



For
the
Future

300 more
hospital
beds

South
Australian
Labor

Acknowledgment of country.

We acknowledge and respect the Traditional Custodians whose ancestral lands we live and work upon and we pay our respects to their Elders past and present. We acknowledge and respect their deep spiritual connection and the relationship that Aboriginal and Torres Strait Islander people have to Country. We also pay our respects to the cultural authority of Aboriginal and Torres Strait Islander people and their nations in South Australia, as well as those across Australia.



300 MORE HOSPITAL BEDS

HOSPITAL	NEW BEDS
New Women's and Children's Hospital	50
Modbury Hospital	72
New Mount Barker Hospital	68
Flinders Medical Centre	24
Lyell McEwin Hospital	24
The Queen Elizabeth Hospital	24
Noarlunga Hospital	24
Gawler Hospital	16
Mount Gambier Hospital	8
TOTAL EXTRA HOSPITAL BEDS	310
Plus Mental Health Community Beds	20
Plus Drug Rehabilitation Beds	20
TOTAL EXTRA HOSPITAL AND COMMUNITY BEDS	350

112 MORE

HOSPITAL BEDS

PART OF OUR
300 MORE
BEDS POLICY

WHY WE'RE DOING THIS

Ramping has increased by 485% since the Liberals came to power, the worst it's been in South Australia's history.

Adelaide has the worst response times in the nation, with 10% of 000 calls waiting 34.4 minutes or more, compared to a national average of just 22 minutes.

Last year, paramedics were ramped for 28,160 hours. That's 1,173 days – or 3.2 years – of our ambos' time, sitting outside a hospital instead of responding to the next 000 call.

In October last year we experienced the worst month of ramping in South Australian history, at 2,868 hours – just one month before the Marshall Government opened our borders to COVID-19.

In January, paramedics experienced a week where just 32% of Priority 2 lights-and-sirens cases were reached on time. Under Labor, 85% of these cases were reached on time.

Paramedics are increasingly speaking out about "uncovered" call-outs – 000 calls left waiting with no ambulance available to respond.

Ambulance ramping has increased 485% under Steven Marshall's Liberals



Source: SA Ambulance Service, Transfer of Care Delays for Ambulances (Ramping) hours per month 2014 to 2021.



Marshall's Mad Max moment as Lib costings questioned

A gaffe from Health Minister Stephen Wade set the tone for the Marshall Government's day on the hustings, as an overnight half-billion dollar hospital expansion pledge was whittled down to less than a quarter of that amount.

InDaily | 24 February 2021

The source of ramping is “bed block”; patients stuck in beds too long, preventing other patients who need these beds from accessing them. This is caused by a severe lack of resources inside and outside our hospitals.

Only 61% of South Australian emergency department patients are seen on time – dropping 4% since last year and compared to a national average of 71%.

SA is the worst mainland state for the length of time patients spend in the ED – with 39% of patients spending more than four hours waiting for a bed.

Under the Liberals, ramping hit record levels – and it’s only getting worse. In 2021, ramping was 485% worse than just four years ago, before the Liberals came into Government.

Frequently our public hospitals are occupied by South Australians who are in a stable condition, but not ready to go back home. This includes patients waiting for placement in an aged care facility, or for an NDIS support package.

Far from fulfilling their promises at the last election to increase bed numbers, the Liberals have spent most of their time in office trying to reduce bed numbers.

While boasting about a marginal increase in emergency department beds, they’ve failed to address the dire lack of inpatient beds – simply creating a bigger funnel for an overflowing hospital system and exacerbating existing “access block”.

And in their first two years of Government, the Liberals cut \$11 million from ambulance services.

The longest wait in the nation

22 mins

NATIONAL AVERAGE

34.4 mins

ADELAIDE

Source: Productivity Commission Report on Government Services 2022 - ambulance response times 2020-21, 90th percentile

‘Just let me die’: 93-year-old woman stuck in ramped ambulance at RAH for three hours

A 93-year-old dementia patient stuck in a ramped ambulance for three hours on Monday morning pleaded with her daughter to let her die.

AdelaideNOW | 10 May 2021





Lyell McEwin Hospital

It was Labor who invested \$373.3 million to upgrade Lyell McEwin Hospital when we were last in Government.

It was Labor who funded and planned the redevelopment of the emergency department at the Lyell McEwin Hospital that the Liberals have been all too willing to take credit for.

And it was Labor who created expansion capacity at the Lyell McEwin for future beds when they were needed, with an entire empty floor available on the southern side of the hospital.

The Liberals will happily claim all the credit for our ideas, but they've failed to invest in the future of Lyell McEwin Hospital.



Modbury Hospital

In 2017, Labor announced a fully-funded commitment for a \$90 million expansion of Modbury Hospital, including a boost to surgical capacity and beds to reduce ramping.

Under the Liberals we have seen significant instances of ramping at Modbury Hospital, just like the rest of our metropolitan hospitals – there is clearly a need for additional hospital capacity.

While the Marshall Liberal Government was happy to take all the credit for Labor's commitments to Modbury Hospital, they have failed to plan for the emerging health needs of the North East.

Gawler Hospital

The peri-urban community of Gawler and surrounds is a growing area, and Gawler Hospital must expand to meet the health needs of its expanding population.

More bed capacity at Gawler Hospital can also help to reduce the pressure on the overwhelmed Lyell McEwin Hospital.



All SA's public hospitals were over capacity on Monday, with 'internal disaster' recorded at Flinders Medical Centre

The Advertiser | 3 May 2021

Flinders Medical Centre

Many of the most shocking examples of ramping we've seen were at Flinders.

Countless videos of piled-up ambulances, "Code Yellow" disaster hospital overcrowding, and deaths on the ramp.

Labor invested \$385 million into Flinders Medical Centre when last in government.

The Liberals' only commitment to Flinders was an emergency department expansion, which the Premier declared as a key plan in his plan to "fix" ramping "almost immediately."

But the project came under fire for a net zero increase of beds at the hospital – closing 30 hospital beds at the same time.

Just days after the new emergency department opened, paramedics revealed "a new record" for the worst ramping at Flinders – with two elderly patients ramped for over seven hours.

Flinders needs more hospital beds so patients can leave the emergency department, reducing ramping.



Elderly woman dies after ramped for more than an hour in ambulance at Flinders Medical Centre carpark

An elderly woman taken to Flinders with a non-life-threatening condition died after her ambulance was ramped for more than an hour because of overcrowding, the union says.

The Advertiser | 20 September 2019

Third patient dies this year after ramping outside of Adelaide hospital

ABC News | 18 November 2019



112 HOSPITAL BEDS

**PART OF OUR
300 MORE
BEDS POLICY**

COST: \$213 million

Labor will open 112 hospital beds across both metropolitan and peri-urban Adelaide, as part of our 300 more beds policy.

These additional sub-acute beds will directly contribute to fixing the ramping crisis, by freeing up acute beds and spaces in emergency, allowing patients more appropriate environments for recovery and rehabilitation.

Labor will deliver 112 additional sub-acute hospital beds in total, fully funded for the next four years, including:

- ✓ 48 sub-acute beds at Modbury Hospital
- ✓ 24 sub-acute beds at Flinders Medical Centre
- ✓ 24 sub-acute beds at Lyell McEwin Hospital
- ✓ 16 sub-acute beds at Gawler Hospital



MODBURY HOSPITAL

COST: \$87 million

Labor will open 48 permanent sub-acute beds at Modbury Hospital as part of a \$169 million investment in improving health for North East residents.

The staff to operate and use these beds fully funded in our commitment.



Source: GoogleMaps

LYELL MCEWIN HOSPITAL

COST: \$49 million

A Malinauskas Labor Government will open 24 permanent sub-acute beds at Lyell McEwin Hospital, costed to be fully staffed and online in 2025.

These beds will be constructed in the cold shell that was created for future capacity under Labor’s LMH Stage C redevelopment.



Source: The Bunyip Press

GAWLER HOSPITAL

COST: \$28.3 million

Labor will operate 16 permanent sub-acute beds at Gawler Hospital, to meet the growing needs of this peri-urban community and help reduce ramping across the state.

These beds will help to reduce the pressure on the Lyell McEwin Hospital.



Source: The Advertiser

FLINDERS MEDICAL CENTRE

COST: \$49 million

Labor will open 24 permanent sub-acute beds at Flinders Medical Centre, costed to be fully staffed and online in 2025.

These additional beds will help to repair the damage from when the Liberals closed inpatient beds at the hospital as part of the emergency department works.

98 MORE

PART OF OUR
300 MORE
BEDS POLICY

MENTAL HEALTH BEDS

WHY WE'RE DOING THIS

The cause of ramping is “bed block” – patients stuck in the emergency department, blocking those on the ramp or in the waiting room from accessing a bed. And a major cause of “bed block” is mental health presentations.

Too many South Australians are cycling in and out of hospital experiencing severe mental ill-health, with a lack of longer-term rehabilitation beds meaning these South Australians never get the care they need to recover.

Hospital doctors estimate up to 50% of emergency department beds are frequently occupied by mental health patients with nowhere else to go.

The Australasian College of Emergency Medicine conducted an analysis of emergency department waits, specifically looking at the Royal Adelaide Hospital.

They found 100% of the 20 “access blocked” patients (waiting 8+ hours) were mental health.

Hundreds of mental health patients are stuck for days on end in ED, a practice doctors have described as unethical and a breach of human rights.

Lengthy stays drastically worsen the condition of mental health patients. It's far from a therapeutic and calming environment and can lead to an increased use of medical or physical means to control the patient – when it didn't need to get to that point.

Only 57.3% of South Australians seeking urgent mental health care at emergency departments get seen on time – the worst result of any mainland state.

And 10% of South Australian mental health presentations are waiting to be seen in EDs for longer than 143 minutes, compared to a national average of just 101 minutes.

A report from the Chief Psychiatrist found that 1 in 3 mental health patients are ramped.

Extreme waits for mental health patients have increased 350% under the Liberals' watch – from 327 in 2017, to 1503 in 2020.

Up to 60% of calls to the Mental Health Triage – the key hotline for responding to South Australians experiencing a mental health crisis – are going unanswered.

The problem is only worsening under the impact of COVID-19, with many South Australians facing uncertainty, job loss, and social isolation.

Instead of increasing beds, the Liberals closed 30 mental health beds across the western and southern suburbs in January.

And the Marshall Government commissioned a savings report from KordaMentha which last year recommended closing other mental health beds.

The Liberals' failure to address the mental health crisis extends far beyond our hospital doors, and into community services.

The Marshall Liberal Government axed millions of dollars in funding from non-government organisations running mental health programs that were keeping people out of hospital.

The Federal Productivity Commission shows that in SA mental health funding was cut by \$5.3 million and nine community mental health beds were axed from 2018-19 to 2019-20.¹

¹ ROGS 2022, Table 13A.6, 13A.14

24-hour bed wait in emergency departments for 1446 mentally ill SA patients

The Advertiser | 5 May 2021

We must act: Mental health chief's emails warned of dysfunction and lack of resources crippling SA's mental health system

Jacqueline Cosgrove is haunted and angry. This grieving mum is the face of SA's mental health crisis, as a sacked whistleblower warns the system faces "utter chaos".

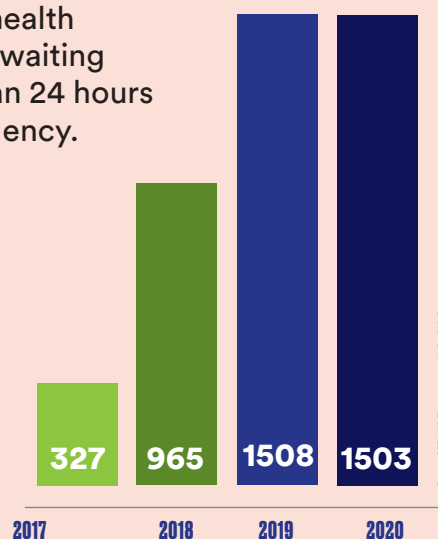
The Advertiser | 9 April 2021

SA ED wait times for mental health patients branded 'worst in world'

InDaily | 18 June 2021

Patients waiting > 24 hours

Mental health patients waiting more than 24 hours in emergency.



**PART OF OUR
300 MORE
BEDS POLICY**

98 EXTRA MENTAL HEALTH BEDS

Labor commits \$182 million to establish 98 more mental health beds over the next four years.

This represents the biggest investment in mental health in over a decade.

72 MORE METRO MENTAL HEALTH BEDS

COST: \$158 million

Clinicians tell us what's most urgently needed to address long, and often harmful, hospital stays and bed block leading to ramping, are more mental health rehabilitation beds.

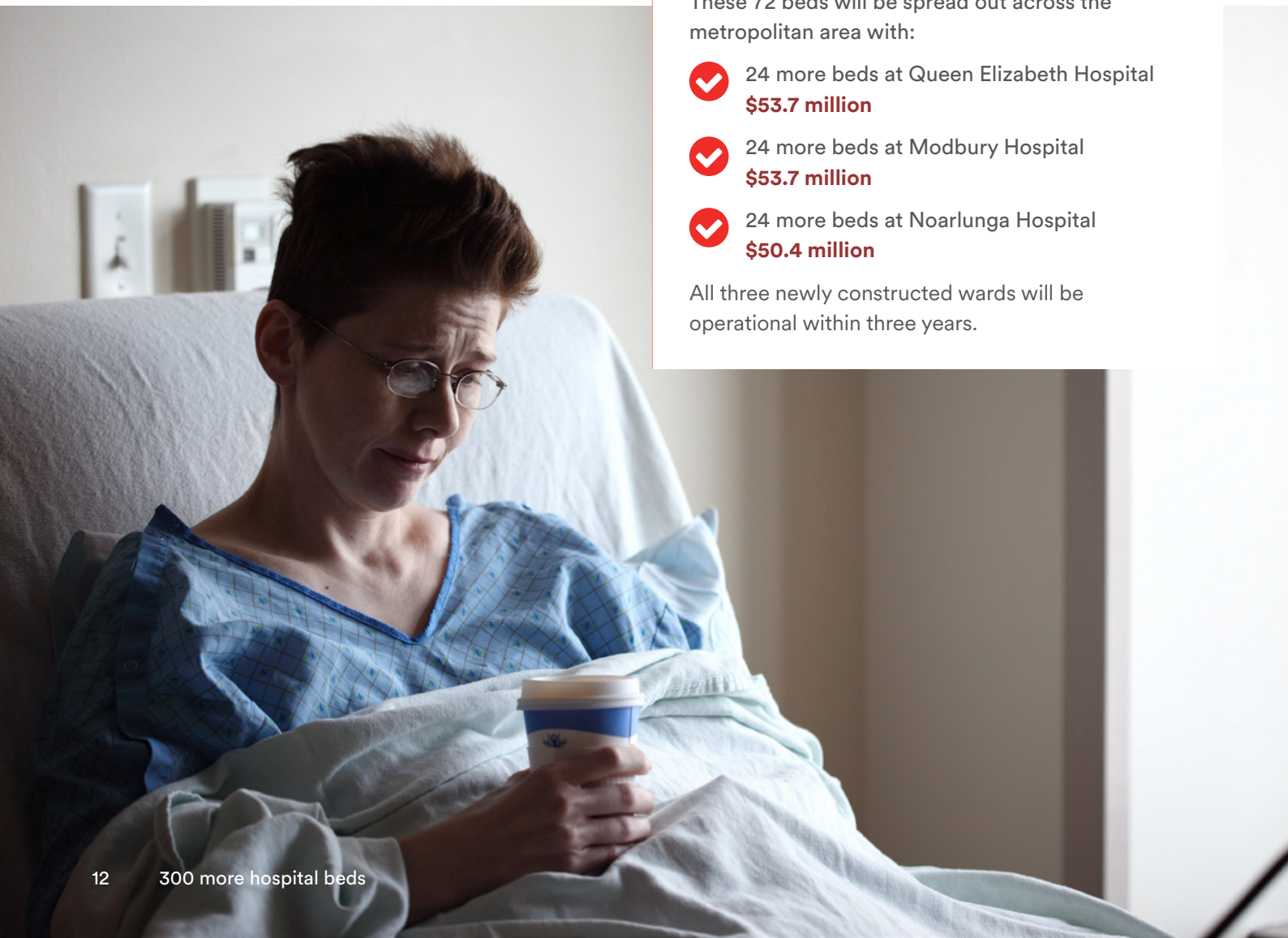
These are beds targeted at more complex mental health conditions; South Australians who need several weeks of care to stabilise and receive the help they need.

Labor will build and open 72 new mental health rehabilitation beds, so that more people can get the treatment they need, without being stuck for days in emergency departments contributing to ramping.

These 72 beds will be spread out across the metropolitan area with:

- ✓ 24 more beds at Queen Elizabeth Hospital
\$53.7 million
- ✓ 24 more beds at Modbury Hospital
\$53.7 million
- ✓ 24 more beds at Noarlunga Hospital
\$50.4 million

All three newly constructed wards will be operational within three years.





20 NEW MENTAL HEALTH COMMUNITY BEDS

COST: \$12.7 million

Labor will significantly boost funding to community mental health hospital-in-the-home care and extend program funding contracts to three-year terms.

This investment will establish 20 additional mental health community beds, providing care in the home for those who need it.

This boost to community mental health will help keep more South Australians out of hospital, further reducing ramping.

These 20 additional community mental health beds will be in operation in 2023.

SIX MORE REGIONAL MENTAL HEALTH BEDS

COST: \$11.4 million

The Limestone Coast has been crying out for additional mental health support, but Mount Gambier Hospital has just six mental health beds to manage a significant demand.

Clinicians warn they are frequently and substantially above their six-bed capacity, treating mental health patients in other areas of the hospital and overburdening staff.

Labor will further invest \$11.4 million into building and then operating six mental health beds at Mount Gambier Hospital, doubling the size of the hospital's mental health unit.



A NEW MOUNT BARKER HOSPITAL

**PART OF OUR
300 MORE
BEDS POLICY**

WHY WE'RE DOING THIS

Mount Barker is one of South Australia's largest cities, set to grow dramatically in coming decades after already experiencing significant population growth over the past 10 years.

The Mount Barker region's population was 37,000 as at 2020, and predicted to grow to 56,000 by 2036.

Mount Barker Hospital admitted 7,592 patients in 2019-20 compared to just 3,293 patients in 2011-12 – more than doubling its intake – without the beds and resources to keep up.

Attendances at the local emergency department grew from 14,812 to 19,224 – a 30% increase – in the 12 months between July 2020 and July 2021 alone.

The hospital has just 34 beds to cover a population approaching 40,000.

This means that many people in the Adelaide Hills must travel to the Royal Adelaide Hospital or Flinders Medical Centre for treatment, increasing pressure on those hospitals and further heightening the ramping crisis.

Paramedics are fatigued and overworked spending vast amounts of their shift transferring patients from Mount Barker to city hospitals, and then getting ramped.

Even with Labor's significant commitment for additional Adelaide Hills ambos, this problem won't go away without establishing more locally-based health services.

The Adelaide Hills' health Governing Board meeting minutes show an urgent need for massive upgrades to the hospital. The Board noted an "extreme" risk for the local community continuing to grow with the current lack of health services.

The Government has failed to commit to additional services at the hospital beyond an emergency department upgrade.

The Mount Barker Mayor and former nurse Ann Ferguson has warned repeatedly that there is a need for an entirely new hospital, not just a piecemeal approach.

The local Federal MP, Rebekha Sharkie has stated there is an identified \$200 million need including for additional inpatient beds, expanded surgery and theatres, and additional chemotherapy.



"...it's common practice at the start of our shift that the Mount Barker, Woodside and Stirling ambulances ... will head towards the local hills hospitals and transfer them down to the Adelaide hospitals where we are then ramped for several hours at a time leaving the entire Adelaide Hills area uncovered or inadequately covered for the next emergency that comes..."

Adelaide Hills paramedic Nick

3 November 2021

Doctors and nurses have suggested that 100 beds are required to meet the growing population's needs.

Clinicians have further identified the need for on-site imaging and pathology, a key reason why more complex cases can't be treated at Mount Barker and instead get transferred to the city.

Mental health services are sorely needed, with the Mount Barker community already experiencing tragedies following a lack of local access to support.

As the Adelaide Hills population ages, there is an increased demand for additional health care catered to older South Australians, allowing them to exit acute hospital care or prevent them needing that care in the first place.

And as more young couples and families move into growing suburbs like Mount Barker, there is a clear need for additional maternity care.

HEALTH EMERGENCY

The number of ambulance crews in the Hills has not increased in more than 20 years which is creating a dangerous situation that is putting lives at risk, local paramedics have warned.

Mount Barker Courier | 15 September 2021

'Game of roulette': Paramedics call on state government to end Adelaide Hills ambulance crisis

There's only one ambulance to serve a growing Hills community and paramedics say they are forced to 'roll the dice' on who will get care.

Messenger Adelaide Hills | 9 November 2021

ED on divert

Ambulances were diverted away from the Mt Barker Hospital's emergency department one night last week, as a paramedic says the region's planned new emergency department may still be under pressure when it opens.

Mount Barker Courier | 22 December 2021

**PART OF OUR
300 MORE
BEDS POLICY**

A Malinauskas Labor Government will:

BUILD A NEW MOUNT BARKER HOSPITAL

COST: \$220 million

A Malinauskas Labor Government will deliver a brand-new 102-bed Mount Barker Hospital, tripling the size of the old hospital.

The new site will increase the size of the current hospital from 34 to 102 beds, with construction set to commence in the next three years.

The hospital's bed numbers are increasing in line with community population growth and in comparison to hospitals in other large regional towns.

The additional beds will be subject to extensive community consultation, but will include:

- ✔ A new 12-bed mental health unit, introducing inpatient mental health services to the hospital for the first time;
- ✔ Rehabilitation beds targeted at helping older South Australians needing longer-term care outside the emergency department;
- ✔ Maternity beds, enabling the hospital to provide care for the substantially increased demand on its birthing services;
- ✔ Additional medical and surgical beds, expanding the hospital's capacity; and
- ✔ Palliative care beds for end-of-life care closer to home.

The new hospital will feature on-site pharmacy, pathology and radiology services, upgraded outpatient clinics and modern operating theatres.

Chemotherapy equipment will be upgraded with consultation undertaken to consider increasing Mount Barker's chemotherapy services from low to medium complexity, allowing Adelaide Hills residents to access more cancer care close to home.

All services available at the current hospital site will be continued at a minimum.

The hospital's emergency department will have expanded 17-bed capacity as a bare minimum, with community and clinician consultation to determine if there is a need for further expansion. The new hospital is expected to be completed by 2027, with \$95 million of the \$220 million total cost in the forward estimates up to 2025/26 and the full project budget by 2026/27.

The new hospital will factor in capacity for further expansion, future-proofing the hospital to meet the community's needs decades from now.

Planning for the new hospital will begin immediately with local clinician and community input being sought in 2022 on the site location, service structure and model of care.

**PART OF OUR
300 MORE
BEDS POLICY**

50 MORE BEDS AT THE NEW WOMEN'S AND CHILDREN'S HOSPITAL

WHY WE'RE DOING THIS

The Marshall Liberal Government has failed to listen to doctors, health workers and families on what's needed at the new Women's and Children's Hospital.

As a result, clinicians are warning the Government's plans fail to meet current, let alone future demand on their services.

Women's and Children's Hospital clinicians last year voiced substantial concerns about the direction of the delayed new hospital build. The Government's "Functional Design Brief" was rife with warnings from doctors, nurses, and allied health that the document ignored their feedback, was missing basic information, and failed to account for future hospital demand.

When we look at the Liberals' plans for paediatric and adolescent overnight beds, the Government is planning one less bed than at the current site.

Paediatric & Adolescent overnight beds	Current WCH	New WCH
Paediatric medical	71	72
Adolescent (Medical & Surgical)	18	20
Paediatric Surgical	40	40
Paediatric Surgical 23 hour unit	36	24
Acute Mental Health Beds	12	12
Paediatric ICU	13	16
Oncology	9	14
TOTAL OVERNIGHT BEDS	199	198 (-1)

Source: SA Health, "New Women's and Children's Hospital - proposed Clinical Capacity document"

'Massively understaffed': Frontline doctors speak out about WCH 'crisis'

InDaily | 1 September 2021



Clinicians critical of new Women's and Children's Hospital plan due to bed shortage concerns
29 Apr 2021

ABC News | 29 April 2021

Girl's appendix bursts at Adelaide hospital after waiting eight hours for surgery

The Guardian | 12 April 2021

While the Liberals talk about more “treatment spaces”, these include areas like recovery bays from surgery, and not only the critical overnight beds needed for sick children.

A hospital staff “FAQ” document states that not all beds will be open on day one, instead opening “progressively” – indicating a potential further reduction in beds compared to the current site.

“It’s important to note not all treatment spaces will be open on day one of operations. They will be opened progressively as the projected increase in population and associated demand occurs.”

Source: SA Health New WCH FAQ 2021

The Government is claiming the new hospital will have room for future expansion, without addressing the blatant need for expansion right now.

The Liberals have suggested the Lyell McEwin will be able to take on some of the new WCH demand, even though the north’s services for kids don’t match the Women’s and Children’s and are also under pressure.

The Liberals have broken their commitment to open the hospital in 2024, with the current estimated completion date in 2027. Costs have blown out from an estimated \$1.4 billion now to \$1.9 billion.

Other jurisdictions are currently spending millions expanding brand-new children’s hospitals following a failure to accommodate future demand.

The Queensland Government in 2019 announced a 30-bed expansion to their three-year-old children’s hospital, while the Western Australian Government in 2021 announced an additional 20 beds for the new Perth Children’s Hospital, opened in 2018.

Despite these clear interstate warnings, the Marshall Government is refusing to budge – setting the next generation up for poorer quality care.

Emergency: Children ramped outside WCH amid COVID-coping fears

InDaily | 24 November 2021

**PART OF OUR
300 MORE
BEDS POLICY**

50 MORE BEDS

COST: \$100 million

Labor commits to expanding the New Women’s and Children’s Hospital by an additional 50 beds for the care of sick children.

As well as more paediatric medical beds, this will include more mental health and cancer beds, both high priority needs.

This investment forms part of Labor’s commitment to 300 additional beds across the health system.

This will be a stark comparison between the two parties. The Liberals will deliver a new hospital with 1 less paediatric and adolescent overnight bed, whereas Labor will deliver 50 more of these beds.

This builds on the previous Government’s new Royal Adelaide Hospital where there was an expansion of 120 beds, from 680 beds to 800 beds in the new hospital, including an increase of 650 overnight beds to 700 overnight beds.

We will build this capacity now, rather than having to come back in a few years’ time when costs will likely be much more expensive for taxpayers and there will be disruption in expanding an already-constructed hospital.

We will listen to our frontline doctors and nurses in the planning of the new hospital to ensure it is truly a world class institution, unlike the approach taken by the Liberals where Women’s and Children’s Hospital doctors and nurses have said they have been ignored.

**LIBERALS’
PLAN FOR THE
NEW WCH**



Total paediatric and adolescent overnight beds



**LABOR WILL DELIVER
50 EXTRA BEDS**

Total paediatric and adolescent overnight beds



Source: SA Health, “New Women’s and Children’s Hospital - proposed Clinical Capacity document



22 MORE DRUG AND ALCOHOL BEDS

WHY WE'RE DOING THIS

Labor understands the immense community challenges created by illicit drugs, and especially ice.

When in Government, Labor established the Ice Taskforce to provide recommendations on tackling the problem, then set about implementing those recommendations.

The Liberals promised a 'war on drugs' but have delivered little, while the problem has only gotten worse.

SA recorded the highest estimated average capital city and regional consumption of ice in April 2021, according to the national data from the wastewater drug monitoring program.

Frequently, South Australians impacted by drug and alcohol use present to our emergency departments, further adding to the ramping crisis. This is a failure of our health system, and a tragedy for these affected people and their loved ones.

Services providing on-the-ground support were struggling before COVID-19 hit. Now, they're facing even more demand, and even more difficulty providing services.

DRUG REHABILITATION BEDS

COST: \$19.5 million

Labor will establish 20 community drug and alcohol rehabilitation beds across the state.

In addition to the eight beds we have committed for Mount Gambier and Port Augusta, 12 beds will be established in metropolitan Adelaide.

Labor will work in partnership with local organisations already delivering drug and alcohol rehabilitation services on the ground, to build on already established services with a track record of delivering great results.

DRUG AND ALCOHOL DETOXIFICATION BEDS IN THE SOUTH EAST

COST: \$4.6 million

Community health workers have warned there is an urgent demand for drug and alcohol detox beds in the South East.

Without these beds, people experiencing significant drug and alcohol dependency are far more likely to be repeatedly in and out of hospital – which doesn't help them in the long term, and adds pressure on hospital beds.

Labor will invest more than \$4.6 million to fit-out and operate two dedicated drug and alcohol detox beds in the Mount Gambier Hospital.

IMPROVING HOSPITAL FLOW

20 HOMELESSNESS HOSPITAL DIVERSION BEDS

COST: \$4.5 million

Labor will run a 20-bed Discharge Support Service in partnership with the not-for-profit sector, offering patients experiencing homelessness a stable recovery.

Putting additional supports around South Australians experiencing homelessness drastically reduces their chances of returning to emergency departments – and costs vastly less than a hospital stay. This follows similar investment in Western Australia, and a trial run by CALHN with Baptist Care.

The Service will be evaluated for its effectiveness at reducing the rate of patients returning to the emergency department. The service will be developed with input from experts in homelessness and hospital avoidance and scheduled to open within two years.

REDUCING HOSPITAL OVERCROWDING

Labor knows the levels of understaffing and overcrowding across our public hospitals are entirely unsustainable. A key component of our health policies will be aimed at ensuring our health system has the resources it needs to no longer run at unsustainable 100% occupancy rates.

We will establish a new target for our hospitals to be able to run at 90% occupancy rates on average, to ensure surge capacity is available in the system.

The ballooning emergency department wait times and ambulance ramping shows an urgent need to increase capacity in the health system – not as a knee-jerk action just prior to reopening interstate borders, but as a long-term proposition.



FULLY IMPLEMENTING CRITERIA LED DISCHARGE

The Marshall Government claimed that they had implemented “criteria led discharge”, however clinicians across the system have said that it has not been properly implemented and isn’t happening – contributing to the access block and ramping crisis.

Criteria led discharge essentially means that patients should be able to be discharged when they are ready to go home based on their clinical outcomes. Too many times this isn’t happening, and it means patients stay longer than they need to when they are ready to go home.

Labor will properly rollout criteria-led discharge across our hospitals, meaning patients can be discharged from hospital once they’re ready to leave.

This will reduce “bed block” in our hospitals and contribute to reducing ramping and hospital overcrowding.

SUPPORTING BACK-OF-HOUSE HOSPITAL STAFF TO HELP PATIENT FLOW

Back-of-house hospital staff such as cleaning, administration and kitchen staff provide integral services that allow our hospitals to function. Without them, clinicians simply cannot do their job.

Under the Marshall Liberal Government, these staff have faced critical workforce shortages and have faced threats of privatisation.

This lack of workforce has a flow-on effect to ramping – often there are no beds available because there aren’t enough support staff to quickly clean the space and ready it for a new patient.

On other occasions, a doctor has issued a requirement for a patient to eat prior to their discharge – but no catering is available at the time.

It is ludicrous to think that hospital ramping is being exacerbated by dirty bed sheets, unsterilised equipment and – but that’s exactly what’s happening.

Labor will act to address the bed block delays caused by overwhelmed back-of-house ancillary services such as cleaning.

Labor will not undertake privatisation of any publicly run ancillary hospital services like cleaning and catering.

