

6<sup>th</sup> May 2022

[REDACTED]

[REDACTED]

[REDACTED]

### **Official Information Act Request for – Winter Planning**

I write in response to your Official Information Act request received by us 23<sup>rd</sup> March 2022, you requested the following information:

- **I request copies of any winter illness preparedness reports, briefing documents or modelling for influenza, RSV or whooping cough illness that's held by Counties Manukau District Health Board for the upcoming 2022 winter season. This should include any planning or staffing reports relating to Middlemore Hospital's Emergency Department. The period I am requesting this information is from February 23 until March 23, 2022.**

### **Counties Manukau Health Response:**

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

- **I request copies of any winter illness preparedness reports, briefing documents or modelling for influenza, RSV or whooping cough illness that's held by Counties Manukau District Health Board for the upcoming 2022 winter season. This should include any planning or staffing reports relating to Middlemore Hospital's Emergency Department. The period I am requesting this information is from February 23 until March 23, 2022.**

CM Health prepares an annual winter plan which provides information to the organisation communicating the strategies services use to manage seasonal peak over winter. The winter period is historically characterised by an increase in patient volumes, higher acuity patients and employee illness. Every year, we use historical bed utilisation to forecast bed numbers for the following winter.

The Winter Plan aims to provide a comprehensive plan of Middlemore Hospital bed usage during winter 2022 (1 April – 30 September 2022), related dependancies, risks, adjustments in service plans and the escalation of how Counties Manukau Health will respond to these pressures.

To support this, we also deliver a winter communication campaign aimed at informing the community of the correct channels of health care to access which will support our DHB with these expected winter illnesses. These campaigns are largely focussed on reducing presentations to the Middlemore Emergency Department that are not life-threatening or serious illnesses and to build awareness in the community to seek early advice from GP, Medical Centre or Healthline for winter ailments.

This year, organisational Winter planning was undertaken alongside the significant Omicron Surge planning and response. Detailed planning work on the Winter Plan started with a briefing to the Middlemore Central Clinical Governance Group on the 16<sup>th</sup> March 2022. It was requested that each Division review and update the previous year's plan.

We have limited documentation during the 23 February – 23 March 2022 because (as mentioned above) detailed Winter Planning and confirmation of the final Winter Plan was impacted by Omicron.

We are able to supply you with the following information:

- **Appendix 1** - Weekly Surveillance Meeting 21<sup>st</sup> March 2022- discusses Winter 2022
- **Appendix 2** - Middlemore Central Clinical Governance Group Presentation – 11<sup>th</sup> March 2022
- **Appendix 3** - Excerpts of Winter Plan as follows:
  - Planning Principles
  - Emergency Department Workforce Plan for Winter 2022

In relation to specific winter illness modelling for influenza, RSV or whooping cough, this is not modelling that is being completed by individual DHBs, this work is being undertaken Nationally by Technical Advisory Services (TAS).

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



**Dr Peter Watson**  
**Acting Chief Executive Officer**  
**Counties Manukau Health**

# Weekly Surveillance Meeting

W/C 21<sup>st</sup> March 2022

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# Emerging Issues

Type of Concern	Issue	Action
Infectious Disease/ Vaccination	Decreased MMR/DTP Immunisation rates in South Auckland	<ul style="list-style-type: none"> <li>MoH discussions on MMR inclusion at COVID vaccination sites.</li> </ul>
Infectious Disease (Winter viruses)	<ul style="list-style-type: none"> <li>Increasing non-isolated returnees and visitors to NZ.</li> <li>Removal of vaccination mandate for travellers.</li> <li>Decreased immunity to viruses, including RSV and Flu.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring – minimal change currently.</li> <li>Winter Contingency Planning</li> <li>Flu Vaccination Program rollout (April)</li> </ul>
Natural/ Severe Weather	<ul style="list-style-type: none"> <li>Increasing torrential rain.</li> <li>Tornado Season continues.</li> </ul>	<ul style="list-style-type: none"> <li>Watching MetService Forecasts.</li> <li>Potential Impacts include flooding, damage due to high winds.</li> </ul>
Natural/ Volatile Weather	<p><b>La Niña :</b> Greater than normal rainfall and warmer temperatures in the North Island.</p>	<ul style="list-style-type: none"> <li>Monitor for weather volatility.</li> </ul>



# Recent or Realised Issues

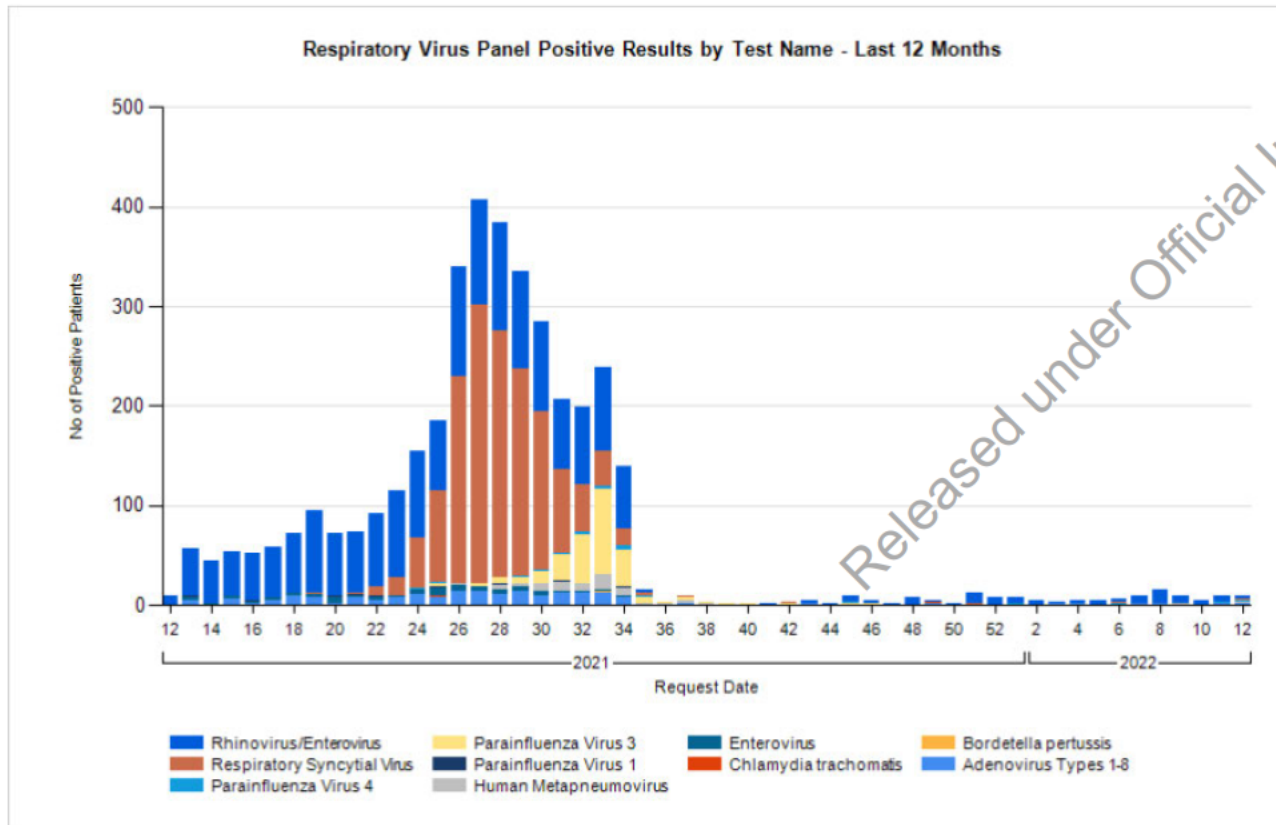
Type of Concern	Issue	Action
Infectious Disease	COVID-19 Omicron Surge: <ul style="list-style-type: none"><li>• Staffing Capacity</li><li>• Bed Capacity/ Patient Flow</li><li>• Management of Status</li></ul>	<ul style="list-style-type: none"><li>• IMT/ Response Team insitu.</li><li>• Whole of CMH Response: Decrease to minimum service delivery.</li></ul>
Natural/ Volatile Weather	21.03.22: Torrential Rain and Thunderstorms. Caused leaks and small ceiling collapses – small effect on patient care, but a number of issues across CMH sites.	<ul style="list-style-type: none"><li>• Monitor for weather volatility.</li><li>• Escalate structural issues to FEAM and ?Risk register.</li></ul>

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# Winter 2022; Open borders & winter viruses

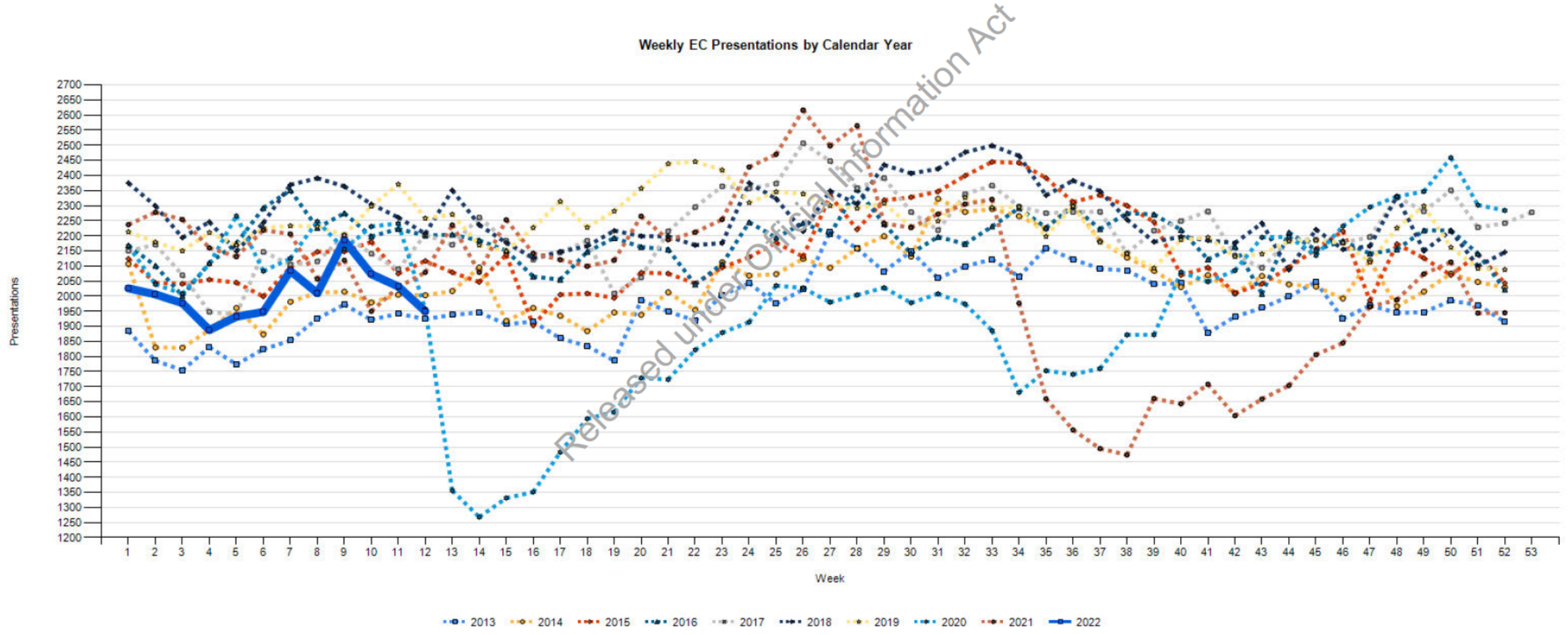
## Respiratory Virus Panel Positive Results by Week

Number of Positive RPP Patients by Week in the last 12 months.  
Data Source: CMH\_DW\_radlab.fact\_radlab.result



- Combination of winter pressures, COVID-19 and respiratory viruses anticipated this year,
- Also risk on increase of VPDs due to low vaccine uptake,
- Monitoring ongoing,
- One case of RSV in CMH (Feb), two recently in Northland.

# COVID: Emergency Department Presentations



# Calendar

1 Week	1 Month	>1 Month
	Living with COVID (Planning ongoing)	Winter Pressures
	International Border Opening April 2022: Influenza, Measles, Resp. Viruses.	
	Easter & ANZAC Day; two long weekends and reduced staffing	
Weather event (See weather warnings)		

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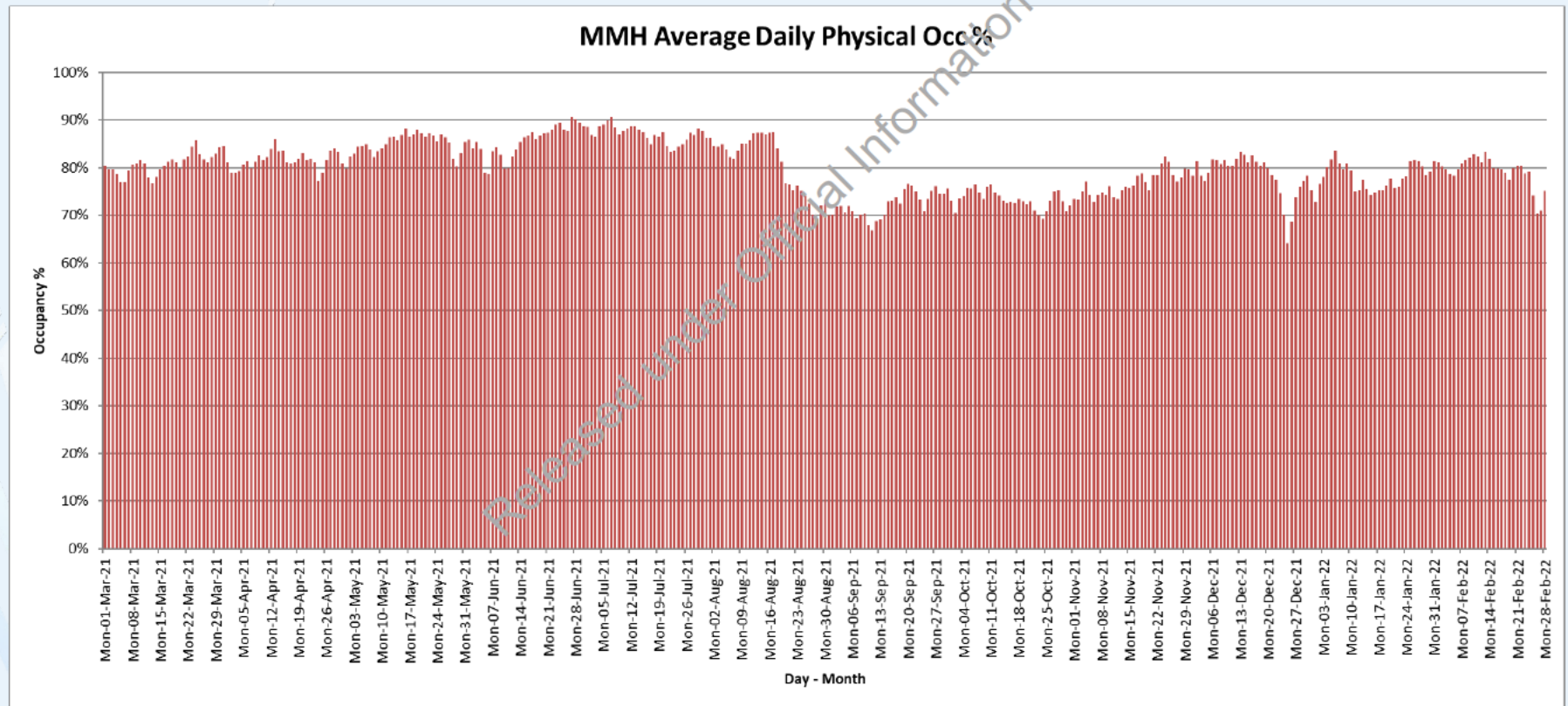
# Winter Plan

1 April – 31 September 2022

## Middlemore Hospital

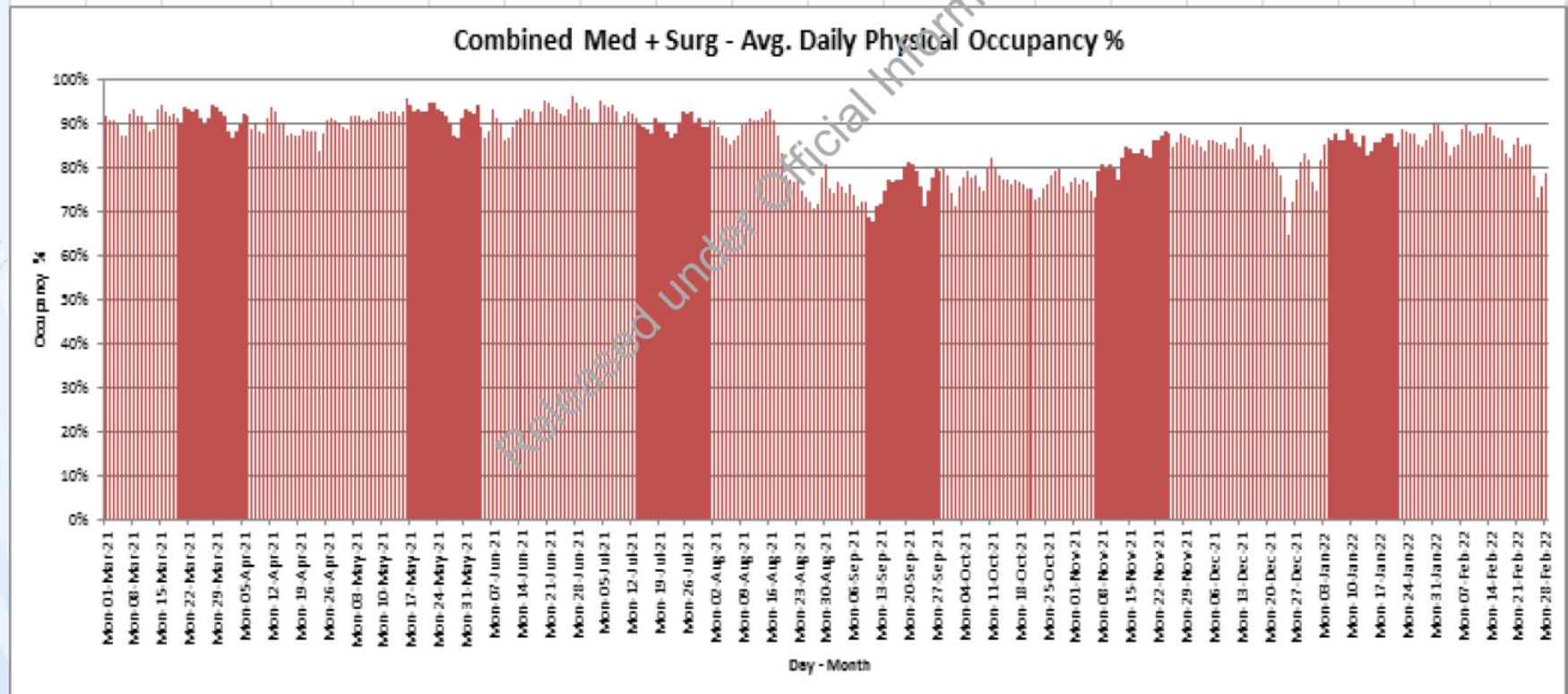
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# Average Occupancy



Note: Red graphs v3 in appendix 1

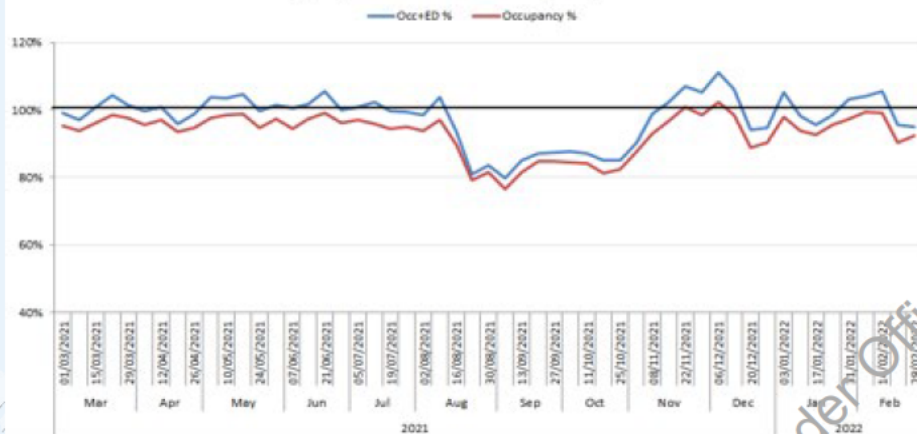
# Hospital Average Occupancy



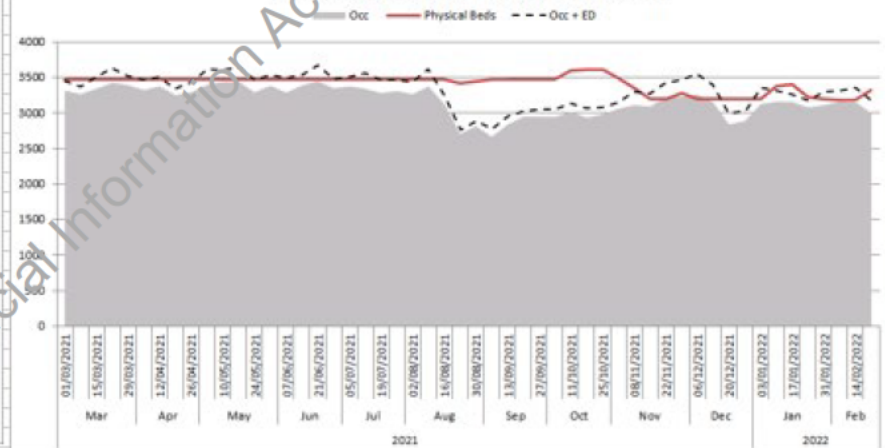


# Divisional Occupancy

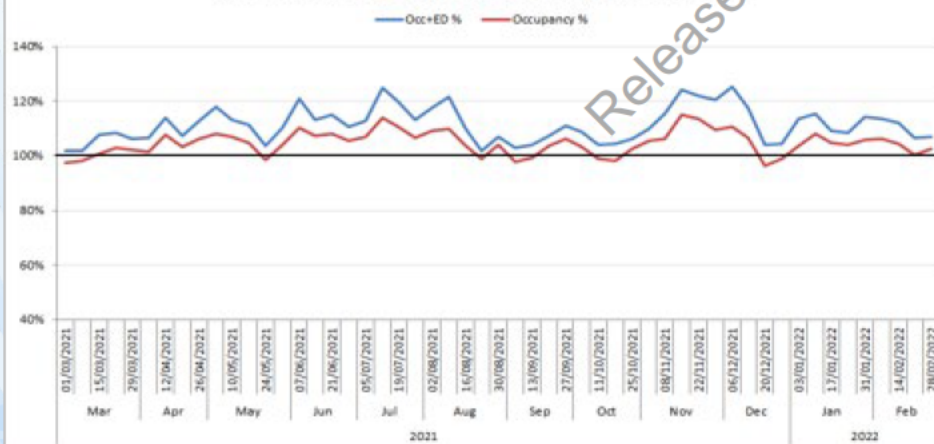
Med + Surg Physical Division Occupancy Rates At 8am



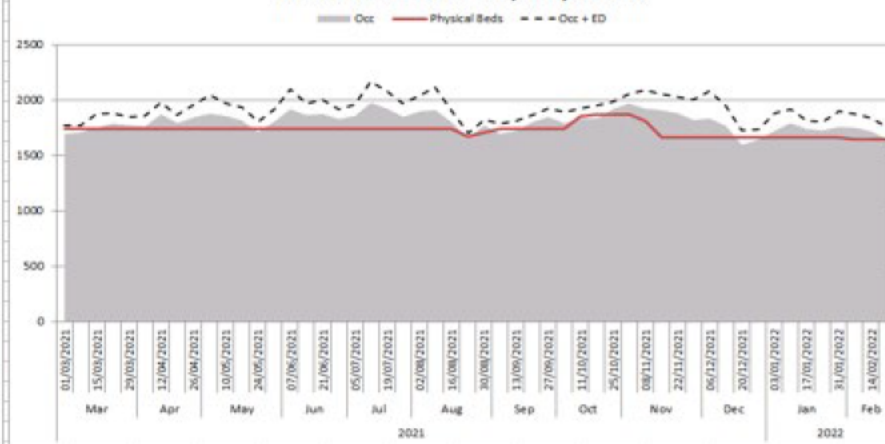
Med+Surg Demand Vs Capacity at 8AM



Medical Physical Division Occupancy Rates At 8am



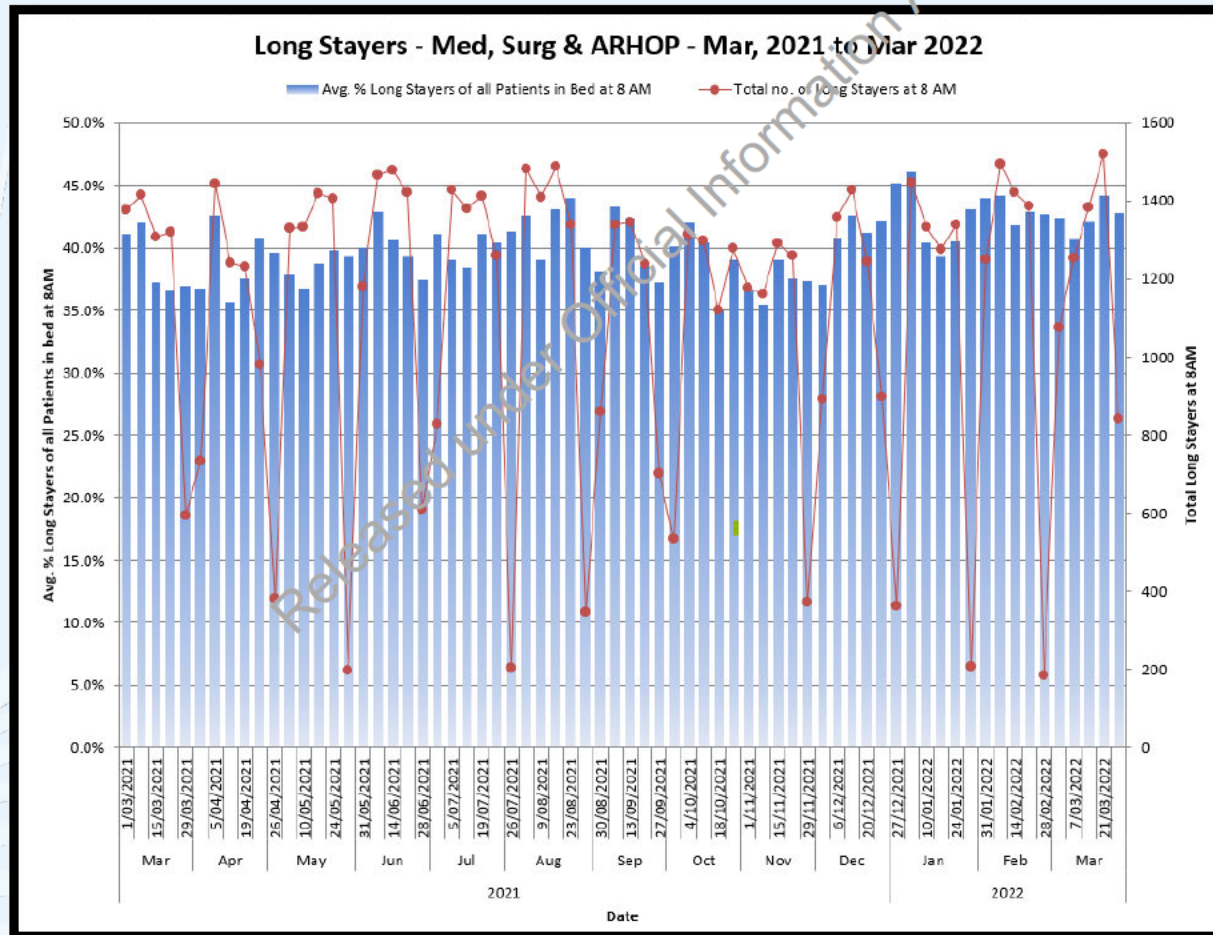
Medical Demand Vs Capacity at 8AM



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# Long Stayers > 7 Days



# Winter Plan 2022 Funding

- 4 Months - 1 April 2022 to 31 Sept 2022.
- Ward 17 \* 4 additional beds (winter funding)
- Ward 34E \* 19 beds (funding)

Division	Dept		Funding
Medicine	Ward 17	4 beds	\$
Medicine	Ward 34E	19 beds	\$
MMC	1 Duty Manager	7pm-7am	\$
MMC	Discharge Lounge	9 beds	\$
Surgery	PSU	4 beds	\$
ARHOP	Wards (4,5, 31)	8 beds	\$

- Isolation capacity increased overall (neg pressure + air flow)

# Budget 2022

Division	Ward Name (in Capplan)	RC Code	Budgeted Beds/cots/recliner chairs												
			Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
Surgical	TADUPSU	211-3055	8	8	8	8	8	8	8	8	8	8	8	8	8
Surgical	TNBC	211-2214	10	10	10	10	10	10	10	10	10	10	10	10	10
Surgical	WD08-AMC	211-2220	30	30	30	30	30	30	30	30	30	30	30	30	30
Surgical	WD09-AMC	211-2221	30	30	30	30	30	30	30	30	30	30	30	30	30
Surgical	WD10-AMC	211-2218	30	30	30	30	30	30	30	30	30	30	30	30	30
Surgical	WD11-AMC	211-2218	30	30	30	30	30	30	30	30	30	30	30	30	30
Surgical	WD34E-EHB	211-2211	30	30	30	30	30	30	30	30	30	30	30	30	30
Surgical	WD34N-EHB	211-2212	30	30	30	30	30	30	30	30	30	30	30	30	30
Surgical	WD35N-EHB	211-2215	30	30	30	30	30	30	30	30	30	30	30	30	30
ARHOP	WD04-ATR	211-2226	28	28	28	28	28	28	28	28	28	28	28	28	28
ARHOP	WD05-ATR	211-2464	28	28	28	28	28	28	28	28	28	28	28	28	28
ARHOP	WD23-ATR	211-2223	28	28	28	28	28	28	28	28	28	28	28	28	28
ARHOP	WD24-ATR	211-2224	28	28	28	28	28	28	28	28	28	28	28	28	28
ARHOP	WD31EHB	211-2474	20	20	20	20	20	20	20	20	20	20	20	20	20
Kidz First	PM CARE	211-2450	24	24	24	24	24	24	24	24	24	24	24	24	24
Kidz First	PSCARE	211-2451	20	20	20	20	20	20	20	20	20	20	20	20	20
Medical	CCU	04211-2356	6	6	6	6	6	6	6	6	6	6	6	6	6
Medical	SDU	04211-2356	12	12	12	12	12	12	12	12	12	12	12	12	12
Medical	WD01-AMC	04211-2201	20	20	20	20	20	20	20	20	20	20	20	20	20
Medical	WD02AMC	04211-2203	29	29	29	29	29	29	29	29	29	29	29	29	29
Medical	WD06AMC	04211-2204	30	30	30	30	30	30	30	30	30	30	30	30	30
Medical	WD07AMC	04211-2205	30	30	30	30	30	30	30	30	30	29	29	29	29
Medical	WD17-Med	04211-2252	26	30	30	30	26	26	26	26	30	30	30	30	30
Medical	WD32EHB	04211-2208	30	30	30	30	30	30	30	30	30	30	30	30	30
Medical	WD33E-EHB	04211-2209	30	30	30	30	30	30	30	30	30	30	30	30	30
Medical	WD33N-EHB	04211-2202	30	30	30	30	30	30	30	30	30	30	30	30	30
Medical	WD35E	04211-2202	19	19	19	19	19	19	19	19	19	19	19	19	19
Neonates	Neonatal Care	211-3037	34	34	34	34	34	34	34	34	34	34	34	34	34
Kidz First	C-Pod		12	12	12	12	0	0	0	0	0	0	0	0	0
Womens Health	BA	211-302	25	25	25	25	25	25	25	25	25	25	25	25	25
Womens Health	BABYMN	211-2461	23	23	23	23	23	23	23	23	23	23	23	23	23
Womens Health	BABYMS	211-2460	22	22	22	22	22	22	22	22	22	22	22	22	22
Womens Health	BBU	211-3302	25	25	25	25	25	25	25	25	25	25	25	25	25
Womens Health	MATYN	211-2461	23	23	23	23	23	23	23	23	23	23	23	23	23
Womens Health	MATYS	211-2460	22	22	22	22	22	22	22	22	22	22	22	22	22
Womens Health	WD21WH	211-2455	30	30	30	30	30	30	30	30	30	30	30	30	30
Womens Health	Ward 15 - Gynae Care	211-2462	15	15	15	15	15	15	15	15	15	15	15	15	15
Critical Care Comp	ICU	211-3002	12	12	12	12	12	12	12	12	12	12	12	12	12
Critical Care Comp	ICU	211-5208	6	6	6	6	6	6	6	6	6	6	6	6	6
Middlemore Central	Discharge Lounge	211-5235	23	23	23	23	23	23	23	23	23	23	23	23	23
Emergency Dept.	Acute Adults	211-3048	25	25	25	25	25	25	25	25	25	25	25	25	25
Emergency Dept.	Acute Paediatrics	211-3048	12	12	12	12	12	12	12	12	12	12	12	12	12
Emergency Dept.	Monitored	211-3048	10	10	10	10	10	10	10	10	10	10	10	10	10
Emergency Dept.	Resus	211-3048	6	6	6	6	6	6	6	6	6	6	6	6	6
Emergency Dept.	Adult Short Stay Unit	211-3046	23	23	23	23	23	23	23	23	23	23	23	23	23
Emergency Dept.	Medical Assessment unit - Acute	211-3005	21	21	21	21	21	21	21	21	21	21	21	21	21
Emergency Dept.	Medical Assessment unit - Short stay	211-3005	21	21	21	21	21	21	21	21	21	21	21	21	21
Emergency Dept.	Paediatric Short Stay Unit	211-2452	13	13	13	13	13	13	13	13	13	13	13	13	13
Emergency Dept.	Surgical Assessment Unit	211-3049	15	15	15	15	15	15	15	15	15	15	15	15	15
Mental Health	Wd40	211-2305	10	10	10	10	10	10	10	10	10	10	10	10	10
Mental Health	Wd41	211-2304	20	20	20	20	20	20	20	20	20	20	20	20	20
Mental Health	Wd42	211-2303	20	20	20	20	20	20	20	20	20	20	20	20	20
Mental Health	Wd43	211-2302	10	10	10	10	10	10	10	10	10	10	10	10	10
Mental Health	Koropiko	211-2465	14	14	14	14	14	14	14	14	14	14	14	14	14
<b>Total</b>			<b>915</b>	<b>919</b>	<b>919</b>	<b>919</b>	<b>899</b>	<b>899</b>	<b>899</b>	<b>899</b>	<b>902</b>	<b>902</b>	<b>902</b>	<b>902</b>	<b>902</b>

# Beds CaG

Division	Dept	2021	2022	
Medical	CCU	6	6	
Medical	SDU	12	12	
Medical	WD01-AMC	20	20	
Medical	WD02AMC	29	29	
Medical	WD06AMC	32	30	
Medical	WD07AMC	30	29	
Medical	WD17MW	26	30	
Medical	WD32EHB	30	30	
Medical	WD33E-EHB	30	30	
Medical	WD33N-EHB	30	30	
Medical	WD35N-EHB	0	19	265
Surgical	PSU	0	8	
Surgical	WD08-AMC	30	30	
Surgical	WD09-AMC	30	30	
Surgical	WD10-AMC	30	30	
Surgical	WD11-AMC	29	29	
Surgical	WD34E-EHB	30	30	
Surgical	WD34N-EHB	30	30	
Surgical	WD35N-EHB	30	30	
Surgical	WD-TNBC	10	10	227
ARHOP	WD04-ATR	28	28	
ARHOP	WD05-ATR	28	28	
ARHOP	WD23	28	28	
ARHOP	WD24	28	28	
ARHOP	WD31EHB	20	20	132
Womens Health	GCU	15	15	
Womens Health	MATYN	23	23	
Womens Health	MATYS	22	22	
Womens Health	WD21WH	30	30	90
Kidz First Medical	PMCare	36	36	
Kidz First Medical	PSCare	30	29	
Kidz First Medical	Ncare	18	46	111

# Winter Bed Plan

Adult Beds	Winter 2020	Summer 2021	Winter 2021	Winter 2022 - DB	Winter 2022 - Bed No.	Winter Grey Graph	Additional beds planned 2022
Medicine	262	242	251	269/227	265	265	Includes CCU and SDU Ward 17 @ 30 Ward 7@29, Ward 6@30 Includes 35E @ 19 267 total to be updated
Surgery	228	245	249	240/218	227	227	Excludes 25 Gynae beds Excludes Kidz in KFSC Includes 8 beds PSU
ARHOP	128	128	124	132/127	132	132	Includes 8 un-resourced beds
Adult Total	618	615	624	644	641	616	Includes 35E

## DB Command Centre Dashboard

\* **NOTE:** Total IPM Physical Beds is capacity + escalation + closed

\*\* **NOTE:** Open Capacity excludes closed beds and escalation beds

\*\*\* **NOTE:** Bed plan appendix 4 (may need updating)

\*\*\*\* **Note:** Event Table (maintained) to track changes needed in IPM, CaG

# Winter Bed Plan

Paeds Beds	Winter 2020	Summer 2021	Winter 2021	Winter 2022 - DB	Winter 2022 - Bed No.	Additional beds planned 2022
Kidz First	66	49	66	65/36	65	1 bed removed KFSC KFMC is 24 + 12 = 36 KFSC = 29
Neonates	38	38	18	46	46	
Paeds Total	104	87	84	111	111	

Women's Health	Winter 2020	Summer 2021	Winter 2021	Winter 2022 - DB	Winter 2022 - Bed No.	Additional beds planned 2022
B&A				29	29	
Maternity				45	45	
Gynae				15	15	
Ward 21				30	30	
WH Total				90*	90*	

## DB Command Centre Dashboard

\* **NOTE:** Total IPM Physical Beds is capacity + escalation + closed

\*\* **NOTE:** Open Capacity excludes closed beds and escalation beds

\*\*\* **NOTE:** Bed plan appendix 4 (may need updating)

# Community – Funded by Medicine

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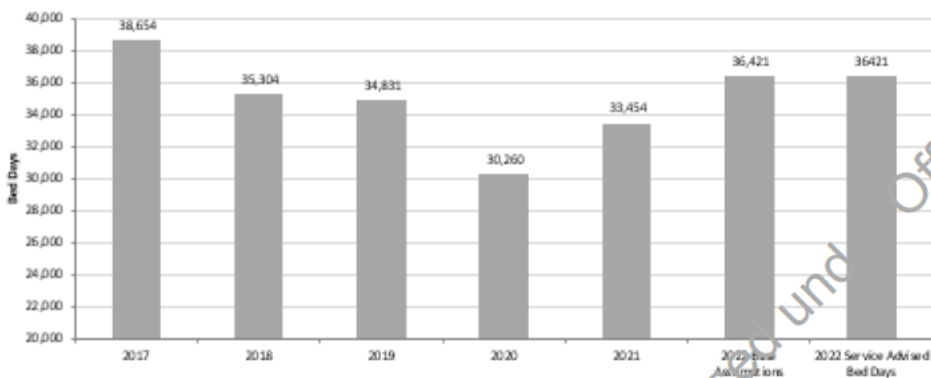
Community beds winter	Winter 2020	Summer 2021	Winter 2021	Winter 2022	Additional beds planned 2022
Pukekohe HOspital		5	5	6	Nil
Hospital in the home			20	20	nil
Community Total			25	25	



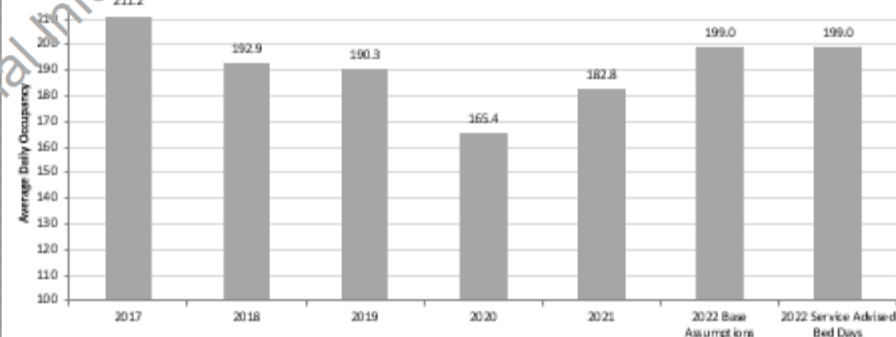
# Planning Assumptions (Surgical)

## Surgical

Surgical - Winter 2022 Forecast Bed Days 1st April to 30th September 2022



Surgical - Winter 2022 Forecast Bed Days 1st April to 30th September 2022



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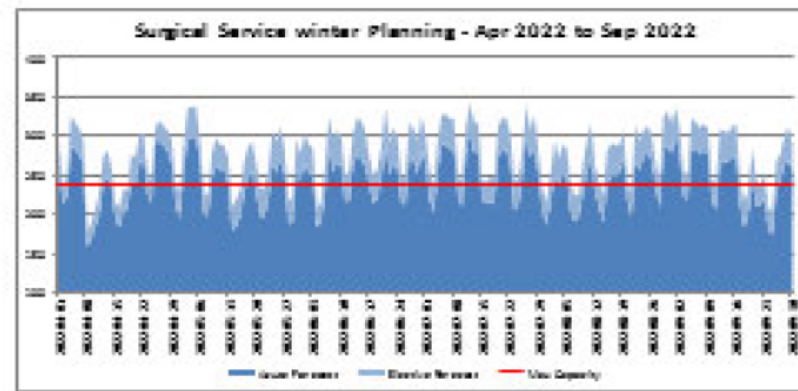
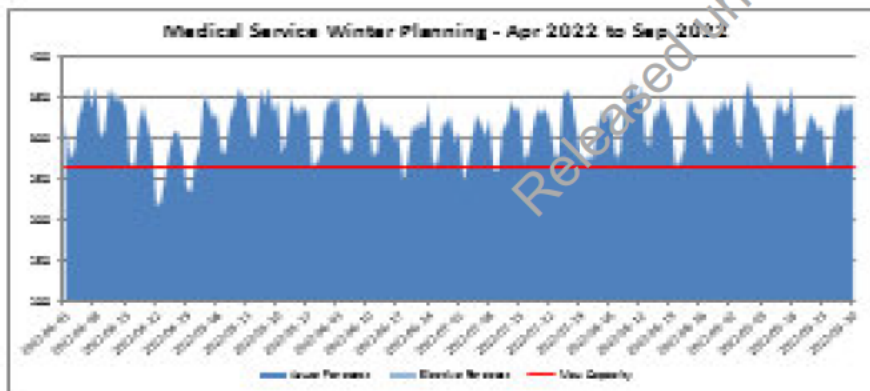
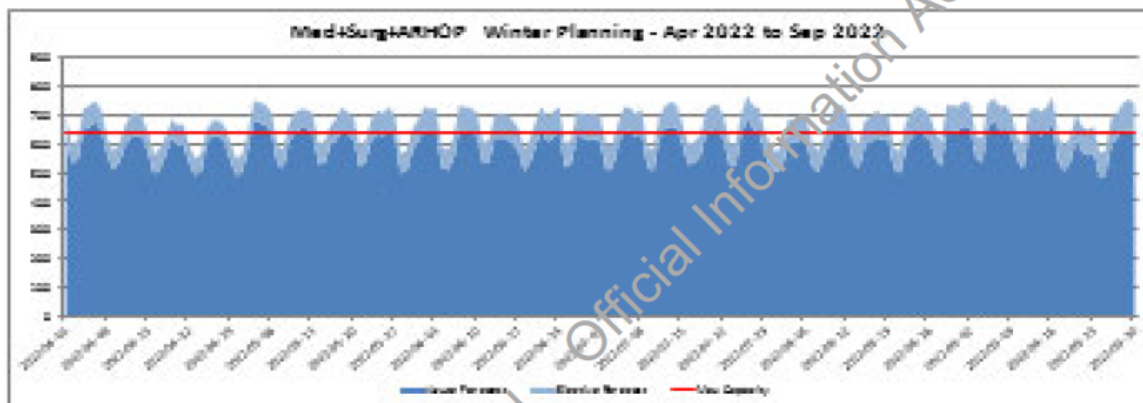


# Planning Assumptions (Surgical)

	Bed Days							Patients In							Patient Turn											
	Period: April to September							Period: April to September							Period: April to September											
	2017	2018	2019	2020	2021	2022 Base Assumptions	2022 Service Advised Bed Days	Advised Change	2017	2018	2019	2020	2021	2022 Base Assumptions	2022 Service Advised Patient Turn	Advised Change	2017	2018	2019	2020	2021	2022 Base Assumptions	2022 Service Advised Patient Turn	Advised Change		
1 Kidfirst Medical Care	7243	6088	6842	3754	5077	4796	4796	0	3091	1888	1712	1738	2183	2180	2180	0	23	2.3	2.5	2.2	2.3	2.3	2.3	2.2	2.2	
2 Acute	6900	5736	6414	3381	4833	4476	4476	0	2851	2486	2468	1482	1993	1946	1946	0	14	2.4	2.6	2.3	1.4	2.3	2.3	2.3	2.3	
3 Elective	343	325	429	373	384	328	328	0	240	252	244	251	290	234	234	0	14	1.3	1.8	1.5	1	1.4	1.4	1.4	1.4	
4 Paediatric Medicine	4772	4100	4694	1996	3402	2976	2976	0	1824	1706	1640	852	1354	1301	1301	0	26	2.4	2.6	2.3	2.5	2.3	2.3	2.3	2.3	
5 Acute	4772	4058	4685	1980	3402	2976	2976	0	1824	1662	1779	798	1280	1240	1,300	0	16	2.5	2.6	2.5	1.6	2.4	2.4	2.4	2.4	
6 Elective	0	5	10	16	10	12	12	0	0	54	61	56	64	61	61	0	0.1	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	
7 Plastic Surgery	689	688	694	491	376	500	500	0	335	268	249	234	221	238	238	0	21	2.5	2.8	2.1	1.7	2.1	2.1	2.1	2.1	
8 Acute	512	488	505	327	399	339	339	0	221	170	157	146	162	155	156	0	14	2.8	3.2	2.3	1.8	2.3	2.3	2.3	2.3	
9 Elective	157	201	189	163	77	139	139	0	114	98	92	90	59	88	82	0	14	2.1	2.1	1.8	1.3	1.7	1.7	1.7	1.7	
10 Orthopaedic Surgery	1256	938	1169	969	865	955	955	0	538	447	398	375	365	362	362	0	23	2.1	2.9	2.6	2.4	2.5	2.5	2.5	2.5	
11 Acute	1110	880	970	813	799	815	815	0	469	388	340	308	319	328	328	0	14	2.3	2.5	2.7	1.5	2.5	2.5	2.5	2.5	
12 Elective	136	76	200	156	66	134	134	0	68	59	58	68	56	56	56	0	2	1.3	3.4	2.3	1.8	2.4	2.4	2.4	2.4	
13 Hand Service	199	160	97	108	108	106	106	0	225	151	144	170	150	151	151	0	0.9	1.1	0.7	0.7	0.7	0.7	0.7	0.7	0.7	
14 Acute	196	152	96	104	108	106	106	0	222	150	143	140	150	151	151	0	0.9	1.0	0.7	0.7	0.7	0.7	0.7	0.7	0.7	
15 Elective	0	5	0	1	0	1	1	0	0	2	1	1	0	1	1	0	0.3	4.9	0.4	1.3	0.6	1.1	1.1	1.1	1.1	
16 ICU - Paediatric Medicine	59	38	23	9	91	38	38	0	10	21	2	27	13	13	13	0	37	2.6	2.1	4.5	3.4	2.9	2.9	2.9	2.9	
17 Acute	59	38	23	9	91	38	38	0	10	21	11	1	27	13	13	0	37	2.6	2.1	4.5	3.4	2.9	2.9	2.9	2.9	
18 Elective	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19 Burns	62	46	38	3	24	18	18	0	9	6	2	4	8	5	5	0	6.9	7.2	1.9	0.7	3	3.5	3.5	3.5	3.5	
20 Acute	62	46	38	3	24	18	18	0	9	6	2	4	8	5	5	0	6.9	7.1	1.9	0.7	3	3.5	3.5	3.5	3.5	
21 Elective	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22 Maxillo-Facial Surgery	74	51	36	24	39	30	30	0	56	43	24	22	28	25	25	0	13	1.2	1.5	1.1	1.4	1.2	1.2	1.2	1.2	
23 Acute	72	46	31	24	38	29	29	0	52	37	22	21	27	24	24	0	14	1.3	1.4	1.1	1.4	1.2	1.2	1.2	1.2	
24 Elective	2	4	5	0	1	1	1	0	4	6	2	1	1	1	1	0	0.7	0.6	2.6	0.4	0.3	1.5	1.5	1.5	1.5	
25 Cardiology	0	7	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0.1	3.5								
26 Acute	0	7	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0.1	3.5								
27 Elective	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28 General Medicine	32	0	21	57	6	30	30	0	14	0	4	33	4	16	16	0	23	5.3	1.7	1.6	1.9	1.9	1.9	1.9	1.9	
29 Acute	32	0	21	57	6	30	30	0	14	0	4	33	4	16	16	0	23	5.3	1.7	1.6	1.9	1.9	1.9	1.9	1.9	
30 Elective	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31 DHB Mat. Provider WNB	8	2	0	0	0	0	0	0	2	2	0	0	0	0	0	0	3.9	1								
32 Acute	8	2	0	0	0	0	0	0	2	2	0	0	0	0	0	0	3.9	1								
33 Elective	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

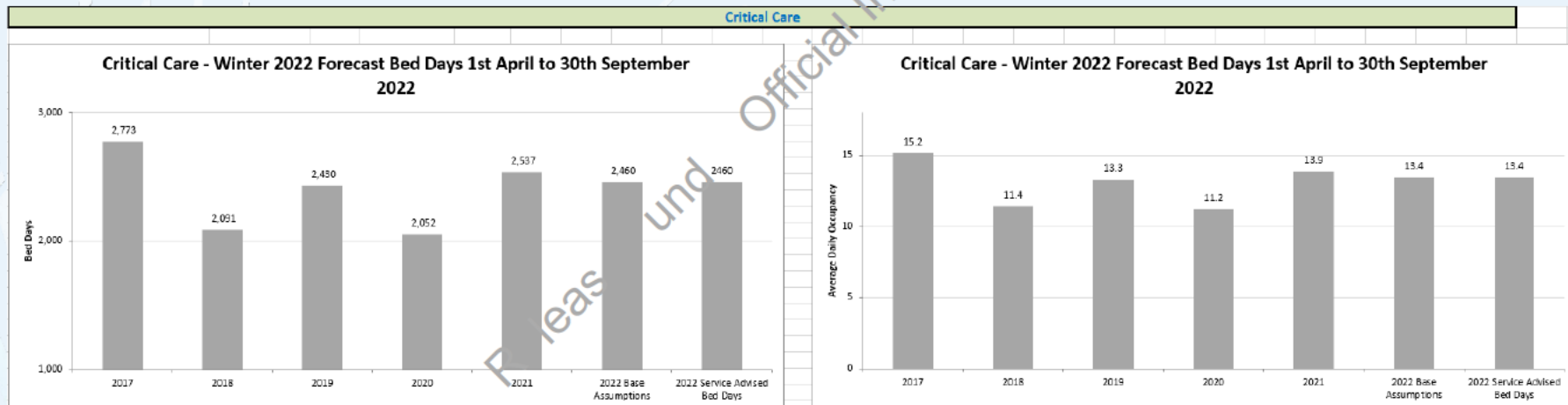
\* **NOTE:** Provided as a spreadsheet with individual service tabs for updating in yellow columns

# Forecasting since 2017

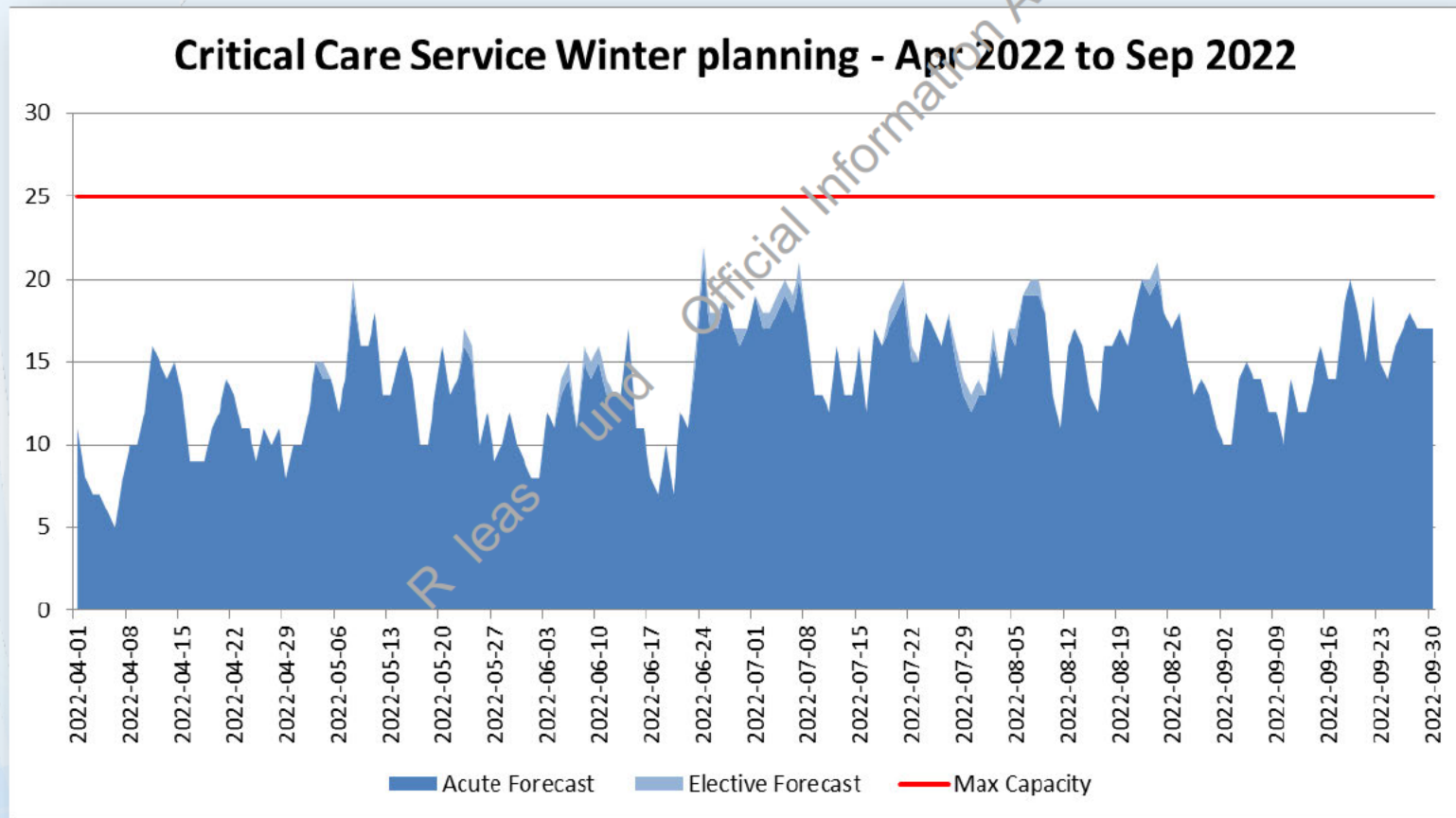


**\*NOTE:** forecasting graphs will change if planning assumption columns changed

# Critical Care



# Critical Care



# Any Questions?

- Request – update, increase distribution list
  - Winter Plan 2022 with 4 appendices
    - Section included for Mental Health
  - Circulated in 2 parts - MMH Acute & Community, including communications etc
  - 2021/22 graphs updated including occupancy, ALOS inserted into body
  - Include SM
- Action (Services)
  - Review Planning Assumptions
  - Edit body with MOC changes, winter resourcing additions
- Action (MMC)
  - Update Appendix's (Grey Graphs)
  - Update Resourcing (recirculate Avinesh)
  - Review event table against bed plan, update and recirculate
  - Update Play book (how to repeat exercise for winter review)
  - Endorsement & dates needed for submission to SLT/ELT (Vanessa)



## APPENDIX 3 - WINTER PLAN EXCERPT – WINTER PLANNING PRINCIPLES

### Winter Planning Principles

1. The patient comes first
2. Minimise admissions – decide to admit – not to admit, make a decision
3. Services responsible for creating strategies to manage volumes within physical capacity which are documented and reviewed annually.
4. Services responsible for providing and supporting a workforce able to meet seasonal demand
5. Primary Options Acute Care (POAC) for all patients. POAC is a service allowing doctors to access investigations, care, or treatment for their patient, as an alternative to an acute hospital admission. This is a solution offered by Primary Care to assist in managing the acute demand for hospital beds in the Auckland, Counties Manukau Health and Waitemata District Health Board regions. See <http://www.poac.co.nz/>
6. Share the workload, resources and manage risk across the organisation – as the physical capacity of the organisation becomes more constrained, decisions regarding placement, cohorting patients and staffing after hours needs decision makers for risk to be mitigated. This may depend on the type of patients, the time of the day, the staffing resources and skill mix available at the time of decision.
7. Responsibility for agreed actions in the organisation's bed management plan will be expected to be carried out. It will be the responsibility of all clinical and operational management staff to ensure their areas are responding as agreed within the plan.
8. Bed Management Operations Manual (found on Middlemore Central web site, under documents) will form the basis of placing the right patient in the right bed. Escalation plans will be the guide to the expected response by professional group.
9. The Ministry of Health targets will remain a priority.
10. Communication holds the organisation together and enables a shared response from services keeping each other informed of their capacity, staffing and any issues. This will happen every day at 1200 hours via zoom and is referred to as MMC 'Stand Up Meeting' led by Duty Managers.
11. Emergency Department committed to ensuring patients are treated in the right inpatient setting.

## WINTER PLAN EXCERPT - EMERGENCY DEPARTMENT

### Workforce

Staff are our most valuable resource. The department is on track to be fully recruited to establishment FTE in both medical and nursing. In extended the model of care there is a requirement for additional resource. This includes:

- Bringing forward the 2022/23 SMO ISF, funded by the winter plan. This will increase senior decision making in key areas, including the TAR area.
- Bolstering the ED Clinical workforce;
  - 2 extra charge nurses (ACNM) for paediatrics over winter in order to cover 24/7
  - 3 additional RNs each shift to provide flexible cover in the TAR area and across the department
  - 1 x additional FTE RN for Paeds N shift
  - 1 x additional RN in MAU to manage surge volumes
  - 3 x HCA to assist with care in the TAR and waiting room areas
  - 1 x additional clerk to support surges (4pm -12am)
  - 1 x additional phleb (24/7)
  - 1 x weekend manager to provide support to the winter team as had been done during COVID (Backfill)
  - 1 x clinical coach for 16 hours per day to assist the predominantly junior nursing workforce in both adult and paediatric ED.
- Ensuring the team is well supported by
  - Engaging in the divisional wellness project
  - ED wellness trolley
  - Regular huddles, meetings and updates to all staff (as has been done in COVID)
  - Schwartz rounds
  - Another round of the Kia Kaha fitness challenge
  - Utilisation of EAP, coaching & mentoring and Pastoral care team as required