



Speech by

Miss FIONA SIMPSON

MEMBER FOR MAROOCHYDORE

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LOGAN HOSPITAL, INTENSIVE CARE UNIT

Miss SIMPSON (Maroochydore—NPA) (12.01 p.m.): The closure of the ICU at Logan Hospital is a blow to the community and the level of services the hospital is able to provide. The Health Minister has not provided an adequate answer for why there have been a number of staff resignations from this job and why there has been a failure to attract new staff. If the minister blames a shortage of intensivists she will be in conflict with her department, which argued that there was not a shortage any more—an argument I am told it used to justify not renewing the special intensivist salary package, which finished about a year ago. For the information of the House, that package was very successful in attracting intensivists to work in Queensland. I think it is time to look at incentive packages for more highly qualified specialist nurses, particularly in critical areas of need.

What is clear is that Logan Hospital's intensive care unit is closing and patients who require this type of care are being put on bypass to Princess Alexandra Hospital. The hospital that the government boasted would be delivering this kind of service in Logan and district does not have the funds to adequately address the resources necessary to maintain this unit.

I have long been on record as being critical of the fact that this government espoused the policy of reverse flow of patients without also sending the resources to these hospitals to do the job. I support the treatment of patients at the appropriate clinical level as close to where they live as possible. However, after about five years of Logan Hospital's operation, the closure of its intensive care unit is a downgrade of local services.

The minister needs to say what the impact will be on the types and amount of surgery at the hospital. She needs to say what the impacts will be upon the Princess Alexandra Hospital and how that hospital's capacity in ICU will be expanded, if at all. Princess Alexandra Hospital—in particular its ICU—is well known to be an extremely busy hospital, usually operating at full capacity for its funded beds.

I also call on the Health Minister to explain how often surgery is cancelled due to higher emergencies and transplants at Princess Alexandra Hospital and in the rest of the state. We understand that more critical surgery and emergency surgery must have priority over scheduled elective surgery; however, it is also important that cancellations be minimised and that emergencies are not used as an excuse for poor capacity and poor planning. It is extremely distressing for patients to have surgery cancelled. It is also of great inconvenience, particularly if the patient has relatives who take time off work and fly interstate to be with them, only to find that it was all in vain and their expense was wasted. An example of this was raised only recently with the minister.

Logan Hospital's ICU needs the resources to not only attract but also maintain staff. Intensivists as well as ICU nurses need to know that if they take on a job they will have proper backfill for days off, training and holidays, to ensure they can do their job at the standard they wish to perform. This is also true for other specialist medical nursing positions. There are highly qualified registered nurses who do not want to work in the public hospital system until they know that other vacant positions will be quickly advertised, as opposed to Queensland Health's strategy of vacancy management and staff caps, causing unsustainable workloads for those who remain on staff. These nurses want to know that Queensland Health will support their training to higher levels, even with paid time off for training which would be appropriate, and will ensure that there will be a backfill of relief staff to fill their positions while they are away.

Only a year ago I raised in parliament the issue of a cutback in ICU beds. I spoke of a patient who had had surgery at Princess Alexandra Hospital cancelled four times before getting it the fifth time it was scheduled. There had been cutbacks in the number of funded and operational beds in the intensive care areas of Royal Brisbane Hospital, from 22 to 14, and Princess Alexandra Hospital, from 20 to 14. The government tried to slip and slide around the issue. The numbers the government gave related to the physical beds, not to the funded and operational beds that patients could go into.

After we raised that issue the government did put extra funds into the last budget, which I acknowledge, and that has addressed some of the issues to do with some—not all—of the refusals of admission to ICU. Certainly we see that those funds have not flowed through adequately to a hospital such as Logan, where we know there are not enough adequately funded positions to keep and maintain staff in a facility which is needed in the community.

Time expired.
