




Speech By
Hon. Yvette D'Ath

MEMBER FOR REDCLIFFE

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MINISTERIAL STATEMENT

Coronavirus, Health System

 **Hon. YM D'ATH** (Redcliffe—ALP) (Minister for Health and Ambulance Services) (10.25 am): I also acknowledge that it is National Sorry Day today and reflect on the great words that we just heard from the minister. I advise the House that the stress our health system was under during the first Omicron wave, being the first statewide outbreak of COVID, and the unprecedented floods that we saw at the start of the year, is reflected in the latest Queensland Health performance data for the first quarter of this year which has been published today.

The Omicron wave in the first quarter of the year is like nothing we have ever seen before. It pushed our staff and our health system to the limit, but we were able to manage this wave and keep the numbers of lives lost relatively low. We did not see the type of devastation that we saw across the world: no decisions about who got life support, as in the UK; no mass graves or makeshift mortuaries as in Italy; we did not have to change our environmental laws as California did so that they could operate 24-hour crematoriums; and we did not need to stand up makeshift hospitals as they did in New York at Central Park.

Despite the significant impact of Omicron, patient off-stretcher time improved at some of our hospitals compared to the previous quarter. This includes large metropolitan hospitals like Gold Coast University Hospital and the RBWH, but the state average has been impacted by a decline in a small number of facilities in Metro South. While we know more needs to be done to improve the situation and we are already taking action, this quarter sees patient off-stretcher time being met 58 per cent of the time.

It should be noted that our Queensland patient off-stretcher time data cannot be directly compared to other jurisdictions. In Queensland, we measure patient off-stretcher time within 30 minutes. This is a measure from when an ambulance arrives at hospital until the patient is transferred to the care of the emergency department. In other jurisdictions, like New South Wales and Victoria, they measure transfer of care, which is the time from when a patient is first seen by the emergency department triage nurse until when they are offloaded from the ambulance stretcher onto an emergency department bed or different POST times. With this variation, it is not possible to make an accurate comparison with our Queensland POST data.

Despite the significant pressures on our system, the median wait time for the 567,464 people who attended our emergency departments was 15 minutes. For our most urgent presentations, 99.6 per cent of category 1 patients were seen in time. While there was an 8.9 per cent decrease in emergency presentations compared to the same quarter last year, that is largely as a result of significant decreases in lower acuity patients presenting to our emergency departments over that period.

Due to the Omicron wave, we had to postpone elective surgery statewide for less urgent categories for seven weeks from 8 January to 28 February. This was communicated early on in the wave. It was a crucial measure to bolster hospital capacity. It is a decision that was mirrored by

jurisdictions throughout the country, and the world, when facing their COVID waves. This has led to an increase in waiting lists, with 58,895 now waiting for elective surgery, which is a 6.5 per cent increase compared to the same quarter last year. However, our hospitals were still able to provide elective surgery to 23,130 Queenslanders. The median wait time for elective surgery treatment was 28 days.

The Omicron wave significantly constrained the ability for specialist outpatient appointments to proceed, which saw the long-wait list grow to 106,458 people. As we pass through the first Omicron wave, we are confident we will be able to bring these numbers down.

As I observed, this performance data cannot be divorced from the context of the unprecedented wave. This includes staff furloughing, including a peak of 6,000 Queensland Health staff in either isolation or quarantine, with a baseline of 3,000 to 4,000 furloughed staff throughout the course of the wave. This trend was also present in our Queensland Ambulance Service, with a peak of 465 furloughed staff. We are still living with the impact that COVID is having on our staff today including 1,600 currently furloughed, which will only increase with the flu season. We also had staff unable to get to work for a number of days when the floods hit in February 2022.

Our staff have also had to follow stringent infection control. While these measures served to keep staff and patients safe, they extended the time associated with day-to-day activities. Queensland Health's screening procedures added time to admission and discharge of patients in both emergency departments and inpatient wards. This was important to ensure vulnerable patients were not unnecessarily exposed to the virus. Our bed capacity was pushed, with more than 928 beds being occupied by COVID inpatients in addition to the over 500 beds occupied by long-stay patients who should be in aged and disability care.

Despite this significant pressure, our hospital system performed as best as it could.

Mr Mickelberg interjected.

Mr SPEAKER: Member for Buderim, you are warned under the standing orders.

Mrs D'ATH: We took decisive action to ensure we could withstand the worst elements of the Omicron wave. From the moment we opened our borders we knew that our health system was going to be put under even more pressure. However, our world-class health workers responded with care, compassion and professionalism. Our community worked with us to get through Queensland's first wave of COVID. To all of those Queenslanders and health workers, I say thank you.