Health
South Western Sydney Local Health District

COVID Response – Model of Care

Background and consultation:

New South Wales is currently dealing with the Omicron variant wave of the COVID pandemic. As a result of rising COVID positive cases across the community, a number of South Western Sydney Local Health District staff have also returned positive results. The rising number of cases has also created a situation where a large number of staff have been identified as close contacts.

Whilst changes in requirements set by NSW Health has allowed South Western Sydney Local Health District to risk assess staff identified as close contacts and return them to the workplace with risk mitigation strategies in place, the rising number of COVID positive staff has posed a challenge to maintaining profiled staffing levels across all shifts, across all clinical areas.

Whilst maintaining profiled staffing levels remain a priority, it was identified that where profiled staffing levels were unable to be maintained, a change in the model of care would be required to support priority care needs. The below strategies were identified as part of the consultation with Nursing and Midwifery Managers as a guide for teams to consider what would work best for wards/unit and patients.

Patient Care Strategies for consideration:

Standard models need to be adapted to team based model to ensure safe patient care is provided.

Consideration should be made in the following areas;

- A structured multidisciplinary approach should be implemented, utilising support from Allied Health and other support services. This includes redeployment from positions across SWSLHD.
- All care provision is under the direct supervision and responsibility of the Registered Nurse /Midwife. This does not include normal Allied Health tasks undertaken within their scope of practice.
- Consider a ‘task allocation’ model. Divide ‘tasks’ to specific staff based on scope of practice. There may be some variations in tasks depending on an individual’s professional background or experience.
- Consider routine & preference for patient showering, what frequency is required? Can alternate “freshen up” options be considered? Patients would need to be assessed each day to determine the ‘level’ of wash they would require.
- Review requirements for the number of observations on sub-acute / NDIS / rehab cohort of patients. Can observations be reduced to once daily for stable patients only awaiting home modification / services etc for discharge?
- Consideration to be given to policies when determining ‘priority’ care needs. Request support from medical teams through documentation for reduction in observations etc that are otherwise governed by policy.
- Care Plans should be assessed and updated with consideration of the amended staffing models and resources.

- Implementation of protected meal times, with Allied Health and other staff supporting meal functions.
- Allocation of Allied Health to support ADLs and ward tidy functions each morning to meet the needs of the ward and patient care.
- Coordination of meal breaks between all staff.

Note: *The priority remains to staff each clinical area at profile with consideration to capped / surged beds as well as acuity of patients. Please continue to escalate clinical concerns i.e. skill mix, advanced planning etc through your manager and ONM during hours and the AHNM out of hours.*

Rostering

- NM/NUM/MUMs will be expected, as per business as usual, to produce a roster that utilises all available staff, prioritising direct patient care.
- CNE/CME & CNC/CMC not allocated to direct patient care should be utilised across multiple wards/units to provide clinical supervision and support.
- Allied Health should be allocated in a structured manner to support the delivery of patient care. The hospital leadership team will allocate based on service requirements
- NM/NUM/MUMs will be expected to review their roster each business day for the next 7 days and identify any shifts that are at below their normal numbers. Requests for casuals should still occur following normal processes.
- The Staffing Manager should be provided with staffing numbers each day to assess deployment across wards/units to assist in maintaining minimal staffing levels across the service
- Reduction of staffing levels will require regular assessment of risks to identify high risk areas that may require adjustment in staffing levels, skill mix and resources.
- Consideration of a “cross over” shift to provide support during peak workloads and staff breaks.
- The application of a 12 hour shift model should be undertaken with consultation with staff.
- Consideration of offering staff on morning and afternoon shift an hour of overtime each shift. This would provide a larger period of ‘handover time’ each day where staffing levels would be greater and would support tasks such as complex dressings and interventions that require two (2) or more staff for an extended period of time.
- Staff fatigue should be monitored and considered at all times. Excessive Overtime should be avoided where possible.
- Each hospital should identify a key contact person for all staff redeployments

- Engagement, communication and consultation with staff is imperative for any change in models of care or rostering arrangements

If the NM/NUM/MUM identifies risk on their ward, immediate notification of the staffing office and ONM should occur. This process should follow business as usual procedures to ensure that we keep the patients safe. If the staffing manager is unable to achieve, through collaboration with the unit managers a safe outcome, escalation to the DONMs should occur.

Outside of Business hours this process should be undertaken by the I/C of shift to the After Hours Nurse Manager (ANHM)

Allocation of tasks and responsibilities should be undertaken by the NUM/MUM, ensuring that all staff are working in accordance with their scope of practice.

Below is a list of tasks for reference. This list should be used as a guide only and tasks will vary according to specialty and patient care priorities.

Staff Member	Tasks
Nursing/Midwifery Unit Manager	• Provide clinical support and supervision of team members, including monitoring compliance with COVID19 safe rules i.e. hand hygiene, physical distancing and appropriate use of PPE • Ensuring that team leaders are aware of the model and understand their responsibilities and the scope of practice of their team members • Coordination of shifts to ensure that the team undertakes core clinical activities • Orientation of new team members to ward, including relevant competency assessments • Allocation of teams and grouping of patients • Allocation of breaks for team members • Ensure that admission/discharge planning and handover of patient care occurs • Supervision and support of team members • Coordinating Team huddles • Undertake risk assessments as required • Escalation of incidents, identified risks, staffing requirements, HCW exposures and COVID19 positive clients or close contacts • Provision of rosters and allocations
Registered Nurse / Midwife	• Overall responsibility for the delivery of safe care to allocated patients • Undertaking review and update of Nursing Care Plan • Prioritising care delivery according to individualised care plans • Providing direction and instruction to the multidisciplinary team • Ensure core patient care is undertaken, such as medication management, wound care, hydration and nutrition, ADLs, haemodynamic monitoring. • eMR documentation • Escalation of concerns to team leader • Provision of other specialised nursing / midwifery care as required, and in accordance with Care Plan
Enrolled Nurses, Assistant in Nursing	• Normal nursing tasks in accordance with scope of practice
Allied Health – **Dependent on specialty**	• Assistance with ADLs, including showering, washing, toileting, dressing and oral care • Supporting positioning & pressure area care • Assistance with manual handling and mobilisation • Assisting with meals

	• Opening meal packets; cutting food (meal preparation) • Covid- 19 screening • Supporting enquiries • Bed space tidying and cleaning • Answering call bells • Care planning – As appropriate • Supporting patient supervision • PPE spotting • Delivering and collecting meal tray • Making beds • Communication with patient • Priority should also be maintained in relation to safe Discharge Planning and other priority clinical tasks based on specialty
Other support positions	• Changing sharp bins • Linen management • Answering phones and facilitating communication between patient and family • Portering patients • Updating bedside communication boards • Reading and talking to patients • Cleaning reusable equipment (goggles) • Escalation of concerns to team leader • Ordering and re-stocking equipment, pharmacy and stores

Ward Orientation

All staff will participate in a brief ward orientation, delivered by the NUM or In-Charge of Shift prior to commencing. The ward orientation should address:

- Ward layout (fire exits, toilets, patient call system etc.)
- Key staff members
- Escalation processes
- Model of care processes
- Job role orientation, task overview and expectations to work within scope of practice
- PPE, Donning & Doffing, hand hygiene

Risk Management/Governance

- All staff will follow the NSW Health Incident Management policy
- All clinical concerns should be escalated immediately to the team or NUM/In-Charge for management
- Professional governance is provided by the relevant discipline director
- Operational governance whilst on the wards is provided by the NUM