Central Adelaide Local Health Network COVID-19 Omicron Response

Service reconfiguration and decant plan

7 February 2022

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Government of South Australia
Health
Central Adelaide
Local Health Network

CALHN service reconfiguration and decant plan

The management and care of acute COVID-19 patients in the hospital setting will form a key component in SA Health's system-wide strategy for COVID care

Objective:

- To provide the Central Adelaide Local Health Network's (CALHN's) Incident Management Team (IMT) with a plan to respond to the Omicron outbreak in South Australia (SA)
- Make recommendations for decisions to ensure CALHN remains ready to respond appropriately to the COVID-19 pandemic within SA

Target Audience:

- This document targets CALHN staff and other health system stakeholders across the acute care settings such as other Local Health Networks (LHN) and the Department for Health and Wellbeing (DHW)

Plan principles

The Plan:

- aligns to state wide Omicron 500 Surge Capacity plan, and the response to the Omicron outbreak is system-wide
- for decanting spaces ensures CALHN can respond in time to provide healthcare services to COVID-19 patients
- preserves the Royal Adelaide Hospital (RAH) Intensive Care Unit (ICU), Emergency Department (ED) and General Medical COVID positive pathways
- preserves quaternary services for the South Australian community at the RAH
- is an extension of the original Service & Reconfiguration plan, illustrating the response during COSTAT 5 ‘Sustained Response’ and beyond, into Recovery and Service Resumption

The Plan aims to reduce the footfall at CALHN facilities to ensure patient and community safety by:

- converting RAH Outpatient services to a minimum of 60% telehealth (where clinically suitable)
- physically relocating RAH Outpatient services, where appropriate, to support the decant
- local and private capacity in the first instance for both surgical and medical services

Workforce plans will support the decant and model of care changes and will be activated, where possible, to support decant activity.

How we got here

Four step national plan (August 2021)

- Transition Australia's response from suppression to management

Vaccination uptake

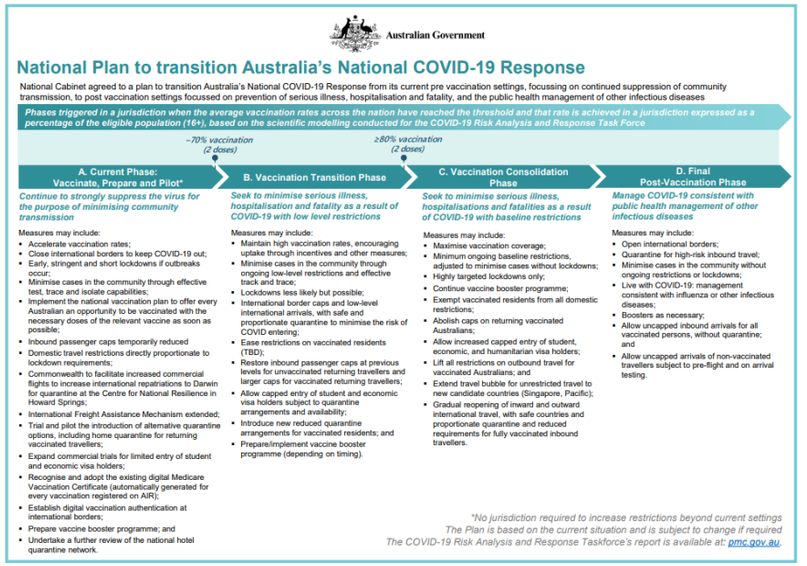
- Strong program continuing, children 5-11 commenced 10 January 2021

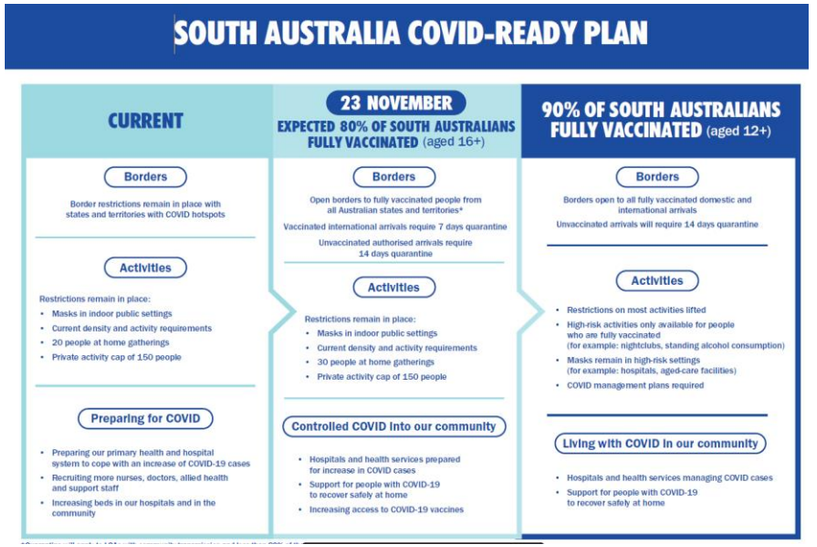
South Australian Covid-Ready Plan (November 2021)

- Based on Delta planning to ensure optimal TTIQ and PHSM
- Borders opened 23 November 2021

Omicron Variant

- WHO declared Omicron variant of concern 26 November 2021
- SA introduced further restrictions across SA 28 December 2021 in response to the Omicron outbreak
- State developed a OMICRON 500 plan

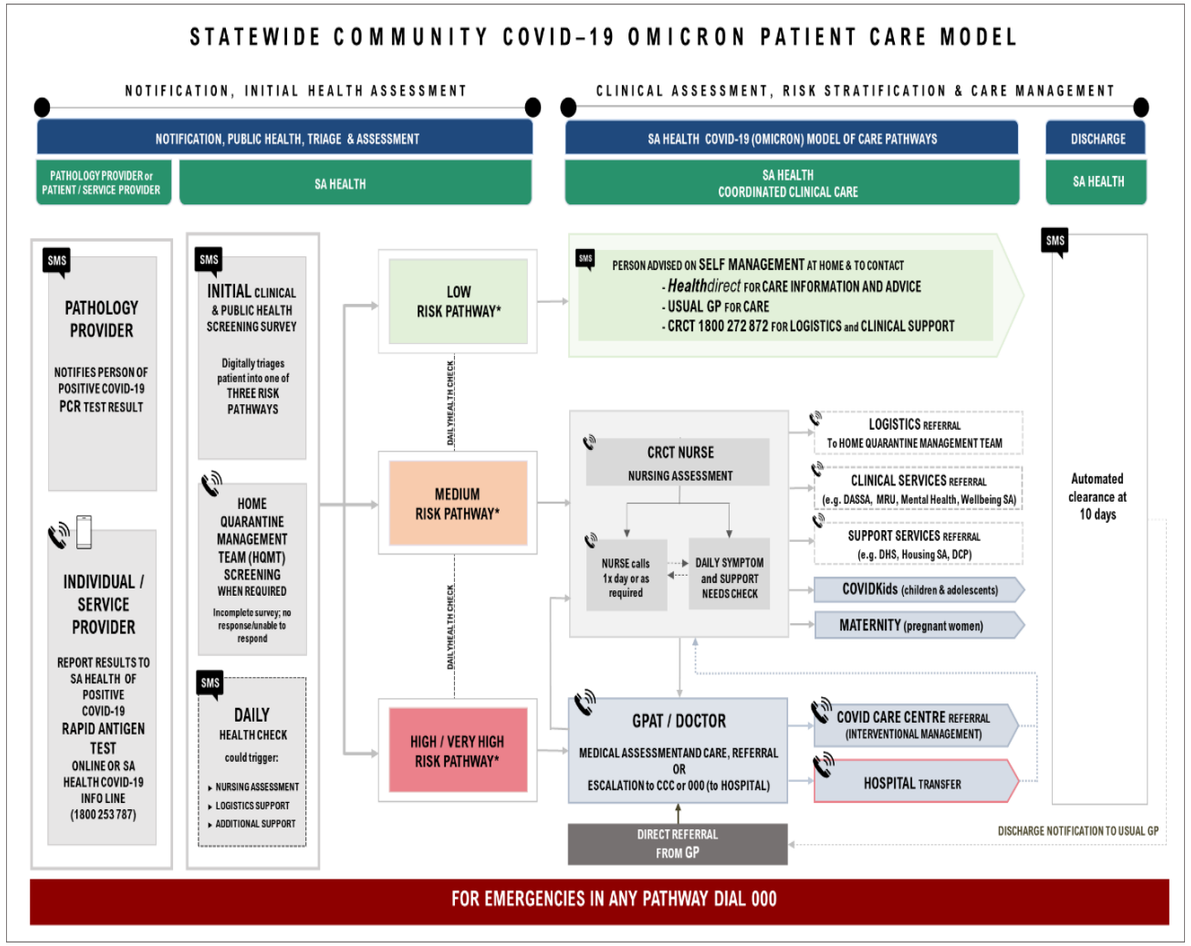




Omicron 500 | System Response Strategy

SA Health has developed updated plans for managing the surge of Omicron cases on SA's hospital system to ensure the demand can be managed across the state

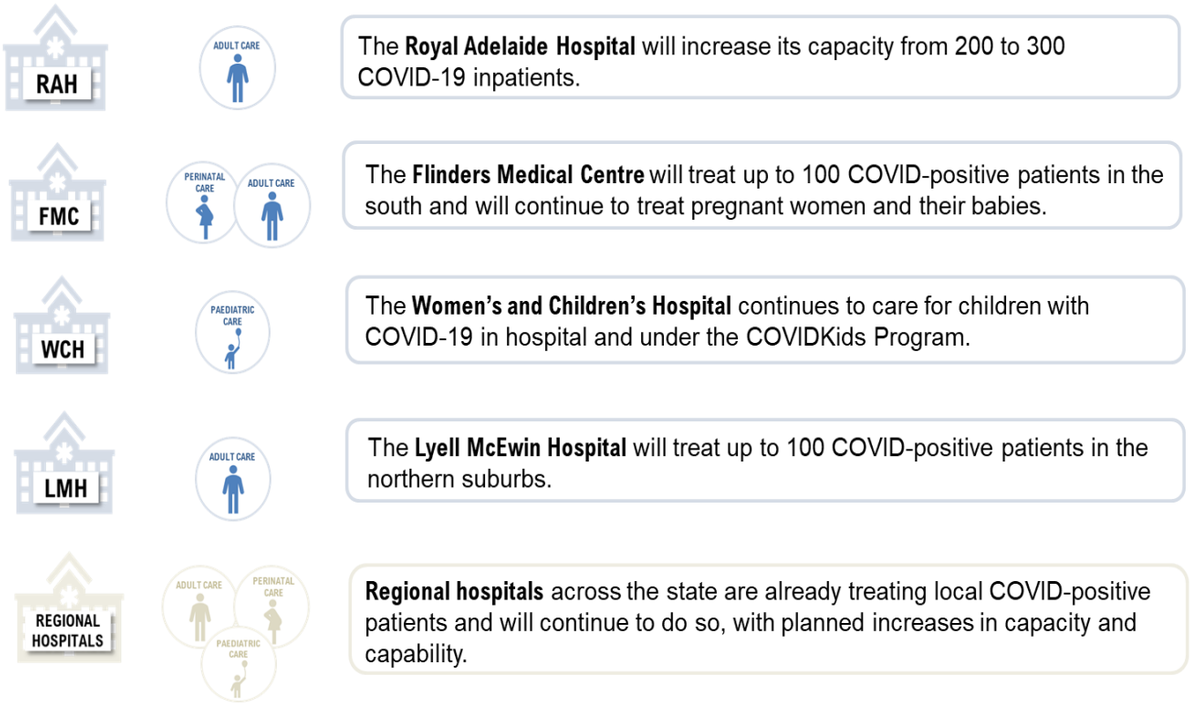
- The State-wide Community Covid-19 Omicron Patient Care Model has been updated
- The Omicron variant has provided a new set of challenges with an increased volume of cases
- The system planned for a Delta outbreak expecting:
    - Community (Home) based COVID care **85%**
    - Supervised and supported COVID care **10%**
    - Hospital COVID care **5%**
- The current Omicron outbreak is less than **1%** of COVID-19 cases have required hospitalisation, but the volume of cases is much higher
- It is now expected
    - Community (Home) based COVID care **98%**
    - Supervised and supported COVID care **1%**
    - Hospital COVID care **1%**
- ED presentations will be higher, but with a lower admission rate



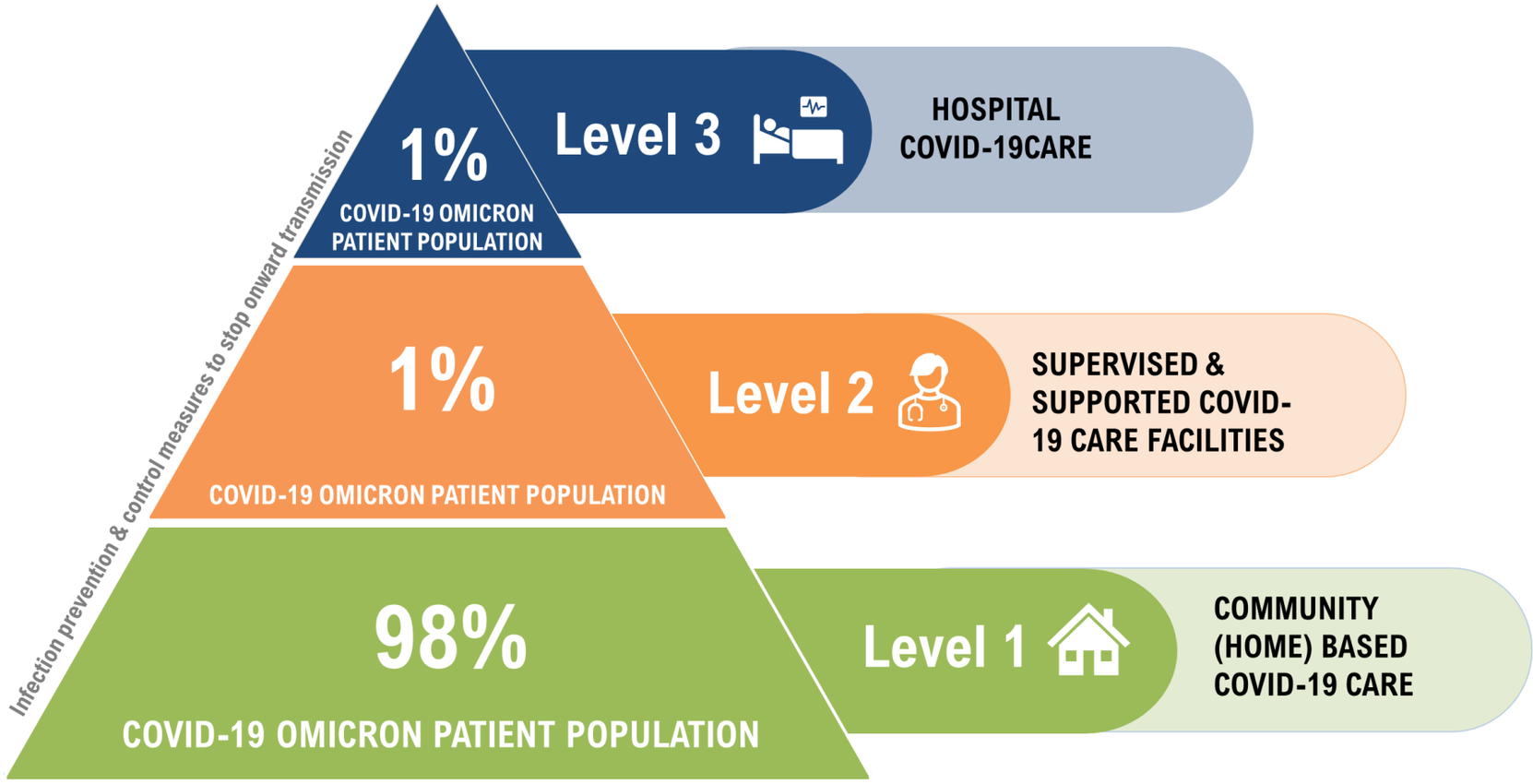
Omicron 500 | Hospital Capacity

- Under Delta planning, SA Health anticipated approximately 300 COVID-19 positive cases would be in hospital at any one time, with numbers building over several months.
- Although the hospitalisation rate is lower in the Omicron outbreak than during the Delta Outbreak, the volume of COVID-19 infections from Omicron has generated a higher net requirement for hospital beds, and SA Health is now planning to manage up to 500 cases.
- In addition, SA Health is partnering with the private sector to transfer some non-COVID inpatient activity to private hospitals to free up capacity for the dedicated 500 ward beds for COVID-19 patients.

- **CALHN (RAH) has arrangements to support 300 bed capacity for COVID-19 positive patients**



Omicron 500 | Positive care model

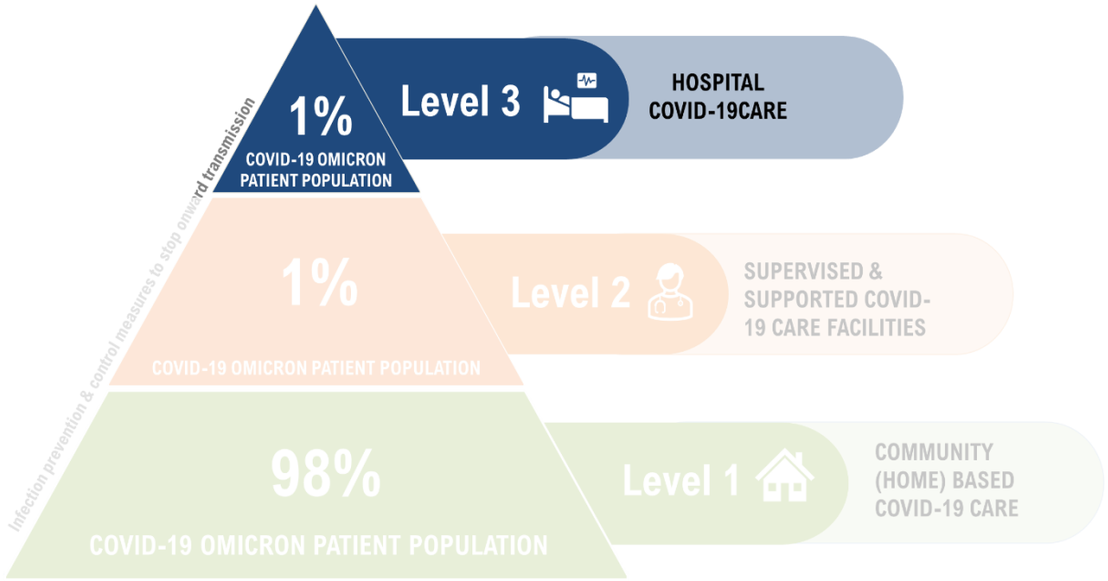


Omicron 500 | Positive care model

HIGH RISK – HOSPITAL PATHWAY

ACUTE AND HOSPITAL COVID-19 CARE

- COVID Care Centre
- Intensive Care Unit
- Hospital Admission
- Emergency Department

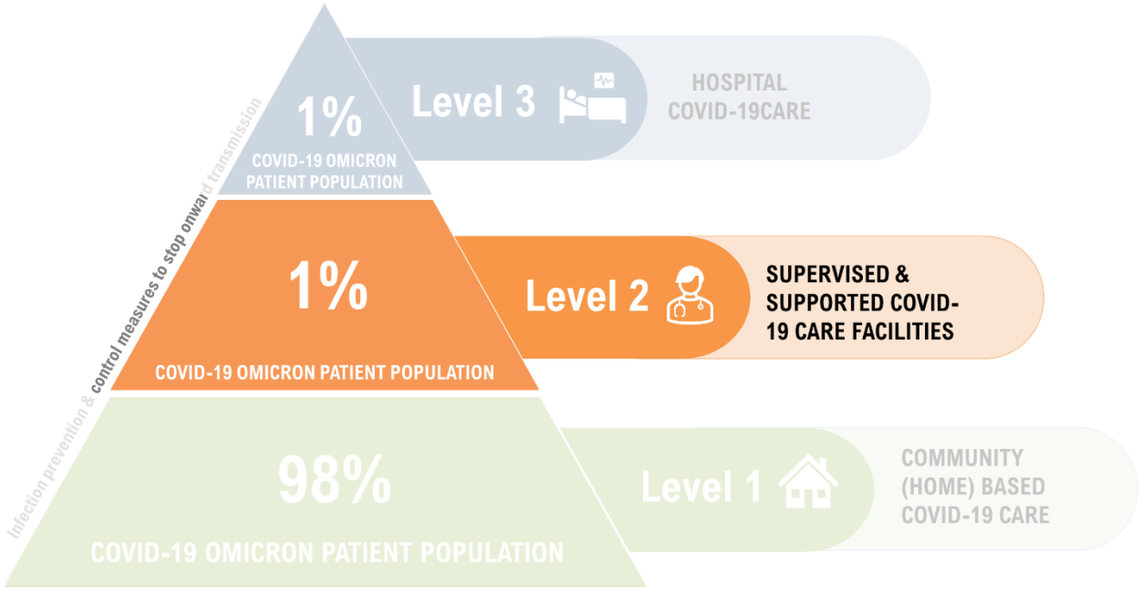


Omicron 500 | Positive care model

MEDIUM RISK – SUPPORTED PATHWAY

CLINICAL MONITORING & CARE AT HOME OR SUPPORTED COVID-19 CARE FACILITY

- CRCT / GPAT monitoring and care
- COVID Hospital in the Hotel
- Supervised Regional Care Facilities



SA Health's Acute Omicron Surge Principles

HIGH RISK – HOSPITAL PATHWAY

ACUTE AND HOSPITAL COVID-19 CARE

- **COVID Care Centre**
- **Intensive Care Unit**
- **Hospital Admission**
- **Emergency Department**

1. Only patients that require the acute care should be in hospital.
2. Best infrastructure to be used optimally with other sites to be utilised as clinically appropriate.
3. Incidental COVID-19 positive patients to be treated at all capable hospitals.
4. Low-risk patients with COVID-19 symptoms and/or associated complications requiring admission to be treated at all capable hospitals.
5. All COVID-19 positive patients will be treated in the public sector with the private sector a key partner in planning and capacity.
6. Mandate COVID-19 vaccination and boosters for all SA Health staff including contractors and promote COVID-19 vaccination for the community (particularly vulnerable groups including pregnant women and eligible children).
7. If numbers escalate, assess the requirement for a further reduction in Elective Surgery (excluding paediatrics).
8. Private sector to provide ongoing care of incidental COVID-19 positive patients who become positive whilst admitted unless acuity demands alternative care.

Managing the flow of acute inpatients

Role of the metropolitan acute sector in support aged care, disability and regions

When required, transfer of COVID-19 patients in the aged care sector, disability sector and Regions to metropolitan hospitals and acute services will be coordinated through the State Control Centre – Health (SCC-H) through deployment of the Health Rapid Response Team (HRRT) in consultation with relevant stakeholders including the patient and their carer and/or representative, health care teams (including usual GP), COVID Operations CDCB and CRCT.

- Metro LHNs will
  - Assess and admit self presenting high risk patients presenting with COVID-like symptoms through ED
  - Continue to manage non-COVID-19 admissions across sites within their LHN, and across sites between LHNs for specific cohorts, taking into account demand on the system, outpatient capacity and planned care, including elective surgery
  - ICU and MH flows are considered collaboratively daily
- CRCT oversees flow of COVID-19 positive patients across the system, linking with the State Control Centre – Health, the State-wide Virtual Command Centre and COVID Operations CDCB

Role of CALHN in the Omicron surge

As part of the State's response to the COVID pandemic, the RAH has been designated as the adult COVID primary receiving site in the state. CALHN has updated plans to manage the surge in Omicron hospitalisations in South Australian hospitals, since the boarder opening on the 23 November 2021. The Omicron variant has provided a new set of challenges, with an increased volume of cases. The system planned for 85% of COVID-19 positive cases to be treated at home or supported in hospital in the hotel accommodation, 10 % in short stay COVID Care Centres to receive treatment and 5% would require hospitalisation. This was for a Delta outbreak.

Currently with the Omicron outbreak, less than 1% of COVID-19 cases have required hospitalisation, but the volume of cases is much higher.
It is expected that:

- 98% of positive COVID-19 Omicron cases will experience mild to moderate symptoms and will be able to safely isolate in their own home
- Less than 1% of positive cases will require supported care (i.e. Hospital in the Hotel)
- Less than 1% of positive cases will require hospitalisation or require acute care (i.e. COVID Care Centres)

Role of CALHN in the Omicron surge (cont.)

A state-wide Omicron 500 Surge Capacity Plan has been developed by each of the LHNs to map the capacity requirements for 300 COVID general inpatients at the RAH, 100 at FMC and 100 at the LMH, this plan also includes 30 COVID Intensive Care beds at the RAH, and up to 13 at FMC and 13 at LMH. The Women's and Children's Hospital continues to care for children with COVID-19 in hospital and under the COVID Kids Program. Regional hospitals across the state are already treating local COVID-positive patients and will continue to do so, with planned increases in capacity and capability.

SA Health is partnering with the private sector to transfer some non-COVID inpatient activity to private hospitals to free up capacity for the dedicated 500 ward beds for COVID-19 patients. The private sector is making a significant contribution to the Omicron response in SA.

More than 70% of the additional 392 beds that the state commissioned last year are also in place, providing a substantial increase in capacity to respond to the COVID peak. The bed capacity creation has been supported a new state-wide Direction under the Emergency Management Act to cancel all non urgent elective surgery. This direction will create additional bed and workforce capacity across both the public and private hospital systems, to support the COVID surge response.

Role of CALHN in the Omicron surge (cont.)

The system is focused on preserving hospital capacity for people who are acutely unwell, with system-wide initiatives to support people with COVID-19 recovering safely at home. These initiatives include:

- COVID-19 Testing Sites will continue to test and provide results to South Australians and the SA Health contact tracing team, and the COVID Response Care Team
- COVID-19 Contact Tracers will prioritise those cases that are high-risk to the community
- Mainstream GP Clinics will continue to support patients with non-COVID-19 health needs
- GP Respiratory Clinics and Respiratory-Ready GP Clinics will continue to support patients with respiratory health needs, including examining, assessing and treating COVID-19 symptoms
- COVID Response Care Team will oversee and coordinate all positive COVID-19 cases
- COVID Care Centres will provide day treatment options

The initial overarching principles for CALHN still stand:

- Quaternary services are retained at the RAH
- RAH is the receiving site for all high acuity adult COVID positive patients as well as those in the Network Catchment
- The Queen Elizabeth with continue to focus on the management of non-COVID patients
- Preservation of the COVID pathway through ED, ICU and General Medicine in maintained
- CALHN’s Network Operations Centre (NOC) (with IMT and the Operations Lead oversight) will have a vital role in managing the flow of patients as the Network escalates/de-escalates to ensure safe and effective flow at a system level

Role of CALHN in the Omicron surge (cont.)

COVID capacity at the RAH for Omicron Surge:

- **30** COVID ICU beds (48 ventilator capacity total)*
- **300+** COVID general inpatient beds**
- **40** COVID Mental Health PICU and 6 Short Stay Unit

Non COVID capacity at the RAH for Omicron Surge:

- **18** non-COVID ICU beds
- **303** non-COVID inpatient beds (however likely reduced due to demand and workforce reduction)
    - Quaternary level services will need to remain onsite at the RAH

**The above capacity can be created using conventional clinical spaces. The above assumes that when ICU occupancy reaches 48 beds, there is adequate staffing for those beds. Daily state-wide ICU teleconferences have been initiated to assist in managing capacity and demand.*
*** The above ICU capacity can be created however at 300 COVID inpatient beds (includes suspected COVID) there is insufficient ICU capacity to support this number of acute beds based on the ratios needed for acute and ICU beds based on interstate experience – approximately 10% conversion.*

CALHN decant and service reconfiguration system response

CALHN will aim to balance capacity and demand requirements within the available beds in CALHN and **partner with private hospitals** to create additional bed capacity.

- The COVID bed capacity will be managed in the following hierarchy utilising:
  - existing CALHN bed capacity
  - existing private partnership arrangements
  - new private hospital capacity

The table details capacity created from a range of strategies including:

- additional funded capacity within CALHN and the private sector (including virtual beds) ~ 74 beds
- transferring activity to an alternative site (including private) ~ 37 beds
- public health measures (Emergency Directions related to reductions in surgical activity) ~ 20 beds

Facility	Beds	Speciality	Actions to facilitate Utilisation
TQEH	12	Maintenance ward – General Medicine	Decant NGB (Palliative Care to alternative site TBC)
Calvary North Adelaide	15		NOC Management of referrals
Northern Eastern Community	10	General Med / Surgery / CAP by negotiation	NOC Management of referrals
Geriatric evaluation and Management Unit (GEMU)	24	Geriatrics	Complete
Geriatrics in the Home (GITH)	20 Virtual Beds	Virtual and home-based health care service delivery to patients +65yrs/+55yrs Aboriginal patients	Complete
Rehabilitation in the Home (RiTH)	6 Beds	Increase RiTH beds from 27 to 33 beds	Complete
Hampstead Rehabilitation Centre – ward 2A	24	Maintenance and transition care	Complete
Elective Surgery Direction	20 (RAH)	Cancellation of non urgent Cat 2 / 3 elective surgery (internal capacity)	Activated on 31 December 2022
Total	131		

RAH quaternary services – to remain at RAH

- Emergency Department and Trauma
- Complex Surgical Procedures
- Diagnostic and Therapeutic procedures - inpatient or outpatient
- Inpatient care where highly specialised drugs/medication are required
- Inpatient care where specialised multidisciplinary teams are required
- Inpatient or Outpatient care where access to defined /limited access subspecialist care
  - renal /pancreatic transplantation program
  - cardiac and lung transplant care

COSTAT 5 RAH

COVID beds – 239
COVID ICU beds – 30*
COVID MH beds – up to 28

Non COVID – 367
Non COVID ICU – 18
Non COVID MH beds – 12

*239 COVID exceeds ICU to IP ratio not recommended
** 30 COVID + 18 non COVID ICU exceeds workforce capabilities

NOTE 1: Non-COVID capacity specialties descriptor is indicative only.

The ICU bed numbers in COSTAT5 replace previous ICU bed plans

Omicron Surge RAH

COVID beds – 303
COVID ICU beds – 30*
COVID MH beds – up to 40

Non COVID – 303
Non COVID ICU – 18
Non COVID MH beds – 0

*303 COVID exceeds ICU to IP ratio not recommended
** 30 COVID + 18 non COVID ICU exceeds workforce capabilities
Note Omicron Surge will be an extension of COSTAT5 as part of our sustained response.

NOTE 1: Non-COVID capacity specialties descriptor is indicative only.