



ST VINCENT'S
HEALTH AUSTRALIA

SJH COVID UPDATES

Monday 30th August 2021

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Acknowledgement

We would like to acknowledge the Wategora people of the Darug nation, the traditional custodians of the country on which we are meeting today.

We acknowledge that they have occupied and cared for this country over countless generations and we celebrate their continuing contribution to the life of this region

Overview

- The environment we are in is not business as usual.
 - The Nation, and the state, are in an acute, evolving and escalating state of response related to the current COVID-19 pandemic.
 - NSW is experiencing unprecedented pressures and demands – decreased routine surgical activity across the state is driving decreased rehabilitation demand. Patient admissions related to palliative care have noticeably reduced as families keep loved ones at home longer in times of uncertainty
 - St Joseph's are currently providing minimal face to face outpatient services
 - St Vincent's Health, through it's main Darlinghurst campus are experiencing constantly increasing pressures on it's service provision. Our community needs all hands on deck.
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Current State-NSW Health

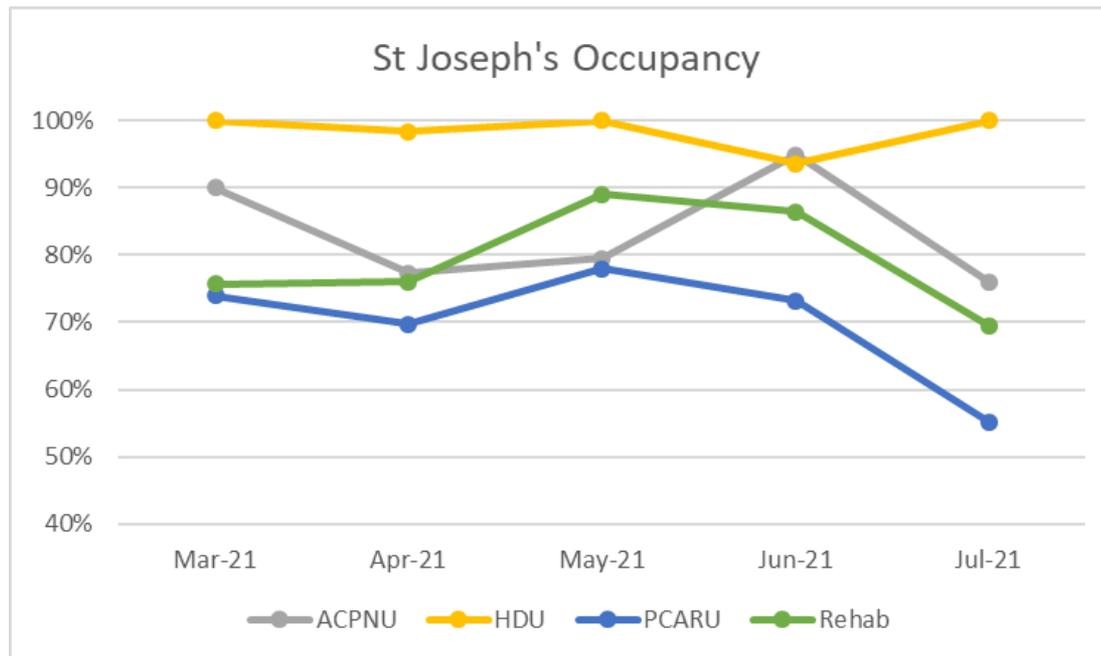
- Stay at home orders in place across Greater Sydney

- LGA's of concern (noting this changes regularly):
 - Bayside
 - Blacktown
 - Burwood
 - Campbelltown
 - Canterbury-Bankstown
 - Cumberland
 - Fairfield
 - Georges River
 - Liverpool
 - Parramatta
 - Strathfield
 - Penrith (named suburbs only)

- SVHNS Red alert, surge plan stage; 2 Surge plan stored [here](#)

Current State-SVHNS

- SVHNS COVID-19 Surge Plan activated on 28/06/2021
- COVID and SCOVID wards established
- Virtual Hospital in the Home (HITH) expanded to support the State
- Reduced patient numbers on the SJH site – June to July total occupancy reduced from 83.9% to 67.63%.



Current state -SJH

- HDU and ACPNU are maintaining activity
- Rehab and PACARU are operating as two wards across two floors with a total of 43 beds
- Nursing numbers often exceeding nursing profile NHPPD
- Multidisciplinary team approach to care
- Reduction in outpatient services releasing Allied Health time

Current State	Beds	Average Occupancy (July)
 Rehabilitation	29 beds	15-17 patients
 Palliative Care	14 beds	6-8 patients

What have we been doing

- Ongoing monitoring and response to the St Vincent's Health Network and NSW State response to COVID-19.
- Awareness of surge planning, eg COVID and SCOVID ward for the Network
- Ongoing liaison with patient flow from WSLHD and SVHNS to ensure they are aware of our capacity to support admissions
- Supporting staff to take annual leave where desired and appropriate
- Actively investigating potential expansion of current service offerings and/or introduction of new service offerings
 - VHITH
 - Mass Vaccination clinic
 - COVID testing site

Plan

- A decision to move toward short term adjustment to operations has been made in response to escalations in the SVHNS Pandemic Response Plan. SVHNS Emergency Operations Control team (EOC) oversee all changes to the BAU model as a result of the current pandemic (Command and control structure in place)
 - The short term adjustment to operations will be facilitated by St Joseph's senior management, in conjunction with Sub Acute, Ambulatory and Community Services (SACS) stream leadership team.
 - This decision has been made to enable St Joseph's to contribute resources to assist the network with it's ongoing response to the current escalating crisis.
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Temporary Future State

- Temporary reduction in St Joseph's bed capacity to support COVID response whilst maintaining staff and patient safety.

	Current Beds	Proposed Beds	Bed Change
ACPNU	11	11	-
HDU	4	4	-
PCARU	21	0	↓ 21
Rehab	22	26	↑ 4
TOTAL	58	41	↓ 17

Plan – how will we achieve this?

- Merge PCARU and Rehab to create a 26 bed capacity ward
 - Physical location: Level 1
 - NHPPD: Maintained at 6.0 NHPPD
 - Nursing Clinical Staffing:
 - AM: 8
 - PM: 7
 - ND: 4
 - Administration and Support Staffing:
 - 1 Nurse Unit Manager
 - 2 Clinical Nurse Educators
 - 2 Clinical Nurse Consultants
 - 1 Admin/Clerical
 - Maintain MDT approach to care

Nursing

Employed	PCARU	Rehab	TOTAL	Combined	Variance
NUM	1.00	1.00	2.00	1.00	1.00
CNE	1.00	1.00	2.00	2.00	-
CNC	1.00	1.00	2.00	2.00	-
CNS	-	1.00	1.00	1.00	-
RN/EEN/AIN	20.36	18.08	38.44	28.74	9.70
Admin	1.00	0.84	1.84	1.00	0.84

- Variance identifies numbers of staff potentially available to consider deployment.
- Due to employed skill-mix, nursing staff are mainly RN's
- Casual pool staff are not counted in the above table

Allied Health Staff and Medical

Discipline	Current H/C	SHHS Comparison (32 bed base)	SJH proposed FTE (41 bed base)
OT	10.90	3.8	5
PT	8.73	3.5	4.6
SP	3.58	1	1.5
Clin Psych	2.01	1	2
SW	5.01	3.4	4.5
Diet.	1.50	.5	1

ALLIED HEALTH & MEDICAL

- Opportunities for deployment can be discussed
- Most current allied health budget vacancies will be held for recruitment once normal ward occupancy resumes.
- *Please note budgeted FTE were created on a bed base of 78 beds and was never reduced.*
- Expecting no overall change/impact on current medical services at St Joseph
- RMO/JMO – currently operating one short, this will continue short term

Plan for Staff

- Redeploy to staff the Auburn Vaccination Hub at SJH
- Redeploy staff to COVID testing site
- Support Virtual HITH (VHITH)
- Redeployment to Darlinghurst Campus

Plan – how will we add beds

- 4 bed bay currently used as a Staffroom/storeroom, to be used for additional beds
- CNE/CNC office space temporarily used as store room (alternative space identified below)
- This will give us a patient room configuration:
 - 4 x single room
 - 3 x double room
 - 4 x 4 bed room
- Where will the staff move to?
 - We will ensure we adhere to expected social distancing and maximum space occupancy at all times
 - We will implement conditional access to level 2 for breaks
 - NUM office: space for 2nd desk using laptop or wireless computer.
 - Reception area of Rehabilitation Consultant suite
 - Vacant offices next to Medical Records Department
 - Education building - level 1 large room with a number of work stations

Timeline – COVID response escalation

Task	30 Aug	31 Aug	2 Sep	6 Sep	7 Sep
Industrial consultation	✓				
Team Meeting	✓				
Inform external key stakeholders (WSLHD)	✓				
Roster Rework		✓			
Temporary close referrals/admissions	✓				
Notification to patients and carers			✓		
Environmental Preparation			✓	✓	
Patient Bed Moves				✓	
Reopen wait list/admissions					✓

Frequently asked questions

- **Did you consider other options?**

We have been proactive in directly approaching our usual referral pathways.

- **How do we know this is not a permanent move?**

The state is managing a systems wide pandemic, this requires alternate approaches that support the health system. Across SVHN and the broader health system models of care have changed and adapted to manage the pandemic. Until such time as we see a de-escalation of the pandemic we will not be in BAU. This remains unknown. The intention would be to return to normal as the system recovers and activity increases.

- **What will the affected staff do?**

Options include supporting the vaccination clinic on site, expansion of Virtual HITH, deployment to Darlinghurst, COVID testing clinics

- **Can I take annual leave?**

There may be opportunities for staff to take leave, this can be negotiated with managers in line with business needs.

Frequently asked questions

- **How will you decide which staff are affected?**

We have not made any decisions on which staff may be affected. We have set staffing requirements to maintain patient and staff safety. Staff who may be interested in exploring any opportunities are encouraged to let their manager know. Any staff who are interested in short term alternative roles will be provided with robust and appropriate supervision and training. Your manager and other senior staff will be involved in any decision making processes

- **What if I don't want to be deployed or take leave?**

We will consult with all staff potentially affected. Staff with personal circumstances who that may make leave or deployment challenging are encouraged to have a confidential chat with their line manager in the first instance

- **How long will the merged ward operate?**

Current COVID activity has seen a reduction in our patient numbers in line with what we usually anticipate coming into a period of downturn, for eg. Christmas. We do not know how long this COVID crisis will run, or what course it may take. Regular reviews will occur and staff will be kept informed.

- **Will we be able to separate rehab and pall care patients?**

Patient safety and dignity will be a key driver to any decision making. We will do our best to keep the 2 patient cohorts separate, and involve the wider MDT in this process.

Questions

