

COVID-19 Rebalance Operational Plan – Tier 0

The Rebalance Operational Plan (Tier 0) is a new phase which seeks to quickly increase the utilisation of our HHS, simultaneously providing the necessary COVID-19 response requirements whilst maintaining readiness to stand up the higher Tiers of the COVID-19 response plan, if required.

Minimum COVID-19 Preparedness

IH Fever Clinic: commence redirection to the PHN-led Respiratory clinics (Purga and Booval) from the week of the 11th May 2020, and a reduction in service hours (6hr shifts) from the week of the 18th May 2020 for the IH Fever Clinic. Cease operations of the clinic from the week of the 1st June 2020. Gatton Hospital Fever Clinic to continue with the ability to scale up if required.

IH Emergency Department: return bed platform back to a base of 56 beds. Maintain a staffing base that is scalable to manage surge capacity with the department including; an additional 16 bed platform for Adult Short Stay Unit (SSU), 15 bed platform Paediatric Acute and SSU and a 12-bed acute bed platform for the care of respiratory presentations including suspected COVID-19 patients.

IH Intensive Care Unit: scale back to the original ICU footprint with the ability to care for up to 2 suspected or confirmed COVID-19 patients.

Public & Environmental Health: case management and contact tracing scale back with key staff on call to respond to confirmed COVID-19 cases.

Virtual Care Platforms: return to a business as usual approach for the Hospital in the Home and Me Care virtual care programs with the ability to scale up to respond to confirmed COVID-19 patients and care for them in their homes if they meet the clinical criteria.

Medical Inpatient: allocation of 12 beds within ward 4F (29 bed ward with the availability of 17 single rooms) to the management of suspected and confirmed COVID-19 patients. Ward collocated to the Emergency Department to reduce transfer exposure.

Rural Transfers: Boonah and Gatton Hospital changes to bed allocation has allowed suspected COVID-19 patients who are pending results to be cared for in their community Hospital to prevent transfer to IH.

Rebase Ipswich Hospital Ward Allocation

We are committed to improving our services and valuing our people and resources. We understand that our people are our most important asset. The success of any change can be greatly enhanced by ensuring that workforce design and consultation is undertaken with staff and union partners in line with our industrial instruments and engagement commitments.

To support the minimum COVID-19 preparation requirements and to ensure the agility to be able to scale up services and at the same time increase the utilisation of resources within our HHS to serve our community the following ward moves and changes to service models need to occur, noting the bed base and staffing models remain the same:

Ward 7C Care of the Elderly Ward move to Ward 6C. Colocation to Ward 6B with shared access now to therapy room, dining room and outdoor (veranda).

Ward 5F Orthopaedic Ward move to Ward 7C. Access to an increase in 4 bay cubicles allow more visibility of the orthopaedic patients (ortho geriatric).

Ward 4F Surgical Ward move to Ward 5F. Like for like ward improved access to Operating Theatres as situated on same floor for both the pre and post-operative transfer.

Ward 7A Acute Medical Unit to Ward 4F. Access to 17 single rooms for the management of suspected/confirmed COVID-19 patients and the development of a new Medical Admissions Unit. Colocation to the Emergency Department.

Ward 4E 23hr Surgical Unit to Ward 7A. Additional capacity allows movement of Urodynamics Services and the development of new surgical and orthopaedic access units

Transit Care Centre. Ability to utilise Jubilee Building as an interim Transit Care Centre and Day Oncology Outpatient Consulting Rooms.

Paediatric Short Stay Unit. Increase in the available footprint within the ED for 6 acute bay and scalable bed platform from 3 to 9 Paediatric Short Stay beds, reducing short term admissions within the inpatient Children's ward and long stays in the acute bays of IH Emergency Department.

We are committed to consulting with staff and our Union partners to hear and understand their feedback regarding the planned moves. Staff and Union partners will be invited to provide feedback via email and in the various feedback sessions being held.