

Ms Mary de Groot
Select Committee on Reproductive, Maternal
and Paediatric health services in Tasmania
Parliament House
Hobart
Tasmania 7000



By email to: rmphs@parliament.tas.gov.au

25 January 2024

Dear Ms de Groot,

**RE: SUBMISSION TO THE SELECT COMMITTEE ON REPRODUCTIVE, MATERNAL AND
PAEDIATRIC HEALTH SERVICES IN TASMANIA**

I write to you on behalf of Q-bital Healthcare Solutions (Q-bital) regarding reproductive, maternal and paediatric health services in Tasmania, and Q-bital's excellent track record in supporting hospitals and health systems maintain targets (during refurbishments, for example), improve patient flow and address backlogs anywhere in Australia, including regional and remote communities.

This submission aims to respond to Terms of Reference item 1(c): *to make recommendations on actions that can be taken by the State Government to ensure reproductive, maternal and paediatric health and perinatal mental health services meet the needs of Tasmanian parents, families and children.*

At the outset it should be noted that Tasmania is the most decentralised Australian state or territory, and the majority of the population resides outside of the state capital. The consequence of this is a more distributed health services, sometimes in population centres that may not always be large enough to warrant major investments in permanent capital infrastructure and services. Unfortunately, this means many people are forced to make long journeys to access the services they need. Tasmania's geography and population distribution will likely always mean it is difficult to balance clinical need with appropriate value for money investment in healthcare capacity. We believe rapidly deployable, mobile, temporary clinical facilities can provide excellent short- or long-term solutions.

As a world-class clinical health solutions provider, Q-bital operates a range of mobile clinical facilities that can facilitate over 74 per cent of all clinical procedures performed in a major acute hospital. To date, more than 300,000 medical procedures have been undertaken in Q-bital mobile facilities globally. With existing infrastructure projects in Victoria and Queensland, and an Australian manufacturing premises where a fleet of Australian-made, mobile, modular, mixed-modality healthcare spaces can be designed, built, and maintained, Q-bital continues to cement a growing presence in Australia. This builds on 20 years of experience as a trusted partner to the NHS and private healthcare providers in the UK.

Solutions are bespoke to the needs of health settings and can include day surgery facilities, laminar flow operating theatres, outpatient clinics, decontamination and sterilisation facilities, and visiting hospitals to remote regions. Crucially, a facility can be commissioned within 10-14 days.

A Case Study: Goondiwindi Hospital – A Laminar Flow Operating Theatre supporting expecting mothers

Situated 400km west of Brisbane and with a population of approximately 7,000, Goondiwindi Hospital faced a crucial upgrade for its single-room hospital, specifically in HVAC and medical gases. With a projected 5-week project timeline and the nearest hospital requiring a challenging 5-hour round trip, contingency planning became essential for 35 expectant mothers.

This initiative aimed to establish a backup room, mitigating potential complications during childbirth and sparing these mothers the long journey to Warwick or Toowoomba in case of emergencies.

Responding to the hospital's request, a mobile operating theatre, complete with connecting walkways leading directly to the hospital's rear entrance, was proposed. By relocating the clinical service from the hospital building, the project team could seamlessly address critical upgrades, specifically replacing HVAC and medical gas systems, without causing any disruptions to ongoing clinical services.

Q-bital efficiently transformed the concept of a mobile Laminar Flow Operating Theatre into a tangible reality, delivering it to the site. The fully-equipped facility included connecting walkways, comprehensive service and utility connections, and a backup generator. This rapid deployment ensured that no expectant mothers or families were forced to endure the 2½ hour drive to the nearest hospital.

Implications of Q-bital Healthcare Solutions for Tasmania's reproductive, maternal and paediatric health services

Tasmanian district hospitals do not offer maternity services. For many Tasmanian mothers, this presents a similar, but permanent situation as the Goodwindi Hospital scenario. Consequently, recent media reports have identified journeys of two or more hours. Should deliveries or complications occur during these journeys, the potential consequences can be extremely dangerous.¹ 2022 AIHW data confirms that mortality rate and the mortality rate of mothers during labor are higher in rural and remote areas.²

Q-bital has also conducted extensive analysis into the elective surgery backlog that has developed across Australia as a result of COVID-19. Paediatric surgeries have been affected nationwide in recent years, with the suspension of elective surgeries during the pandemic causing extensive backlogs. In 2018-19, the reporting year immediately prior to the pandemic, 8,449 paediatric elective surgeries were completed across Australia, 374 of which took place on Tasmania.³ In 2019-20, with the onset of COVID-19 these figures fell to, 7,626 and 322 respectively.

According to the most recent data, in 2022-23 the number of procedures performed across Australia rose 2,069. At 10,205 total procedures, this is an increase of 25 per cent on the previous year and the highest total number of paediatric elective surgeries on record. In Tasmania, however, in 2022-23 50 (or 7.5 per cent) fewer elective paediatric surgeries were performed than the year immediately prior to the pandemic. In fact, at no point since 2018-19 has paediatric elective surgery activity returned to pre-pandemic levels.

With 23,156 additions to the elective surgery waiting list in Tasmania, and 21,235 admissions, it is clear that as with the rest of Australia, the elective surgery backlog continues to grow. It is important to note that increasing capacity, such as developing surgical infrastructure and workforce, including developing new hospitals and surgical wings, takes considerable time, during which backlogs continue to grow.

Certainly, there are no shortcuts and all these measures are necessary, but ultimately many patients on the elective surgery waiting list, or those in remote areas with minimal access to certain services cannot afford to wait for these measures to develop, even when they are implemented. Mobile clinical facilities are rapidly deployable, extremely flexible and can deliver increased capacity at very short notice for as long or as short as required. We believe they should form a part of any strategy to

address service gaps, bottlenecks and backlogs.

With kind regards,



Peter Spryszynski
Country Manager

Q-bital Healthcare Solutions Pty Ltd, Australia

Mobile: +61 (0) 428 162 392

Telephone: +61 (0) 7 3554 1022

Email: PeterSpryszynski@q-bital.com

Address: Collins Square Tower 4 | Level 18 | 727 Collins Street | Docklands | Victoria | 3008 | Australia

Postal: PO Box 688 | Morningside | Queensland | 4170 | Australia

¹<https://www.examiner.com.au/story/8414679/rural-birthing-services-a-long-standing-issue-in-tasmania/>

²<https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/infant-child-deaths>

³AIHW, Waiting times for elective surgery - Measure: Elective surgery waiting times by specialty of surgeon, available from:
<https://www.aihw.gov.au/reports-data/myhospitals/sectors/elective-surgery>