

Omicron is overwhelming Australia's hospital system: Three emergency measures aim to ease the burden

January 20 2022, by Stephen Leeder



Credit: Pixabay/CC0 Public Domain

Public hospitals—never with much spare capacity—have been severely stressed by the latest COVID wave.

The current Omicron outbreak has loaded even heavier demands on [hospital](#) beds, both for those who need oxygen and for the severely ill in intensive care wards, as well as those who cannot be cared for at home or in an aged-care facility.

Shortages of beds and hospital equipment are matched by staffing problems as front-line workers [catch COVID](#), are contacts of cases, or are emotionally and physically [exhausted](#).

Staff are angry having to provide intensive care beds for people who choose not to be vaccinated and then get seriously ill.

Intensive care nurses in Sydney [began strike action](#) outside Westmead Hospital on Wednesday to protest dangerous work conditions and low staffing levels.

'I don't think people understand how horrific it is': Hospital staff tell of crisis <https://t.co/JtQeTmTSAF> [@aishamae](#)

— Craig Underhill (@CraigUnderhill) [January 15, 2022](#)

Many of our hospitals were not equipped to face an enemy like COVID.

Now, three emergency measures will help us muddle through the crisis, caused in part by the removal of public health controls just before the social festive season which commentators have referred to as "letting it rip."

The combined effects of these short-term measures should enable us to cope with the pressures of increased numbers of patients requiring care.

But the sheer number of cases of Omicron, even if is milder than the Delta variant and assuming case numbers decline, will test these

arrangements to the limit.

1. Reinforcing the front line

In Victoria, a "[Code Brown](#)" has been implemented across the hospital system.

It means staff of major city and regional [public hospitals](#) may have their leave canceled and be allocated to work where needs are greatest. Non-urgent care may be postponed.

It's designed to allow the hospitals to compensate for thousands more patients and several thousand fewer staff, off work because of COVID.

This is the first time the code has been used statewide.

It's designed to respond to an emergency, such as a road accident, bushfire or other natural disaster.

2. Recruiting the private sector

The [federal government](#) has agreed [private hospitals should work with public hospitals](#) to care for COVID patients.

During the pandemic, most COVID patients have been treated in the public sector.

Health minister Greg Hunt said this week up to 57,000 nurses and thousands of support staff from private hospitals would be available to work in public hospitals.

This contingency plan was enacted in 2020 and held in reserve. Now it's

needed because of short staffing in the public sector because of the load and absenteeism of staff.

The details—including wages—would be left to the states to determine.

This move should ease the pressure on public hospitals. But a nurse or other health worker from a private hospital working in a public hospital environment encounters yet more stress. It's rather like moving between countries—language and customs vary, and in the strict, protocol-driven environment of the modern hospital, these differences can be dangerous.

The workers to be drawn from the private sector were not idle before the call-up. It is not clear who, if anyone, will do the work these people did previously in the [private sector](#), which provides much [elective surgery](#). Further delays and cancelations of surgery may result.

3. Elective surgeries postponed

Elective surgery—that is, non-urgent surgery—will be reduced in public hospitals across many parts of the country, if not completely canceled. This includes hip and knee replacements and surgery for many problems other than emergencies.

This action has been taken at several stress points in the past two years.

For those people depending on Medicare and public hospitals for hip [surgery](#), for example, this will mean further delays.

There's much to be learned from the experience in all sectors of the health enterprise—hospitals, general practice, public health, and health service management—from the successes and mistakes in how we've managed COVID.

When the COVID war is over, it will be time for forensic soul searching to enable us to build a modern and better [health](#) system.

We have done well, but not as well as we might.

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