



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

MEDIA RELEASE

SA surgeons slam hospital downgrade

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South Australian surgeons have slammed a decision by the state government to downgrade intensive care services at the Queen Elizabeth Hospital (QEH) by 2016, warning it will seriously compromise patient care and have a detrimental impact on surgical training in South Australia.

The South Australian chair of the Royal Australasian College of Surgeons, Mr Greg Otto, said the College had recently received written confirmation from the Health Minister that the level 3 Intensive Care Unit (ICU) at the QEH would be downgraded to level 1 or to a High Dependency Unit by 2016 with no guarantee of onsite intensivists.

“We know from experience that this will result in deskilling and loss of critical staff members and will ultimately result in the complete absence of an ICU at this site,” Mr Otto said. “The College has serious concerns about this change of policy.”

“The closure of the QEH ICU will have a significant impact on the provision and balance of inpatient and outpatient surgical services in South Australia. High acuity cases – complex and high comorbidity cases in Colorectal, Upper Gastrointestinal, Endocrine, Thoracic, Vascular, and Ear Nose and Throat – will have to be shifted to either the Lyell McEwin Hospital or the new Royal Adelaide Hospital.

“Lyell McEwin has neither the theatre capacity nor the beds to cope with the increased case load, and lacks the full range of staff and clinical services required, particularly interventional radiology. It is also unclear whether these crucial facts were considered at all in the planning of the new Royal Adelaide Hospital. Given that high acuity cases take a large proportion of occupied bed days, it seems unlikely that the new Royal Adelaide will have the capacity to deal with the increased high acuity case load. This would inevitably result in significantly increased waiting lists, even for urgent surgery.

“Closure of the ICU will also have a significant impact on surgical training in this state. It will mean that the complex and high comorbidity cases will no longer be safely treated at this site. Most of the advanced surgical training posts at the QEH will no longer be accreditable and therefore lost. Additionally, it will become increasingly difficult to recruit and retain medical and nursing staff to the site.

“The current surgical manpower needs are such that we can ill afford to lose training posts at this point in time. In fact we need to be substantially increasing training if we are to maintain current service levels as the baby boomer population ages over the next ten years,” Mr Otto said.

“It is disappointing to note that the College of Surgeons was not consulted about the possible impact on patient care and surgical training of this significant change in policy direction. The College calls upon the Minister for Health to reconsider the plan to downgrade the QEH ICU facility. Such a downgrade would do lasting damage to the quality of patient care and surgical training in this state.”

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