Counties Manukau DHB:

> **"Reports prepared or received in response to the recommendation in the June report entitled '*Review into the Auckland February 2021 Covid-19 Outbreak and New Zealand's current Covid-19 Outbreak Response Capacity*' calling for "Scenario-planning and Covid-19 Response System stress testing should be done, co-ordinated by DPMC specialists, and completed in an agreed timeframe."**

It should be noted that the report was released during the Nurses strikes and winter pressures (RSV).

Counties Manukau Health has only received this report recently and so has not completed a review of the recommendations at this stage. However, work has been ongoing in some areas as below;

Leadership and Decision Making

- Scenario based exercises/stress testing: prior to the RSV outbreak and nurses strike, CMH IMT requested exercises to test the system at a DHB level. This was agreed to be progressed but was delayed due to system pressures at the time. This will be rescheduled when Auckland is at alert level 1.
- Modelling had been undertaken by the organisation (See attached) which was going to be 'workshopped' in August. This was deferred due to the latest COVID outbreak but the document itself had been disseminated to key departments for review and consideration. It was also shared with the regional DHBs consideration.
- Modelling was also used in this latest outbreak to inform operational planning for the respective stages of the outbreak, i.e. in planning Ward Capacity, ICU capacity and configuration and with regional coordination. This model was reviewed daily and included in IMT briefings.

System Capacity and Capability

- Resilience of the CMH COVID-19 IMT has been managed differently with this latest outbreak, including;
    - Seven Day roster with function leads having a scheduled break,
    - Planning for an extended recovery process and planning for BAU
- The NRHCC introduced a regional coordination function, facilitated by CMH, to coordinate COVID patients within the region. The aim was to balance workload within the three Metro DHBs.

Communications

- CMH does not use the term 'Casual Plus' or similar.
- Daily/regular meetings with ARPHS as a Public Health SPOC re: managing DHB Exposure events or COVID patient discharges.

External Expert Input

- The CMH COVID-19 IMT has a local Clinical TAG which has public health input and chairs the regional Clinical TAG which also has public health input.
- Auckland Regional Public Health is also a key organisation in the NRHCC

Welfare, Equity and Diverse Communities

- The NRHCC has a Maori Health function and Pacific Health function,
- Work to improve access, both within the DHB and NRHCC, is ongoing. This includes different types of testing.

For completeness please find attached the CMH COVID plans, written prior to the latest outbreak. Work is ongoing to review services plans following lessons from the Delta variant of COVID-19 in this latest outbreak.

CM Health Alert Level Framework

IMT Response: Light IMT with lead functions as per CIMS Model. Additional functions to be added as decided by the Incident Controller.

Covid-19 Impact

Hospital Framework Level

Green

Hospital Patient Facing Services (Middlemore, Manukau Health Park, Outsource and Wet-lease providers)

COVID-19 Activities

- Maintain a BAU level of Community Testing and readiness to scale up as needed.
- Staff deployed to remote locations – Testing and Vaccination.
- Continue preparedness activities to scale up as required if/when COVID-19 escalates.

Clinical Service Operations (Medicine, SAPS, Kidz First, Womens Health, Mental Health, Central Clinical Services, Clinical Support Services, Nutrition)

- Activate plans as described in the 'Green Alert' Level MOH Hospital Framework as appropriate.
- Ensure all patients are screened.
- Ensure streaming of suspected Covid-19 or Covid-19 positive and non-positive patients (includes patients from MIQF).
- BAU visitor policy – encourage scanning QR codes.
- BAU POAC processes including with other partners as appropriate (e.g. private, aged residential care, community providers).
- Engage across other DHBs to appropriately discharge out of area patients and IDF's.
- Acute and elective clinical service delivery to operate as usual.
- Planned care surgery and other interventions continue as BAU.
- Continue BAU outsourcing and wet-lease arrangements.
- Redeployment of staff as needed/available to ensure appropriate workforces across both sites (Middlemore and Manukau Health Park).
- Coordinate with local primary care and community health providers referrers to ensure appropriate use of limited acute resources with allocation of capacity based on greatest clinical needs.
- BAU triage and prioritisation processes for Radiology, Laboratory, Pharmacy, Nutrition services.
- Patient Information Services operate as per BAU.

Non Clinical Support Services (Security, Cleaning, Orderlies, Reception)

BAU standards, processes and procedures for:

- Cleaning.
- PPE.
- Security.
- Patient screening and direction.
- Visitor Policy management.

Community Patient Facing Services

Localities (Community Services, District Nursing)

- BAU co-ordination of community based care delivery via Community Central.

Primary Care (General Practice, Urgent Care, Pharmacy)

- Services continue as BAU with Ministry guidelines as instructed.
- Screening and streaming of patients at entry points.
- Utilise virtual consults as appropriate.
- Ensure staffing levels meet demand.
- Have ability to swab patients.
- Provide support to ARRC facilities.

ARRC and Hospice

- Ensure ability to staff.
- Ensure ability to isolate infected patients.
- Outbreak management plan ready for activation.

Community Mental Health

- Services continue as BAU with Ministry guidelines as instructed.
- Initiate planning for increased COVID levels.
- Ensure correct PPE protocol and supply chain.
- Utilise virtual consults as appropriate.

Public Health

- Staff deployed to ARPHS and NRHCC as required.

Corporate Functions (Finance, HR, Procurement, IS, Supply Chain, Procurement, Facilities and Assets)

- Continue to operate as BAU.
- Flexible ways of working continue with many staff working remotely at times.
- Increased use of Zoom, MS Teams to communicate and engage within and externally.
- Citrix platform widely rolled out.
- Procurement and Supply Chain focus on 'at risk items', substitutions and MoH - Pharmac engagement.

CM Health Alert Level Framework

IMT Response: Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand.
Hospital Triggers: Moving to Hospital Framework Yellow: One or more local case in hospital (excludes MIQF admissions for non COVID-19 reasons) and community transmission evident.
Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns.
Community Triggers: Moving to Primary Care Response Framework Yellow: Any known community cases being actively investigated and managed.

Covid-19 Impact

Hospital Framework Level

Yellow

Hospital Patient Facing Services (Middlemore, Manukau Health Park, Outsource and Wet-lease providers)

COVID-19 Activities

- Maintain a BAU level of Community Testing and readiness to scale up as needed.
- Increased demand to staff up MIQF – Clinical and non-clinical staff. Management of processes, equipment and resources.
- Staff deployed for – Testing and Vaccination.
- Continue preparedness activities to scale up as required as COVID-19 escalates.

Clinical Service Operations (Medicine, SAPS, Kidz First, Womens Health, Mental Health, Central Clinical Services, Clinical Support Services, Nutrition)

- Activate plans as described in the 'Yellow Alert' Level MOH Hospital Framework as appropriate.
- Redeployment of staff as needed/available to ensure appropriate workforces across both sites (Middlemore and Manukau Health Park). COVID-19 rostering activated.
- All patients screened, streamed, socially distanced and given PPE if required (includes patients presenting from MIQF).
- COVID-19 positive patients managed in predetermined isolation locations.
- Increase use of POAC, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Engage across other DHBs to appropriately discharge out of area patients and IDF's.
- Increased critical care capacity and capability. Monitor ICU demand. Increase Nursing staff.
- Plan to stand up Respiratory Assessment Unit.
- Deploy more Senior Surgical decision makers to support ED. Focus on Acutes, Cancers and Elective P1 patients. Little outsourcing and wet-lease activity likely.
- Clinics focus on P1 and P2 patients. Increased use of virtual consults.
- Utilise all available ARHOP beds – decant from Medicine and Surgery.
- Cancer patients prioritised as per Regional Service model.
- Low risk/well women to bypass Birthing and Assessment – birth in Primary Unit or home where possible.
- Prioritisation of Radiology and Laboratory services.
- Patient Information Services, Clinical Transcription and Health Informatics reprioritisation of workload.
- Coordinate with local primary care and community health providers to ensure appropriate use of limited acute resources with allocation of capacity based on greatest clinical needs.

Non Clinical Support Services (Security, Cleaning, Orderlies, Reception)

Increased resources to allow for more frequent activity. Increased standards, processes and procedures for:

- Cleaning.
- PPE – escalation of IPC processes.
- Security.
- Patient screening and direction.
- Visitor Policy restrictions increased – Visitor registration App in use.

Community Patient Facing Services

Localities (Community Services, District Nursing)

- Alert Level Yellow co-ordination of community based care delivery via Community Central.

Primary Care (General Practice, Urgent Care, Pharmacy)

- Services continue as per Primary Care Response Framework.
- Screening and streaming of patients.
- Patients may wait in vehicles.
- Increased swabbing of patients – surveillance and symptomatic.
- Increasing use of virtual consults as appropriate.
- Ensure staffing levels meet demand – flex workforce.
- Provide increased support to ARRC facilities.

ARRC and Hospice

- No visitor access.
- Monitor staffing closely.
- Severely limited resident/patient movement to reduce likelihood of infected patients (Community acquired).
- Outbreak management activated at Alert Level Yellow.

Community Mental Health

- Services continue as BAU with Ministry guidelines as instructed.
- Increased Zoom and phone use for clinical review and business meetings.
- Establish prioritisation for Service User follow up.
- Plan for Service User isolation requirements – changes to facility.

Public Health

- Staff deployed to ARPHS and NRHCC as required.

Corporate Functions (Finance, HR, Procurement, IS, Supply Chain, Procurement, Facilities and Assets)

- Increase staff working flexibly and remotely most of the time.
- High level use of Zoom, MS Teams to communicate and engage within and externally.
- Procurement and Supply Chain focus on 'at risk items', substitutions and MoH – Pharmac – HealthSource - NZHP engagement.
- Facilities action of increased resource requirements – single rooms, negative pressure.

CM Health Alert Level Framework

IMT Response: Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand.
Hospital Triggers: Moving to Hospital Framework Orange: Multiple local COVID-19 cases in hospital. Uncontrolled community transmission, clusters evident.
Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns.
Community Triggers: Moving to Primary Care Response Framework Orange: Community transmission of COVID-19 is not well controlled

	Hospital Patient Facing Services (Middlemore, Manukau Health Park, Outsource and Wet-lease providers)	Community Patient Facing Services
Covid-19 Impact **Hospital Framework Level** **Orange**	**COVID-19 Activities** • Maintain a BAU level of Community Testing and readiness to scale up as needed. • Increased demand to staff up MIQF – Clinical and non-clinical staff. Management of processes, equipment and resources. • Staff deployed for – Testing and Vaccination. • Continue activities to scale up as COVID-19 escalates. **Clinical Service Operations (Medicine, SAPS, Kidz First, Womens Health, Mental Health, Central Clinical Services, Clinical Support Services, Nutrition)** • Activate plans as described in the 'Orange Alert' Level MOH Hospital Framework as appropriate • Consolidation of workforce focussing on Middlemore. • All patients screened, streamed, socially distanced and given PPE if required (includes patients presenting from MIQF). • COVID-19 positive patients managed in predetermined isolation locations. Increased locations for this requirement. • Increase use of POAC, including with other partners as appropriate (e.g. private, aged residential care, community providers). • Engage across other DHBs to appropriately discharge out of area patients and IDF's. • Increased isolation spaces in ED. Dedicated COVID-19 wards. Stand up Respiratory Assessment Unit. • Increased critical care capacity and capability. Monitor ICU demand. Increase Nursing staff. • Focus on Acute Surgery, Cancers and Elective P1 patients. Minimal Manukau Health Park theatres. No outsourcing and wet-lease activity likely. • Clinics focus on P1 and P2 patients. Almost total use of virtual consults. Close Botany clinics. • Utilise all available ARHOP beds – decant from Medicine and Surgery. • Cancer patients prioritised as per Regional Service model. • Low risk/well women to bypass BandA – birth in Primary Unit or home where possible. • Prioritisation of Radiology and Laboratory services based on clinical priority. Increasing pressure on Laboratory testing. • Patient Information Services, Clinical Transcription and Health Informatics reprioritisation of workload. • Coordinate with local primary care and community health with allocation of capacity based on greatest clinical needs. **Non Clinical Support Services (Security, Cleaning, Orderlies, Reception)** Increased resources to allow for more frequent activity. Increased standards, processes and procedures for: • Cleaning. • PPE – escalation of IPC processes. • Security. • Patient screening and direction. • Visitor Policy restrictions increased – Visitor registration App in use.	**Localities (Community Services, District Nursing)** • Alert Level Orange co-ordination of community based care delivery via Community Central. **Primary Care (General Practice, Urgent Care, Pharmacy)** • Services continue as per Primary Care Response Framework. • External screening and streaming of patients in vehicles. • Swabbing of all patients in vehicles -– surveillance and symptomatic. • Encourage people to come alone if possible. • Increasing use of virtual consults as appropriate. • Ensure staffing levels meet demand – flex workforce. • Increased cleaning, PPE consumption incl N95 use. **ARRC and Hospice** • No visitor access. • Monitor staffing closely – DHB SMO clinical advice as required. • Severely limited resident/patient movement to reduce likelihood of infected patients (Community acquired). • Outbreak management activated at Alert Level Orange **Community Mental Health** • Increase after-hours leadership capacity. • Reduce clinic locations. • Majority of interventions via Zoom and phone. • Establish prioritisation for Service User follow up. • Further changes to facility dependant on isolation requirements. **Public Health** • Staff deployed to ARPHS and NRHCC as required.
	Corporate Functions (Finance, HR, Procurement, IS, Supply Chain, Procurement, Facilities and Assets)	
	• Increase staff working flexibly and remotely most of the time. • High level use of Zoom, MS Teams to communicate and engage within and externally. • Procurement and Supply Chain focus on 'at risk items', substitutions and MoH – Pharmac – HealthSource - NZHP engagement. • PPE management critical. • Facilities action of increased resource requirements – single rooms, negative pressure.	

CM Health Alert Level Framework

IMT Response: Full Local and Regional IMT's as per CIMS Model. Increased Regional leadership (NRHCC, RPG) to provide oversight for matching capacity with demand.
Hospital Triggers: Moving to Hospital Framework Red: Multiple local cases in hospital (excludes MIQF admissions for non COVID-19 reasons). Uncontrolled community transmission.
Clinical Technical Advisory Group (CTAG): would be reinstated from yellow onwards and meet regularly to address clinical planning/concerns.
Community Triggers: Moving to Primary Care Response Framework Red: There is uncontrolled community transmission of COVID-19.

Covid-19 Impact

Hospital Framework Level

Red

Hospital Patient Facing Services (Middlemore, Manukau Health Park, Outsource and Wet-lease providers)

COVID-19 Activities

- Maintain a BAU level of Community Testing and readiness to scale up as needed.
- Increased demand to staff up MIQF – Clinical and non-clinical staff. Management of processes, equipment and resources.
- Staff deployed for – Testing and Vaccination.
- Continue activities to scale up as COVID-19 escalates.

Clinical Service Operations (Medicine, SAPS, Kidz First, Womens Health, Mental Health, Central Clinical Services, Clinical Support Services, Nutrition)

- Activate plans as described in the 'Red Alert' Level MOH Hospital Framework as appropriate.
- Consolidation of workforce at Middlemore. Manukau Health Park on skeleton staffing.
- All patients screened, streamed, socially distanced and given PPE if required (includes patients presenting from MIQF).
- COVID-19 positive patients managed in predetermined isolation locations. Increased locations for this requirement.
- Increase use of POAC, including with other partners as appropriate (e.g. private, aged residential care, community providers).
- Engage across other DHBs to appropriately discharge out of area patients and IDF's.
- Full PPE in ED, ASU, AAW. Mass isolation spaces in ED, ASU, AAW. External capacity required.
- Increased critical care capacity and capability. Monitor ICU demand. Increase Nursing staff.
- Continue Respiratory Assessment Unit.
- No elective anaesthetic workforce – fully focussed on acute workload.
- Focus on Acute Surgery, Cancers and Elective P1 patients (If possible). Minimal MANUKAU HEALTH PARK theatres for acutes only.
- Clinics total use of virtual consults.
- Optimise all available ARHOP beds – decant from Medicine and Surgery. Deploy SMO to Medicine.
- Cancer patients prioritised as per Regional Service model.
- Low risk/well women to bypass BandA – birth in Primary Unit or home where possible.
- Prioritisation of Radiology and Laboratory services. Increasing pressure on Laboratory testing.
- Patient Information Services, Clinical Transcription and Health Informatics reprioritisation of workload.
- Coordinate with local primary care and community health with allocation of capacity based on greatest clinical needs.

Non Clinical Support Services (Security, Cleaning, Orderlies, Reception)

Increased resources to allow for more frequent activity. Increased standards, processes and procedures for:

- Cleaning.
- PPE – escalation of IPC processes.
- Security – higher levels of onsite security required.
- Patient screening and direction.
- Visitor Policy restrictions increased – Visitor registration App in use.

Community Services

Localities (Community Services, District Nursing)

- Alert Level Red co-ordination of community based care delivery via Community Central.

Primary Care (General Practice, Urgent Care, Pharmacy)

- Services continue as per Primary Care Response Framework.
- External Screening and streaming of patients in vehicles.
- Swabbing of all patients in vehicles -– surveillance and symptomatic.
- No visitors or support persons if possible.
- Increasing use of virtual consults as appropriate.
- Ensure staffing levels meet demand – flex workforce.
- Increased cleaning, PPE consumption incl N95 use.

ARRC and Hospice

- No visitor access.
- Monitor staffing closely – DHB SMO clinical advice as required.
- No resident/patient movement to reduce likelihood of infected patients (Community acquired).
- Outbreak management activated at Alert Level RED.

Community Mental Health

- Increase after-hours leadership capacity.
- No community clinic locations.
- Majority of interventions via Zoom and phone.
- Establish prioritisation for Service User follow up.
- Further changes to facility dependant on isolation requirements.

Public Health

- Staff deployed to ARPHS and NRHCC as required.

Corporate Functions (Finance, HR, Procurement, IS, Supply Chain, Procurement, Facilities and Assets)

- Increase staff working flexibly and remotely most of the time.
- High level use of Zoom, MS Teams to communicate and engage within and externally.
- Procurement and Supply Chain focus on 'at risk items', substitutions and MoH – Pharmac – HealthSource - NZHP engagement.
- PPE management critical.
- Facilities action of increased resource requirements – single rooms, negative pressure.