Appendix 13: Metro North Health Virtual Ward Service Capacity Surge Plan Activation and Associated Actions (Reviewed 2025)

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

Tier 0 — Mild Community Transmission	Tier 1 — Minimal Community Transmission	Tier 2 — Moderate Community Transmission	Stand-Up Tier 3 — Significant Community Transmission	Recovery (Stand down)

CRITERIA

Tier 0	Tier 1	Tier 2	Tier 3	Recovery
o 0 – 12 referrals within previous 24 hrs OR o 0 – 60 forecasted end of day occupancy *based on admitted patients* OR o Increased patient acuity/ complexity	o 12 – 16 referrals within previous 24 hrs OR o 61-80 forecasted end of day occupancy based on admitted patients. OR o Increased patient acuity/ complexity	o 17-20 referrals within previous 24 hrs OR o 81-100 forecasted end of day occupancy based on admitted patients. OR o Unable to complete total consultations and/ or clinical escalations by close of business.	o > 20 referrals within previous 24 hrs OR o >100 forecasted end of day occupancy based on admitted patients. OR o Unable to complete total consultations and/ or clinical escalations by close of business.	o Transition from responding to an event back to normal core business and/or recovery operations.

ACTIONS

Tier 0	Tier 1	Tier 2	Tier 3	Recovery
Business as usual. • Assess and plan capacity for work from home capability for VW team. • Continue to promote GP direct to VW referral pathway.	• To promote direct referral pathways for moderate risk ARI of concern patients Virtua Ward Team will increase engagement with Virtual Emergency Care Services (VECS), Primary healthcare Network (PHN), MN Minor Injury and Illness Services (MI&IS) Medicare Urgent Care centres (M-UCC), Norfolk Island Health and Residential Aged Care Service (NIHRACS). ***Workforce-*** • Individual professional stream leads to review staffing and consider need for additional staffing as required. • Consider use of part-time extra shifts/ overtime • Review operating hours and consider extending if appropriate. ***Workloads-*** • Individual professional stream leads to review priority worklists and enact where appropriate. • Consider early discharge of clinically appropriate lower risk patients. ***If not resolved escalate to:*** ***NUM*** ***Assistant Dir Pharmacy*** ***SMO*** ***Delegate to escalate to Tier 1: Clinical Director- Virtual Ward***	• As per Tier 1 plus: • MDT daily huddle to review all areas ability to manage occupancy including re-allocation of tasks. • Consider deployment of staff from offline roles to frontline • NUM/ SAO to review number of workspaces available to ensure enough in case of increasing staffing being required. • Review of training and meetings with only essential to continue. • Virtual Meetings only • Consider moving to remote working environment to reduce risk of workplace transmission. • Pharmacy Task prioritisation (Medication supply and high-risk reviews) • Notify third party courier service aware of increase activity/demand ***If not resolved escalate to:*** ***Nursing Director- VHS*** ***Clinical Director- Virtual Ward*** ***Delegate to escalate to Tier 2: Clinical Director- Virtual Ward/ Operations Director- VHS***	• As per Tier 2 Plus: • HHS wide communication including to external key stakeholders through MN EMBC/ MN PACH e.g., VECS, Emergency Departments, PHN, GPLO, NIHRACS, M-UCC, MI&IS etc. • Deploy staff from non-clinical and/ or closed services to support including rapid onboarding process. • Consider urgent recruitment using short term contracts to support staffing. • Cancellation of training and meetings ***If not resolved escalate to:*** ***MNH CMO*** ***If still not resolved escalate to:*** ***MN HHS COO or MN Exec on-call.*** ***Delegate to escalate to Tier 3: Operations Director- VHS or MN Exec- on-call.***	• Transition from responding to an event back to normal core business and/or recovery operations. • Staged de-escalation of workforce strategies implemented. • Resumption of essential training and meetings as clinical demands permit ***Delegate to move to Recovery or de-escalate: Operations Director- VHS***