



ACT
Government

**Canberra Health
Services**

FOI19-54



Dear 

Freedom of Information Request: FOI19/54

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act) received by Canberra Health Services on 21 August and rescoped on 26 August 2019, in which you sought access to:

"Documents related to the 2019 flu season:

- 1) Briefs prepared for the current Minister for Health and the former Minister for Health and Wellbeing concerning the winter beds strategy, the 2019 flu season, Canberra and Calvary Public Hospital capacity. Emergency Department waiting times at the Canberra Hospital during 2019. These briefs include all types of brief prepared for the Minister dating from the first of January 2019 until today.*
- 2) Weekly and monthly reports related to Emergency Department performance prepared from 1 April 2019 until today.*
- 3) Documents related to the 2019 flu season, winter beds strategy, including agendas, minutes and other documents relevant to these meetings. This does not include purely administrative documents such as times and places of meeting.*
- 4) Correspondence between Canberra Health Services management related to the 2019 flu season dated from 1 April 2019 until today.*
- 5) Correspondence between Canberra Health Services and ACT Health related to the 2019 flu season dated from between 1 January 2019 and today."*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services under section 18 of the Act to deal with access applications made under Part 5 of the Act. Canberra Health Services was required to provide a decision on your access application by **15 October 2019**.

Decision on access

Searches were completed for relevant documents and 52 documents were identified that fall within the scope of your request.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The Human Rights Act 2004.

I have decided to grant access in full to 33 documents relevant to your request. These documents are at folios 1-8, 10-17, 19-21, 25, 29, 32-33, 36, 39-44, 47-48 and 50.

I have decided to grant partial access to 19 documents. These documents are at folios 9, 18, 22-24, 26-28, 30-31, 34-35, 37-38, 45-46, 49 and 51-52 containing deletions to information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act, as the information contained in these folios is personal information.

Documents 18, 22, 37, 45-46 and 51-52 contain deletions to information that is out of scope of the request and I have decided not to disclose this information.

Public Interest Factors Favouring Disclosure

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2.2 (a) (ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

The information that has been redacted from these documents contain personal information of both government and non-government employees. On balance, I determined the information identified is contrary to the public interest and I have decided not to disclose this information.

Charges

Processing charges are not applicable to this request.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au.

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning Canberra Health Service's processing of your request, or would like further information, please contact the FOI Coordinator on (02) 5124 9829 or email HealthFOI@act.gov.au.

Yours sincerely



Elizabeth Chatham
Chief Operating Officer
Canberra Health Services

15 October 2019

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	<p><i>"Documents related to the 2019 flu season:</i></p> <ol style="list-style-type: none"> <i>1) Briefs prepared for the current Minister for Health and the former Minister for Health and Wellbeing concerning the winter beds strategy, the 2019 flu season, Canberra and Calvary Public Hospital capacity. Emergency Department waiting times at the Canberra Hospital during 2019. These briefs include all types of brief prepared for the Minister dating from the first of January 2019 until today.</i> <i>2) Weekly and monthly reports related to Emergency Department performance prepared from 1 April 2019 until today.</i> <i>3) Documents related to the 2019 flu season, winter beds strategy, including agendas, minutes and other documents relevant to these meetings. This does not include purely administrative documents such as times and places of meeting.</i> <i>4) Correspondence between Canberra Health Services management related to the 2019 flu season dated from 1 April 2019 until today.</i> <i>5) Correspondence between Canberra Health Services and ACT Health related to the 2019 flu season dated from between 1 January 2019 and today."</i> 	<p>FOI19/54</p>

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1) Briefs prepared for the current Minister for Health and the former Minister for Health and Wellbeing concerning the winter beds strategy, the 2019 flu season, Canberra and Calvary Public Hospital capacity. Emergency Department waiting times at the Canberra Hospital during 2019. These briefs include all types of brief prepared for the Minister dating from the first of January 2019 until today.						
1.	1	Key Issues Brief – Influenza season in the ACT has commenced, with significant media interest	June 2019	Full release		YES
2.	2	Question Time Brief – Bed numbers and bed occupancy	July 2019	Full release		YES
3.	3 - 11	Question Time Brief – Emergency Department Demand	March, April, May, July 2019	Full release		YES
4.	12 - 13	Question Time Brief – Influenza season	May 2019	Full release		YES
5.	14 - 15	Advisory Note- Childhood influenza vaccination Program – 2018 evaluation report	August 2019	Full release		YES
6.	16 - 23	Question Time Brief – 2019 Influenza season	May, June, August 2019	Full release		YES
7.	24	Question Time Brief – Cluster of cases of influenza-like illness at the Namadgi School	May 2019	Full release		YES
8.	25 -29	Ministerial Brief - Influenza Vaccination Program 2019	May 2019	Full release		YES

9.	30 - 32	Email – FW: VERY URGENT MIN19/699 – Flu vaccination shortage	June 2019	Partial release	Schedule 2.2 (a) (ii)	YES
10.	33 - 34	Brief- Canberra Hospital at capacity	August 2019	Full release		YES
11.	35 - 41	CHS 2019 Winter Management Plan		Full release		YES
12.	42 - 54	Question Time Brief – Intensive Care Bed Capacity	May 2019	Full release		YES
<i>2) Weekly and monthly reports related to Emergency Department performance prepared from 1 April 2019 until today.</i>						
13.	55 - 60	Advisory Note- Canberra Hospital Emergency Department (ED) Weekly Report- week ending 31 March 2019	March 2019	Full release		YES
14.	61 - 66	Advisory Note- Canberra Hospital Emergency Department (ED) Weekly Report- week ending 4 April 2019	April 2019	Full release		YES
15.	67 - 72	Advisory Note- Canberra Hospital Emergency Department (ED) Weekly Report- week ending 14 April 2019	April 2019	Full release		YES
16.	73 - 76	Reports	April- July 2019	Full release		YES
<i>3) Documents related to the 2019 flu season, winter beds strategy, including agendas, minutes and other documents relevant to these meetings. This does not include purely administrative documents such as times and places of meeting.</i>						
17.	77 – 93	Email and attachment– Winter bed strategy	9 April 2019	Full release		YES
18.	94 - 98	Health Services Executive Committee – agenda and minute	16 April 2019	Partial release	Out of scope Schedule 2.2 (a) (ii)	YES

19.	99 - 105	COR19/9464 – Pathology Winter Strategy	23 April 2019	Full release		YES
20.	106 - 114	Email and attachment – Winter Management plan	22 May 2019	Full release		YES
21.	115 - 134	Minute and attachment – Approval of ACT Health Sector 2019 Winter Action	24 May 2019	Full release		YES
22.	135 - 138	Health Services Executive Committee – agenda and minute	28 May 2019	Partial release	Out of scope Schedule 2.2 (a) (ii)	YES
23.	139 - 156	Email and attachment – HSEC Out of session - Winter Management plan	2 June 2019	Partial release	Schedule 2.2 (a) (ii)	YES
24.	157 - 169	Email and attachment – HSEC Out of session - Winter Management plan – CEO	4 June 2019	Partial release	Schedule 2.2 (a) (ii)	YES
25.	170 - 171	Email and attachment – CHS Winter Strategy Plan on a page	15 July 2019	Full release		YES
26.	172 - 174	Email and attachment – Staff Influenza Vaccinations as at 9 th May 2019	10 May 2019	Partial release	Schedule 2.2 (a) (ii)	YES
27.	175 – 177	Email and attachment – Staff Influenza Vaccinations Dispensed as at 16 th May 2019	17 May 2019	Partial release	Schedule 2.2 (a) (ii)	YES
28.	178 – 180	Email and attachment – Staff Influenza Vaccinations Dispensed as at 23 th May 2019	24 May 2019	Partial release	Schedule 2.2 (a) (ii)	YES
29.	181 - 182	Email and attachment – Staff Influenza Vaccinations Dispensed as at 13 th June 2019	14 June 2019	Full release		YES

30.	183 - 185	Email and attachment – Staff Influenza Vaccinations Dispensed as at 21st June 2019	21 June 2019	Partial release	Schedule 2.2 (a) (ii)	YES
31.	186 – 210	Email and attachments – Minutes for meetings with HPS Feb-Aug 2019	6 September 2019	Partial release	Schedule 2.2 (a) (ii)	YES
<i>4) Correspondence between Canberra Health Services management related to the 2019 flu season dated from 1 April 2019 until today.</i>						
32.	211 - 212	Email – All staff email – staff flu vaccination available from 1 April 2019	29 March 2019	Full release		YES
33.	213 – 214	Email – All staff email – Get your flu shot before winter starts	5 April 2019	Full release		YES
34.	215 - 216	Email and attachment – ACT Pathology Respiratory Pathogens	10 April 2019	Partial release	Schedule 2.2 (a) (ii)	YES
35.	217 - 219	Email and attachment – Respiratory Pathogens	21 April 2019	Partial release	Schedule 2.2 (a) (ii)	YES
36.	220 - 222	Email and attachment – ACT Pathology Respiratory Pathogens	7 May 2019	Full release		YES
37.	223 - 224	Email – Winter Plan for Influenza Season	8 May 2019	Partial release	Out of scope	YES
38.	225 - 227	Email and attachments – HSEC Out of Session – Influenza vaccinations – For noting only	16 May 2019	Partial release	Schedule 2.2 (a) (ii)	YES
39.	228	Email – All staff email – A reminder about the staff flu vaccination clinics	17 May 2019	Full release		YES

40.	229 - 238	Email and attachment – Respiratory Pathogens	24 May 2019	Full release		YES
41.	239	Email – A message from the CEO – thank you	5 June 2019	Full release		YES
42.	240 – 241	Email – ALL STAFF: Ward moves, new All Care Discharge Lounge and Winter Wards	2 July 2019	Full release		YES
43.	242 – 243	Email – A message from the CEO – wrap up 5 July	5 July 2019	Full release		YES
44.	244 - 246	Email – A message from the CEO – wrap up 12 July	12 July 2019	Full release		YES
45.	247	Email – winter strategy for 2020	13 August 2019	Partial release	Schedule 2.2 (a) (ii) Out of scope	YES
46.	248 - 250	Email – pathology services	14 August 2019	Partial release	Schedule 2.2 (a) (ii) Out of scope	YES
47.	251 - 253	Email – A message from the CEO – Wrap Up 16 August	16 August 2019	Full release		YES
48.	254 - 258	Social Media Communications	Undated	Full release		YES
49.	259 - 265	Email and attachment – Respiratory Pathogens ACT Pathology	17 August 2019	Partial release	Schedule 2.2 (a) (ii)	YES
5) <i>Correspondence between Canberra Health Services and ACT Health related to the 2019 flu season dated from between 1 January 2019 and today.</i>						

50.	266 - 267	Email – Over 65's Flu vaccinations by Walk in Centres	15 March 2019	Full release		YES
51.	268 - 272	Email – Walk in Centre Flu Vax – MSO – URGENT	1 April 2019	Partial release	Schedule 2.2 (a) (ii) Out of scope	YES
52.	273 - 275	Email – Flu under 5 social media	9 September 2019	Partial release	Schedule 2.2 (a) (ii) Out of scope	YES
Total No of Docs						
52						

Influenza

<p>Portfolio and function ACT Health Directorate, Public Health, Protection and Regulation</p>
<p>Issue Influenza season in the ACT has commenced, with significant media interest.</p>
<p>Current status The annual influenza season has commenced in the ACT with the number of reported cases continuing to increase since early May 2019. This is the earliest start to an influenza season in the last 10 years. This is consistent with trends observed nationally. Due to the earlier start to the season and increased inter-seasonal activity in January and February 2019, the number of influenza cases reported so far this year is much higher compared to previous years. It is difficult to predict how the season will continue to progress. Many factors can affect the magnitude and severity of the influenza season, including the types of influenza viruses that are circulating, how well they match the vaccine, and immunisation coverage. Influenza vaccine is funded under the National Immunisation Program to people aged 65 and older, pregnant women, Aboriginal and Torres Strait Islander people and people with certain chronic medical conditions. Since 2018 the ACT Government has funded influenza vaccine for infants aged 6 months to under 5 years. A pilot program of administering National Immunisation Program influenza vaccine to persons 65 years and over through some pharmacies has commenced in 2019. There are no current issues with government funded influenza vaccine supply in the ACT. However, due to the high demand of the influenza vaccine across Canberra, the Health Protection Service is closely managing influenza vaccine stock. Winter Season bed management strategies are in place for all public hospitals to proactively manage higher ED presentations and related pressure on inpatient beds. Weekly teleconferences monitoring health sector capacity and response will continue as necessary.</p>
<p>Critical dates and reasons N/A</p>
<p>Financial considerations N/A</p>
<p>Recommended approach and timing The ACT Health Directorate will continue to monitor reported cases of influenza and publish weekly influenza reports on the ACT Health website until the end of the season.</p>

Cleared as complete and accurate:	Dave Peffer	
Cleared by:	Executive Group Manager	Ext: 49442
Contact Officer name:	Conrad Barr	Ext: 49262
Lead Directorate:	Health	
Cleared for release	Yes	
TRIM Ref:	GBC19/347	

QUESTION TIME BRIEF

GBC19/388

Portfolio: Health

ISSUE: **BED NUMBERS AND BED OCCUPANCY**

Talking Points

- Bed occupancy is a measure of the efficient use of resources available for hospital services.
- Bed occupancy figures fluctuate hourly, daily and monthly, and also vary substantially with the level of demand experienced across each hospital campus.
- For the 2018-19 financial year, the estimated average available overnight bed occupancy rate was:
 - Canberra Hospital – 93 per cent based on an average overnight bed availability of 649 beds;
 - University of Canberra Hospital – 86 per cent based on an average overnight bed availability of 84 beds; and
 - Calvary Public Hospital Bruce – 90 per cent based on an average overnight bed availability of 196 beds.
- The estimated overall average available overnight bed occupancy rate was 91 per cent. The optimal bed occupancy rate for the efficient use of hospital resources is 90 per cent.
- For the January to March 2019 quarter, the average length of stay for overnight patients at ACT public hospitals was 5.6 days. This was an increase of 2 per cent on the October to December 2018 quarter.
- For the January to March 2019 quarter, ACT public hospitals had 53,417 acute overnight bed days. This was a decrease of 3 per cent on the October to December 2018 quarter.

Cleared as complete and accurate:	17/07/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	A/g Sandra Cook	Ext: 49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/388	

QUESTION TIME BRIEF

GBC19/92

Portfolio: Health and Wellbeing

ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- Emergency Department (ED) presentations across the system increased from 143,860 in 2016-17 to 147,778 in 2017-18, representing a 3 per cent increase.
- ACT Health is focused on delivering emergency services within clinically recommended timeframes.
- ACT EDs achieved the 'seen on time' target for category one and five patients during 2017-18.
- This target was not achieved in 2017-18 for categories two to four. Operational areas advise that this is due to the unprecedented winter season demand, and more clinically urgent and complex patient presentations.
- There were 36,840 ED presentations in the first quarter of 2018-19 and 37,071 in the second quarter.
- The second quarter of 2018-19 is showing some improvements in timeliness.
 - 36 per cent of emergency triage category three patients were seen on time, up from 33 per cent the previous quarter; and
 - 51 per cent of emergency triage category four patients were seen on time, up from 47 per cent the previous quarter.

Key Information

- The 2018-19 budget provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

QUESTION TIME BRIEF

- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the ED and the alternative services available to the community.
- This will assist to improve access to emergency services and care, reduce the waiting times experienced by patients, and optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate:	12/03/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/92	

QUESTION TIME BRIEF

GBC19/142

Portfolio: Health and Wellbeing

ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- Emergency Department (ED) presentations across the system increased from 143,860 in 2016-17 to 147,778 in 2017-18, representing a 3 per cent increase.
- ACT Health is focused on delivering emergency services within clinically recommended timeframes.
- ACT EDs achieved the 'seen on time' target for category one and five patients during 2017-18.
- This target was not achieved in 2017-18 for categories two to four. Operational areas advise that this is due to the unprecedented winter season demand, and more clinically urgent and complex patient presentations.
- There were 36,840 ED presentations in the first quarter of 2018-19 and 37,071 in the second quarter.
- The second quarter of 2018-19 is showing some improvements in timeliness.
 - Median wait times have remained stable or improved.
 - 36 per cent of emergency triage category three patients were seen on time, up from 33 per cent the previous quarter; and
 - 51 per cent of emergency triage category four patients were seen on time, up from 47 per cent the previous quarter.

Cleared as complete and accurate:	01/04/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/142	

Key Information

- The 2018-19 budget provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.
- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the ED and the alternative services available to the community.
- This will assist to improve access to emergency services and care, reduce the waiting times experienced by patients, and optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate:	01/04/2019	
Cleared by:	Deputy Director-General	Ext: 49799
Contact Officer name:	Emily Harper	Ext: 49541
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Karen Doran	
TRIM Ref:	GBC19/142	

QUESTION TIME BRIEF

GBC19/259

Portfolio: Health and Wellbeing

ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- Emergency Department (ED) presentations across the system increased from 143,860 in 2016-17 to 147,778 in 2017-18, representing a three per cent increase.
- ACT Health is focused on delivering emergency services within clinically recommended timeframes.
- ACT EDs achieved the 'seen on time' target for category one and five patients during 2017-18.
- This target was not achieved in 2017-18 for categories two to four. Operational areas advise that this was due to the unprecedented winter season demand, and more clinically urgent and complex patient presentations.
- There were 37,107 ED presentations in the third quarter of 2018-19 and 37,065 in the second quarter.
- The third quarter of 2018-19 is showing some reduction in timeliness.
 - Median wait times for quarter three have increased slightly.
 - 30 per cent of emergency triage category three patients were seen on time, down from 36 per cent the previous quarter; and
 - 46 per cent of emergency triage category four patients were seen on time, down from 51 per cent the previous quarter.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Peter O'Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/259	

Key Information

- The 2018-19 budget provided funding for a number of full time equivalent frontline staff, including additional nursing staff, allied health professionals and medical officers.
- Several strategies to assist in managing the increase in demand have been implemented, including dedicated winter plans which incorporate additional beds and staffing, daily operational strategies to improve patient flow and discharge, and public education to inform the community about appropriate use of the ED and the alternative services available to the community.
- This will assist to improve access to emergency services and care, reduce the waiting times experienced by patients, and optimise the seamless transfer of patients to the most appropriate clinical environment. This will result in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate:	31/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Peter O'Halloran	Ext: 49000
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Emily Harper	Ext: 49541
TRIM Ref:	GBC19/259	

QUESTION TIME BRIEF

GBC19/388

Portfolio: Health

ISSUE: EMERGENCY DEPARTMENT DEMAND

Talking points:

- The number of Emergency Department presentations across the system continues to grow.
- Growth in Emergency Department presentations was three per cent from 2016-17 to 2017-18.
- The Canberra Hospital treated 88,660 Emergency Department presentations in 2017-18, making it one of the busiest Emergency Departments in Australia.
- That fact is indicative of the enormous job the Canberra Hospital performs for Canberrans and our regional neighbours.
- ACT Health Directorate is focused on delivering emergency services within clinically recommended timeframes.
- Total Emergency Department presentations for 2017-18 across the ACT were 147,778.
- For the 2018-19 year to 30 March 2019 there have been around 111,023 Emergency Department presentations across the ACT.
- Based on the 2018-19 estimated outcomes, ACT Emergency Departments have achieved the 'seen on time' target for the most urgent patients needing care ("category one" patients).
- It is also estimated that the target for the least urgent patients ("category five") have been achieved.
- ACT Emergency Departments continue to work on improving results for the other categories of urgency (categories two, three and four).

Cleared as complete and accurate:	11/07/2019	
Cleared by:	Executive Branch Manager	
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jacob Fell	Ext: 49349
TRIM Ref:	GBC19/388	

QUESTION TIME BRIEF

- Challenges include that patients in these categories are reportedly presenting with increasingly complex conditions and complicating factors (“co-morbidities”). This can add to the length of treatment times.
- The Government is investing in additional staffing and infrastructure at both Canberra Hospital and Calvary Public Hospital Bruce to increase Emergency Department capacity in the Territory.

Key Information

- Total Emergency Department (ED) presentations were 143,860 in 2016-17 and 147,778 in 2017-18.
- There were 37,107 ED presentations in the third quarter of 2018-19 and 37,065 in the second quarter.
- The third quarter of 2018-19 has shown some reduction in timeliness:
 - Median wait times for quarter three have increased slightly;
 - 30 per cent of emergency triage category three patients were seen on time, down from 36 per cent the previous quarter; and
 - 46 per cent of emergency triage category four patients were seen on time, down from 51 per cent the previous quarter.
- The 2019-20 Budget builds on previous initiatives to improve access to emergency services and care.
- An additional two senior staff specialists will be recruited within the Canberra Hospital ED, responding to increasing demand. This builds on the increase to ED staff delivered through the 2018-19 Budget, which has grown frontline resourcing by 14 staff.
- The ACT Government will improve timeliness of treatment in ED services by adding 12 medical beds at Canberra Hospital in 2019-20 to meet demand for acute inpatient services. The new beds will be added in medicine, surgery, and aged care, freeing up places for admissions from the ED. This builds on the additional 68 beds to be added this year as a result of the Government's investments through the 2018-19 Budget.
- More staff will be added to Calvary Public Hospital's ED, following the completion of ED expansion works delivered through the 2018-19 Budget. This investment will enhance access to care for people on Canberra's Northside and continue to address waiting times Territory-wide.

Cleared as complete and accurate:	11/07/2019	
Cleared by:	Executive Branch Manager	
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jacob Fell	Ext: 49349
TRIM Ref:	GBC19/388	

QUESTION TIME BRIEF

- ACT Health Directorate will continue to develop and implement strategies and solutions to improve timely care of patients across the health system. A considerable amount of work is underway to reduce demand, divert patients to the most appropriate service, maximise capacity and improve patient flow processes.
- Included in these strategies are dedicated winter plans which incorporate additional beds and staffing and daily operational strategies to improve patient flow and discharge
- This will assist to improve access to emergency services and care, reduce the waiting times experienced by patients, and optimise the seamless transfer of patients to the most appropriate clinical environment resulting in better health outcomes and experiences for patients in the ACT and surrounding NSW region.

Cleared as complete and accurate:	11/07/2019	
Cleared by:	Executive Branch Manager	
Contact Officer name:	Margaret Stewart	Ext: 49420
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jacob Fell	Ext: 49349
TRIM Ref:	GBC19/388	

QUESTION TIME BRIEF

GBC19/224

Portfolio/s: Health & Wellbeing

ISSUE: INFLUENZA SEASON
Talking points:

- Over the first few months of 2019, and compared to 2018, there has been higher inter-seasonal influenza activity observed in the ACT and other jurisdictions.
- Between 1 January and 9 May 2019, there have been 290 cases of influenza reported to the ACT Health Directorate, compared to 122 cases reported during the same time period in 2018.
- Although flu numbers in the ACT have been above what is usually seen during summer and early autumn, overall numbers have been below what is observed during a usual influenza season.
- The ACT Health Directorate will continue to closely monitor influenza activity in the ACT as we move into the expected influenza season for 2019.
- It is difficult to predict what the 2019 influenza season will be in terms of incidence and severity. Many factors can affect the magnitude and severity of the flu season, including the types of influenza virus that are circulating, how well they match the vaccine, and immunisation coverage.
- The ACT Health Directorate facilitates annual winter planning to document current winter preparedness activities across key agencies. This final document is called the ACT Health Sector Winter Action Plan.
- The Health Sector Emergency Management Committee (HSEMC) undertakes this activity, is chaired by the Chief Health Officer, and includes membership from Canberra Health Services, Calvary Public and Private Hospitals, Capital Health Network and other stakeholders.

Cleared as complete and accurate:	13/05/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Conrad Barr	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/224	

QUESTION TIME BRIEF

- In preparation for the 2019 influenza season, Canberra Health Services and Calvary Public Hospital are in the process of reviewing and endorsing their internal winter management plans. This includes, but not limited to, addressing access demand, bed capacity, workforce management, communications and clinical processes.
- The ACT Health Directorate encourages the ACT community to talk to their GP or pharmacist about influenza immunisation. Now is the time to get vaccinated so you are protected before the 2019 influenza season starts.
- The Immunisation Section at the Health Protection Service (HPS) has delivered 62,833 doses of influenza vaccine to immunisation providers between 1 April and 7 May 2019. This is slightly higher than the record 62,324 that were distributed in the same period in 2018.
- In 2019 a pilot program of administering National Immunisation Program influenza vaccine to persons 65 years and over through pharmacies is being conducted. Forty five pharmacies have elected to be a part of the program. An evaluation of this pilot will be conducted in late 2019.
- In 2018, the ACT Government funded flu vaccines for all children under five years of age. In 2018 43.4 per cent of children in this age range in the ACT received at least one dose of the influenza vaccine. This was a substantial increase from 2017 where only five per cent of children in the ACT had received the vaccine. The Childhood Influenza Vaccination Program is continuing in 2019.
- Influenza is highly contagious, so individuals that are unwell should try to avoid spreading the infection to others. If you are unwell you can do this by seeking medical care and taking necessary precautions such as hand and cough hygiene and absenting yourself from public places such as school or work.
- Influenza is generally self-limiting and symptoms will resolve on their own with rest. If concerned, individuals can seek medical advice from their GP, ACT Health Walk-in-Centres or healthdirect Australia on 1800 022 222.

Cleared as complete and accurate:	13/05/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Conrad Barr	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/224	



ADVISORY NOTE

Minister for Health

TRIM Ref: MIN19/708	Childhood Influenza Vaccination Program – 2018 evaluation report
Critical Date	Not applicable
Director-General	Michael De'Ath /...../.....

Minister's question:

Please provide further advice regarding whether there has been increased engagement with Winnunga this year and whether any specific materials have been developed for Culturally and linguistically Diverse (CALD) consumers/outreach to communities.

ACT Health's response:

A representative of Winnunga is a member of the Immunisation Operational Committee (IOC). The IOC is a collaborative forum which provides advice on and assists with the promotion and support of specific operational strategies that will maintain or improve immunisation services in the ACT community. Aboriginal and Torres Strait Islander immunisation is a standing agenda item at the IOC meetings.

The Health Protection Service works closely with Winnunga on the follow up of children who are overdue for any vaccinations including influenza. This collaboration, and close links with other providers, has assisted in the increase of immunisation rates for Aboriginal and Torres Strait Islander children over recent years.

In late May 2019, a report was requested from the Australian Immunisation Register on Aboriginal and Torres Strait Islander children in the ACT who had not received an influenza vaccine this year. On 30 May 2019, a letter was sent to the parents of all these children with information highlighting the importance of the vaccine.

UNCLASSIFIED

The ACT has not developed any specific immunisation resource materials for culturally and linguistically diverse communities. The ACT immunisation webpage has links to the Victorian Government immunisation website which has information that has been translated into other languages.

Noted / Please Discuss



Rachel Stephen-Smith MLA
Minister for Health

Given there was a specific rec. on expanding program-specific materials for CALD communities, grateful if this can be achieved for 2020. May be worth discussing with Child + Family Centres, as they seem to have good reach

28/7/19

Signatory Name: Conrad Barr, Executive Branch
Manager, Health Protection
Service

Phone: 51249262

with CALD communities.

Thank you.

QUESTION TIME BRIEF

GBC19/259

Portfolio: Health & Wellbeing

ISSUE: 2019 INFLUENZA SEASON

Talking points:

Current influenza season

- In 2019 so far, there has been a higher number of influenza cases reported both nationally and in the ACT compared to the same time period in previous years.
- Between 1 January and 19 May 2019, there have been 363 notifications of influenza reported to ACT Health. In comparison, there were 129 notifications of influenza reported to ACT Health during the same time period in 2018.
- Influenza notifications have increased each week since early May 2019, indicating the influenza season has begun in the ACT. This is the earliest start to an influenza season compared to the previous ten years.
- Between 1 April and 22 May 2019, there have been 21 people hospitalised in ACT public hospitals with laboratory-confirmed influenza.
- As at 22 May 2019, ACT Health has received reports of less than 5 influenza-associated deaths in 2019. This is consistent with the number of deaths reported for the same time period in 2017 and 2018.
- Between 1 January and 22 May 2019, there has been one outbreak of laboratory-confirmed influenza reported in an Aged Care Facility in the ACT. There were no deaths associated with this outbreak.
- It is difficult to predict how the 2019 influenza season will progress in terms of incidence and severity. Many factors can affect the magnitude and severity of the flu season, including the types of influenza viruses that are circulating, how well they match the vaccine, and immunisation coverage.

Cleared as complete and accurate:	13/05/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Conrad Barr	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/259	

Namadgi School

- The week commencing 13 May 2019, the ACT Health Directorate worked closely with Namadgi School in Canberra and the Education Directorate to investigate some cases of influenza-like illness in this school community.
- The investigation points to multiple respiratory viruses circulating at Namadgi School, including influenza.
- The school has been given information on infection control to prevent further cases. Letters have been sent to the whole school community advising them to stay away from school if unwell and providing guidance on measures to reduce the spread of respiratory viruses.
- The ACT Health Directorate will continue to closely monitor the situation at Namadgi and influenza activity in the broader community as we move into the influenza season for 2019.

Influenza season preparedness

- The ACT Health Directorate facilitates annual winter planning to document current winter preparedness activities across key agencies. This final document is called the ACT Health Sector Winter Action Plan.
- The Health Sector Emergency Management Committee (HSEMC) undertakes this activity, is chaired by the Chief Health Officer, and includes membership from Canberra Health Services, Calvary Public and Private Hospitals, Capital Health Network and other stakeholders.
- In preparation for the 2019 influenza season, Canberra Health Services and Calvary Public Hospital are in the process of reviewing and endorsing their internal winter management plans called the Canberra Health Services Winter Management Plan 2019 and Winter Demand Management Plan 2019 (Calvary). This includes, but not limited to, addressing access demand, bed capacity, workforce management, communications and clinical processes.
- The ACT Health Directorate has undertaken a number of preparedness activities leading up to the flu season. These activities include:

Cleared as complete and accurate:	13/05/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Conrad Barr	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/259	

QUESTION TIME BRIEF

- Providing education sessions on influenza and influenza vaccines for GPs, nurses, pharmacists, and aged care facility healthcare workers.
- Distributing a suite of promotional materials to healthcare workers and the community about preventing influenza, influenza vaccination and winter wellbeing, generally.
- Distributing government funded influenza vaccine to immunisation providers.
- Providing free access to the influenza vaccine through ACT Health Early Childhood Immunisation Centres and Antenatal Units.
- ACT Government funding of ACT Early Childhood Influenza Vaccination Program for children aged 6 months to under five years.
- Expanding the influenza immunisation program to additional primary care providers in the community. As part of this, 45 ACT pharmacies will be delivering Commonwealth-funded influenza vaccine to people 65 years and older. Information about participating pharmacies is on the ACT Health website.

Immunisation Program

- The ACT Health Directorate encourages the ACT community to talk to their GP or pharmacist about influenza immunisation. Now is the time to get vaccinated so you are protected before the 2019 influenza peak season starts.
- The Immunisation Section at the Health Protection Service (HPS) has delivered 93,581 doses of influenza vaccine to immunisation providers between 1 April and 31 May 2019. This is higher than the 82,038 that were distributed in the same period in 2018.
- In 2018, the ACT Government funded flu vaccines for all children from six months to under five years of age. In 2018, 43.4 per cent of children in this age range in the ACT received at least one dose of the influenza vaccine; this was the highest coverage for this age group in the country. The Childhood Influenza Vaccination Program is continuing in 2019.

Cleared as complete and accurate:	13/05/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Conrad Barr	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/259	

QUESTION TIME BRIEF

- There are no current issues with government funded influenza vaccine supply in the ACT. However, due to the high demand of the influenza vaccine for persons aged 65 years across GPs and 45 pharmacies, HPS is closely managing stock of this vaccine, including undertaking regular inventories and distributing stock to meet the needs across the immunisation sector.

Cleared as complete and accurate:	13/05/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Conrad Barr	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/259	

GBC19/310

Portfolio: Health & Wellbeing**ISSUE: 2019 INFLUENZA SEASON****Talking points:****Current influenza season**

- In 2019 so far, there has been a higher number of influenza cases reported both nationally and in the ACT compared to the same time period in previous years.
- Between 1 January and 9 June 2019, there have been 738 notifications of influenza reported to ACT Health. In comparison, there were 137 notifications of influenza reported to ACT Health during the same time period in 2018.
- Influenza notifications have been increasing since early May 2019, indicating the influenza season has begun in the ACT. This is the earliest start to an influenza season compared to the previous ten years.
- Between 1 April and 6 June 2019, there have been 60 influenza-related hospitalisations in ACT public hospitals.
- As at 9 June 2019, ACT Health has received reports of less than 5 influenza-associated deaths in 2019. This is consistent with the number of deaths reported for the same time period in 2017 and 2018.
- Between 1 January and 9 June May 2019, there have been two outbreaks of laboratory-confirmed influenza reported in Aged Care Facilities in the ACT. There were no deaths associated with these outbreaks.
- It is difficult to predict how the 2019 influenza season will continue to progress in terms of incidence and severity. Many factors can affect the magnitude and severity of the flu season, including the types of influenza viruses that are circulating, how well they match the vaccine, and immunisation coverage.

Cleared as complete and accurate:	17/06/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Dr Kerry Coleman	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/310	

Influenza season preparedness

- The ACT Health Directorate facilitates annual winter planning to document current winter preparedness activities across key agencies. This final document is called the ACT Health Sector Winter Action Plan.
- The Health Sector Emergency Management Committee undertakes this activity, is chaired by the Chief Health Officer, and includes membership from Canberra Health Services, Calvary Public and Private Hospitals, Capital Health Network and other stakeholders.
- In preparation for the 2019 influenza season, Canberra Health Services and Calvary Public Hospital are in the process of reviewing and endorsing their internal winter management plans called the Canberra Health Services Winter Management Plan 2019 and Winter Demand Management Plan 2019 (Calvary). This includes, but not limited to, addressing access demand, bed capacity, workforce management, communications and clinical processes.
- The ACT Health Directorate has undertaken a number of preparedness activities leading up to the flu season. These activities include:
 - Providing education sessions on influenza and influenza vaccines for GPs, nurses, pharmacists, and aged care facility healthcare workers.
 - Distributing a suite of promotional materials to healthcare workers and the community about preventing influenza, influenza vaccination and winter wellbeing, generally.
 - Distributing government funded influenza vaccine to immunisation providers.
 - Providing free access to the influenza vaccine through ACT Health Early Childhood Immunisation Centres and Antenatal Units.
 - ACT Government funding of ACT Early Childhood Influenza Vaccination Program for children aged 6 months to under five years.
 - Expanding the influenza immunisation program to additional primary care providers in the community. As part of this, 45 ACT pharmacies will be delivering Commonwealth-funded influenza vaccine to people 65 years and older. Information about participating pharmacies is on the ACT Health website.

Cleared as complete and accurate:	17/06/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Dr Kerry Coleman	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/310	

Immunisation Program

- The ACT Health Directorate encourages the ACT community to talk to their GP or pharmacist about influenza immunisation. Now is the time to get vaccinated so you are protected before the 2019 influenza peak season starts.
- The Immunisation Section at the Health Protection Service has delivered 103,033 doses of influenza vaccine to immunisation providers between 1 April and 14 June 2019. This is higher than the 89,341 that were distributed in the same period in 2018.
- In 2018, the ACT Government funded flu vaccines for all children from six months to under five years of age. In 2018, 43.4 per cent of children in this age range in the ACT received at least one dose of the influenza vaccine; this was the highest coverage for this age group in the country. The Childhood Influenza Vaccination Program is continuing in 2019.
- There are no current issues with government funded influenza vaccine supply in the ACT. However, due to the high demand of the influenza vaccine for persons aged 65 years across GPs and 45 pharmacies, Health Protection Service is closely managing stock of this vaccine, including undertaking regular inventories and distributing stock to meet the needs across the immunisation sector. Stocks of the vaccine for persons 65 and over may run out at GPs and participating pilot pharmacies between deliveries from the Vaccine Management Unit. People are advised to ring ahead to ensure the practice or pharmacy has the vaccine.
- Private influenza vaccine stocks for non high-risk groups is running low at some GPs and pharmacies. People should ring ahead to check availability.

Cleared as complete and accurate:	17/06/2019	
Cleared by:	Deputy Director-General	Ext:
Contact Officer name:	Dr Kerry Coleman	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/310	

GBC19/388

Portfolio: Health**ISSUE: 2019 INFLUENZA SEASON****Talking points:****Current influenza season**

- The influenza season is ongoing in the ACT, with the number of cases increasing since early May 2019.
- Current influenza activity in the community remains high, and despite a small decrease in mid/late July, has increased again in early August. It is too early to predict if notification numbers will continue to rise in the coming weeks.
- Acknowledging the early start to the 2019 season, the current level of activity, while high, is not unusual when compared to previous influenza seasons.
- As at 4 August 2019, ACT Health Directorate has received reports of five influenza-associated deaths in 2019; they have all been in people with risk factors for flu-related complications. There have not been any deaths in children.

Immunisation Program

- The ACT Health Directorate encourages the ACT community to talk to their GP, pharmacist or other immunisation provider about influenza immunisation. It is never too late to vaccinate since influenza can circulate all year round.
- There has been a record number of influenza vaccines distributed to immunisation providers from ACT Health this year. Demand for influenza vaccine has dropped significantly over the past month; this is expected and occurs each year, several months into the influenza season.

Cleared as complete and accurate:	08/08/2019	
Cleared by:	Deputy Director-General	Ext: 49180
Contact Officer name:	Dr Kerry Coleman	Ext: 50883
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Conrad Barr	
TRIM Ref:	GBC19/388	

GBC19/224

Portfolio/s: Health & Wellbeing**ISSUE:** Cluster of cases of influenza-like illness at the Namadgi School**Talking points:**

- The ACT Health Protection Service is working closely with a school in Canberra and the Education Directorate to investigate some cases of influenza-like illness in this school community.
- At this stage, a number of students and staff at this school are reportedly unwell with influenza-like symptoms, although there are not yet any confirmed cases. The Health Directorate is currently awaiting test results from several cases.
- The Health Directorate is working closely with the school to manage the situation.
- The school has been given information on infection control to prevent further cases and letters have been sent home to parents advising them to keep children home from school if they are unwell.
- This is a timely reminder that everyone aged over 6 months should get a flu vaccine – it the best protection against influenza.
- Children are more likely to contract the flu, spread it around, and are at a higher risk of serious complications if they get sick.
- The flu is also highly contagious and is spread easily through childcare centre and schools.
- The flu vaccine is provided for free by the ACT Government for children aged 6 months to under 5 years in the ACT.
- As a community we must not become complacent with flu vaccination if we want to avoid the horror flu season of 2017. This is important for everyone over the age of six months.

Cleared as complete and accurate:	16/05/2019	
Cleared by:	Executive Branch Manager	Ext:
Contact Officer name:	Vanessa Johnston	Ext:
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Vanessa Johnston	
TRIM Ref:	GBC19/224	



MINISTERIAL BRIEF

ACT Health Directorate

UNCLASSIFIED

To: Minister for Health and Wellbeing

Tracking No.: MIN19/532

From: Leonie McGregor, Deputy Director-General, HSPR

Subject: Influenza Vaccination Program 2019

Critical Date: 3 May 2019

Critical Reason: Media campaign commencing by 3 May 2019 includes media event with Minister's vaccination, radio advertising, and social media posts

- DDG 26/4/19

Purpose

To inform you of the implementation and changes to the influenza vaccination program in 2019.

Recommendation

That you note the information contained in this brief and the 2019 Winter Wellbeing and Influenza Communication Strategy included at Attachment A.

Noted / Please Discuss

Meegan Fitzharris MLA

15.5.2019

Minister's Office Feedback

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Background

1. Influenza is a highly contagious respiratory illness. Cases of influenza are common throughout the year, but the number of cases increases significantly during the winter months. Seasonal winter epidemics of influenza can cause an increase in illness and deaths, placing an increased burden on health services, particularly Emergency Departments.
2. In 2019 the Australian Government, under the National Immunisation Program (NIP), is providing funded influenza vaccine to the following groups:
 - people aged six months and over with certain underlying medical conditions that can lead to serious complications from influenza;
 - people aged 65 years and over;
 - Aboriginal and Torres Strait Islander peoples aged over 6 months; and
 - pregnant women.

In 2019, for the second year, the ACT Government is providing a free influenza vaccine for children aged six months to under five years.

3. General Practitioners (GPs) have traditionally been the main administrators of funded influenza vaccine in the ACT. In 2018 this was expanded to include the Canberra Health Service's Early Childhood Immunisation Centres (ECICs) who administered a proportion of influenza vaccines to children 6 months to five years of age. In 2019, NIP funded influenza vaccine for people aged 65 years and over will be available at Walk-in Centres (WiCs) and some pharmacies as a pilot program. The aim of the program is to increase accessibility and opportunity for vaccination for this age group.

Issues**Pharmacies**

4. In November 2018 you indicated that you would like to give pharmacies access to NIP funded influenza vaccines. In February 2019 the Health Protection Service (HPS) initiated discussions with the Pharmacy Guild of Australia (PGA) regarding the supply of NIP funded influenza vaccine for persons aged 65 years and over to community pharmacies. A pilot program has been developed with the Pharmaceutical Society of Australia (PSA) and PGA with 45 pharmacies expressing interest in participating. While the vaccine is provided free to the pharmacies, it is expected that they will charge patients a fee for administration of the vaccine.
5. A working group of stakeholders has been established to ensure effective engagement during the program roll out, provide necessary advice and monitor and evaluate the pilot program.
6. The HPS Vaccine Management Unit (VMU) is responsible for ordering, distribution, and monitoring of all government funded vaccine stocks. The addition of 45 pharmacies increases the workload of this unit by approximately 30 per cent. Plans to mitigate the risk of delayed or disrupted routine vaccine deliveries to GPs and ECICs during this time have been developed. The operational and financial impact of the additional workload and deliveries will be assessed as part of the pilot program evaluation.

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7. The VMU will also monitor availability of influenza vaccine stock across all sites and redistribute stock as needed to maintain supply.

Walk-in Centres

8. The WiCs will be providing funded influenza vaccine to people aged 65 years and over opportunistically. This aligns with the core business of the WiC, including a role they play in supporting the health care sector and the primacy of the GP relationship in managing an individual's overall health.
9. For these reasons and to minimize the impact on overall wait times the availability of the vaccine will not be widely advertised. Plans for future years will be informed by the evaluation.

Commencement of funded influenza vaccination

10. Distribution of funded influenza vaccines to immunisation providers commenced on the 8 April. The timing of vaccine deliveries was dependent on receiving adequate supplies from the pharmaceutical companies. All ACT immunisation providers have received initial stocks of influenza vaccine.
11. Influenza vaccination for children six months to under 5 years at ECICs will officially commence on 1 May 2019. However, opportunistic vaccinations have been administered since vaccines were delivered.

Changes to the NIP influenza vaccination program

12. From 2019 all Aboriginal and Torres Strait Islander people from six months of age are eligible to receive funded influenza vaccine. In previous years the eligibility was Aboriginal and Torres Strait Islander children six months to five years and adolescents and adults from 15 years of age.
13. There are changes to the age specifications for some of the vaccines which have been communicated by the Chief Health Officer to immunisation providers.

Communication

14. The ACT Health Directorate Communication Team have prepared a 2019 Winter Wellbeing and Influenza Communication Strategy. The Communication Strategy is included at Attachment A for your information.
15. The Commonwealth Department of Health (DoH) also undertakes communication for the influenza vaccination program. ACTHD ensures that Commonwealth and ACT influenza messaging is consistent. The DoH have not yet advised the date for their annual launch of the influenza vaccination program.

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16. A letter has been sent from the ACT Chief Health Officer to Dr Antonio Di Dio, President, Australian Medical Association (AMA) Board, and Professor Gaylene Coulton, CEO of Capital Health Network, informing them of the pilot program involving pharmacies and Walk in Centres administering National Immunisation Program funded vaccines to people 65 years and over.

Financial Implications

17. There will be additional costs associated with delivering influenza vaccine to 45 pharmacies and 3 WiCs. The increased costing is being absorbed within existing HPS resources. Any impacts on service delivery to other immunisation providers such as general practices and Early Childhood Immunisation Centres will be assessed during the evaluation of the pilot program and inform a business case for future planning.

ConsultationInternal

18. Across HPS, specifically Pharmaceutical Services as the key pharmacy stakeholder manager, and ACT Health Directorate Communication Team have been consulted.

Cross Directorate

19. Canberra Health Services, Cancer, Ambulatory and Community Health Support (WiCs). Consulted with Cassandra Beaumont (Director of Nursing) at an initial meeting on 22 January, ongoing communication and input from WiC staff and Cathie O'Neill (Executive Director).
20. Women's, Youth and Children, and Central Health Intake staff. Regular meetings commenced February to plan childhood influenza program.
21. Canberra Hospital Pharmacy A/g Director Sheridan Briggs on 27 February and 6 March to discuss transport and delivery of stock.

External

22. Commonwealth Department of Health, ongoing communication about the seasonal influenza.
23. Pharmaceutical companies from February, to discuss timing of delivery of vaccine stock.
24. Pharmacy Guild of Australia (ACT) Branch President and Director, Pharmaceutical Services of Australia (PSA) President and Territory Manager. Initial meetings were held in January and March with the establishment of a working group to facilitate ongoing communications and input during the implementation of the pilot program.

Work Health and Safety

25. Not applicable.

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Benefits/Sensitivities

26. The AMA may have concerns that influenza vaccines for persons 65 years and over will be available at other locations, potentially impacting the opportunity for other care and assessment from a GP at the time of vaccination.
27. High influenza vaccination coverage in the community can decrease the incidence of disease, presentations to Emergency Departments, hospitalizations and deaths due to influenza.

Communications, media and engagement implications

28. ACT Health Directorate Communication Team have prepared a 2019 Winter Wellness and Influenza Communication Strategy, provided at Attachment A for your information.
29. Promotional activities such as letters to providers, brochures and posters are being distributed to stakeholders. Messaging about influenza vaccination and keeping well will occur throughout the winter period on social and paid media.
30. While there is no official launch planned for the pharmacy pilot program, the PSA and PGA have indicated to HPS they would like to do some supportive media and messaging once the program commences. This will be coordinated with ACT Health Directorate Communication Team, in line with ACTHD information about the pilot program as outlined in the Communication Strategy.

Signatory Name:	Kerryn Coleman A/g Chief Health Officer Public Health, Protection and Regulation	Phone: 49442
Action Officer:	Conrad Barr Executive Branch Manager Health Protection Service Public Health, Protection and Regulation	Phone: 49262

UNCLASSIFIED

Ramsay, Michelle (Health)

From: Afonso, Lisa (Health) on behalf of ACT Health Office of the Chief Health Officer
Sent: Thursday, 6 June 2019 1:50 PM
To: Rad, Chadia (Health)
Cc: DDGHSPR
Subject: FW: VERY URGENT MIN19/699 : Request for advice - Minister for Health and Wellbeing - flu vaccination shortage

Hello,

Please see dot points below cleared by CHO. Due to urgency I am sending direct to Chadia.

Regards
 Lisa

Flu dot point re: supply issues

- Distribution of the funded influenza vaccine to immunisation providers in the ACT commenced on 8 April 2019.
- To 31 May 2019, 93,581 doses have been distributed. This is higher than the record 82,038 doses distributed in the same period in 2018.
- There are no current issues with National Immunisation Program or ACT Government funded influenza vaccine supply in the ACT. However, due to the high demand of the influenza vaccine across Canberra and the early start to the flu season, HPS is closely managing stock of this vaccine, including undertaking regular inventories and distributing stock to meet requirements.
- Nearly 51,000 doses of the influenza vaccine for people 65 years and over (Fluad®) have been distributed. This is sufficient to vaccinate 95 per cent of this population group.
- There has been unprecedented demand for influenza vaccine in the private market in 2019.
- Pharmaceutical companies supplying this vaccine have reported shortages in the private market.
- The Commonwealth Department of Health has secured an additional 400,000 doses of flu vaccine for the private market. This will soon be available through General Practices and pharmacies.

Background

- Young children, the elderly, pregnant women, Aboriginal and Torres Strait Islander people and people with certain chronic medical conditions are eligible for a free government-funded vaccine.
- In 2019, a pilot program of administering National Immunisation Program influenza vaccine to persons 65 years and over through pharmacies is being conducted. Forty five pharmacies have elected to be a part of the program.
- Young children, the elderly, pregnant women, Aboriginal and Torres Strait Islander people and people with certain chronic medical conditions are eligible for a free government-funded vaccine.
- The Minister of Health, Greg Hunt, did a media release on this issue on 29 May 2019. The media release is located at <https://beta.health.gov.au/ministers/the-hon-greg-hunt-mp/media/record-numbers-of-australians-getting-vaccinated-against-the-flu>

-----Original Message-----

From: Owen, Kimberly (Health) On Behalf Of ACT Health Office of the Chief Health Officer
 Sent: Thursday, 6 June 2019 12:32 PM
 To: ED-HPS-Support <ED-HPS-support@act.gov.au>
 Cc: Allard, Kirstie (Health) <kirstie.allard@act.gov.au>
 Subject: FW: VERY URGENT MIN19/699 : Request for advice - Minister for Health and Wellbeing - flu vaccination shortage
 Importance: High

UNCLASSIFIED

Min would like this for question time today (starts at 2:00pm today)

DDGHSPR has rung to check we are on it.

-----Original Message-----

From: Trevillian, Sarah (Health) <Sarah.Trevillian@act.gov.au> On Behalf Of DDGHSPR
 Sent: Thursday, 6 June 2019 12:29 PM
 To: ACT Health Office of the Chief Health Officer <ACTHealthOCHO@act.gov.au>
 Subject: FW: VERY URGENT MIN19/699 : Request for advice - Minister for Health and Wellbeing - flu vaccination shortage

UNCLASSIFIED

Hi there

Could urgent dot points be prepared to address the MO questions attached before question time.

Thank you

Kind regards,

Sarah Trevillian | A/g Executive Officer Health Systems, Policy and Research, ACT Health Directorate Level 3, 2-6
 Bowes Street, Woden ACT
 Phone: (02) 5124 9890 | Email: sarah.trevillian@act.gov.au health.act.gov.au

-----Original Message-----

From: ACT Health DLO
 Sent: Thursday, 6 June 2019 12:11 PM
 To: DDGHSPR <DDGHSPR@act.gov.au>; Elliott, Gabrielle (Health) <Gabrielle.Elliott@act.gov.au>
 Cc: Wijemanne, Naveen (Health) <Naveen.Wijemanne@act.gov.au>; Health Ministerial Liaison Officer <HealthMinisterialLiaisonOfficer@act.gov.au>
 Subject: VERY URGENT MIN19/699 : Request for advice - Minister for Health and Wellbeing - flu vaccination shortage

Hi Gabrielle

Can you please request dot points from PHPR o address MO questions in the attached corro?

Thank you
 Chadia

Chadia Rad | Directorate Liaison Officer | ACT Health

Phone: 02 620 50499 | Mobile: [REDACTED] | Email: acthealthdlo@act.gov.au Office of Meegan Fitzharris MLA | Minister for Health and Wellbeing | Minister for Medical and Health Research | ACT Government Office of Shane Rattenbury MLA | Minister for Mental Health | ACT Government Level 2, London Circuit | GPO Box 1020, Canberra ACT 2601

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-----< HPE Content Manager record Information >-----

Record Number:MIN19/699

Title:Request for advice - Minister for Health and Wellbeing - flu vaccination shortage

GBCHS19/115

Portfolio: Health**ISSUE: CANBERRA HOSPITAL AT CAPACITY****Talking points:**

- Last night, Wednesday 14 August 2019, Canberra Hospital exceeded capacity.
- To ease pressure across the hospital we created internal capacity, discharged appropriate patients and transferred patients to private hospitals.
- CHS has strong existing relationships with private hospitals to ensure patients receive safe and clinically appropriate care in cases of increased demand.
- CHS worked closely with ACT Ambulance Service to manage transfers of patients across the health system.
- There was no obvious cause for the surge in admissions other than usual seasonal fluctuations.
- This situation is likely to take a few days to resolve.
- Canberra Health Services had a period of bypass from 10pm Wednesday 14 August 2019 to 2am Thursday 15 August 2019.
- A bypass provides a period of reduced inflow into the emergency department to ensure the emergency department stays safe.
- During a bypass, where possible, ambulances are diverted to an alternative hospital to manage the period of peak demand.
- Only stable patients that meet clinically appropriate criteria are diverted. ACTAS would never bypass a hospital during a life-threatening emergency.
- Paediatrics patients, those with life threatening emergencies and trauma patients would always be taken directly to Canberra Hospital.
- I want to remind the community to only attend emergency departments in a genuine emergency. There are several options if you require non-urgent medical attention. These include the three Walk-In Centres located in Tuggeranong, Belconnen and Gungahlin. You can also speak to your GP or other primary care provider.

Cleared as complete and accurate:	15/08/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Liz Chatham	Ext: 42728
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Liz Chatham	
TRIM Ref:	GBCHS19/115	

CHOOSE BRIEF TYPE

- Canberra Health Services continues to work on its timely care strategy to improve systems and processes, improve patient flow to manage surges in demand and maximise capacity within Canberra Hospital.
- A number of initiatives have already been implemented, including daily multidisciplinary staff ward huddles, hospital-wide flow management meetings, strategies to reduce barriers to discharge and identifying and discharging appropriate patients early.
- Canberra Health Services has also implemented a winter strategy, opening additional winter beds and the all-care discharge unit at Canberra Hospital, both of which commenced on 11 July 2019.
- The ACT Government has also invested in emergency staffing numbers, including an increase in doctors.

Cleared as complete and accurate:	15/08/2019	
Cleared by:	Chief Executive Officer	Ext: 44700
Contact Officer name:	Liz Chatham	Ext: 42728
Lead Directorate:	Canberra Health Services	
Cleared for release	Yes	
Information Officer name:	Liz Chatham	
TRIM Ref:	GBCHS19/115	



ACT
Government

**Canberra Health
Services**

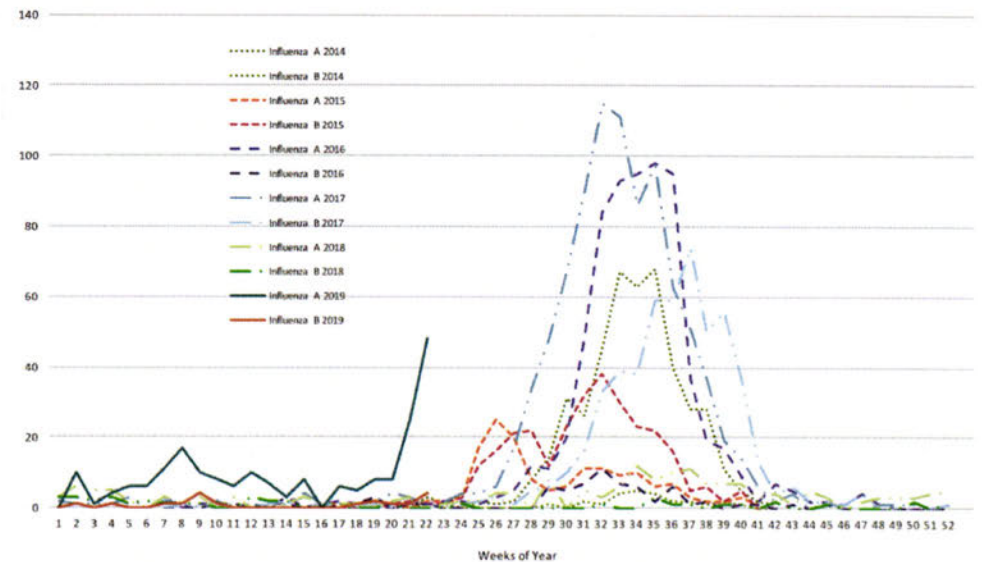
Canberra Health Services 2019 Winter Management Plan

CHS winter management plan

- CHS Winter Management Plan covers the period of increased seasonal demand from 11 July to 27 November 2019
- The plan focuses on:
 - Inpatient Strategies
 - Increased focus on Ambulatory Care strategies and Timely Access innovations
 - Internal and external communication strategies

Winter Management Plan

- Ongoing high demand for:
 - Emergency Department (ED) services – see Table and Figure 1
 - Increased Emergency surgery services projected to grow at 6% per annum
 - Intensive Care Unit (ICU) services noting current high occupancy with the expectation of increased respiratory illnesses



Inpatient Strategies

- 32 surge adult beds plus capacity for 8 paediatric beds
 - 2 ICU surge beds
 - 18 Surgical surge beds
 - 6 Geriatric surge beds
 - 6 Oncology surge beds
 - 8 paediatric surge beds
- 16 additional adult ward beds
- 3 Acute Mental Health surge beds
- 4 Rehabilitation winter beds at UCH
- 10 bed non-ambulant Discharge Lounge
- Increased Allied Health, Medical and Wards persons resources

Ambulatory Care Strategies & Timely Access

- Ambulatory Care Strategies:
 - Pathology Rapid Testing
 - Expansion of Hospital in the Home – CC2H
- Ongoing focus and support of the Timely Access strategies

Community Winter Messaging Campaign

- Community Winter Messaging Campaign:
 - Support the messaging to the community through Public Health
 - Community Flu campaign
 - ED diversion campaign
 - Walk-in-Centre Campaign
 - Renewed focus on messaging inside the Organisation
 - A focus on messaging to senior medical staff
 - Clear daily and weekly reporting methodologies; and
 - A clear focus on daily bed management disciplines to improve bed access for the next patient
 - Escalation strategies and expectations

Next steps

- Implement Winter Management plan
 - Staffing and resourcing surge beds
 - Winter ward
 - All care D/C Unit
- Rollout of the communications plan
- Monitoring & Evaluation

GBC19/23

Portfolio/s: Health and Wellbeing**ISSUE: INTENSIVE CARE BED CAPACITY****Talking points:**

- As our city is growing and our community is getting older, our hospitals are treating people with more complex conditions.
- This is not an issue that is unique to Canberra. Across Australia, hospitals are experiencing pressures from increased demand for critical care services, like those provided by our intensive care units (ICU).
- While the new SPIRE Centre at Canberra Hospital will expand ICU capacity, early planning work has identified that capacity in the ICU will be required ahead of SPIRE's completion.
- To respond, the Government is currently considering options to manage ICU capacity in the medium term. This includes strategies that address key pressures, such as physical capacity and workforce shortages.
- This work builds on the investments the Government made in last year's Budget to enable the hospital to better manage periods of high demand, with more resources for acute care in peak times, such as the winter flu season.
- Canberrans can be assured that should they or a loved one require urgent treatment they will receive it.
- Canberra Hospital and Calvary Public Hospital Bruce have well established systems and processes in place to appropriately manage periods of high demand.
- This includes rostering of additional staff to ensure clinically safe staff-to-patient ratios and working together across the system to manage ICU patients.
- Patients will continue to receive high quality care as the planning and construction of SPIRE progresses.

Cleared as complete and accurate: 18/01/2018
Cleared by: Director-General Ext:
Information Officer name:
Contact Officer name: Vanessa Dal Molin Ext:79532
Lead Directorate: Health

Key Information

- The Canberra Hospital has a level 3 tertiary referral centre ICU with 31 physical beds.
- The Calvary Public Hospital has a level 4 tertiary referral centre ICU with 8 beds.
- In periods of high demand, Canberra Hospital and Calvary work closely together to manage ICU demand. This can include the transfer of patients where clinically safe to do so.

Background Information

- On Monday 18 February, ABC Canberra published the online article: [Canberra Hospital's intensive care unit could run out of beds from October, senior planner reveals](#).
- The story states that the Government has been advised that the Canberra Hospital ICU may be unable to accept urgent admissions as early as October, due to a "critical risk" of reaching capacity. The story also states that planning for the SPIRE Centre had identified a 200 bed surgical bed shortfall.
- The media reports follow the release of internal documents through a Freedom of Information request from the ACT Opposition. The documents included:
 - a brief from the former A/g Chief Clinical Operations and SPIRE Executive Sponsor, Mark Dykgraaf, which outlined issues pertaining to the number of surgical inpatients beds in SPIRE, and a concept brief; and
 - a concept brief, which outlined issues relating to ICU bed capacity at Canberra Hospital.

Cleared as complete and accurate: 18/01/2018
Cleared by: Director-General Ext:
Information Officer name:
Contact Officer name: Vanessa Dal Molin Ext:79532
Lead Directorate: Health

QUESTION TIME BRIEF

GBC19/92

Portfolio/s: Health and Wellbeing

ISSUE: INTENSIVE CARE BED CAPACITY

Talking points:

- As our city is growing and our community is getting older, our hospitals are treating people with more complex conditions.
- This is not an issue that is unique to Canberra. Across Australia, hospitals are experiencing pressures from increased demand for critical care services, like those provided by our intensive care units (ICU).
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- Patients will continue to receive high quality care as the planning and construction of SPIRE progresses.

Cleared as complete and accurate:	13/03/2018	
Cleared by:	Director-General	Ext: 49400
Contact Officer name:	Vanessa Dal Molin	Ext: 49401
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC19/92	

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Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Vanessa Dal Molin	
TRIM Ref:	GBC19/92	

QUESTION TIME BRIEF

GBC19/142

Portfolio: Health and Wellbeing

ISSUE: INTENSIVE CARE BED CAPACITY

Talking points:

- As our city is growing and our community is getting older, our hospitals are treating people with more complex conditions.
- This is not an issue that is unique to Canberra. Across Australia, hospitals are experiencing pressures from increased demand for critical care services, like those provided by our intensive care units (ICU).
- While the new SPIRE Centre at Canberra Hospital will expand ICU capacity, early planning work has identified that capacity in the ICU will be required ahead of SPIRE's completion.
- In late November 2018 the ACT Health Directorate, in partnership with Canberra Health Services (CHS), engaged an architect to complete an ICU options study.
- This study presented to the Directorate on 16 January 2019, offered two preferred design options for an expanded ICU, at a cost of \$13.5 million.
- The Commonwealth Government's announcement to fund the \$13.5 million dollar expansion as part of the Community Health and Hospital Program, is welcomed.
- This funding will deliver an additional 6-8 ICU beds, medical equipment and infrastructure, meeting the immediate acute health care needs of Canberrans.
- With the release of this funding, ACT Health will now progress early design work with a view to endorsement of a final design and cost plan in September/October 2019.
- The preliminary design work already completed by CHS and ACT Health will ensure this project, and the additional ICU beds it will deliver, is completed in a reduced time-frame.

Cleared as complete and accurate:	29/03/2018	
Cleared by:	Deputy Director-General	Ext: 49854
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/142	

QUESTION TIME BRIEF

Key Information

- The Canberra Hospital has a level 3 tertiary referral centre ICU with 31 inpatient beds.
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- These claims are based on now redundant information, no longer relevant to current infrastructure planning and expansion works.
- Since SPIRE was funded in the 2017-18 ACT Budget, the first stages of the project have included early planning and feasibility work. As part of this process, a Steering Committee made up of health service providers and key stakeholders was set-up to establish an agreed baseline from which effective, territory-wide service and infrastructure planning is based.
- Following December's announcement of SPIRE's location on the north-eastern side of the Canberra Hospital campus, SPIRE is now entering its next phase of project development. This includes more advanced planning; the commencement of early design works; and more intensive engagement with the clinical workforce. SPIRE bed numbers, including those within the ICU, will be subject to much greater consideration as part of these processes before being finalised.

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TRIM Ref:	GBC19/142	

QUESTION TIME BRIEF

- The announcement to fund the expansion of the ICU at Canberra Hospital was published in the Canberra Times, 29 March 2019:
<https://www.canberratimes.com.au/politics/act/federal-government-promises-52-million-to-act-health-projects-20190328-p518mn.html>

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Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/142	

QUESTION TIME BRIEF

GBC19/224

Portfolio: Health and Wellbeing

ISSUE: INTENSIVE CARE BED CAPACITY

Talking points:

- As our city is growing and our community is getting older, our hospitals are treating people with more complex conditions.
- This is not an issue that is unique to Canberra. Across Australia, hospitals are experiencing pressures from increased demand for critical care services, like those provided by our intensive care units (ICU).
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- This funding will deliver an additional 6-8 ICU beds, medical equipment and infrastructure, meeting the immediate acute health care needs of Canberrans.
- With the announcement of this funding, ACT Health will now progress early design work with a view for endorsement of a final design and cost plan in September/October 2019.
- The preliminary design work already completed by CHS and ACT Health will ensure this project, and the additional ICU beds it will deliver, is completed in a reduced time-frame.

Cleared as complete and accurate:	09/05/2019	
Cleared by:	Deputy Director-General	Ext: 49854
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/224	

Key Information

- The Canberra Hospital has 31 Intensive Care Unit (ICU) beds.
- The Calvary Public Hospital has 10 ICU beds.
- In periods of high demand, Canberra Hospital and Calvary work closely together to manage ICU demand. This can include the transfer of patients where clinically safe to do so.

Background Information

- On Monday 18 February 2019, ABC Canberra published the online article: [Canberra Hospital's intensive care unit could run out of beds from October, senior planner reveals](#).
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Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/224	

GBC19/310

Portfolio: Health and Wellbeing**ISSUE: INTENSIVE CARE BED CAPACITY****Talking points:**

- As our city is growing and our community is getting older, our hospitals are treating people with more complex conditions.
- This is not an issue that is unique to Canberra. Across Australia, hospitals are experiencing pressures from increased demand for critical care services, like those provided by our intensive care units (ICU).
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- With the announcement of this funding, ACT Health will now progress early design work with a view for endorsement of a final design and cost plan in September/October 2019.
- The preliminary design work already completed by CHS and ACT Health will ensure this project, and the additional ICU beds it will deliver, is completed in a reduced time-frame.

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/310	

Key Information

- The Canberra Hospital has 31 Intensive Care Unit (ICU) beds.
- The Calvary Public Hospital has 10 ICU beds.
- In periods of high demand, Canberra Hospital and Calvary work closely together to manage ICU demand. This can include the transfer of patients where clinically safe to do so.

Background Information

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Cleared by:	Executive Group Manager	
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/310	

QUESTION TIME BRIEF

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<https://www.canberratimes.com.au/politics/act/federal-government-promises-52-million-to-act-health-projects-20190328-p518mn.html>

Cleared as complete and accurate:	30/05/2019	
Cleared by:	Executive Group Manager	
Contact Officer name:	Liz Lopa	Ext: 49805
Lead Directorate:	Health	
Cleared for release	Yes	
Information Officer name:	Jakob Culver	
TRIM Ref:	GBC19/310	

ADVISORY NOTE

Minister for Health and Wellbeing

TRIM Ref: MCHS19/110	Canberra Hospital Emergency Department (ED) Weekly Report – Weekend ending 31 March 2019
Critical Date	Not applicable
Chief Executive Officer	Bernadette McDonald /.../....

Minister's question:

Ministerial request for a weekly report on the Canberra Health Services (CHS) Emergency Department (ED).

ACT Health's response:

- This report is for the week ending 31 March 2019.
- There was an average of 251 presentations per day to the CHS ED, and the NEAT target was met for 62 per cent of all presentations.
- The occupancy at CH was 91 per cent based on a nominal open 633 inpatient beds. The University of Canberra Hospital (UCH) occupancy was 98 per cent based on 84 open beds.
- The number of open inpatient beds flexes up and down at CHS as part of annual planning. The number of open beds is listed in the table below, which measures occupancy at 8am each day. The total occupancy across both hospitals was 92 per cent on a base of 717 beds.

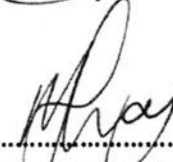
Date 2018	Number of beds in use (Number of open beds)		Occupancy %	
	Canberra Hospital	UCH	Canberra Hospital	UCH
Monday, 25 March	567/601	83/84	94%	99%
Tuesday, 26 March	588/611	82/84	96%	98%
Wednesday, 27 March	586/612	82/84	96%	98%
Thursday, 28 March	575/615	83/84	93%	99%
Friday, 29 March	563/613	83/84	92%	99%
Saturday, 30 March	556/598	84/84	93%	100%
Sunday, 31 March	515/589	84/84	87%	100%

Table 1

UNCLASSIFIED

- Additional beds will remain open for some time in order to manage ongoing levels of service demand.
- CHS was not at Capacity Alert Level 3 at any time during this reporting period.

Noted / Please Discuss



.....
Meegan Fitzharris MLA
Minister for Health and Wellbeing

..1./4./19

Signatory Name:	Chris Bone, Deputy Director-General	Phone:	42728
Action Officer:	Lyn O'Connell, ADON Patient Flow	Phone:	42831

Emergency Department and Hospital Occupancy Key Statistics

No Comment

Previous Week

NEAT

62%

CH 62%

Presentations

1757

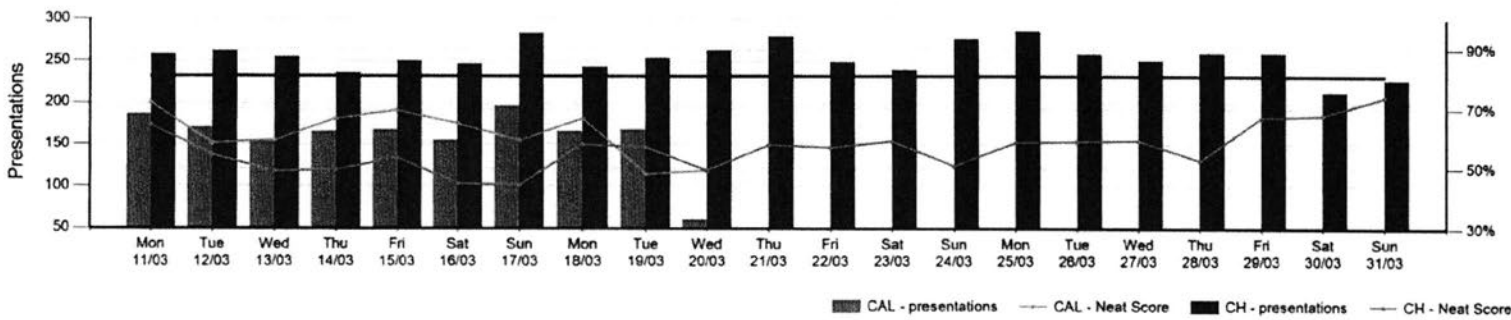
CH 1757

Occupancy

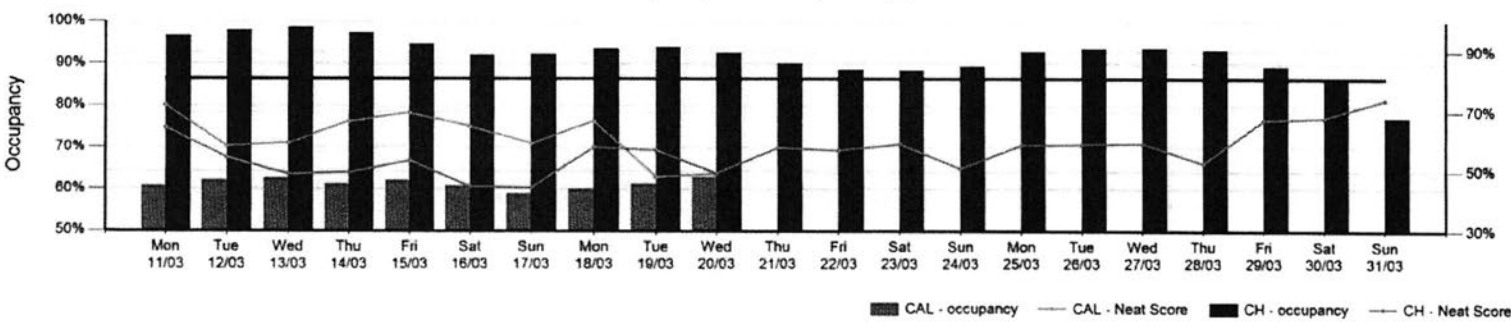
82%

CH 91%

Presentations VS NEAT (14 Days)

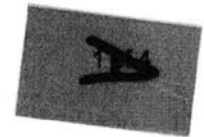


Occupancy VS NEAT (14 Days)



Bed occupancy is calculated based on funded beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments. Occupancy figures do not include down-time (such as for cleaning following a patient discharge) and do not capture whether a bed is suitable for all admissions (such as vacant beds in paediatrics when the demand may be for adult beds).

"The data reported for 1 July 2017 to 31 March 2018 is preliminary data only and is not final. There are no known issues with the data contained in this report however ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health"





Emergency Department and Hospital Occupancy Key Statistics

Data displayed for Week Ending 31 Mar 2019

	ACT							CH						
	Mon 25/03	Tue 26/03	Wed 27/03	Thu 28/03	Fri 29/03	Sat 30/03	Sun 31/03	Mon 25/03	Tue 26/03	Wed 27/03	Thu 28/03	Fri 29/03	Sat 30/03	Sun 31/03
NEAT	59%	59%	59%	53%	67%	68%	74%	59%	59%	59%	53%	67%	68%	74%
Presentations	286	259	251	260	260	213	228	286	259	251	260	260	213	228
Occupancy	83%	85%	84%	84%	81%	78%	78%	93%	94%	94%	93%	89%	86%	85%

Comparative Historical Statistics - Month to Date

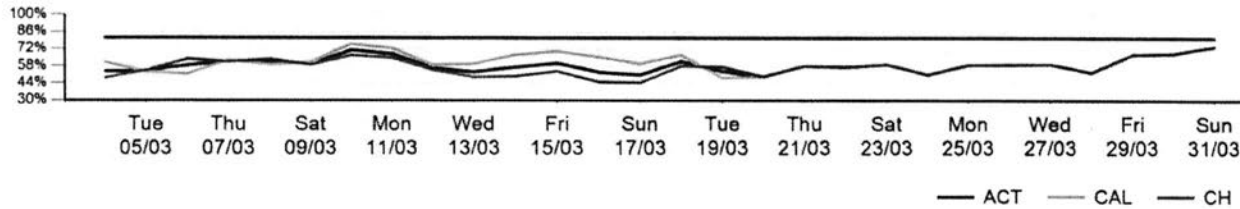
	ACT			CH			CAL	
	25 Mar 2019 - 31 Mar 2019	25 Feb 2019 - 28 Feb 2019	25 Mar 2018 - 31 Mar 2018	25 Mar 2019 - 31 Mar 2019	25 Feb 2019 - 28 Feb 2019	25 Mar 2018 - 31 Mar 2018	25 Feb 2019 - 28 Feb 2019	25 Mar 2018 - 31 Mar 2018
NEAT	62%	50%	65%	62%	46%	60%	56%	72%
Presentations	1757	1752	2870	1757	1059	1738	693	1132
Occupancy	82%	87%	82%	91%	96%	92%	66%	58%

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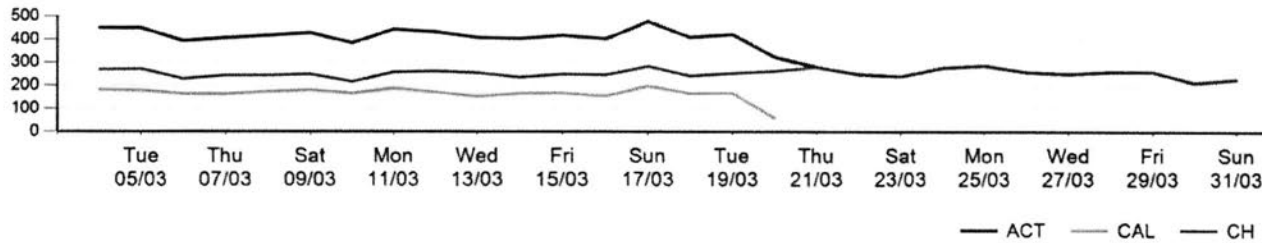
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Emergency Department and Hospital Occupancy Key Statistics

Rolling 28 day NEAT %



Rolling 28 Day Emergency Department Presentations

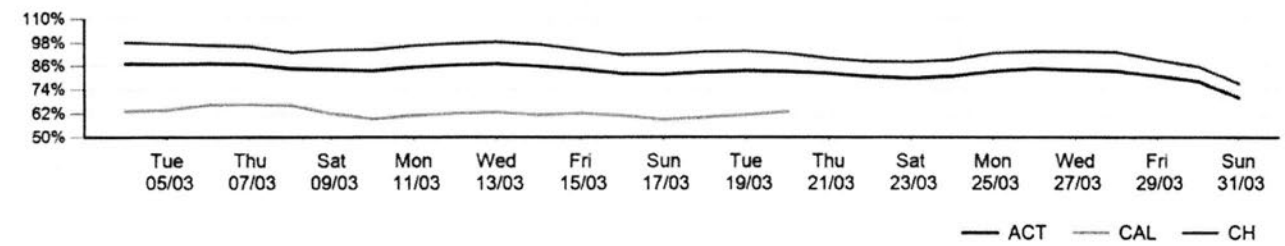


Bed occupancy is calculated based on funded beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments. Occupancy figures do not include down-time (such as for cleaning following a patient discharge) and do not capture whether a bed is suitable for all admissions (such as vacant beds in paediatrics when the demand may be for adult beds).

"The data reported for 1 July 2017 to 31 March 2018 is preliminary data only and is not final. There are no known issues with the data contained in this report however ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought form ACT Health"

Emergency Department and Hospital Occupancy Key Statistics

Rolling 28 Day Occupancy



Bed occupancy is calculated based on funded beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments. Occupancy figures do not include down-time (such as for cleaning following a patient discharge) and do not capture whether a bed is suitable for all admissions (such as vacant beds in paediatrics when the demand may be for adult beds).

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ADVISORY NOTE

Minister for Health and Wellbeing

TRIM Ref: MCHS19/120	Canberra Hospital Emergency Department (ED) Weekly Report – Weekend ending 7 April 2019
Critical Date	Not applicable
Chief Executive Officer	Linda Kohlhagen /...../.....

Minister's question:

Ministerial request for a weekly report on the Canberra Hospital Emergency Department.

ACT Health's response:

- This report is for the week ending 7 April 2019.
- There was an average of presentations 258 per day to the Canberra Hospital (CH) Emergency Department (ED), and the NEAT target was met for 62 per cent of all presentations.
- The occupancy at CH was 92 per cent based on a nominal open 633 inpatient beds. The University of Canberra Hospital (UCH) occupancy was 99 per cent based on 84 open beds.
- The number of open inpatient beds flexes up and down at CH as part of annual planning. The number of open beds is listed in the table below, which measures occupancy at 8am each day. The total occupancy across both hospitals was 93 percent on a base of 717 beds.

Date 2018	Number of beds in use (Number of open beds)		Occupancy %	
	Canberra Hospital	UCH	Canberra Hospital	UCH
Monday, 1 April	560/602	84/84	93%	100%
Tuesday, 2 April	569/606	84/84	94%	100%
Wednesday, 3 April	582/617	84/84	94%	100%
Thursday, 4 April	583/613	84/84	95%	100%
Friday, 5 April	572/617	84/84	94%	100%
Saturday, 6 April	558/617	84/84	91%	100%
Sunday, 7 April	543/612	81/84	89%	96%

Table 1

UNCLASSIFIED

- Additional beds will remain open for some time in order to manage ongoing levels of service demand.
- Canberra Health Services (CHS) was not at Capacity Alert Level 3 at any time during this reporting period.

*uct capacity
see below*

Noted / Please Discuss

provide further advice



.....
**Meegan Fitzharris MLA
Minister for Health and Wellbeing**

17/4/19

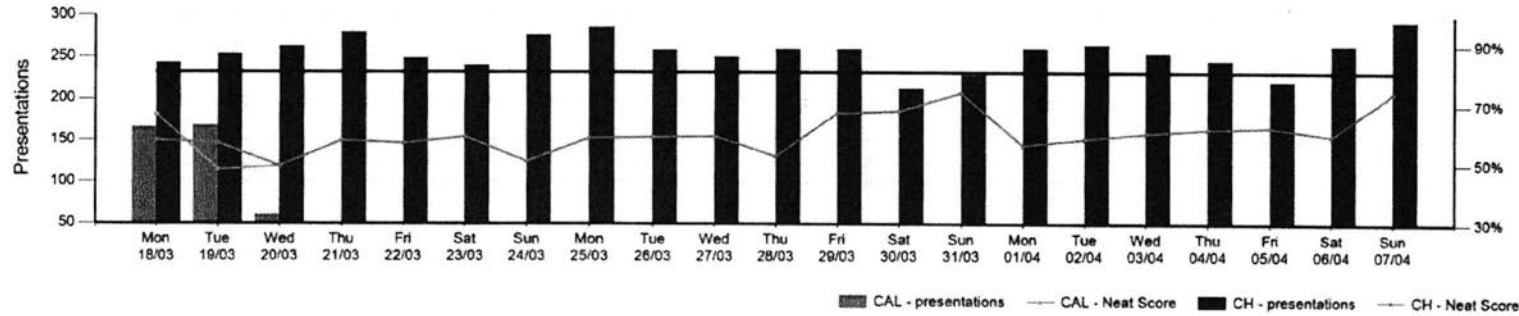
Signatory Name:	Chris Bone, Deputy Director-General	Phone:	42728
Action Officer:	Lyn O'Connell, ADON Patient Flow	Phone:	42831

Given UCH occupancy please provide brief on 1st year operations & plans to increase bed numbers in future.

Emergency Department and Hospital Occupancy Key Statistics

No Comment

Presentations VS NEAT (14 Days)



Previous Week

NEAT

62%

CH 62%

Presentations

1805

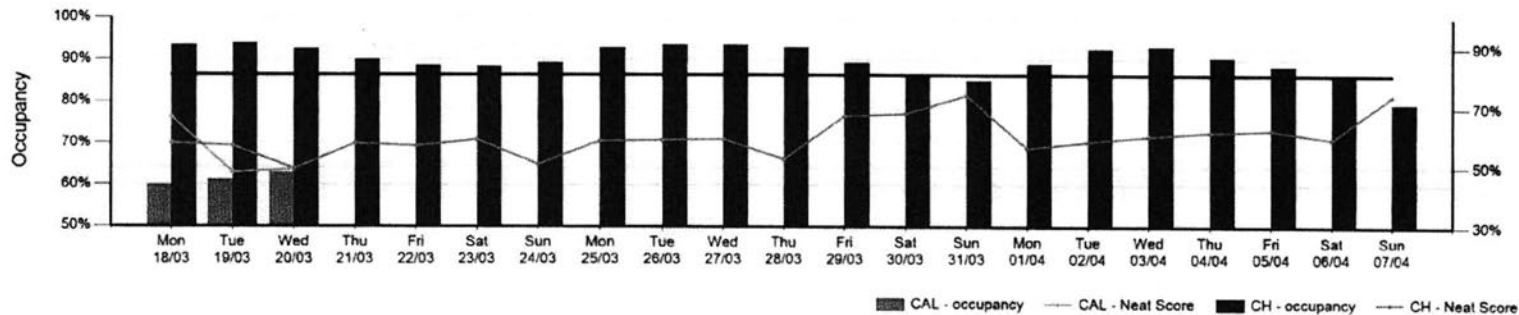
CH 1805

Occupancy

81%

CH 90%

Occupancy VS NEAT (14 Days)



Bed occupancy is calculated based on funded beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments. Occupancy figures do not include down-time (such as for cleaning following a patient discharge) and do not capture whether a bed is suitable for all admissions (such as vacant beds in paediatrics when the demand may be for adult beds).

"The data reported for 1 July 2017 to 31 March 2018 is preliminary data only and is not final. There are no known issues with the data contained in this report however ACT Health will continue working to ensure that the data contained within this report is fit for purpose. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health"

Emergency Department and Hospital Occupancy Key Statistics

Data displayed for Week Ending 07 Apr 2019

	ACT							CH						
	Mon 01/04	Tue 02/04	Wed 03/04	Thu 04/04	Fri 05/04	Sat 06/04	Sun 07/04	Mon 01/04	Tue 02/04	Wed 03/04	Thu 04/04	Fri 05/04	Sat 06/04	Sun 07/04
NEAT	56%	58%	60%	62%	62%	59%	74%	56%	58%	60%	62%	62%	59%	74%
Presentations	261	265	255	246	221	264	293	261	265	255	246	221	264	293
Occupancy	80%	83%	84%	82%	81%	79%	80%	89%	93%	93%	91%	89%	87%	88%

Comparative Historical Statistics - Month to Date

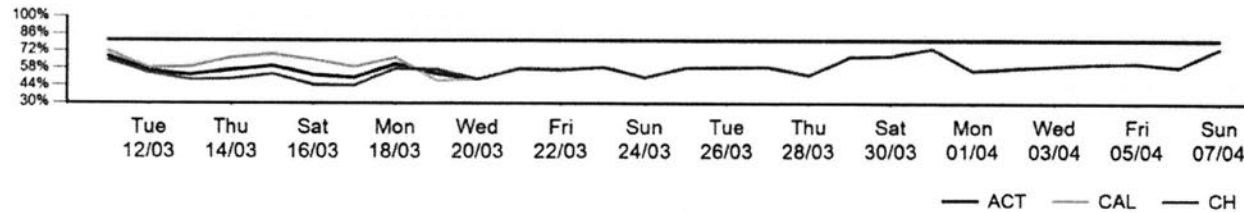
	ACT			CH			CAL	
	01 Apr 2019 - 07 Apr 2019	01 Mar 2019 - 07 Mar 2019	01 Apr 2018 - 07 Apr 2018	01 Apr 2019 - 07 Apr 2019	01 Mar 2019 - 07 Mar 2019	01 Apr 2018 - 07 Apr 2018	01 Mar 2019 - 07 Mar 2019	01 Apr 2018 - 07 Apr 2018
NEAT	62%	57%	62%	62%	55%	58%	59%	68%
Presentations	1805	3007	2946	1805	1814	1776	1193	1170
Occupancy	81%	86%	83%	90%	97%	95%	63%	56%

Bed occupancy is calculated based on funded beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments. Occupancy figures do not include down-time (such as for cleaning following a patient discharge) and do not capture whether a bed is suitable for all admissions (such as vacant beds in paediatrics when the demand may be for adult beds).

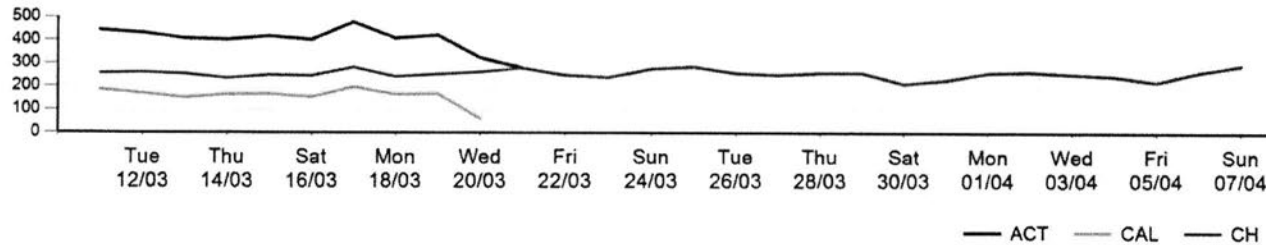
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Emergency Department and Hospital Occupancy Key Statistics

Rolling 28 day NEAT %



Rolling 28 Day Emergency Department Presentations



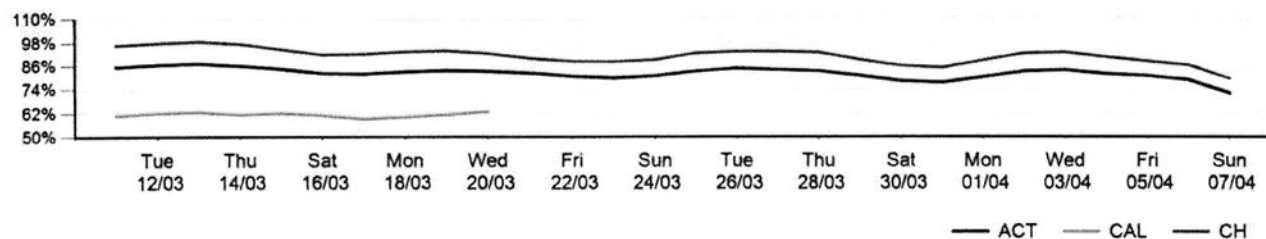
Bed occupancy is calculated based on funded beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments. Occupancy figures do not include down-time (such as for cleaning following a patient discharge) and do not capture whether a bed is suitable for all admissions (such as vacant beds in paediatrics when the demand may be for adult beds).

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Emergency Department and Hospital Occupancy Key Statistics

Rolling 28 Day Occupancy



Bed occupancy is calculated based on funded beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments. Occupancy figures do not include down-time (such as for cleaning following a patient discharge) and do not capture whether a bed is suitable for all admissions (such as vacant beds in paediatrics when the demand may be for adult beds).

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ADVISORY NOTE

Minister for Health and Wellbeing

TRIM Ref: MCHS19/141	Canberra Hospital Emergency Department (ED) Weekly Report – Weekend ending 14 April 2019
Critical Date	Not applicable
Chief Executive Officer	Linda Kohlhagen /.../....

Minister's question:

Ministerial request for a weekly report on the Canberra Hospital Emergency Department.

ACT Health's response:

- This report is for the week ending 14 April 2019.
- There was an average of presentations 255 per day to the Canberra Hospital (CH) Emergency Department (ED), and the NEAT target was met for 54% of all presentations.
- The occupancy at CH was 94% based on a nominal open 633 inpatient beds. The University of Canberra Hospital (UCH) occupancy was 97% based on 84 open beds.
- The number of open inpatient beds flexes up and down at Canberra Hospital as part of annual planning. The number of open beds is listed in the table below, which measures occupancy at 8am each day. The total occupancy across both hospitals was 94% on a base of 717 beds.

Date 2018	Number of beds in use (Number of open beds)		Occupancy %	
	Canberra Hospital	UCH	Canberra Hospital	UCH
Monday, 8 April	570/609	81/84	94%	96%
Tuesday, 9 April	584/611	80/84	96%	95%
Wednesday, 10 April	572/610	81/84	94%	96%
Thursday, 11 April	586/614	83/84	95%	99%
Friday, 12 April	596/618	83/84	96%	99%
Saturday, 13 April	577/623	83/84	93%	99%
Sunday, 14 April	561/606	83/84	93%	99%

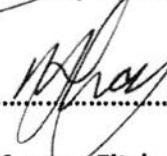
Table 1

- Additional beds will remain open for some time in order to manage ongoing levels of service demand.

UNCLASSIFIED

- Canberra Health Services was not at Capacity Alert Level 3 at any time during this reporting period.

Noted / Please Discuss



.....
Meegan Fitzharris MLA
Minister for Health and Wellbeing

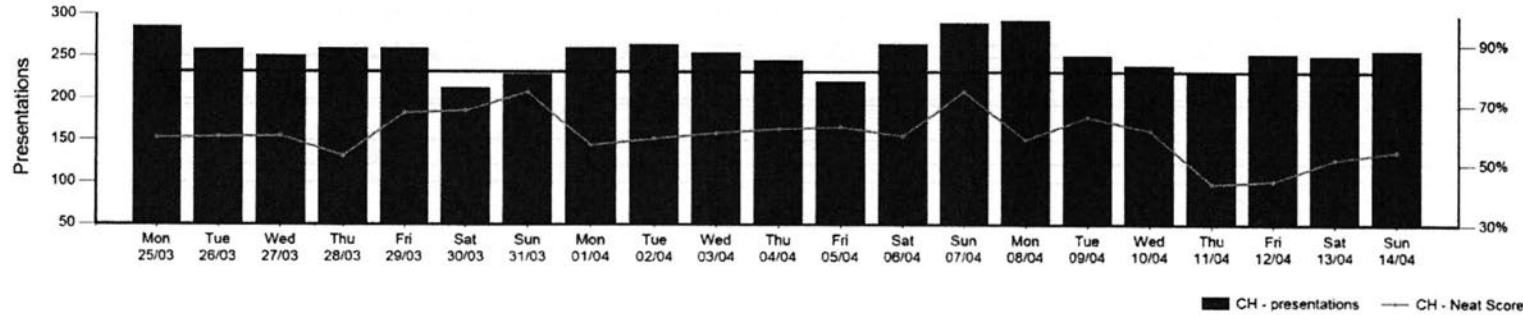
29/4/19
.....

Signatory Name:	Chris Bone, Deputy Director General	Phone:	42728
Action Officer:	Lyn O'Connell, ADON Patient Flow	Phone:	42831

Emergency Department and Hospital Occupancy Key Statistics

No Comment

Presentations VS NEAT (14 Days)



Previous Week

NEAT

54%

CH 54%

Presentations

1782

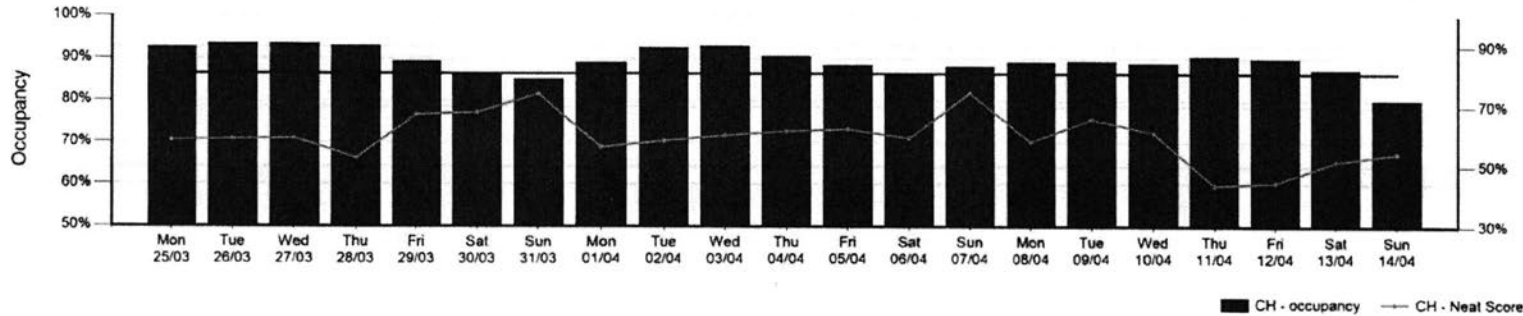
CH 1782

Occupancy

81%

CH 89%

Occupancy VS NEAT (14 Days)



Bed occupancy is calculated based on funded beds at Canberra Hospital and Calvary Public Hospital Bruce that are available to receive admissions from the Emergency Departments. Occupancy figures do not include down-time (such as for cleaning following a patient discharge) and do not capture whether a bed is suitable for all admissions (such as vacant beds in paediatrics when the demand may be for adult beds).

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Emergency Department and Hospital Occupancy Key Statistics

Data displayed for Week Ending 14 Apr 2019

	ACT							CH						
	Mon 08/04	Tue 09/04	Wed 10/04	Thu 11/04	Fri 12/04	Sat 13/04	Sun 14/04	Mon 08/04	Tue 09/04	Wed 10/04	Thu 11/04	Fri 12/04	Sat 13/04	Sun 14/04
NEAT	58%	66%	61%	44%	44%	52%	54%	58%	66%	61%	44%	44%	52%	54%
Presentations	294	252	240	232	254	252	258	294	252	240	232	254	252	258
Occupancy	81%	81%	82%	83%	82%	80%	81%	89%	89%	89%	91%	90%	87%	89%

Comparative Historical Statistics - Month to Date

	ACT			CH			CAL	
	08 Apr 2019 - 14 Apr 2019	08 Mar 2019 - 14 Mar 2019	08 Apr 2018 - 14 Apr 2018	08 Apr 2019 - 14 Apr 2019	08 Mar 2019 - 14 Mar 2019	08 Apr 2018 - 14 Apr 2018	08 Mar 2019 - 14 Mar 2019	08 Apr 2018 - 14 Apr 2018
NEAT	54%	61%	58%	54%	58%	50%	65%	72%
Presentations	1782	2917	2898	1782	1721	1815	1196	1083
Occupancy	81%	85%	84%	89%	96%	95%	62%	59%

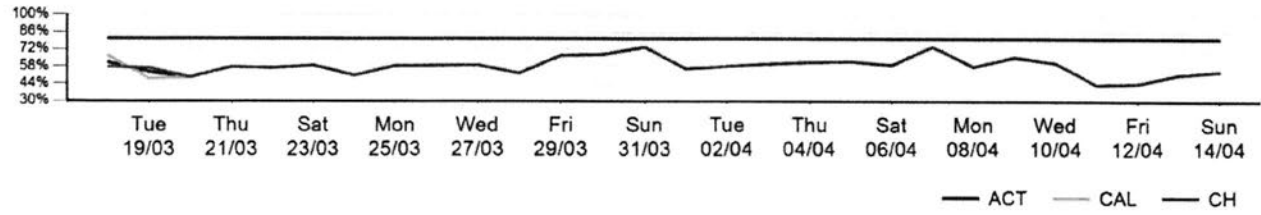
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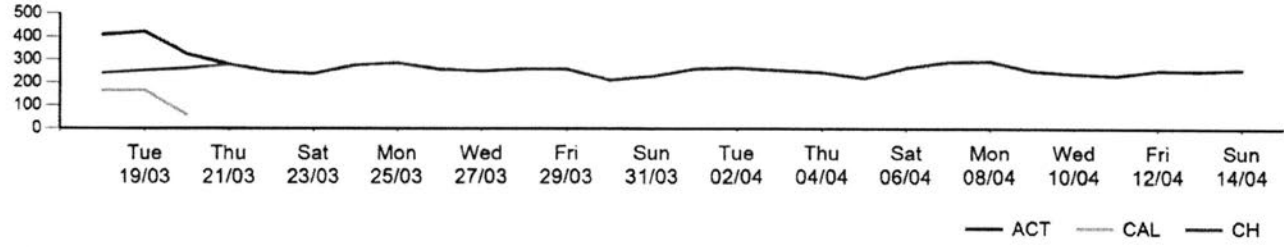


Emergency Department and Hospital Occupancy Key Statistics

Rolling 28 day NEAT %



Rolling 28 Day Emergency Department Presentations

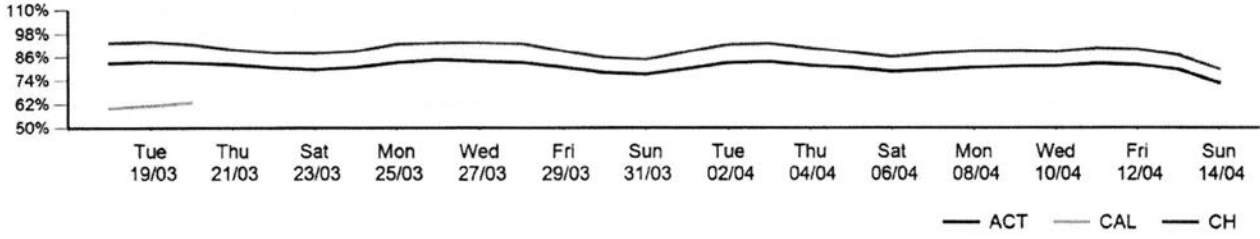


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Emergency Department and Hospital Occupancy Key Statistics

Rolling 28 Day Occupancy



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April, 2019

ED Presentations - The month

7610

ED Presentations - Same month last year

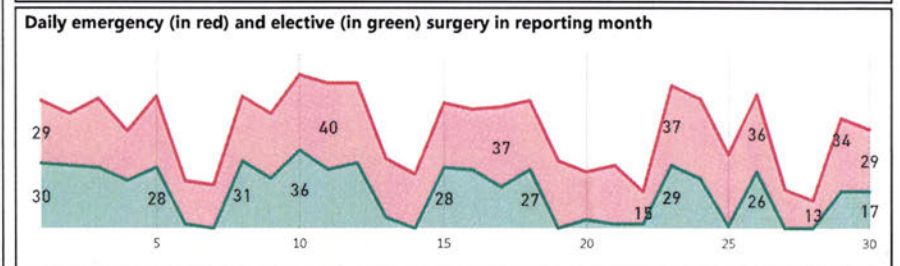
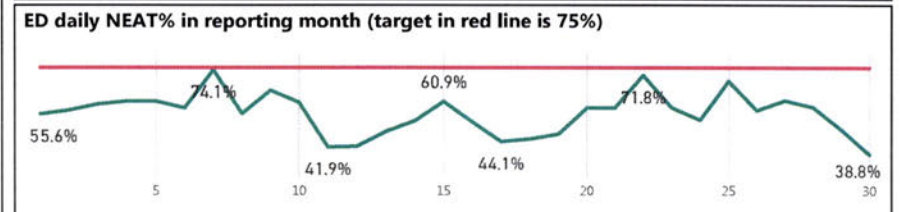
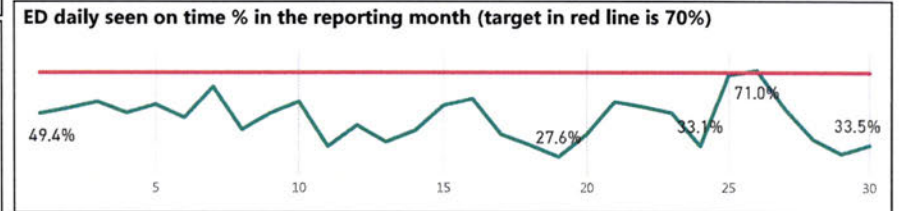
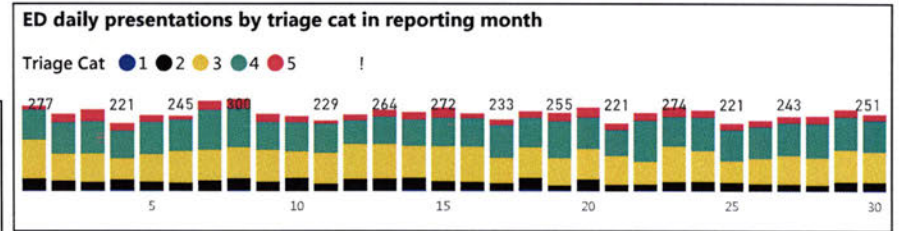
7336

ED Presentations - Year to date

74880

i	Period Item	Month					Year to Date				
		Nume	Deno	Target	Actual	toTar	Nume	Deno	Target	Actual	toTar
1	ED SoT - triage category 1	54	54	100%	100.0%	█	513	513	100%	100.0%	█
2	ED SoT - triage category 2	672	880	80%	76%	▲	6,480	8,943	80%	73%	▲
3	ED SoT - triage category 3	800	2,839	75%	28%	▲	7,458	28,469	75%	26%	▲
4	ED SoT - triage category 4	1,391	2,954	70%	47%	▲	12,035	28,091	70%	43%	▲
5	ED SoT - triage category 5	499	619	70%	81%	█	4,874	5,958	70%	82%	█
6	ED SoT - all triage categories	3,416	7,346	70%	47%	▲	31,360	71,974	70%	44%	▲
7	ED discharged within 4 hours - all	4,119	7,346	75%	56%	▲	39,372	71,974	75%	55%	▲
8	ED discharged to home within 4 hours	3,309	4,737	90%	70%	▲	31,253	45,763	90%	68%	▲
9	ED admitted to wards within 4 hours	340	1,740	36%	20%	▲	3,619	17,306	36%	21%	▲
10	ED admitted to EMU within 4 hours	470	869	70%	54%	▲	4,500	8,905	70%	51%	▲
11	ED discharged after 24 hours	31	7,346	0%	0.4%	▼	426	71,974	0%	0.6%	▼
12	ED did not wait	246	7,610	5%	3.2%	█	2,890	74,880	5%	3.9%	█
13	ED average wait minutes			45	68	▼			45	74	▼
14	ED treatment minutes			140	166	▼			140	162	▼
15	ED average bedblock minutes			60	186	▼			60	216	▼
16	Max ICU occupied throughout period			30	27	█			30	29	█

i	Period Item	Month					Year to Date				
		Nume	Deno	Target	Actual	toTar	Nume	Deno	Target	Actual	toTar
1	Elective surgeries performed			496	513	█			5422	5804	█
2	Patients waiting for elective surgery			2500	2483	█			2500	2483	█
3	Patients Ready for Care (%)			75%	86%	█			75%	86%	█
4	Urgency Cat 1 performed on time(%)	219	224	100%	97.8%	▲	2356	2,478	100%	95.1%	▲
5	Urgency Cat 2 performed on time(%)	110	204	78%	53.9%	▲	1599	2,246	78%	71.2%	▲
6	Urgency Cat 3 performed on time(%)	48	85	91%	56.5%	▲	806	1,080	91%	74.6%	▲
7	HIP%	49	513	8%	9.6%	▼	693	5,804	8%	11.9%	▼
8	Emergency surgeries performed				864					9062	



May, 2019

ED Presentations - The month

7867

ED Presentations - Same month last year

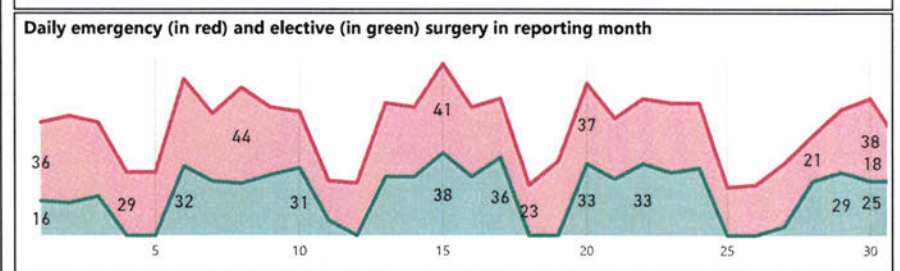
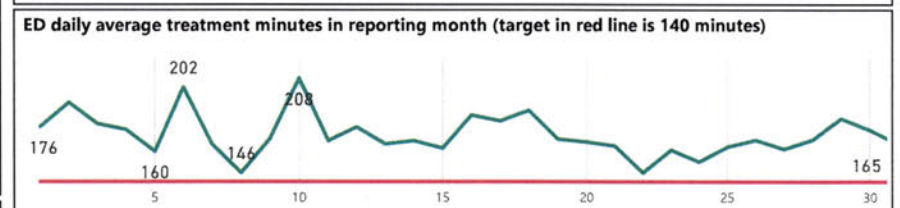
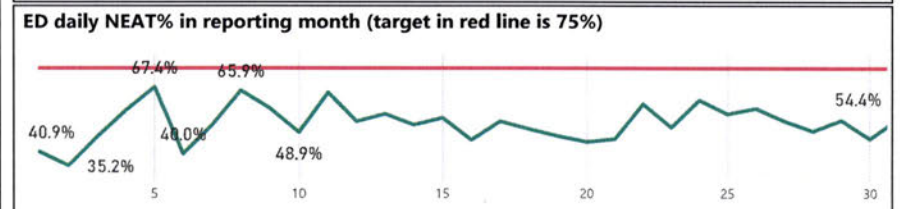
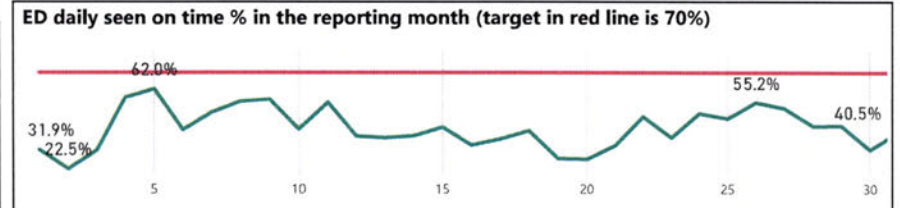
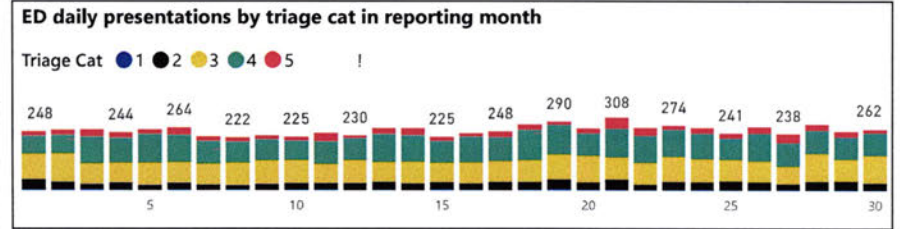
7289

ED Presentations - Year to date

82745

i	Period Item	Month					Year to Date				
		Nume	Deno	Target	Actual	toTar	Nume	Deno	Target	Actual	toTar
1	ED SoT - triage category 1	56	57	100%	98.2%	▲	569	570	100%	99.8%	▲
2	ED SoT - triage category 2	633	952	80%	67%	▲	7,113	9,895	80%	72%	▲
3	ED SoT - triage category 3	702	2,939	75%	24%	▲	8,161	31,409	75%	26%	▲
4	ED SoT - triage category 4	1,327	3,010	70%	44%	▲	13,362	31,101	70%	43%	▲
5	ED SoT - triage category 5	478	599	70%	80%	■	5,352	6,557	70%	82%	■
6	ED SoT - all triage categories	3,196	7,557	70%	42%	▲	34,557	79,532	70%	44%	▲
7	ED discharged within 4 hours - all	3,964	7,557	75%	53%	▲	43,337	79,532	75%	55%	▲
8	ED discharged to home within 4 hours	3,142	4,845	90%	65%	▲	34,396	50,609	90%	68%	▲
9	ED admitted to wards within 4 hours	369	1,800	36%	21%	▲	3,988	19,106	36%	21%	▲
10	ED admitted to EMU within 4 hours	453	912	70%	50%	▲	4,953	9,817	70%	51%	▲
11	ED discharged after 24 hours	53	7,557	0%	0.7%	▼	479	79,532	0%	0.6%	▼
12	ED did not wait	326	7,867	5%	4.1%	■	3,213	82,745	5%	3.9%	■
13	ED average wait minutes			45	75	▼			45	74	▼
14	ED treatment minutes			140	170	▼			140	163	▼
15	ED average bedblock minutes			60	214	▼			60	216	▼
16	Max ICU occupied throughout period			30	29	■			30	29	■

i	Period Item	Month					Year to Date				
		Nume	Deno	Target	Actual	toTar	Nume	Deno	Target	Actual	toTar
1	Elective surgeries performed			583	611	■			6005	6414	■
2	Patients waiting for elective surgery			2500	2478	■			2500	2478	■
3	Patients Ready for Care (%)			75%	87%	■			75%	87%	■
4	Urgency Cat 1 performed on time(%)	234	244	100%	95.9%	▲	2592	2,725	100%	95.1%	▲
5	Urgency Cat 2 performed on time(%)	158	234	78%	67.5%	▲	1758	2,481	78%	70.9%	▲
6	Urgency Cat 3 performed on time(%)	81	133	91%	60.9%	▲	882	1,208	91%	73.0%	▲
7	HIP%	39	611	8%	8.0%	▼	732	6,414	8%	11.4%	▼
8	Emergency surgeries performed			942					10004		



June, 2019

ED Presentations - The month

8087

ED Presentations - Same month last year

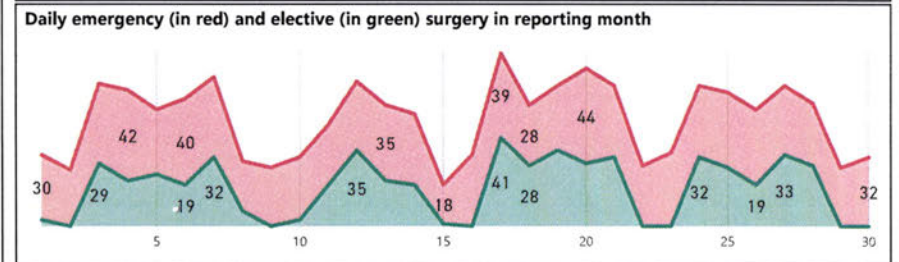
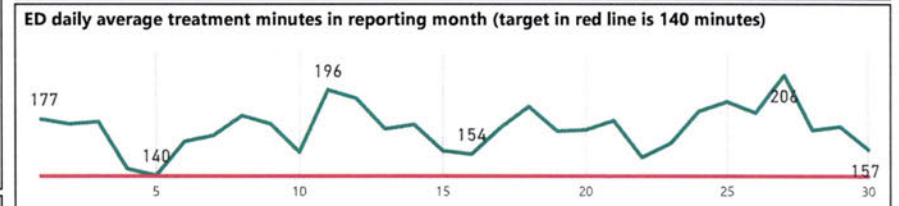
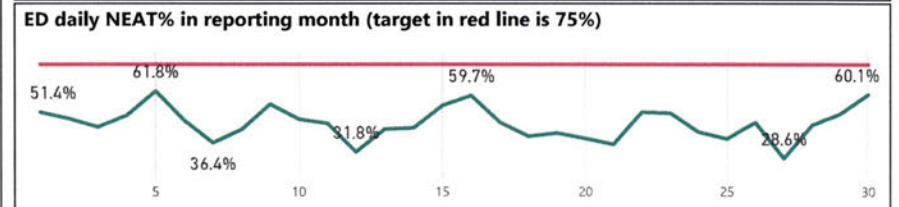
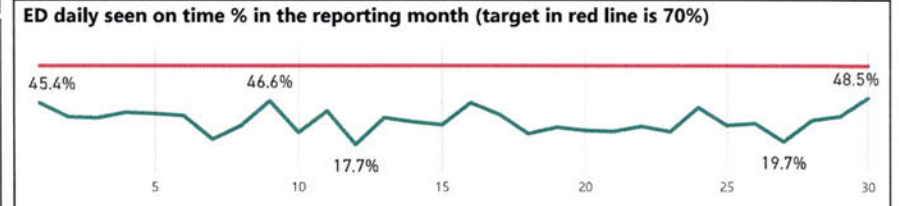
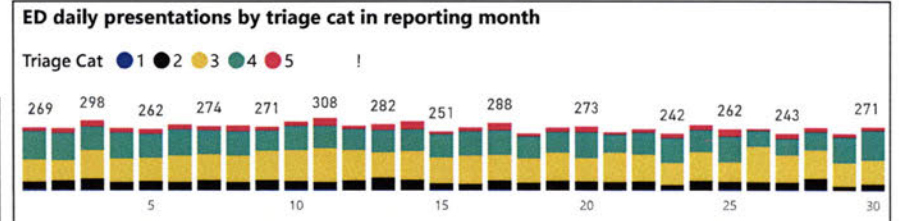
7142

ED Presentations - Year to date

90832

i	Period Item	Month					Year to Date				
		Num	Den	Target	Actual	toTar	Num	Den	Target	Actual	toTar
1	ED SoT - triage category 1	61	61	100%	100.0%	■	631	631	100%	100.0%	■
2	ED SoT - triage category 2	681	1,065	80%	64%	▲	7,794	10,960	80%	71%	▲
3	ED SoT - triage category 3	526	3,230	75%	16%	▲	8,687	34,639	75%	25%	▲
4	ED SoT - triage category 4	894	2,765	70%	32%	▲	14,256	33,866	70%	42%	▲
5	ED SoT - triage category 5	378	503	70%	75%	■	5,730	7,060	70%	81%	■
6	ED SoT - all triage categories	2,540	7,624	70%	33%	▲	37,098	87,156	70%	43%	▲
7	ED discharged within 4 hours - all	3,506	7,624	75%	46%	▲	46,843	87,156	75%	54%	▲
8	ED discharged to home within 4 hours	2,880	4,893	90%	59%	▲	37,276	55,502	90%	67%	▲
9	ED admitted to wards within 4 hours	240	1,801	36%	13%	▲	4,228	20,907	36%	20%	▲
10	ED admitted to EMU within 4 hours	386	930	70%	42%	▲	5,339	10,747	70%	50%	▲
11	ED discharged after 24 hours	70	7,624	0%	0.9%	▼	549	87,156	0%	0.6%	▼
12	ED did not wait	450	8,087	5%	5.6%	▼	3,663	90,832	5%	4.0%	■
13	ED average wait minutes			45	95	▼			45	76	▼
14	ED treatment minutes			140	171	▼			140	164	▼
15	ED average bedblock minutes			60	276	▼			60	221	▼
16	Max ICU occupied throughout period			30	28	■			30	29	■

i	Period Item	Month					Year to Date				
		Num	Den	Target	Actual	toTar	Num	Den	Target	Actual	toTar
1	Elective surgeries performed			598	537	▲			6603	6959	■
2	Patients waiting for elective surgery			2500	2463	■			2500	2463	■
3	Patients Ready for Care (%)			75%	88%	■			75%	88%	■
4	Urgency Cat 1 performed on time(%)	219	225	100%	97.3%	▲	2817	2,956	100%	95.3%	▲
5	Urgency Cat 2 performed on time(%)	145	208	78%	69.7%	▲	1905	2,691	78%	70.8%	▲
6	Urgency Cat 3 performed on time(%)	69	104	91%	66.3%	▲	951	1,312	91%	72.5%	▲
7	HIP%	64	537	8%	11.9%	▼	796	6,959	8%	11.4%	▼
8	Emergency surgeries performed				959					10963	



July, 2019

ED Presentations - The month

8031

ED Presentations - Same month last year

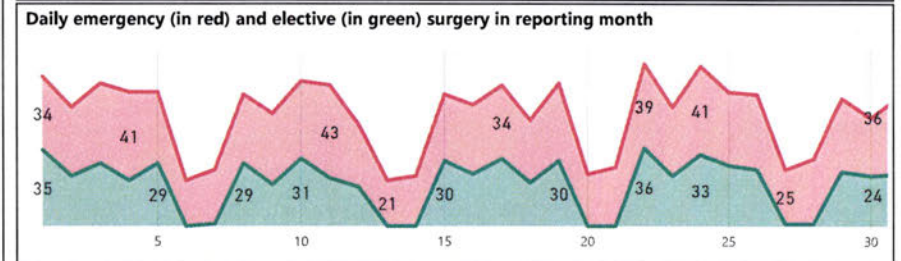
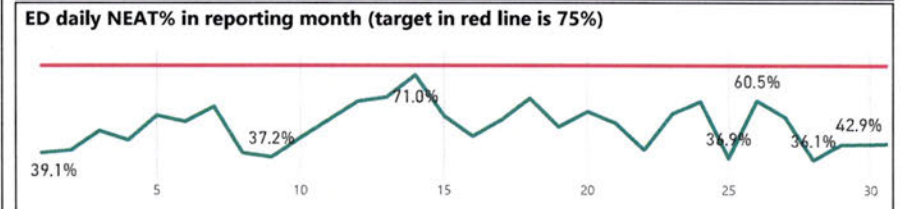
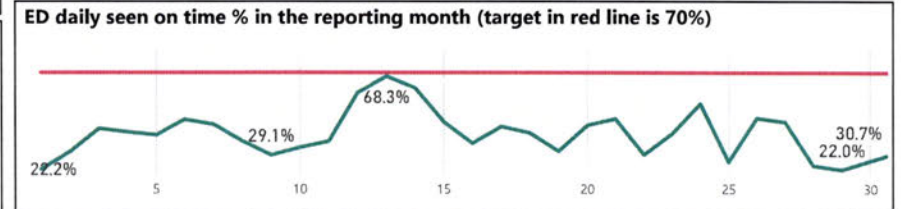
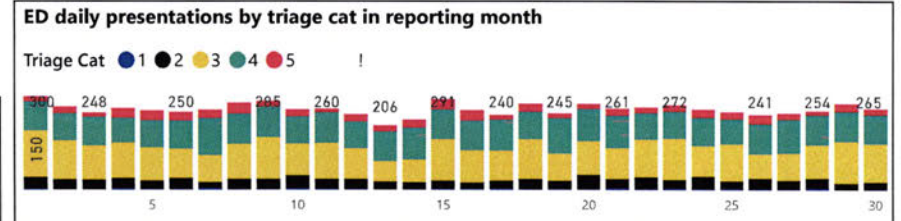
7266

ED Presentations - Year to date

8031

i	Period Item	Month					Year to Date				
		Num	Den	Target	Actual	toTar	Num	Den	Target	Actual	toTar
1	ED SoT - triage category 1	65	65	100%	100.0%	█	65	65	100%	100.0%	█
2	ED SoT - triage category 2	680	961	80%	71%	▲	680	961	80%	71%	▲
3	ED SoT - triage category 3	631	3,209	75%	20%	▲	631	3,209	75%	20%	▲
4	ED SoT - triage category 4	1,108	2,777	70%	40%	▲	1,108	2,777	70%	40%	▲
5	ED SoT - triage category 5	505	635	70%	80%	█	505	635	70%	80%	█
6	ED SoT - all triage categories	2,989	7,647	70%	39%	▲	2,989	7,647	70%	39%	▲
7	ED discharged within 4 hours - all	3,800	7,647	75%	50%	▲	3,800	7,647	75%	50%	▲
8	ED discharged to home within 4 hours	2,993	4,752	90%	63%	▲	2,993	4,752	90%	63%	▲
9	ED admitted to wards within 4 hours	373	1,958	36%	19%	▲	373	1,958	36%	19%	▲
10	ED admitted to EMU within 4 hours	434	937	70%	46%	▲	434	937	70%	46%	▲
11	ED discharged after 24 hours	57	7,647	0%	0.7%	▼	57	7,647	0%	0.7%	▼
12	ED did not wait	373	8,031	5%	4.6%	█	373	8,031	5%	4.6%	█
13	ED average wait minutes			45	84	▼			45	84	▼
14	ED treatment minutes			140	165	▼			140	165	▼
15	ED average bedblock minutes			60	228	▼			60	228	▼
16	Max ICU occupied throughout period			30	29	█			30	29	█

i	Period Item	Month					Year to Date				
		Num	Den	Target	Actual	toTar	Num	Den	Target	Actual	toTar
1	Elective surgeries performed			610	612	█			610	612	█
2	Patients waiting for elective surgery			2500	2420	█			2500	2420	█
3	Patients Ready for Care (%)			75%	85%	█			75%	85%	█
4	Urgency Cat 1 performed on time(%)	266	277	100%	96.0%	▲	266	277	100%	96.0%	▲
5	Urgency Cat 2 performed on time(%)	155	223	78%	70.0%	▲	155	223	78%	70.0%	▲
6	Urgency Cat 3 performed on time(%)	73	112	91%	65.0%	▲	73	112	91%	65.0%	▲
7	HIP%			8%					8%		
8	Emergency surgeries performed				986				986		



Ramsay, Michelle (Health)

From: Flaherty, Hannah (Health) on behalf of Chatham, Elizabeth (Health)
Sent: Monday, 9 September 2019 3:51 PM
To: Ramsay, Michelle (Health)
Subject: FW: Winter bed strategy
Attachments: CHS Winter Strategy April 19 20190405.doc

UNCLASSIFIED

**Hannah Flaherty | Ag Executive Assistant to
 Linda Kohlhagen, Ag Chief Operating Officer**
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Canberra Health Services | ACT Government
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RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Sent: Tuesday, 9 April 2019 4:03 PM
To: Bone, Chris (Health) <Chris.Bone@act.gov.au>; Boyd, Kerry (Health) <Kerry.Boyd@act.gov.au>; Bracher, Katrina (Health) <Katrina.Bracher@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Dugdale, Paul (Health) <Paul.Dugdale@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>; Grace, Karen (Health) <Karen.Grace@act.gov.au>; Jeffrey, Hamish (Health) <Hamish.Jeffrey@act.gov.au>; Kohlhagen, Linda (Health) <Linda.Kohlhagen@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Wood, Daniel (Health) <Daniel.Wood@act.gov.au>
Cc: Bone, Chris (Health) <Chris.Bone@act.gov.au>; O'Connell, Lynette (Health) <Lynette.O'Connell@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Subject: Winter bed strategy

Dear All,

As discussed at Exec this morning, briefly, please find the draft aft winter bed strategy for your input/comment. Can I please have your feedback by COB Friday so it be considered/incorporated prior to the document being tabled at next week's exec for discussion.

Cheers Liz

Elizabeth Chatham

Executive Director Division of Women, Youth & Children
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Care ▲ Excellence ▲ Collaboration ▲ Integrity

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Canberra Health Services

Winter Management Plan 2019

Contents

1	Introduction.....	4
1.1	Background	4
1.2	Previous strategies.....	4
1.3	Summary of Additional Beds	5
2	Existing Activities	6
3	Winter Management Plan - Activities.....	7
3.1	Opening additional beds	7
3.2	Emergency Department	7
3.3	Additional General Medicine/ Respiratory Medicine Beds (16 additional beds).....	8
3.4	Geriatric Medicine (6 additional beds)	8
3.5	Surgery beds (10 additional beds)	8
3.6	Intensive Care (2 additional beds).....	8
3.7	Cancer, Ambulatory and Community Health (8 Additional Beds).....	9
3.8	Paediatrics	9
3.9	3.10 Allied Health Services – Acute Support.....	9
4	Business Disciplines	9
4.1	Use of Surge beds.....	9
4.2	Utilisation of isolation beds.....	10
4.3	Management of Influenza Like Illness (ILI)	11
4.4	Supporting Initiatives.....	12
5	Workforce – Roles and Responsibilities.....	12
5.1	Chief Operating Officer	12
5.2	Executive Directors.....	13
5.3	Medical Teams.....	13
5.4	Nursing Teams	13
5.5	Allied Health Teams.....	14
5.6	Ward Services Staff	14
5.7	Patient Flow Unit.....	14
5.8	After Hours Hospital Management team.....	14

6 Hospital in the Home..... 15

7 Community Winter Messaging Campaign 15

1 Introduction

1.1 Background

The Canberra Health Services (CHS) Winter Management Plan forms part of the ACT Winter Demand Management Plan for the Territory. This plan is designed to provide a flexible, timely response to the pressure on CHS at times of peak demand.

It is important to note that the CHS Winter Management Plan covers the period from 11 July to 27 November 2019 and includes:

- The judicious insertion of additional capacity (beds/staffing) for the Winter period in key areas of the Organisation
- A clear communication strategy inclusive of:
 - Messaging to the community
 - Messaging inside the Organisation
 - A focus on messaging to senior medical staff
 - Clear daily and weekly reporting methodologies; and
 - A clear focus on daily bed management disciplines to improve bed access for the next patient
 - Escalation strategies and expectations

The plan is linked to the following policies and protocols:

- CHS Admission Discharge Policy
- Emergency Department Patient Flow Internal Escalation Pathway
- Emergency Department Direct Admissions Protocol
- Infection Management Policies and Protocols

Both the Patient Flow Unit (PFU) and After Hours Hospital Managers (AHHM) are referenced in this document as both have responsibility for patient flow, notably AHMs from 20:00 hrs to 08:00 each working day and after 4:30 on Saturday and Sunday.

1.2 Previous strategies

In 2017 and again in 2018, the CHS Winter Management Plan was implemented. It included the utilisation of:

- Up to 16 beds on Ward 7B Bed Strategy (7B-BS) were utilised as surge medicine beds
- The use of 16 beds on 7A and 9B, noting these beds are now back in funded numbers
- 4 swing beds available on 6B.
- 2 swing beds available on 5B
- 4 swings beds available on 10A
- 6 swing beds available on ACE/GAPU
- Up to 12 beds in paediatric surgery ward for additional paediatric patients

Even acknowledging the lower than average influenza presentations in 2018, a review of the CHS Winter Management Plan indicated that it had significantly improved the management of patient flow throughout the assigned winter period. There were fewer incidences of Capacity Alert Level 2-3, even while ED was operating with higher presentations than during non-Winter months. The number of patients waiting for long periods for beds was also significantly reduced (see Table 3).

Current projections (occupancy) indicate that the 2019 winter period will place a higher demand on CHS than experienced in 2018, and therefore an expanded winter strategy is required. In 2019 the Winter Management Plan will need consider and plan for the following:

- Ongoing high demand for:
 - Emergency Department (ED) services – see Table 1
 - Emergency surgery services is projected to grow at 6% per annum
 - Intensive Care Unit (ICU) services noting current high occupancy with the expectation of increased respiratory illnesses
- Building 1 – planned hydraulic works noting pre-winter ward moves (Ward 7A to 7B) that is required to facilitate works
- Adult Mental Health Unit – planned works for ligature minimisation

Table 1 – ED Winter Data July-November 2016-2019

Year	ED Presentations	EMU Admissions	Ward Admissions
2016	1160	164	287
2017	1233	160	275
2018	1215	142	284
2019 *	1266	149	285

* Predicted by FBI, CHS

In 2019 the CHS Winter management Plan has been expanded to include the use of up to:

- 22 surge beds
- 32 additional adult ward beds
- 12 surge paediatric beds

1.3 Summary of Additional Beds

Table 2 – Summary of Winter Bed Management with bed increases by Division and Ward

Division	Ward	Unit	Increase in bed numbers	Currently in use (open year round for surge capacity)
Critical Care	ICU	ICU		2
Medicine	7B	Medicine/GMU	16	
RACC	7B	Geriatric	16	
	ACE	Geriatric		4
	11B	Geriatric		2
Surgery	10A	General Surgery,		4
	5B	ENT		2
	6B	Cardiothoracic		4
CACH	4A	Oncology		4
	14 B	Haematology		0
Paediatrics	Paeds surgical	Paeds		12 flexible
TOTAL			32	22 + 12 flex paeds

*Bed opening is dependent on 14B building works

2 Existing Activities

There are a number of existing activities in place to assist patient flow across the hospital. These strategies, in place all year round, seek to improve patient flow in a general sense rather than being specific to periods of peak demand. The following have specific relevance to the 2019 winter strategy:

- a) **The CHHS Services Capacity Escalation Response Procedure during Hours & after Hours** (attached). This procedure sets out the broader CHS approach to identifying and responding to Canberra Hospital capacity during high demand situations, or where capacity exceeds available service access where;
- **Alert Level 1** – Beds available for new admissions and patient flow being achieved
 - **Alert Level 2** – Limited availability of beds, patient flow is compromised
 - **Alert Level 3** – Bed availability critical despite use of surge beds, services disrupted.
- b) **The use of Surge Beds**
As outlined in the *CHS Capacity Escalation Response Procedure*, surge beds consist of additional hospital capacity beds that are not routinely staffed but can be available for operational use at short notice. Surge beds are a way of responding to peaks in demand and can be activated at short notice with additional staffing. It is important to note that the bias is to not routinely open these beds due to the demand this places on Organisational staffing resources
- c) **Systematic application of ED Internal Escalation Pathway**
Currently employed in the ED, this assist the clinicians to respond to departmental flow issues. The plan is supported by the ED Leadership Team, who are responsible for proactively identifying tipping points and triggers relating to both patient demand and patient flow, e.g. increase in ED LOS. It is the responsibility of the ED Navigator to escalate to the Chief Operating Officer or delegate when trigger points are identified.
- d) **Application of the ED Direct Admission Protocol**
This provides authority for senior ED medical staff to facilitate and, as necessary appoint an admitting team to allow patient care to be provided in an appropriate setting and timeframe.
- e) **Patient Flow Meetings**
The purpose of these meetings is early identification of patient flow opportunities, barriers to discharge, and as required a clear path for the escalation of identified issues. Unsolved issues are to be escalated next higher level meeting.
- 08:00hrs: Ward huddles to identify discharges, EDD and barriers to discharge
 - 09:00hrs: ED huddle which focuses on the pressure points in the ED, staffing and issues surrounding operational requirements for the day.
 - 09:30hrs: Patient Flow Meeting to discuss the operational requirements of CHS as a whole. Includes ED status, critical care capacity, elective admissions as well as interhospital, interstate and ACT Hospital transfers.
 - 10:30hrs: Executive Escalation Meeting
 - 15:30 hrs: Handover meeting to review available beds and workforce capacity for the next 24 hrs, including the planning of organisational patient flow and escalation of issues for a resolution.
- f) **Daily Reports**
CHS utilises the following daily reports to keep frontline leaders informed and provide a wider view of hospital performance. These reports include:
- NEAT performance Report
 - Long Stay Patient Reports
 - CHS ED Times Report
 - CHS Daily Dashboard

These reports are provided to Executive Directors, Unit Medical Directors, DONs, ADONs and CNCs as tools that can be used to manage operational performance

g) Health Round Table (HRT) Monthly Reports

Executive Directors, Unit Medical Directors, DONs, ADONs and CNCs are provided with monthly HRT reports that contain proved relative LOS-data and complication rates. These reports can be, and in some wards/units are used, to inform and drive improved operational performance.

h) The Timely Care Committee

This ongoing Committee has been established to focus on the delivery of *Timely Care* to our patients. Key strategies that focus on optimising operational procedures to assist flow will be trailed over the coming months, the aim being to improve the overall performance of CHS.

Working groups include:

- Ward Processes/Estimated Date of Discharge (EDD) Working Group
- Emergency Department Working Group
- Other Barriers to Discharge Working Group
- Ambulatory Care (Patient Flow) Working Group
- Patient Flow processes Working Group

i) Long Stay Committee to be established and terms of reference to be determined.

3 Winter Management Plan - Activities

Underpinning the planning for winter capacity is the need for additional bed capacity across the Organisation. This additional capacity will be appropriately funded as part of the 2019/20 budget build.

3.1 Opening additional beds

The winter strategy will be implemented for a defined period of 11 July to 27 November 2019. Core principles around opening of the additional beds are as follow:

- a) The additional beds will be staffed and kept open throughout the winter period. *Note: ability maintain beds is dependent on staffing and this is will be a key challenge*
- b) If operational demand falls the additional beds will be closed. *Note: flexibility around staffing will be required*
- c) Where possible patients will be placed in their home units/divisions with the specific intent being to minimise the number of outlier patients.
- d) Additional medical, nursing, allied health, administration and support service staff have been factored into the budget build for the Winter Management Plan for 2019.

3.2 Emergency Department

The demand for additional ED capacity is acute during the winter period. The increase in demand is demonstrated in Table 3, below that outlines performance over the last 4 winter periods.

Table 3: Winter Performance 2015-2018

Data point	July - Nov 2015	July - Nov 2016	July - Nov 2017	July - Nov 2018
4 hour performance %	53.9%	70.4%	59.6%	55.8%
Did not wait %	5.9%	2.8%	4.2%	3.8%
Total presentations July - Nov	31,683	35,452	37,747	37,180