COVID-19 (Coronavirus)

Message from the Chief Executive
METRO NORTH HOSPITAL AND HEALTH SERVICE
Shaun Drummond

Dear Colleagues,

As you're aware, we have activated our pandemic plan in response to COVID-19.

I want you to have the confidence that we can and will flex up to meet this challenge. As part of our pandemic plan we have a three-tiered response after the initial containment phase.

Since the end of January, we have been in the Contain phase which has included our incoming traveller screening at the Brisbane International Airport and establishing our Fever Clinics and Community Assessment Centres. With the increase in confirmed cases over the weekend, we are now moving into Sustain Tier 1.

The tiers are:

Triggers are determined for each phase and may vary for each of our facilities, depending on its baseline capacity and capability. As the situation is changing rapidly the triggers will be used as a guide for transition between tiers rather than having a definitive hard number trigger.

Each tier has specific actions to be undertaken which may change if there is new scientific knowledge of COVID-19 or new information about the effectiveness of containment in Queensland and Australia.

	Contain	Sustain Tier 1	Sustain Tier 2	Sustain Tier 3
Definition	Travellers, no local transmission	Limited community transmission	Moderate community transmission	Significant community transmission
Trigger Trigger metrics may vary hospital to hospital	Presentations with influenza like illness (ILI)	Presentations to ED Admissions to hospital Admitted patients with COVID-19 Medical beds with COVID-19 patients ICU beds and acuity	Presentations to ED Admissions to hospital Admitted patients with COVID-19 Medical beds with COVID-19 patients ICU beds and acuity	Presentations to ED Admissions to hospital Admitted patients with COVID-19 ICU beds and acuity
Response	**Contain**	**Sustain Tier 1**	**Sustain Tier 2**	**Sustain Tier 3**
Fever clinic – asymptomatic or	In or adjacent to ED, community-based - increase	Adjacent to ED, external to ED, community-	External to ED, community-based, home – increase	External to ED, community-based clinic,

mild/moderate ILI symptoms, Drive-through and home-based assessment capacity additional to physical spaces	based on demand Increase and/or redeploy staff Capacity RBWH – 20 (6+16) TPCH - 7 Redcliffe – 20 (8+12) Caboolture – 16 (2+8+6) Brighton – 13 Pine Rivers – 22 (2+20 drive through) **Total 98**	based, home – increase based on demand Increase and/or redeploy staff Capacity RBWH - 22 TPCH - 25 Redcliffe - 26 Caboolture - 16 Brighton – 13 Pine Rivers – 22 (2+20 drive through) **Total 154**	based on demand Increase and/or redeploy staff _ Capacity RBWH - 29 TPCH - 35 Redcliffe - 26 Caboolture - 16 Brighton – 13 Pine Rivers – 42 (2+40 drive through) Home based - 17 **Total 178**	home – increase based on demand Increase and/or redeploy staff _ Capacity RBWH - 29 TPCH - 35 Redcliffe - 26 Caboolture - 16 Brighton – 13 Pine Rivers – 60 (2+ 58 drive through) Home based - 19 **Total 198**
ED – ILI patient requiring ED treatment or non-ILI patients requiring ED assessment **Fever clinic and ED capacity = 465+ spaces (+310)** **In addition GP respiratory clinics**	Repurpose locations in ED for patients with ILI symptoms e.g. fast track _ _ _ _ _ _ Capacity RBWH - 47 TPCH - 56 Redcliffe - 27 Caboolture – 25 **Total - 155**	Relocate ED patient cohorts to alternate location outside ED e.g. fast track to OPD, to allow space for ILI patients Increase and/or redeploy staff Capacity RBWH - 60 TPCH - 56 Redcliffe - 27 Caboolture – 25 **Total 168**	Expansion of ED spaces to other locations e.g. into SSU and relocate SSU to accommodate all patients Increase and/or redeploy staff _ Capacity RBWH - 74 TPCH - 66 Redcliffe - 51 Caboolture – 37 **Total 228**	Expand ED spaces into adjacent or nearby areas to accommodate all patients Increase and/or redeploy staff _ _ Capacity RBWH - 108 TPCH - 66 Redcliffe - 56 Caboolture – 37 **Total 267**
Inpatient – COVID-19 **Potential bed capacity 1700 (+130)**	Single rooms, isolate suspected/ confirmed COVID-19 patients	Single rooms, isolate suspected/ confirmed COVID-19 patients. Assess need for Designate 1 COVID-19 ward	Designate second COVID-19 ward. Assess need for third COVID-19 ward	Multiple designated wards and or floors or designated COVID-19 hospital
	Virtual ward – for COVID-19	**Virtual ward** – for COVID-19 including RACF Increase and/or redeploy staff	**Virtual ward** – for COVID-19 including RACF Increase and/or redeploy staff	**Virtual ward** – for COVID-19 including RACF Increase and or redeploy staff
Inpatient – non COVID-19	Elective procedures (surgery, medical and dental procedures and outpatients) – continue as is Outsource elective surgery and endoscopy	Reduce or suspend Category 3 and 6 surgery, medical and dental procedural activity Outsource elective surgery and endoscopy Reduce, suspend	As per Tier 1 plus reduce or suspend Category 2 and 5 surgery, medical and dental procedural activity Outsource elective surgery and endoscopy	As per Tier 2 plus suspend Category 2 and 5 activity Outsource elective surgery and endoscopy Increase and/or redeploy staff

		or deliver virtual outpatient Category 3 and 6 activity Increase and/or redeploy staff Review category 2 and 5 in line with workforce availability Repurpose outpatient areas Repurpose surgical wards to medical wards	Reduce, suspend or deliver virtual outpatient Category 2 and 5 activity Increase and/or redeploy staff Repurpose outpatient areas Repurpose surgical wards to medical wards	Repurpose outpatient areas Repurpose surgical wards to medical wards.
	Critical services – dialysis, cancer care, maternity and neonatal care, mental health, transplant services, burns service, trauma services, emergency surgery, Category 1 and 4 surgery/ procedural work – maintain	Maintain activity and critical referrals in from other HHSs. HITH – 25% increase in capacity including virtual capability Increase and/or redeploy staff	Maintain activity and critical referrals in from other HHSs. HITH – 50% increase in capacity including virtual capability Increase and/or redeploy staff	Maintain activity and critical referrals in from other HHSs. HITH – 100% or more increase in capacity including virtual capability Increase and/or redeploy staff
ICU **ICU capacity 149 (+81)**	Maintain as is. Capacity RBWH - 36 TPCH - 18 Redcliffe - 7 Caboolture – 7 **Total - 68**	Expand in ICU footprint. Increase and/or redeploy staff Capacity RBWH - 44 TPCH - 27 Redcliffe - 10 Caboolture – 8 **Total - 89**	Expand in ICU footprint and into adjacent areas (RBWH only). Increase and/or redeploy staff Review need to expand into PACU and operating theatres. Capacity RBWH - 54 TPCH - 27 Redcliffe - 10 Caboolture – 8 **Total - 99**	Expand into PACU and operating theatres. Increase and/or redeploy staff Capacity RBWH - 82 TPCH - 37 Redcliffe - 16 Caboolture – 14 **Total - 149**

It's important to note that because our facilities are different, we may have facilities and services on different tiers and there will be movement up and down tiers as needed.

Regards,
Shaun