

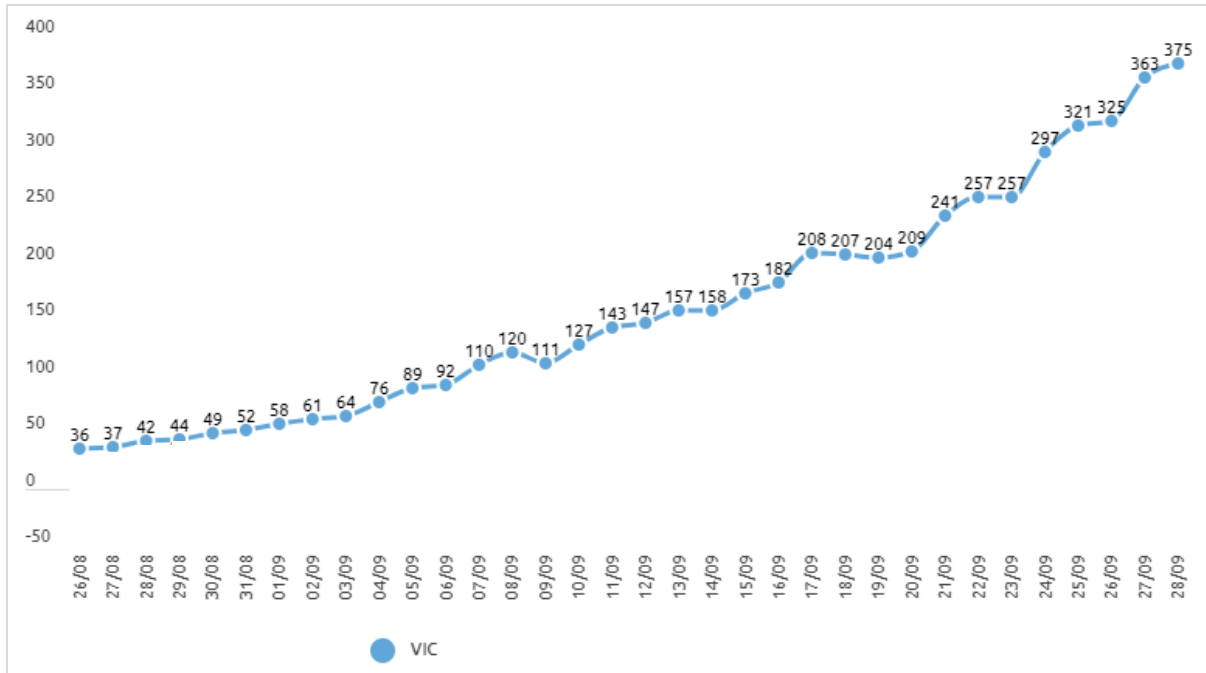
Monash Health COVID-19 Peak Update

Martin Keogh
Chief Operating Officer
28 September 2021

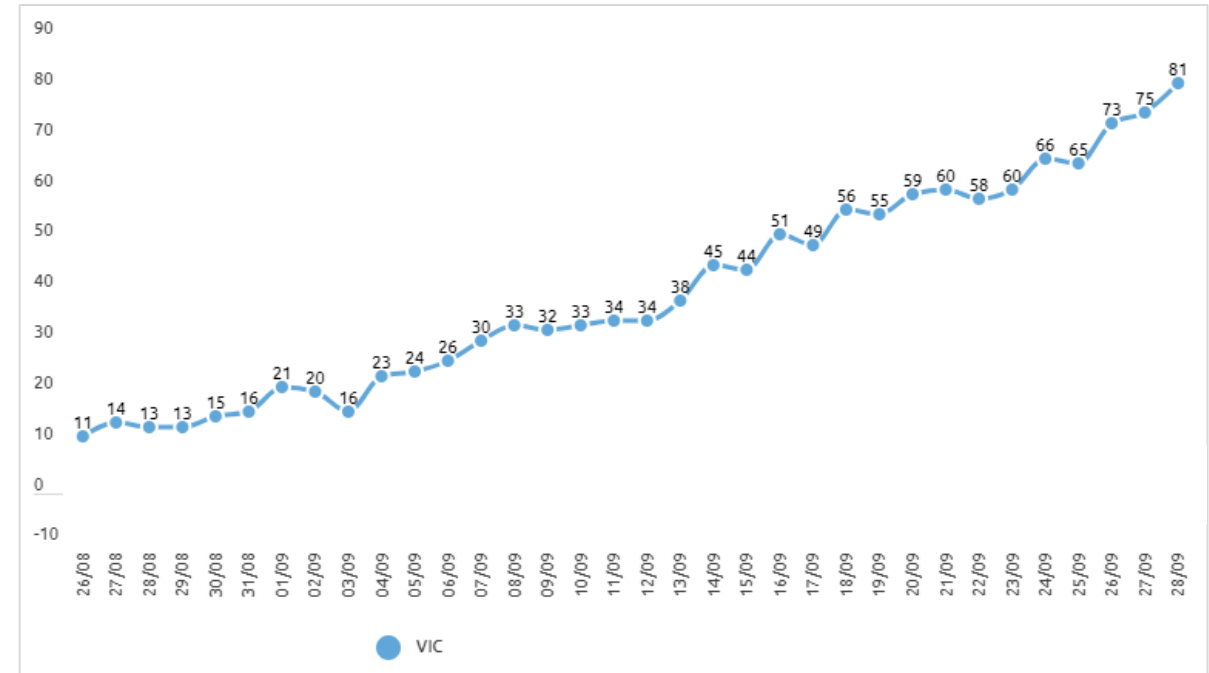


In the context of rapidly rising community transmission across our State and City, predicted hospitalisation rates for COVID-19 patients is also rising at the published 1:5 ICU to ward bed ratio....

COVID-19 cases in Hospital

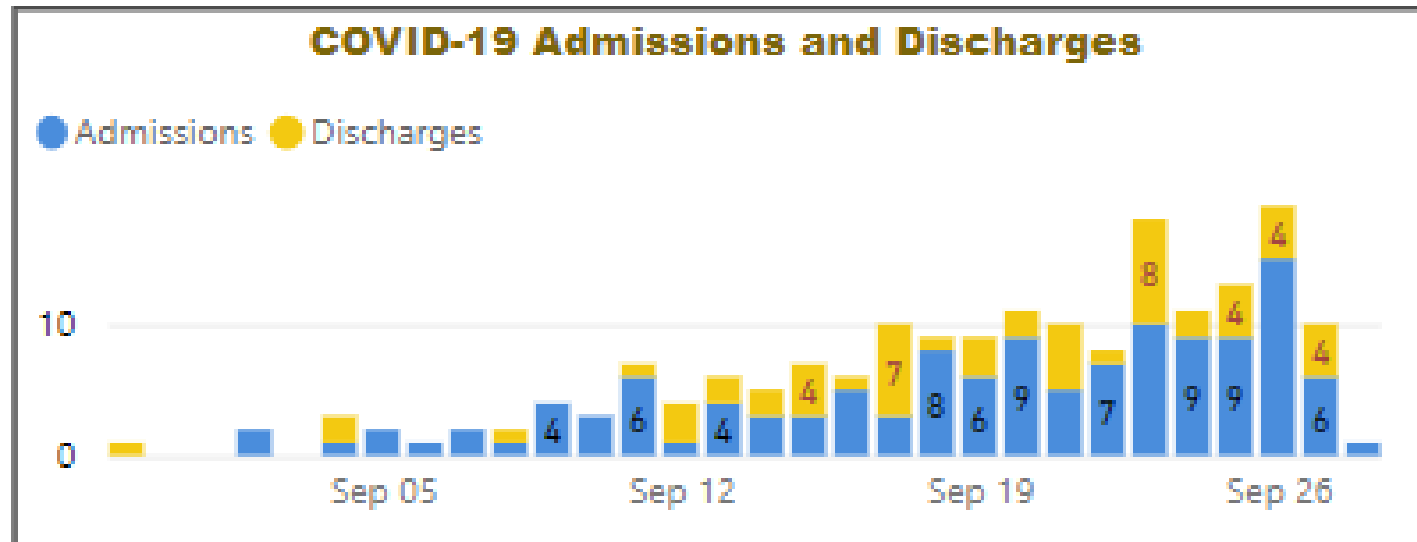
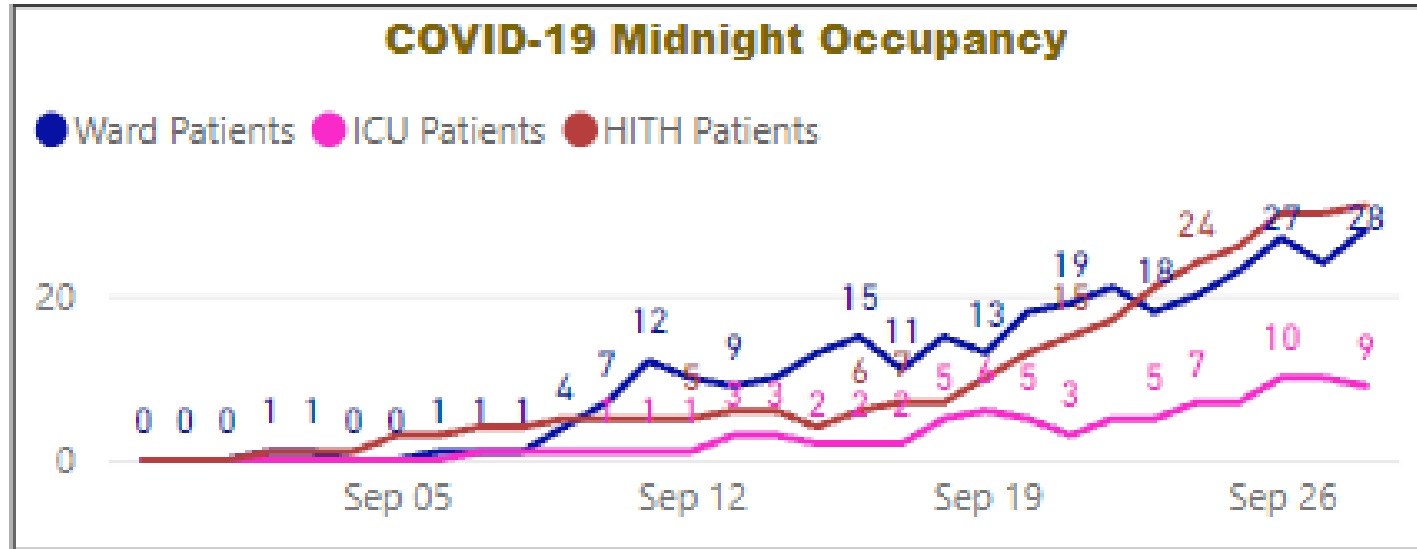


COVID-19 cases in ICU



We are scaling up our COVID-19 response at our hospital sites to meet Hospital and ICU inpatient bed demand

At Monash Health we are also seeing this same increase in demand for inpatient care, but at a slightly higher ICU to ward ratio (1:3).... This is possibly impacted by our tertiary maternity role, combined with Monash Health supporting transfers from North and West demand in the early weeks....



As our care delivery requirements change to meet our community demand, so may our employee's roles and work locations to support the four key pillars of our COVID-19 pandemic response....



VACCINATION

Current Activity

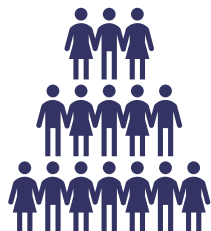
- 70,000+ vax / week

Planned Activity

- 90,000+ vax / week

Potential Workforce Growth

- **340 EFT**
- Nursing Leadership (20 EFT)
- Immuniser EIW (169 EFT)
- Pharmacy Leadership (13 EFT)
- Pharmacy Worker (27 EFT)
- Administration (87 EFT)



CONTACT TRACING & TESTING

Current Activity

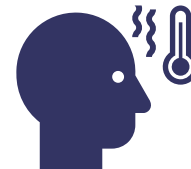
- **Contact Tracing:** Up to 50 cases per day

Planned Activity

- **Contact Tracing:** scaling up to 400 cases per day

Workforce Growth Required

- **86 EFT**
- Team Leads (36 EFT)
- PHOs (50 EFT)



COMMUNITY CARE PATHWAYS

Current Activity

- **Intake:** 70 intakes per day
- **Patient Self-Ax:** 500 for symptom monitoring
- **Clinical Care:** 200 for medium severity

Planned Activity

- **Intake:** 300 intakes per day
- **Patient Self-Ax:** 3,000 for symptom monitoring
- **Clinical Care:** 3,000 for medium severity care

Workforce Growth Required

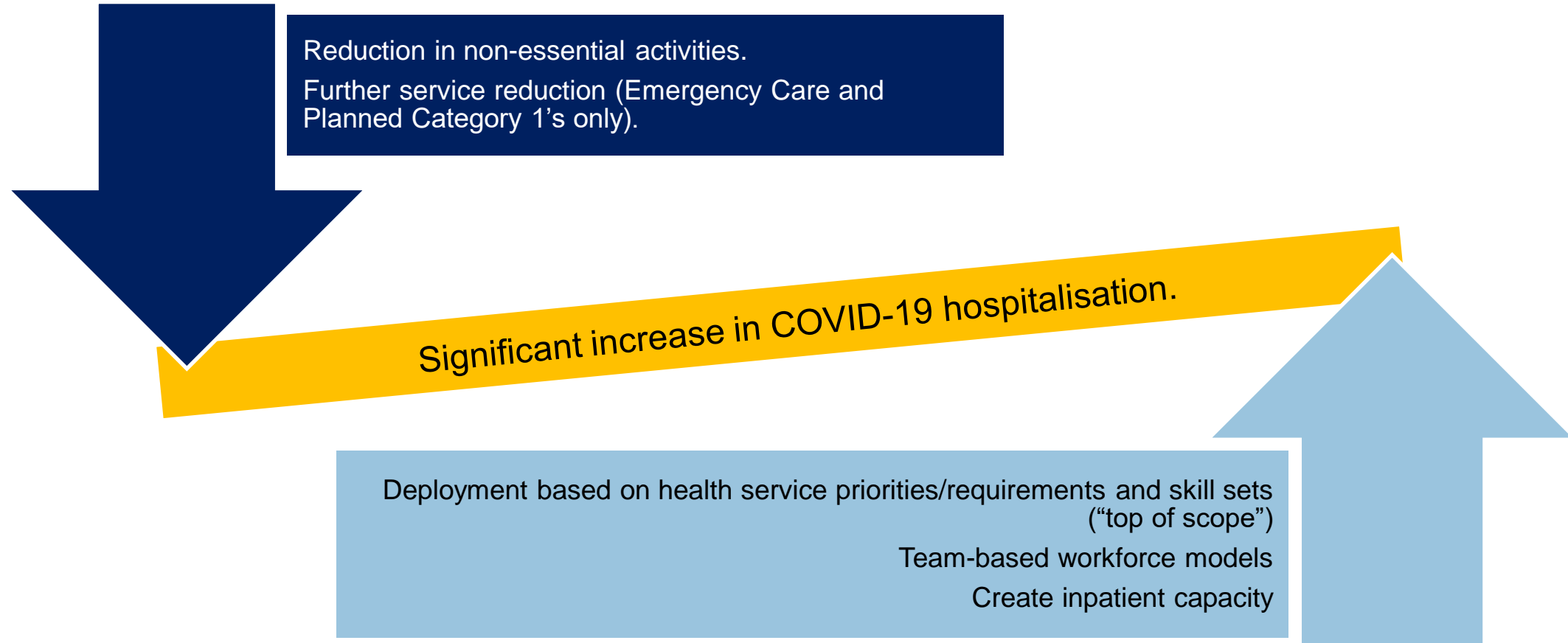
- **133 EFT (Monash Health)**
- **Low Severity:** 51 EFT
- **Medium Severity:** 82 EFT



HOSPITAL CAPACITY

- **Existing COVID Inpatient Model**
 - **MMC / MCH - Phase 1 & 2**
 - **Casey – Phase 3 & 4**
 - **Phases 5, 6, 7 and beyond....**
- **Essential Non-COVID Demand**
 - **Emergency Care**
 - **Urgent Cat 1 Planned Demand (all streams)**
 - **Surgery**
 - **Interventional / Diagnostic**
 - **Medicine**
 - **Births**
 - **Clinics**





Detailed preparation and planning to adapt and refine our inpatient Model of Care.



We need to consider options for immediate & longer-term workforce deployment to support our Model of Care, based on the most suitable skill set for roles, whilst maximising “top of scope” or “modified scope” for our four key pillars.....

Allied Health:

- Vaccination and Contract Tracing teams – replacing non-essential nursing roles
- Critical care “Proneing” teams and Ventilator Management
- Upskilling Community and Subacute clinicians for inpatient care roles

Nursing:

- Prioritised to **inpatient care**
- **Targeted deployment for Ward 32**
 - ICU / Critical Care
 - 31 North and 32 West to support Cardiology / Cardiothoracic Surgery / Respiratory non-COVID / SCOVID inpatient activity
 - Ward 32 to support adult general COVID-19 positive patients
- Expand **RUSON** model all areas to support nursing workforce

Medicine:

- **Inpatient Care** – MMC Clayton, Casey teams and prepare for Dandenong commissioning (All Units to contribute including fellows)
- **ICU** – Expanded team model utilising Anaesthesia workforce and others
- **ED** – inpatient teams to support low acuity SCOVID clinics
- **COVID Care Pathways** – medical support and decision making; consider high-risk workforce

Pharmacy:

- Vaccination program and inpatient care (virtual)

Students

- Consider role, function and scope across disciplines



We are scaling up our inpatient capacity across our inpatient sites...

	PHASE 4 – IN PLACE	PHASE 5 - PLANNED 29/09/2021	PHASE 6 – 30/09/2021	PHASE 7 – PROGRESSIVELY FROM NEXT WEEK
	CASEY	MMC / MCH	DANDENONG	MMC / MCH / DANDENONG / CASEY
Location (Capacity)	ICU (up to 12 beds) IPU 2 (up to 32 beds)	3A Forest Paeds / ICU (16 beds) Ward 32 (Adults / Maternity) (up to 44 beds)	ICU (2 beds)	Expand each COVID hospital site based on demand and workforce availability
Type	Non-tertiary adults	Maternity, Adults and Paediatrics Tertiary-level care	Non-tertiary adults	All
ICU Workforce Requirements	Casey ICU (6 beds) ICU Nursing – 5 EFT per bed ICU Medical – Medical in place	3A Forest Paeds / ICU (5 –16 beds) ICU Nursing – 5 EFT per bed ICU Medical - 12 beds – Medical in place	ICU (2 beds) Medical / Nursing – Workforce in place	Casey ICU – to 12 beds, then IPU 2 Dandenong AAU ICU – up to 19 beds 3A Forest ICU – to 16 beds
General Ward Workforce Requirements	IPU 2 (up to 16 beds) Medical – Workforce in place with dedicated COVID Management team Nursing – 5 EFT per 4 beds (IPU2)	Ward 32 (up to 44 beds) Medical – Workforce in place with dedicated COVID Management team Nursing – 5 EFT per 4 beds utilising existing Ward 32 and deployed workforce	AAU (up to 8 beds) Medical – Workforce in place with dedicated COVID Management team Nursing – Workforce in Place (SW2) including Nursing Leadership	CH: IPU 2 to 32 beds then IPU 5 MMC / MCH: 3A Forest – other side DH: AAU ICU and fully commission AAU COVID Management then West 4
Non-COVID Activity reduction	<ul style="list-style-type: none"> Transfer non-COVID ICU activity to StJOG Reduced other planned / surgical activity 	<ul style="list-style-type: none"> Transfer Monash ♥ / CTx / Respiratory activity (W32) to JMPH Decant other Cat 1 surgery to Private Hospitals 	<ul style="list-style-type: none"> Decant surgical activity to Private Hospitals (Vascular) Reduced other planned / surgical activity 	<ul style="list-style-type: none"> Decant surgical activity to Private Hospitals (Urology / UGIS / Vascular / Obstetrics)

We have considered numerous factors to determine the “best” phased ward configurations to meet increases in COVID-19 demand....

Key considerations

- Optimal airflow in rooms / wards
- Clinical service implications
- Predicted patient demand – COVID and SCOVID
- ICU to Ward bed ratio 1:5

Addition of supplemental Hepa-Filters

- Achieving optimal Air Changes per Hour (ACH) in single rooms
- Air scrubbers

OH & S Risk Assessment sign-off for each area

Victorian Health Building Authority sign-off for each area



Most importantly, our priority is to protect our workforce as we navigate our way through our Pandemic response....



FRONT DOOR SCREENING & PROTECTION

- Visitor screening and management aligned with Department of Health Advice
- Employee Attestation for all employees entering Monash Health facilities
- Patient screening on and prior to admission to hospital in our emergency departments and planned admissions streams (medical and surgery)
- Appropriate PPE for all employees



COVID-READY

- Employees based on role requirements, employees are:
 - ✓ **Vaccinated** – two COVID-19 vaccination doses (**82%** fully vaccinated, **86%** first dose)
 - ✓ **PPE trained** – successful completion of online and Face-to-Face PPE training
 - ✓ **Fit Tested** – Completed and passed a Fit Test Session with an appropriate N95 mask
- Currently **84%** of our **P1A** and **66%** of **ALL** employees are **COVID Ready**.



SURVEILLANCE TESTING

- COVID-19 surveillance testing for employees who:
 - ✓ Care for COVID-19 patients
 - ✓ Work in streaming areas and high-risk areas across other health services
 - ✓ Work in EDs and ICUs
 - ✓ Work in community settings where increased transmission is present
 - ✓ Worked in an exposure area
- To date our employees have undertaken > **7,000** screening tests



EMPLOYEE SUPPORT AND WELLBEING

- Programs and resources to support the emotional, psychological and physical well being of our employees including:
 - ✓ Employee Assistance Program
 - ✓ Manager and Employee Wellbeing Forums
 - ✓ Peer Support Networks
 - ✓ Online resources and courses

