

## Appendix 13: Metro North Health Virtual Ward Service Capacity Surge Plan Activation and Associated Actions (as per Metro North Health Virtual Ward Model of Care Provided by COH Virtual Ward Leadership Team 09/09/2022)

Criteria for movement through phases of activation and the associated actions. Triggers and actions include, but are not limited to, the below



CRITERIA	CRITERIA	CRITERIA	CRITERIA	CRITERIA
<ul style="list-style-type: none"> <li>0 – 75 referrals within previous 24 hrs</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>0 – 300 forecasted end of day occupancy <i>based on admitted patients</i></li> </ul>	<ul style="list-style-type: none"> <li>76 – 150 referrals within previous 24 hrs</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>301 - 500 forecasted end of day occupancy <i>based on admitted patients</i></li> </ul>	<ul style="list-style-type: none"> <li>151 – 225 referrals within previous 24 hrs</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>501 - 750 forecasted end of day occupancy based on admitted patients</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Unable to complete total consultations and/ or clinical escalations for 'moderate' or lower risk groups.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 226 referrals within previous 24 hrs</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>&gt;751 forecasted end of day occupancy based on admitted patients</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Only able to complete daily consultations and/ or clinical escalations for 'very high' and 'high' risk groups</li> </ul>	<ul style="list-style-type: none"> <li>Transition from responding to an event back to normal core business and/or recovery operations.</li> </ul>

ACTIONS	ACTIONS	ACTIONS	ACTIONS	ACTIONS
<p><b>Business as usual.</b></p>	<p><b>Nursing-</b></p> <ul style="list-style-type: none"> <li>Team Leader and NUM meet to review staffing and consider need for additional staffing.</li> <li>Offer Part-Time Extra shifts to current staff</li> <li>Contact COH workforce to message all previously trained Virtual Ward nursing staff for availability.</li> </ul> <p><b>Medical-</b></p> <ul style="list-style-type: none"> <li>SMO to review staffing and consider need for additional staffing.</li> </ul> <p><b>Admin-</b></p> <ul style="list-style-type: none"> <li>SAO to review staffing and consider need for additional staffing</li> </ul> <p><b>Pharmacy-</b></p> <ul style="list-style-type: none"> <li>Team Leader to review staffing and consider need for additional staffing</li> </ul> <p><b>If not resolved escalate to:</b> NUM Assistant Nursing Director SMO</p>	<p><b>As per Tier 1 plus:</b></p> <ul style="list-style-type: none"> <li>Contact MN Nurse Bank re staffing availability</li> <li>Team Leaders MDT daily huddle to review all areas ability to manage occupancy including re-allocation of tasks</li> <li>Nursing staff to complete Initial Assessments for 'Self-care' and 'Low' risk patients if &gt;24 hours since VW admission and Initial Assessment not performed</li> <li>Consider deployment of staff from non-clinical areas e.g., Education, Innovation &amp; Research, CSDS etc</li> <li>NUM/ SAO to review number of workspaces available to ensure enough in case of increasing staffing being required</li> <li>Review of training and meetings with only essential to continue</li> </ul> <p><b>If not resolved escalate to:</b> Nursing Director Clinical Director</p>	<p><b>As per Tier 2 Plus:</b></p> <ul style="list-style-type: none"> <li>Nursing Staff to complete Initial Assessments for all risk groups if &gt; 48 hours since VW admission and Initial Assessment not performed.</li> <li>HHS wide communication including to external key stakeholders through MN IMT e.g., Virtual ED, Emergency Departments, PHN, GPLO etc</li> <li>Tele-Conference with Norfolk Island and CWHHS to advise of Tier 3 stand up</li> <li>Deploy staff from non-clinical and/ or closed services to support including rapid onboarding process</li> <li>Ensure indirect staff and brought online to provide direct patient care</li> </ul> <p><b>If not resolved escalate to:</b> Executive Director COH MN Director of Medical Services</p> <p><b>If still not resolved escalate to:</b> MN HHS COO or On-Call executive</p>	<p><b>Transition from responding to an event back to normal core business and/or recovery operations.</b></p>