

COVID 19 National Hospital Response Framework – The Process

- This Hospital Response Framework provides high level, national consistent guidance to support facilities and hospitals to appropriately and safely operate, while maintaining as much planned care as safely possible, during any COVID 19 resurgence.
- DHBs should ensure their ongoing capability to safely operate within this framework by periodic reassessment against the COVID 19 Resurgence Checklist.
- The Alert Levels in this Framework are different to the Government's National COVID-19 Alert Levels and relate to COVID 19 activity within the local community. They do not include activity related to Managed Isolation Facilities, unless a DHB assesses significantly heightened risk that must be managed.
- Hospitals are expected to operate in line with their current Alert Levels and have systems and processes proactively in place to identify and respond to any changes in levels (up or down) so that changes are made in a well-managed and planned manner with staff and resources prepared and trained beforehand.
- Each region should agree the means by which DHBs will keep each other informed of changes in alert levels and triggers for enacting agreed regional management plans.
- The Framework aims to ensure that patients remain at the centre of care by making proportionate responses to escalations and de-escalations in the COVID-19 pandemic, to minimise disruption to planned and unplanned care delivery while maintaining quality and safety.
- DHBs must develop their plans and decision-making processes in partnership with their DHB GM Māori health and their DHB Iwi/Māori Relationship Board. This plan should identify Māori and other vulnerable populations and ensure health disparities do not increase as a result of the response to the COVID-19 pandemic. DHBs must maintain rigorous oversight of waiting lists, including a comprehensive plan setting out the manner by which the risk of patients deteriorating while waiting for assessment and treatment will be identified and managed.
- Te Tiriti o Waitangi and Equity are at the centre of each level of the Framework. Critically, DHB escalation and de-escalation will be managed in a way that actively protects the health and wellbeing of Māori and other vulnerable population groups. This includes active surveillance and monitoring of health outcomes, for Māori and other vulnerable groups, to ensure a proportionate and coordinated response to health need for COVID-19 and non-COVID patients.
- DHBs' plans for management of Alert Levels must include a regional context and be discussed with primary care and other providers.
- When relevant (during any local resurgence) daily EEC meetings should be the mechanism whereby Alert Levels are changed or confirmed, and actions initiated in daily reporting. This decision should be clearly documented and evidenced, and communicated with senior clinicians, managers and other relevant senior personnel as part of the local response plan.
- It is possible for different hospital facilities and/or departments within a DHB to be at different Alert Levels at any given time.
- The overall DHB Alert Level should be reported each day to the Ministry of Health so that a national view of escalation can be compiled. This will be via the DHB SitRep.
- This Framework may evolve over time and be revised by the National Hospital Response Group, then reissued as appropriate.

All District Health Boards

COVID-19 National Hospital Response Framework

COVID-19 Hospital Readiness GREEN ALERT

Trigger Status: No COVID-19 positive patients in your facility; Any cases in your community are managed and under control; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes

- Screen patients for COVID-19 symptoms & epidemiological criteria for any Emergency Department attendances, pre-op sessions, planned admission, or clinic attendance
- Maintain ability to return, if necessary, to triage physically outside the Emergency Department (or outside the hospital building)
- Maintain a separate stream for COVID-19 suspected cases in the Emergency Department
- Undertake regular training and exercises for management of a COVID-19 suspected case in the Emergency Department, Wards, Theatres, ICU/HDU
- Maintain PPE training for COVID-19 care in the Emergency Department, wards, theatres, ICU/HDU, outpatients, other relevant settings
- Maintain plan for isolation of a single case & multiple cases/ cohorting
- Maintain capability for instigation, if necessary, of Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers)
- Maintain ability to instigate, if necessary, separate streams for staffing, cleaning, supplies management and catering
- Plan for management of referrals, and increased workload on booking and call centre teams
- Plan to have a COVID-19 capable theatre for acute surgery for a known or suspected positive patient
- Maintain ability to instigate, if necessary, a dedicated COVID-19 ward
- Maintain engagement with alternative providers (such as private) regarding assistance during higher escalation levels, and to fast-track urgent, lower complexity care procedures.
- Maintain and further develop the provision of outpatient activity via telehealth and phone screening for virtual assessment, and MDTs to videoconference wherever clinically appropriate and acceptable for patients
- Planned Care surgery, acute surgery, urgent elective and non-deferrable surgery to operate as usual, National Services to operate as usual, NTA to operate as usual
- Review patients on the waiting list (surgery, day case, other interventions) and group patients by urgency level
- Prioritise Planned Care surgery and other interventions by focusing on those with the most urgent need, and where ICU/HDU is required

COVID-19 Hospital Initial Impact YELLOW ALERT

Trigger Status (individual or cumulative): One or more COVID-19 positive patients in your facility; cases in your community are being managed; isolation capacity & ICU capacity manageable; some staff absence and some staff redeployment to support response and manage key gaps

- Continue screening for COVID-19 symptoms and epidemiological criteria as per Green Alert
- Activate plans as described in Hospital Green Alert, as appropriate
- Activate Emergency Department triaging in a physically separate setting
- Activate streaming of known or suspected COVID-19 positive and non-positive patients as planned across Emergency Department, Wards, Theatres, ICU/HDU, and have dedicated COVID-19 capable theatre available
- Activate Early Supported Discharge, aggressive discharge and step-down arrangements, 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 back to domicile hospital or other setting (to be considered in conjunction with current Hospital Alert Level at other DHBs)
- Acute surgery, urgent elective, and non-deferrable surgery to operate as usual, with consideration given to repatriation processes if patient is non-domicile
- Maximise the provision of pre-op assessments and outpatient appointments to be undertaken virtually, or in an off-site setting as necessary
- Plan to defer non-urgent pre-assessments and non-urgent clinic patients if necessary, ensuring clinical and equity risk is managed
- Activate any outsourcing arrangements, and engage on options for supporting 'cold trauma' cases and less-complex urgent cancer surgery
- Planned Care surgery and other interventions to be prioritised based on urgency, and where ICU/HDU is not required, delivery should continue as much as possible, in accordance with agreed regional plan.
- Redeployment of staff as needed/available to ensure perioperative workforces are in place to run theatre, including anaesthesia, anaesthetic technicians, nursing. Scale back delivery of non-urgent Planned Care as needed.

COVID-19 Hospital Moderate Impact ORANGE ALERT

Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission is not well controlled; isolation capacity and ICU capacity impacted; significant staff absence, extensive staff redeployment, gaps not being covered

- Continue screening for COVID-19 symptoms and epidemiological criteria as per Green Alert
- Activate plans as described in Hospital Green and Yellow Alert levels
- Work with palliative care and other providers to agree alternative end of life services for non-COVID patients.
- Provide Emergency Department services with prioritisation on high acuity medical and trauma care. Provide advice in non-contact settings where possible.
- Fully activate any agreements with other hospitals or providers, including private.
- Acute surgery to operate as staffing and facilities allow, with priority on trauma cases
- Prioritise urgent non-deferrable Planned Care cases not requiring ICU/HDU care
- Review and manage all non-urgent, high risk Planned Care surgery requiring HDU/ICU, adjusting the prioritisation threshold for surgery with Senior Clinicians for non-deferrable cases
- Increase ICU/HDU capacity as needed, retaining cohorting of known or suspected COVID-19 and non-positive patients, including moving non-COVID-19 ICU/HDU to theatre complex
- Implement acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases as staffing allows
- Manage outpatient referrals to ensure clinical and equity risk is understood and managed
- Something in here about activating regional management arrangements?

COVID-19 Hospital Severe Impact RED ALERT

Trigger Status (individual or cumulative): Multiple COVID-19 positive patients in your facility; community transmission uncontrolled; isolation and ICU at capacity; all available staff redeployed to critical care

- Emergency Department services limited to high acuity medical and trauma care
- Activate plans as described in Hospital Green, Yellow and Orange Alert levels
- Work with palliative care and other providers to agree alternative end of life services for non-COVID-19 patients.
- Continue acute surgery as staffing and capacity allows, prioritising non-deferrable, life-saving surgery
- Cancel all non-acute surgery
- Activate additional streaming, including non-COVID-19 ICU/HDU to theatre complex, or private provider if agreement reached
- As a last resort, move ventilated COVID-19 patients to repurposed ICU/HDU theatre complex for overflow; aim is to not impact on ability to meet non-deferrable, life-saving acute surgery
- Continue with acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows
- Only accept urgent outpatient referrals, but ensure clinical risk is understood and managed
- If other hospitals in the region are at the same alert level, activate out of region management arrangements.