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24 September 2021

[redacted]

Dear [redacted]

Re: Official Information Act

I am responding on behalf of Taranaki District Health Board (DHB) to your OIA request of 23 August 2021. Thank you for granting Taranaki DHB an extension. You have requested the following information:

> ***# Since March 2020 and by each month thereafter, the number of fully staffed/operational ICU beds available, ICU capacity, a breakdown of all ICU staff (such as numbers of ICU nurses) and any vacancies, and how many surgeries were rescheduled or postponed/cancelled.***

Beds:

- Since March 2020, Taranaki DHB has 16 beds in a combined ICU/HDU, with a capacity of 6 Ventilated ICU beds (1, 2, 3, 8, 9,10 (room 10 on a splitter/portable).
- At any time there is a staffed roster of 5 x Registered Nurses (RN) and 1 x Co-ordinator to accommodate a mixture of HDU, CCU and ICU patients as determined by the patient mix and acuity.

ICU Staff numbers:

- Senior RN (coordinator) = 3.49 FTE
- RN = 30.42 FTE inclusive with an increase of 4.3 FTE from CCDM
- Health Care Assistant (HCA) = 3.43 FTE inclusive with an increase of 0.6 FTE from CCDM
- Clinical Manager = 1.0 FTE
- Clinical Educator = 0.8 FTE

Recruitment Vacancy FTE:

- 6.5 FTE - this is combination of resignations, maternity leave and CCDM FTE increase.

Surgeries rescheduled/postponed or cancelled:

- There have been 3,747 surgeries rescheduled, postponed or patient declined surgeries since March 2020 across all of Taranaki DHB. This is not specific to ICU. We are unable to give this level of data.

Continued…

 # Since March 2020, copies of any reports, documents or briefings that include information about ICU capacity, including (but not limited to) in relation to Covid-19, such as contingency plans to scale up capacity.

- ICU Management of COVID-19 (*Appendix 1*)

Please note: this document contains information about ICU becoming an entire Red Zone and creating a satellite green ICU in PACU 1.

 # Since March 2020, copies of all correspondence with the Ministry of Health regarding critical care and ICU, in relation to Covid-19, such as confirmation of current capacity and plans to scale up capacity.

Taranaki DHB is declining this question based on the substantial research and collation (particularly during COVID) that is required.

I trust the above information answers your OIA request.

Kind regards

Gillian Campbell
Chief Operating Officer

Enc.

Standard Operating Procedure – Management of Patients with COVID-19 in ICU at Base Hospital.

Standard

Patients with suspected or confirmed COVID-19 in ICU/CCU/HDU will receive planned care while ensuring patient and staff safety is maintained through droplet or airborne transmission based precautions as indicated.

Criteria

- Avoid cross infection of COVID-19 between patients and DHB staff
- Staff are able to coordinate and deliver planned care based on this procedure

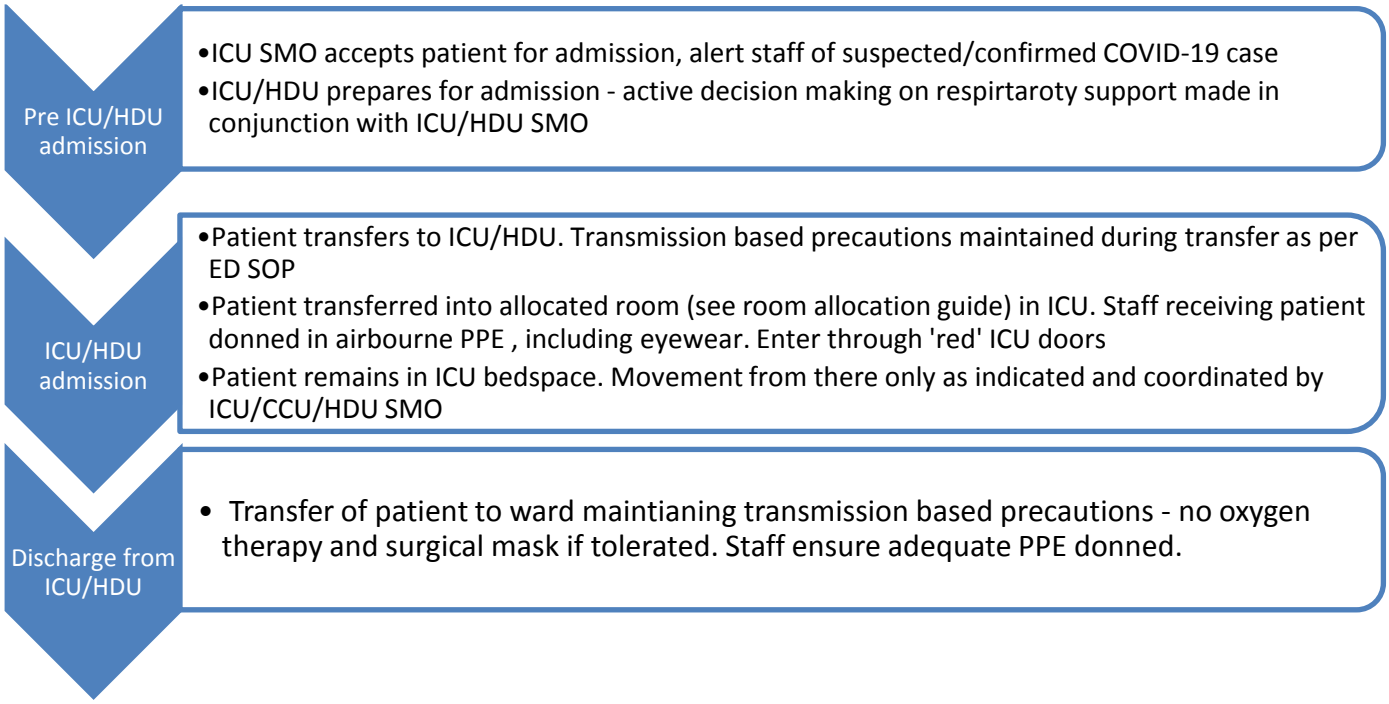
Procedure

This procedure is to outline the room allocation and key points for delivery of care for suspected or confirmed COVID-19 patients requiring ICU/CCU/HDU level care while ensuring appropriate transmission based precautions are maintained at all times.

Guidance to staff allocation will be outlined.

When room allocation is exhausted to safely maintain transmission based precautions, an alternate satellite 'green' ICU/CCU/HDU will be opened in PACU 1 for which this criteria will be outlined.

Patient Flow:



Room Allocation Guide:

- All suspected/confirmed COVID patients admit to rooms 1-7
    - All above rooms compatible with negative pressure isolation requirements
    - Rooms 1-3 ventilator capable

- Room 8 remains multi purpose space allocated based on clinical judgement of ICU Coordinator and ICU SMO

- All non COVID ICU/CCU/HDU patients allocated rooms 9-16
    - Rooms 9-10 ventilator capable
    - Room 8 may be indicated for any patients requiring transmission based precautions

- When rooms 1-7 are filled and further COVID patients requiring admission – **unit becomes closed, PPE donned at door. 'Green' satellite ICU activated**

- Total capacity for ICU/HDU closed unit:
    - 5 ventilated patients; rooms 1-3 & 8-9
    - 9 non-intubated patients; rooms 4-7 & 10-16
    - All query COVID patients must be cared for in negative pressure isolation room protected from confirmed cases until swabs received

Suspected/confirmed COVID patient intubated: Admit into rooms 1-3 (room 8 may also be considered)

- Intubated patients require droplet precautions but staff will maintain airborne precautions at all times. It is safe to don and doff PPE in enclosed corridor outside room (anteroom). Room door remains shut at all times except when entering/exiting
- 1:1 nurse/patient ratio. 1x RN runner supporting all red side of ICU
- RN allocated to room, plan with coordinator/runner breaks out of room. Minimum 30 minute breaks out of room x2 for 8 hour shift, x3 for 12 hour shift (aim to coordinate these breaks within 3 hourly intervals)
- Coordinator to hold portable phone and walkie talkie so runners and RNs in room able to maintain ongoing contact. Coordinator holds phone ext: 7085, RN runner holds ext: 8959.
- Clinical notes kept outside of room, clinical entries can be typed on the computer in the room, however ICU chart to stay in room so RN can easily document recordings. Avoid physical contact with patient or bed. Kept at 2 meter distance from tube and vent as marked out in ventilator rooms. **Strict hand hygiene precautions must be maintained**: gloves should be doffed, hand hygiene performed and re-donned between patient contact and documenting on ICU chart. This is expected practice as per Infection Prevention Control and hand hygiene standards.
- RN in room can compile list of stock required for room and email to coordinator towards end of shift so room well stocked with necessary items leading into next shift. Coordinator delegate compiling of stock to appropriate staff members
- Follow up swab results for suspected cases – usually 24 hour turn around time
- Circuit (including total suction circuit, tubing etc) **NOT** to be changed routinely, only if clinically indicated or damaged

- Draeger hepa expiratory filter must be on vent – requires change every 7 days to ensure remains effective
- Liaise with PT service and other relevant MDT to coordinate input

Suspected/confirmed COVID patient not intubated: Admit into rooms 4-7 (room 8 may also be considered)

- Airborne precautions for any patient receiving aerosolising procedures e.g high flow oxygen/ BiPap/nebs. Droplet precautions for patients not receiving any respiratory support great than 4L via NP
- Ensure full PPE (gown, gloves, N95 mask & eye protection) donned before entering room. Ensure all doors opening into anteroom are closed before entering and exiting room. Room door remains shut at all times except when entering/exiting. Station for donning PPE will also be set up on 'green' side of unit so staff can don PPE prior to entering enclosed corridor
  - 1:2 nurse to patient ratio based on acuity. If caring for 2 confirmed cases can remain in same PPE unless soiled. **Strict hand hygiene precautions must be maintained**: gloves should be doffed, hand hygiene performed and re-donned between patients. If going from suspected to confirmed case maintain these same precautions, if going from confirmed to suspected cases doff gown and gloves, perform hand hygiene and don new gown and gloves. Eye protection and mask does not need to be changed unless soiled
  - Breaks planned in conjunction with coordinator/runner as per above
  - Notes do not enter patient's room – keep anteroom in location safe and accessible to all relevant
  - Coordinator to hold portable phone/walkie talkie so RN/runner able to maintain contact
  - Compile stock list and ensure room well stocked going into subsequent shift
  - **Clear plan if resus is required must be discussed with SMO on admission and communicated to all staff**
  - If patient deteriorates and requires intubation, limit staff in room. Max 2 RN and 2 doctors – intubation trolley must be left in outside room (in anteroom) and stock needed taken from there into room. Ensure runner available during intubation. Please also refer to intubation SOP
  - Transfer to vent capable room post intubation as coordinated by ICU SMO
  - Allow 30mins post transfer for droplets to clear before room is cleaned (terminal clean required)
  - Notify kitchen on ext 8181 of isolation patient as meal will be delivered on disposable crockery and cutlery. Dispose of all food and associated items in yellow rubbish bags
  - Liaise with PT and other relevant MDT re input

Important Infection Prevention and Control considerations:

- All suspected/confirmed COVID-19 cases must enter unit via doors on 'red' side of unit, closest to room one
- Ensure all room doors are closed before external doors are open – RN runner will indicate when safe. When all room doors are closed it is safe to open anteroom door to communicate with staff on 'green' side of unit
- Toileting for patients must be via bed pan or commode. Pans/bowls/jugs are brought out of the anteroom directly into the sluice room by the runner to dispose of. Gown and gloves doffed in sluice room post disposal and containers put in steriliser. Hand hygiene performed, mask and eye protection may remain in situ and new gown and gloves donned on return to ante room
- Equivalent of contact isolation precautions maintained for all equipment kept in enclosed corridor/anteroom. Equipment to be wiped with alcohol or disinfectant wipes if removed

- When exiting, doff PPE at external door of anteroom immediately prior to exit, perform hand hygiene with hand sanitiser as per doffing guidelines, then perform hand hygiene again immediately once exited anteroom
- Gloves should be doffed in patient room as indicated by 5 moments of hand hygiene, hand hygiene performed (either using hand sanitiser or hand wash at sink) and gloves reapplied. Gloves can be left off is exiting room immediately, but perform hand hygiene again once exited room
- **All** staff in anteroom must wear gown, gloves and mask at all times. Eye protection must be donned when entering patient room. Gown, mask and eye protection may be left on while in anteroom or moving between confirmed COVID patients. Gloves **must** be doffed and re-donned and hand hygiene performed as exiting/entering bed spaces. For suspected COVID cases, new gown and gloves must be donned if there has been close patient contact with a confirmed or other suspected case. Eye protection and mask can remain in situ until complete doffing procedure when exiting anteroom
- Linen and rubbish bags to be collected from 'red' side of unit, not passed through 'green' side of unit. Standard contact precautions maintained for the handling of these bags
- Removing stock/equipment from the rooms to be wiped with alcohol/disinfectant wipes as per standard contact precautions
- Any concerns re PPE stock must be raised with the DNM at all times

<u>Staffing Guidance:</u>

NB: There may to be variables to points outlined below. Variations outside this will be in discussion with the DNM, CNM (when available) Unit Coordinator and ICU Consultant. Ratios may vary with the goal to ensure 'essential care' is maintained.

- Current staffing model to be utilised on 'green' side of unit: (minimum of 2 RN's per shift dependent on patient numbers as per below model)
    - 1x RN to supernumary coordinator (to coordinate and support 'red' side also)
    - 1x RN to 1x vent patient
    - 1x RN to 2x HDU patient
    - 1x RN to 2x CCU patient
    - 1x HCA
    - Continue to support hospital arrest calls. Liaise with DNM if staffing does accommodate ability to support this safely. Defib 1 remains runner defib – now moved to 'green' side o f the unit
- 'Red' side of unit:
    - 1x RN runner (may support green side of unit if arrest is being attended)
    - 1xRN to 1x vent patient
    - 1x RN to2x CCU/HDU patient (may vary due to acuity)
    - 1x HCA
    - Visitor lounge repurposed as staff room for staff in 'red' zone of unit
- Continue with 6 RNs per shift as baseline. If acuity increases further RN support to be supplied from resource database. Escalate via CNM or DNM if after hours

Activation of satellite 'green' ICU:

- As 'green' ICU/CCU/HDU zone approaches full capacity CNM/DNM/IMT coordinate activation of 'green' ICU in PACU 1
- As 'red' ICU/CCU/HDU zone approaches full capacity CNM/DNM/IMT coordinate activation of 'green' ICU in PACU 1 so further COVID identified patients can be admitted
    - ICU/CCU/HDU becomes full red zone – PPE donned at entrance of unit

Measure

- Datix
- Staff sickness
- Patient numbers
- Vacant shifts

Training

- All ICU/CCU/HDU staff, SMO's and DNM will be familiar with procedure
- All ICU/CCU/HDU staff provided with PPE education
- Fundamentals of ventilation workshops provided to staff new or returning to ventilation
- Education to HCA/Cleaning Staff regarding infection prevention and control

Supporting information

Taranaki DHB 2019 novel coronavirus (COVID-19) infection prevention and control guidance
http://chirp.hiq.net.nz/site/TDHBintranet/ClinicalResources/Coronavirus%20(COVID-19)%20infection%20prevention%20and%20control%20guidance.pdf

Taranaki DHB Coronavirus (COVID-19) presentation and admission flowcharts
http://chirp.hiq.net.nz/site/TDHBintranet/ClinicalResources/Coronavirus%20(COVID-19)%20presentation%20and%20admission%20flowcharts.pdf

Taranaki DHB Standard Operating Procedure Admission and Inpatient Management of Patients with COVID-19 at Taranaki Base Hospital
http://chirp.hiq.net.nz/site/TDHBintranet/_layouts/15/WopiFrame.aspx?sourcedoc=/site/TDHBintranet/ClinicalResources/SOP%20%20Admission%20and%20inpatient%20management%20of%20patients%20with%20COVID-19.pdf&action=default

Taranaki DHB Standard Operating Procedure - Movement/internal transport of patients with COVID-19 in TBH http://chirp.hiq.net.nz/site/TDHBintranet/ClinicalResources/SOP%20-%20Movement-internal%20transport%20of%20patients%20with%20COVID-19%20in%20TBH.pdf?Web=1

Taranaki DHB Standard Operating Procedure – Intubation Procedure (COVID Specific)
http://chirp.hiq.net.nz/site/TDHBintranet/Policies/SOP%20COVID19%20Intubation%20outside%20Theatre%20and%20ICU.pdf

Ministry of Health website: www.health.govt.nz/coronavirus