COVID Peak Surge Status Model of Care

Western Health

COVID - 19

Be Safe -- Be Smart -- Be Kind

Overview:

The model of care change responds to the **Peak COVID Surge** status of the state of Victoria. In changing the model of care, it is anticipated the following benefits will be realised:

1. Improved access to care for low acuity patients who can be rapidly reviewed and discharged from the emergency department.
2. Reduced strain on staffing resources.
3. Improved provision of care to patients who are acutely unwell.

The altered model of care removes the process of streaming patients by COVID risk and replaces it with streaming by acuity (high acuity v low acuity).

The Nursing ratios of 1:3 will be maintained in the high acuity area, unless a surge demand of admitted patients who cannot access a ward bed >4hrs is occurring.

In the low acuity zone the Nursing ratio will be between 1:4 and 1:6, with additional alternative staffing resources being deployed to the low acuity area including increased junior medical officer support. RUSONs, Paramedicine students or HCWs. This is aligned with the inpatient ward nursing ratios.

It should be noted there will be a potential impact to the NEAT performance indicator as the plan proposes for the Short Stay Unit to remain closed due to the volume of furloughed staff.

Principles of the COVID Peak Surge Status Model of Care

Patient Triage, Streaming and Discharge:

At the point of patient triage the Triage Nurse will stream all patients into a high acuity group or a low acuity group. This will be based on a set of criteria (**Appendix One**).

Clinical Environment:

Sunshine Hospital:

High Acuity

All cubicles in the current Adult Acute Area will be classified as High Acuity. There is a capacity of thirty-five cubicles although the staffing profile currently provides for twenty-four adult cubicles (1:3 Nursing ratio). The four resuscitation bays of the department will continue to be staffed at the 1:1 ratio – allowing the department to operate twenty-eight 'High-Acuity' clinical spaces.

Low Acuity

The Short Stay Unit will be the designated Low Acuity Area, operating up to twenty four clinical spaces at a Nursing ratio of between 1:4 and 1:6 (staff dependent). The negative pressure room will be converted into a procedure room that will allow for procedures to be completed on low acuity COVID positive patients.

Footscray Hospital:

High Acuity

The 'red' and 'yellow' cubicles will be classified as High Acuity. This will lead to twenty four available cubicles and three resuscitation bays. If the staffing ratio of 1:3 for cubicles and 1:1 for resuscitation bays is maintained, the department will operate twenty four cubicles and three resuscitation bays.

Low Acuity

The 'blue' cubicles and fast track area will be the Low Acuity Area, operating twelve clinical spaces at a Nursing ratio of between 1:4 and 1:6 (staff dependent).

Waiting Areas:

Patients will be allocated into waiting areas based on the result of their Rapid Antigen Test – cohorted into RAT positive and RAT negative groups.

COVID Infection Protocols:

High Acuity:

The following principles will be observed at both sites:

1. All patients will be placed in N95 masks.
2. Patients who are PCR or RAT positive – who are having aerosol generating procedures or have aerosol generating behaviours (coughing, yelling etc), will be placed under McMonty hoods if their behaviour allows this.
3. Patients will be asked to remain in allocated cubicles, unless with a medical officer or a Nurse.
4. Air exchanges will be maximised in all areas of the emergency department.

Low Acuity:

The infection protocols in the Low Acuity zone, will rely on a combination of personal protective equipment use including the provision of N95 masks to all patients, appropriate social distancing of all patients, the allocation of RAT positive patients to particular clinical spaces, and the use of air filtration devices. Patients generating aerosols will not be admitted to the low acuity areas of the emergency departments.

SHED:

In the SHED Low Acuity Zone RAT positive patients will be cohorted in two bed rooms – the utilised two bed RAT positive rooms will be flexed based on the COVID demand profile of the department.

Beds two to nine which are housed in two four bed bays will be used as RAT negative patient rooms. The two bed rooms, inclusive of bed 10 to 25 can be used as either RAT negative or RAT positive rooms – a RAT positive and RAT negative patient will not be cohorted in a two bed bay at one time.

FHED:

In FHED, three cubicles (blue 14, 15 & 23) will be designated for RAT positive Low Acuity patients. The use of these cubicles will be flexed based on COVID demand. Cubicles 16-20 will be utilised for RAT negative patients.

Minimum observations required:

High Acuity:

Patients streamed to the High Acuity area will have observations completed in line with current practice as per the Recognition and Management of the Deteriorating Adult Patient (inclusive of Pregnant or Early Post-Partum Women).

This includes a minimum of ½ hourly vital signs until reviewed by a Medical Officer, hourly until admitted and 2 hourly thereafter if stable.

Low Acuity:

Patients streamed to the Low Acuity area require a set of vital signs on arrival to the cubicle and immediately prior to discharge. Frequency of observations may vary depending on the patient's clinical condition. A minimum of 2 hourly observations should be performed in this area.

Deviation from the 1:3 ratios in the High Acuity Area:

High acuity cubicles will be temporarily reclassified to low acuity:

1. If >75% of the staffed High Acuity Cubicles are occupied with patients awaiting admission greater than four hours since the bed request

In this event the ratios for some Nurses would convert from 1:3 to 1:4

To implement this change requires approval from the Divisional Director in-hours via the Operations Manager, out of hours from the Director On call – via the After Hours Administrator.

Appendix One: Criteria for Streaming to High Acuity and Low Acuity

Criteria for Streaming to High Acuity and Low Acuity

High Acuity:

Patients who meet the following criteria will be streamed into the High Acuity area within the emergency department.

High Acuity
Category 1
Category 2
Category 3 **and** ≥ 55 years
Any patient that meets "Low Acuity exclusion criteria"

Low Acuity:

Patients who meet the following criteria **and** do not meet the low acuity exclusion criteria will be streamed to the Low Acuity area within the department.

Low Acuity
Category 3 **and** ≤ 55 years
Category 4
Category 5

And

Does not meet any of the following exclusion criteria

Low Acuity Exclusion Criteria	
Abnormal vital signs	BOC ≥1
Requires continuous cardiac monitoring	Emergency Mental Health patients
Requires supplemental oxygen	Requiring intravenous analgesia
High falls risk	Seizures
Full nursing care (incl. spinal precautions)	

Note: The senior medical officer in charge or the nurse in charge can reallocate patients based on clinical need or department demand