Care Units.

“The private hospital sector has capacity to deliver hospital services ranging from general admissions, complex surgeries, chronic illness care, intensive care, and some emergency care,” Dr Bartone said.

“State and Territory Governments frequently contract private hospitals to provide surgery and other care when public hospital waiting lists get out of control.

“Private hospitals should be funded to take on clinically urgent and semi-urgent work. The private sector could take patients referred by public hospitals in order to focus on COVID-19,” Dr Bartone said.

The AMA has called on the Federal Government to support States and Territories in contracting private hospitals to provide surge capacity, via a nationally coordinated program.

AMA Vice President, Dr Chris Zappala, said some surgery should be suspended as a result of COVID-19, in part to preserve scarce PPE.

“For the wellbeing of patients, other surgery must proceed,” Dr Zappala said.

“A hold on surgery increases risks for some patients currently classed semi-urgent. Some patients will become urgent if COVID-19 results in lengthy surgery delays.

“A blowout in numbers of patients waiting for treatment is also inevitable the longer that surgery and other semi-urgent medical care is delayed.

“Simultaneously, private hospitals risk becoming unviable and staff stood down, putting at risk capacity to respond if COVID-19 outstrips the capacity of public hospitals.

“It makes more sense for private hospitals to continue work considered clinically appropriate and clinically urgent. Private hospitals can also take on extra non-surgical patients who require inpatient care.

“The Federal Government should fund the States and Territories to coordinate public patients to receive clinically appropriate and clinically urgent care in private hospitals.

“At the same time, all governments must solve access barriers to PPE in public hospitals, private hospitals, and primary care alike.

“Diminishing PPE is a key health workforce challenge that needs to be solved for our healthcare system to keep working. PPE supply must be at the heart of all health sector planning.

“The COVID-19 pandemic needs every health worker and every health facility to work together in a coordinated manner. Public-private divisions can no longer apply.

“Utilising private hospital capacity to free up public hospital resources recognises we are all in this together,” Dr Zappala said.

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CONTACT: John Flannery 0419 494 761