



Dear Colleagues,

As the health response to COVID-19 ramps up, the Queensland public healthcare system is being refocussed. We will begin shifting away from routine and low priority work to ensure we can manage COVID-19 patients and the urgent and emergency needs of other patients.

This means non-urgent and non-essential services will be postponed, cancelled or managed differently.

Specifically, this means:

Expanding bed capacity

- All current inpatients should be assessed to see if they can be appropriately treated by an alternative provider or community services or discharged if medically fit. Hospital in the Home has capacity.

Dental services

- Triage current patients by telephone
- Reschedule all patients who are flagged as COVID-19 risks (including confirmed and close contact cases) except for emergencies with additional precautions
- Cease all dental aerosol generating procedures immediately

Elective surgery

- Prioritise semi-urgent (category 2) elective surgeries
- Cease all category 3 elective surgery activity, as per directive last Thursday.
- Continue to refer to Surgery Connect.

Gastroenterology services

- Prioritise and pull forward where possible semi-urgent category 4 and 5 (focus on cancer sensitive patients) gastroenterology bookings over category 6 bookings.

Outpatient services

- Suspend all new non-urgent (category 3) referrals. Patients to remain under care of primary care physician until further notice.
- Suspend all non-urgent (category 3) outpatient appointments for those already on a specialist outpatient waiting list until further notice.
- Review all non-urgent patients already beyond clinical recommended time and where clinically appropriate discharge back to into the care of a suitable primary/community care based service.
- Where possible, review non-urgent patients who have waited more than nine months and if clinically appropriate discharge back to into the care of a suitable primary/community care based service.
- All non-urgent review appointments to be done by telephone, telehealth or skype and

refer back to general practitioner for continuation of care where clinically appropriate.

- Cease accepting internal referrals except for emergency care (category 1) which avoids emergency department presentations.
- All waitlisted internal referrals (if waited longer than clinically recommended time) should have a clinical review and if clinically appropriate discharge back to into the care of a suitable primary/community care based service.

Unchanged services

- Emergency admissions, cancer treatment, acute mental health, renal dialysis and maternity services will continue unaffected.

All referrals and bookings should be aligned to the relevant triaging benchmark document, ie Clinical Prioritisation Criteria for outpatients, National Elective Surgical Urgency Categorisation Guideline for elective surgery. This will allow standard assessments of waitlists across the state.

The Department of Health will work with HHSs to manage the delivery of semi-urgent elective care for non-COVID-19 patients with relevant private providers over the next few months.

Additionally, a COVID-19 Health Union Advisory Group has been established to work closely with our industrial partners to better understand and address the issues affecting staff at a system and local level.

Regards,

Jackie