

COVID-19 Medical Staff Briefing

1 April 2020

Andrew Stripp

Overview of current state



Personal Protective Equipment (PPE)

Rhonda Stuart



These slides have been removed from the download.

**For the latest PPE information, visit:
coronavirus.monashhealth.org**



Georgia Soldatos and Martin Keogh Model of Care and Capacity Planning



Casey Redevelopment – Commissioning Timeline

Workflow

Week commencing

30 March

6 April

13 April

20 April

27 April

4 May

11 May

18 May

Casey Hospital Expansion – Commissioning Timeline

ED Fast Track Expansion – Monash Heart Space
(5 NEW cubicles)

M 30 March – phased commissioning pending demand

Ward D Therapy Area Haemodialysis Service commissioned
(9 NEW haemodialysis chairs)

M 30 March

Ward C move to IPU L3

M 7 April

Ward C becomes Admission ward
(32 NEW beds)

M 7 April

Ward D move to IPU L2
(8 NEW beds)

M 8 April

Ward D becomes COVID + ward
(32 NEW beds)

M 8 April

ED Short Stay Expansion – Casey Expansion Beds
(10 NEW beds)

M 13 April

Intensive Care Unit commissioned (IPU L1) – COVID +
(12 NEW beds)

M 20 April – phased commissioning pending COVID + ICU demand

Intensive Care Unit commissioned (IPU L2) – NON-COVID

M 20 April – phased commissioning pending NON-COVID ICU demand

IPU L4 NON-COVID ward commissioned
(32 NEW beds)

M 27 April

IPU L5 COVID + ward commissioned
(32 NEW beds)

M 11 May

Dandenong Subacute (W2 / SW2) relocation to Casey Ward C
(12 beds from W2 and 20 beds from SW2)

TBC – Pending consultation and uplift in subacute demand / activity

Admission Pathways



Status Update – Admission and management Ward Live on Monday 30/3/2020

Admission Ward: 31S

- 18 patients today:
 - 3 that were re-swabbed from yesterday - 2 discharge and 1 transfer to Gen med today after 2nd negative swab
 - 15 new today
 - 5 need re-swab
 - 1 out to gastro
 - 2 to specialty
 - 1 out to Pall Care
 - 1 absconded
 - 5 can come out if their swab comes back negative today

Management ward: 32

- 5 on ward and 2 in ICU



Learnings

Ward rounds take a long time (and Management ward)

- PPE
- Communication inside/outside the rooms
- Inconsistent set up of PPE in different room types/areas
 - Missing some components of the PPE
 - Confusion about location of donning and doffing in –ve pressure areas (resolved)
- Re-usable items (goggles, stethoscopes)
- They can deteriorate quickly
 - 5L via Hudson mask to intubation over 12 hrs
 - ICU pt: intubation → proned → nitrous → 100%FIO2 and CVVHD in single night
- Clinical Guidelines not implemented
 - Oxygen Escalation protocol
 - MET protocol



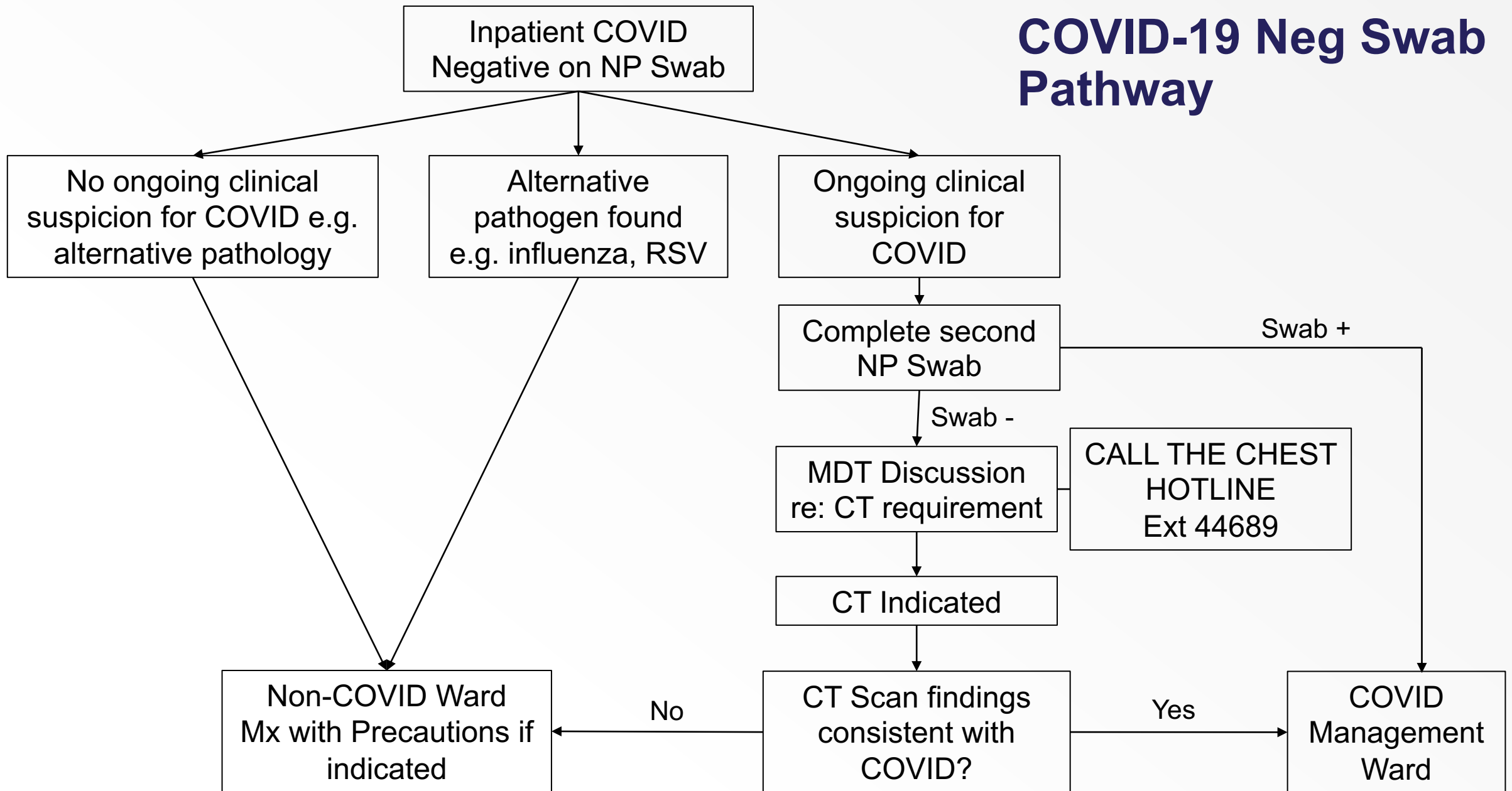
Clearing Patients with Negative Swabs is Difficult

- Is it COVID?
- Why is this not COVID?
- If not COVID what else?
- Is it COVID plus?
- How do we progress the care in the context of pending COVID status?

- Many patients requiring a second swab to be confidently cleared



COVID-19 Neg Swab Pathway



Clearance of Patients with COVID-19 Neg Swab on Admission Ward

IN HOURS

COVID Admission ward consultant (med/surg/paeds) to provide clearance for ALL transfers (COVID/non-COVID)

COVID Admission ward consultant to discuss with ID if decision support needed

OUT OF HOURS

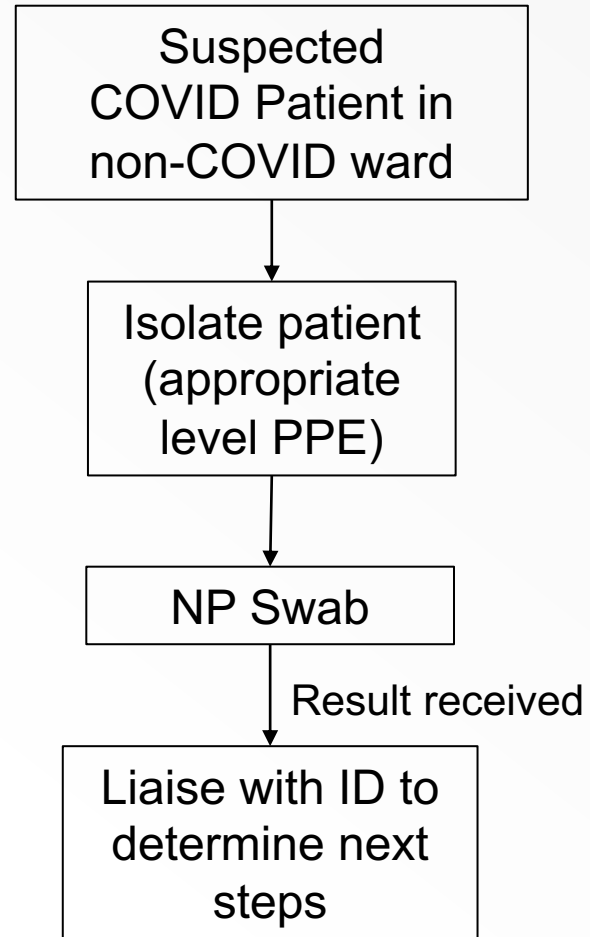
COVID Admission ward registrar to provide clearance for ALL transfers (COVID/non-COVID)

COVID Admission ward registrar to discuss with unit consultant if decision support needed

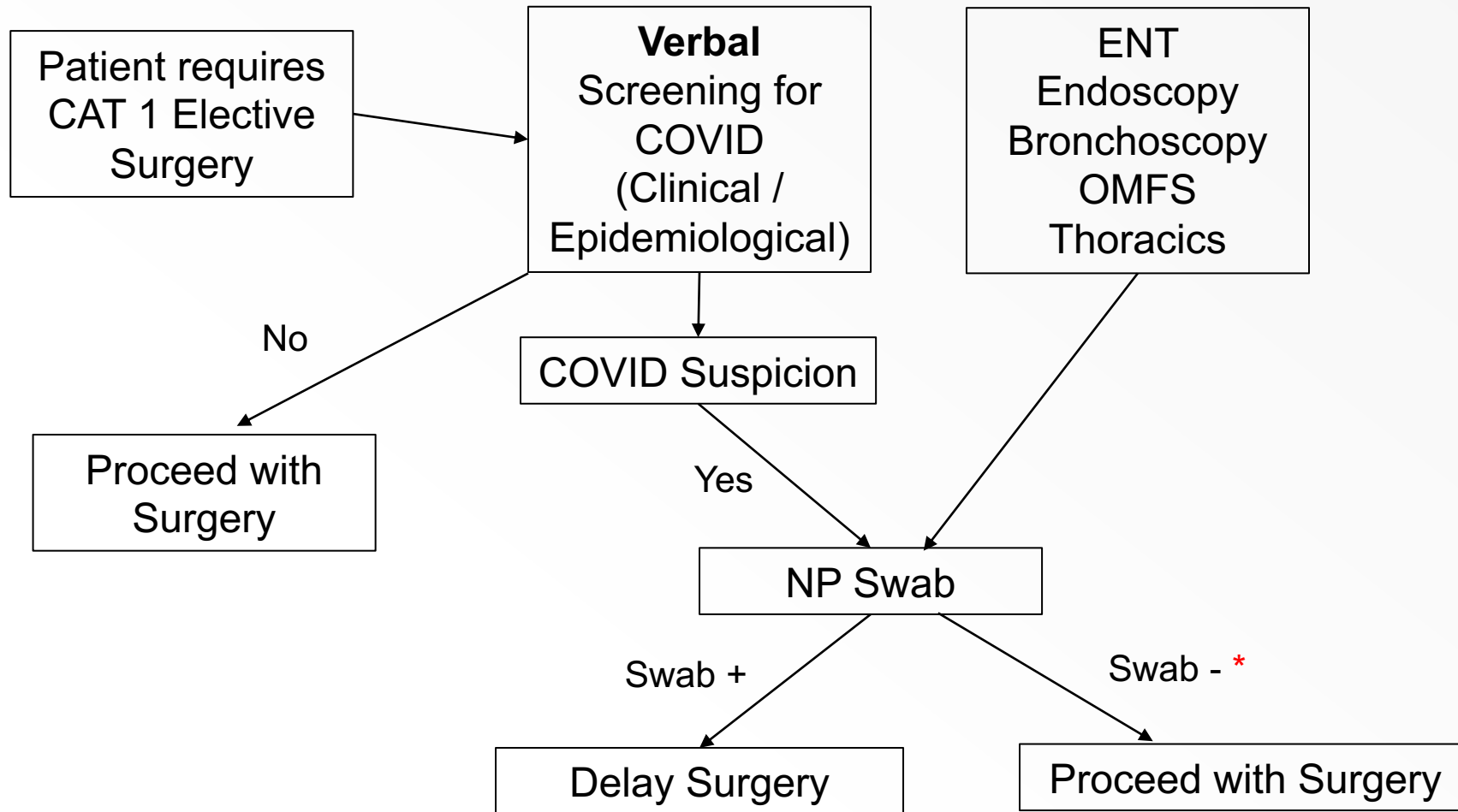
COVID Admission ward consultant to discuss with ID if decision support needed



Suspected COVID in Non-COVID ward



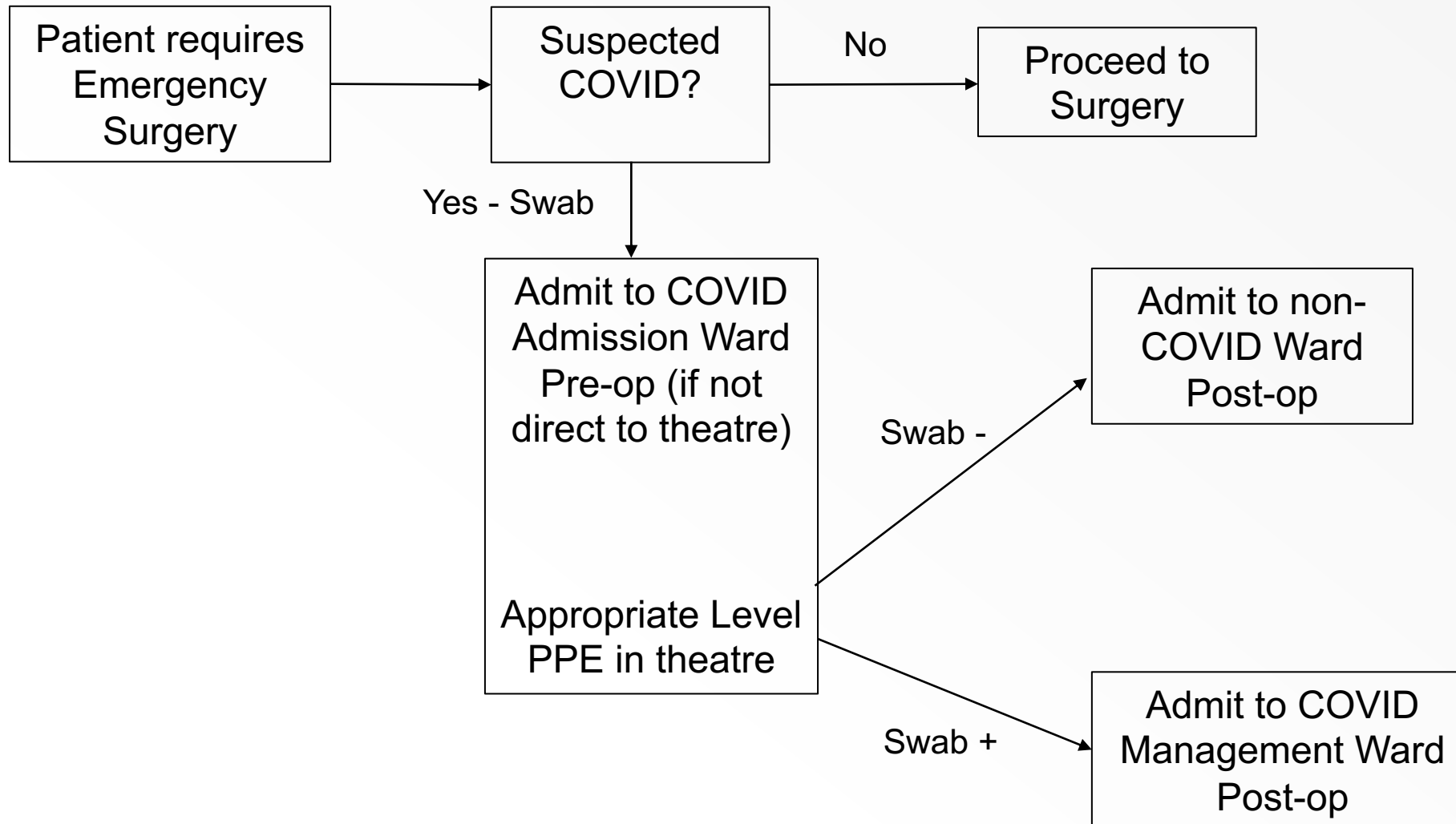
CAT 1 Elective Surgery



- * Clinical oversight
- Liase with ID if decision support required



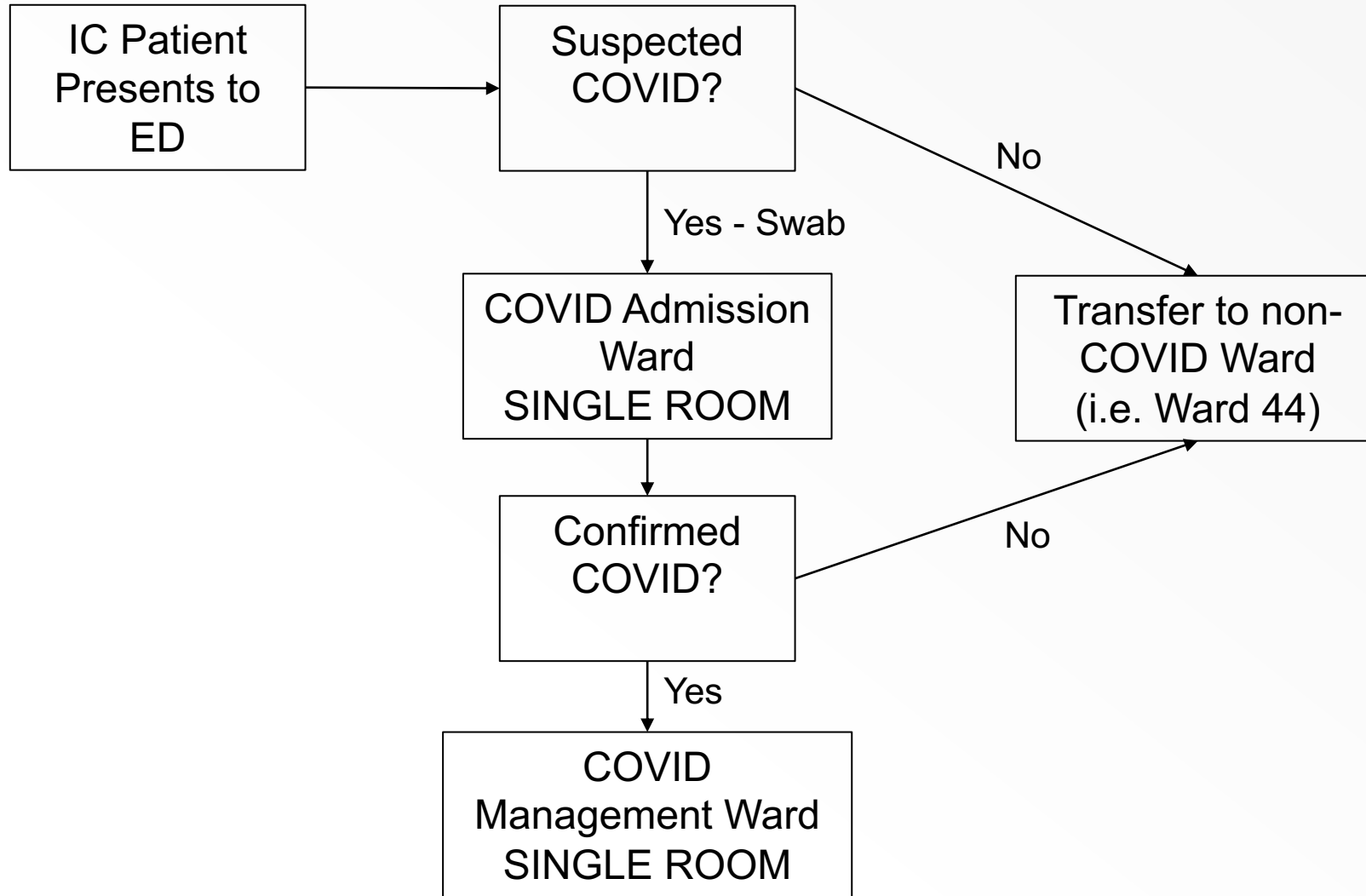
Emergency Surgery



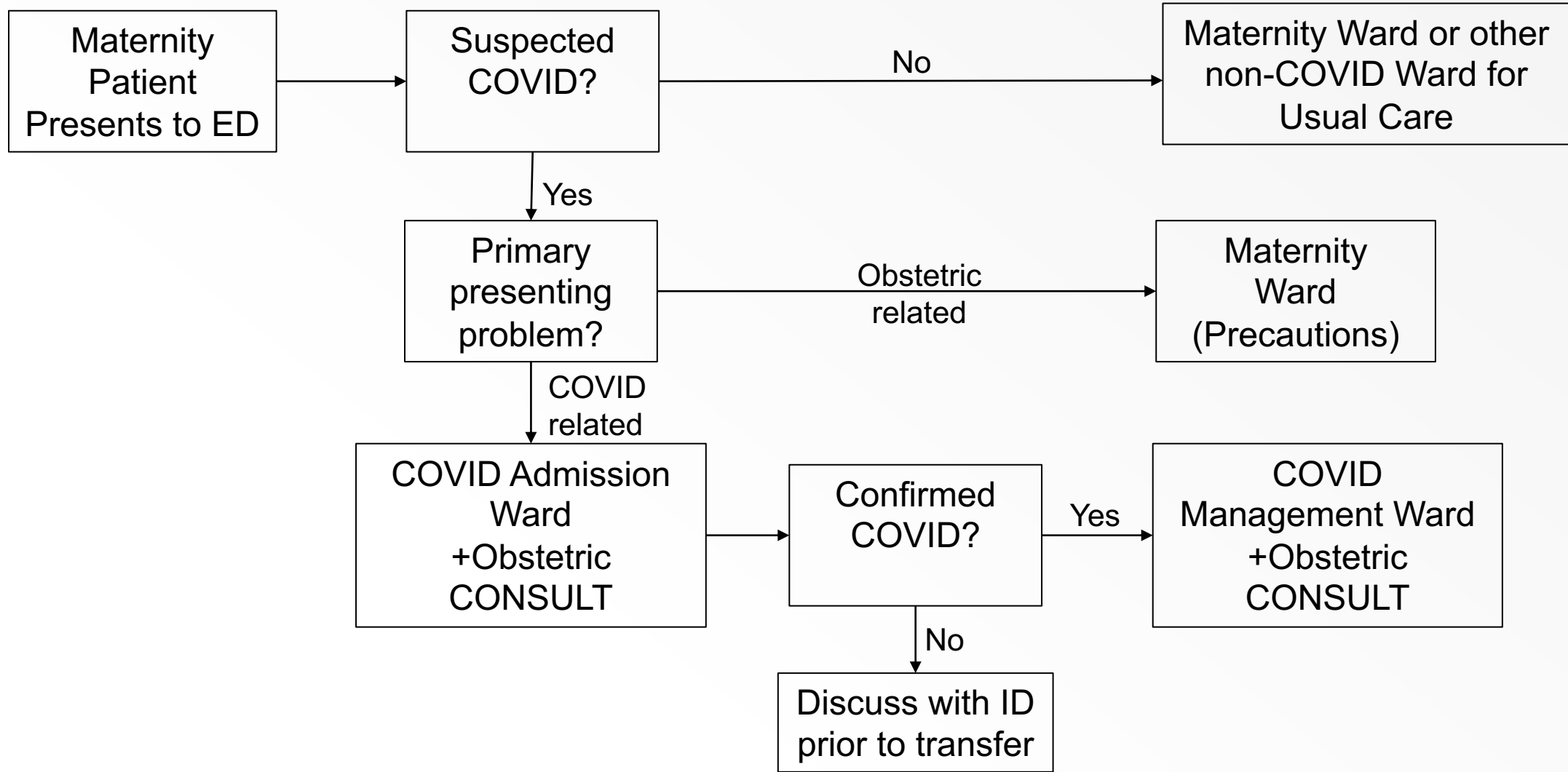
Surgical Workforce



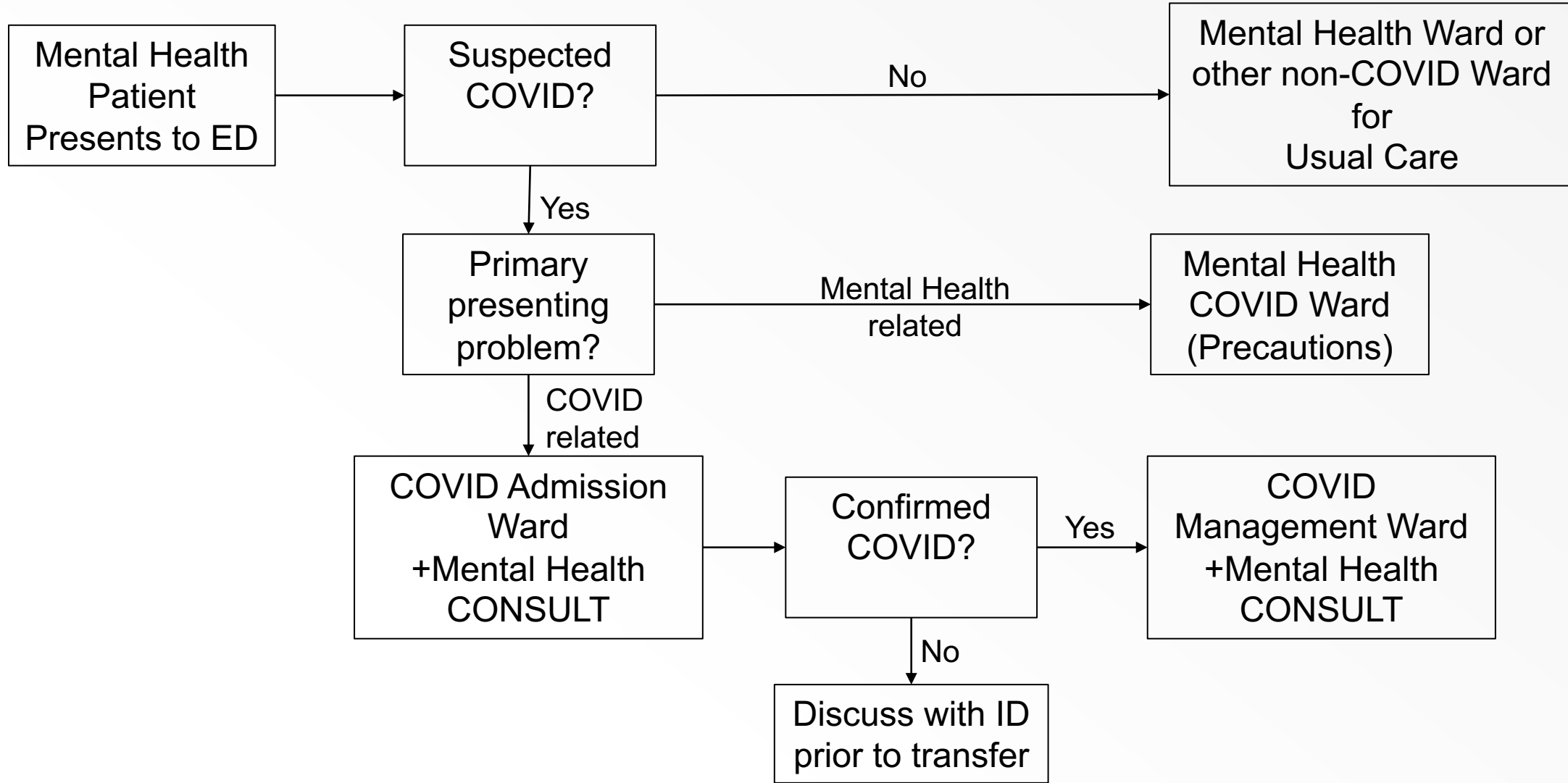
Immunocompromised (IC) Pathway



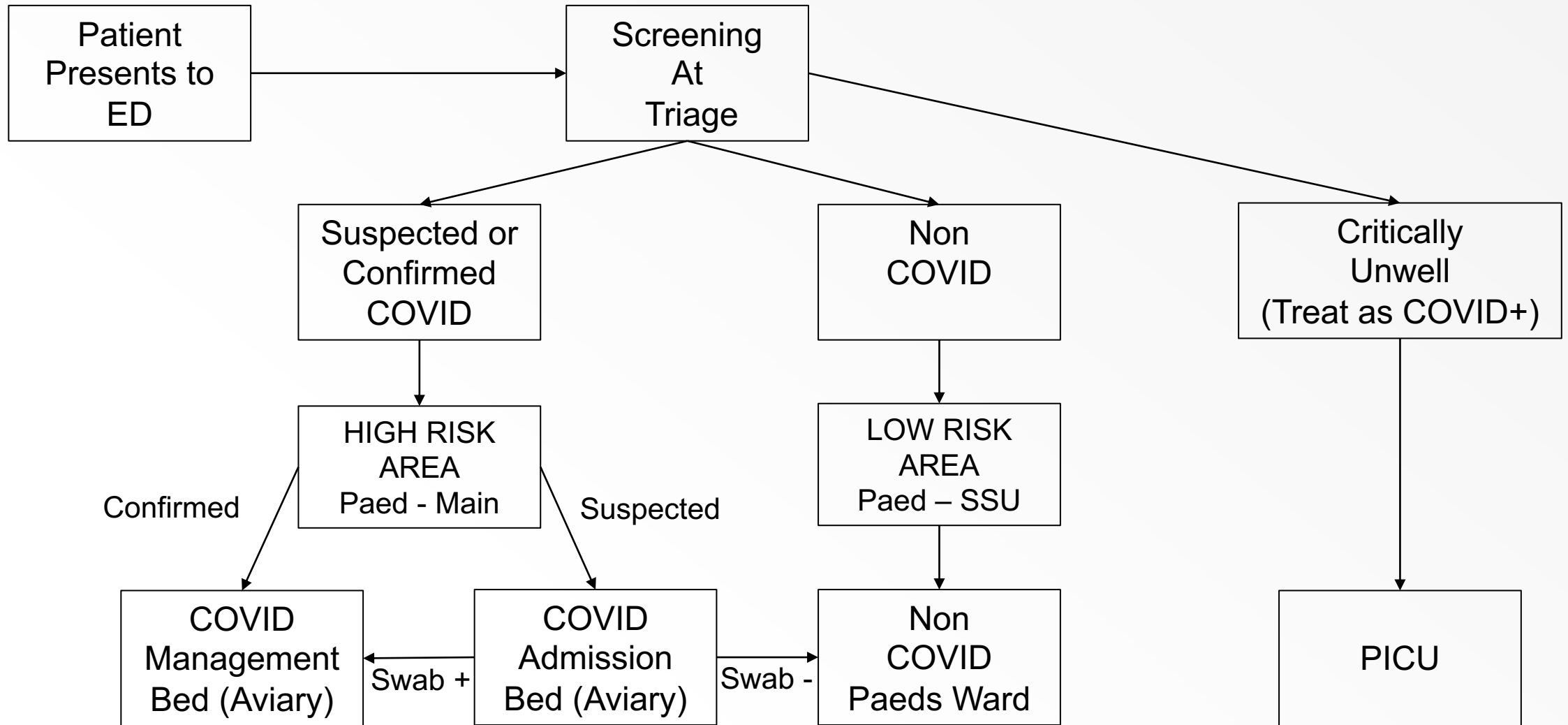
Maternity Pathway



Mental Health Pathway



Paediatric ED to Ward Flow



Antiviral Therapy

