The SA Health COVID-19 Integrated Inpatient Strategy outlines how the public, private and community health sectors would work together to manage a ‘worst case scenario’ outbreak.

The likelihood of activating this plan is currently low, but ensures South Australia is ready to manage any escalation.

Why do we need an integrated plan?

The Integrated Inpatient Strategy ensures the Department of Health and Wellbeing, SA Ambulance Service [SAAS] and the 10 Local Health Networks (LHNs) that manage public hospitals are part of the same plan. It also includes the Australian Government’s National Private Hospital Partnership Agreement, which means SA should have more than enough Intensive Care Unit (ICU) and general bed capacity to respond to a significant increase in COVID-19 cases if required.

How would a decision be made to activate the plan?

A series of decision points have been built into the plan and a phased activation would be determined by the State Controller and Chief Public Health Officer, in consultation with LHN and SAAS Incident Management Teams [IMTs].

South Australia is in a good position and people have responded well to help manage the ‘community spread’ of the illness. SA Health has more than enough capacity, but we do need to be ready for an increase in the number of cases.

What would the role of public hospitals be if the plan is activated?

The plan sets out the response based on ICU and general ward capacity for both COVID-19 positive and non-COVID-19 patients. The Royal Adelaide Hospital (RAH) is the main designated site for COVID-19 positive patients.

Other public hospitals have been preparing to receive COVID-19 positive patients if additional capacity is required. The LHNs would activate their local plan and SAAS would have a crucial role in managing decisions about patient flow, alongside the Statewide Command Centre (SCC) and Chief Public Health Officer.

The processes that are in place for day-to-day management of patients across public hospitals would guide the way the system responds under an escalation plan.

How would the management of COVID sites and non-COVID sites or services be balanced?

The plan is built around the principle of a 50-50 split of COVID and non-COVID inpatients at hospitals if this escalation would be necessary. Emergency Departments in metropolitan Adelaide would continue to function under similar arrangements that have been in place for managing the assessment and admission process for patients who present with COVID-like symptoms.
The LHNs in metropolitan Adelaide would manage non-COVID admissions using capacity at the RAH, Lyell McEwin Hospital, Flinders Medical Centre and Women’s and Children’s Hospital. This might use other sites like the Noarlunga Hospital, Modbury Hospital and The Queen Elizabeth Hospital as the main locations for non-COVID-19 patients if there was an escalation of cases.

The LHNs have been considering how they would ‘decant’ patients, allocate wards and coordinate through local Incident Management Teams (IMTs), working with the SCC and SAAS.

What about country hospitals?

All regional COVID-19 positive patients who required hospitalisation would be transferred to the RAH in the first instance if the plan was activated. Regional LHNs existing patient pathways for emergency and critical care would be the basis for managing COVID-19 positive patients. COVID-19 positive patients in regional areas who would not require hospitalisation would continue to be treated in the community.

How does the integrated strategy affect what I am currently doing?

It is a planning document only and will not change what you are currently doing. You may already be working in a different way as part of the existing COVID-19 response, but this is a forward plan based on a potential ‘worst case scenario’ that is currently not likely to be activated.

How would I find out if my work would change?

The SCC, SAAS and LHN IMTs are in constant contact and there would be clear direction and advanced advice about any activation or changes. You would hear from your local IMT or manager if required.

How likely is it that the strategy will be activated?

The current situation in South Australia is good and the number of cases has been low and well-managed. If that continues, the likelihood of the strategy being needed is also low. But the situation is being closely monitored and planning is continuing to be ready if required.

What would be the role of private hospitals?

Private hospitals in metropolitan Adelaide with ICUs would partner with public hospitals under the Integrated Inpatient Strategy. The partnership provides more capacity for ICU beds and general ward beds if needed and is part of the National Private Hospital Partnership Agreement. The Repat Health Precinct, College Grove former ECH facility and former Wakefield Hospital are also included in the strategy.

This is an inpatient plan, but SA Health continues to work with General Practitioners and out of hospital services to increase the use of non-emergency health care providers in the community.

For more information
sahealth.sa.gov.au/COVID2019

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.