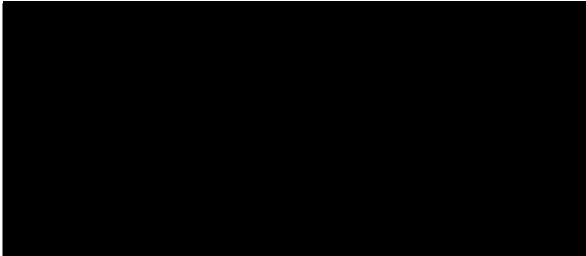


2 July 2020



Re: OIA request – COVID-19 pandemic preparations

Thank you for your Official Information Act request received on 17 February 2020 seeking information about COVID-19 pandemic preparations from Auckland District Health Board (DHB).

After discussions with the Ministry of Health (MoH), it was agreed on 24 February that DHBs would respond directly to most of your questions but that the MoH would reply where appropriate. This response notes where questions have been transferred to the MoH.

The Northern Region DHBs are working together on a coordinated response to the COVID-19 challenge through the Northern Region Health Coordination Centre, drawing on resources and expertise from across the four DHB areas (Northland, Waitematā, Auckland and Counties Manukau).

Our focus is on ensuring our systems and processes are aligned in the management of COVID-19 so that we provide consistent, high-quality care to our communities. The situation is evolving and we have provided the best information available at the time without diverting specialist staff from their critical key priorities.

Before responding to your specific questions, it may be useful to provide some context about our services.

Auckland District Health Board (DHB) provides and funds public health services to the nearly 542,000 people living in central Auckland, as well as regional services for Northland and Greater Auckland and specialist national services for the whole of New Zealand. We have more than one million patient contacts per year.

We operate Auckland City Hospital, Starship Children's Hospital, Greenlane Clinical Centre and several community-based services and fund healthcare services delivered by GPs, midwives, dental care, pharmacies, aged care residential homes, screening programmes and other NGOs.

We are a major teaching institution, providing training for more than 1000 future doctors, nurses, midwives and other health professionals every year. We also have an active clinical research facility

in partnership with the University of Auckland. We study important clinical problems, test innovative solutions and translate scientific research findings into clinical care – from bench to bedside.

Our primary role is to support our local population to achieve the outcomes they want for themselves, their whānau and their community, and to ensure they have access to high quality and safe healthcare. We want our community to live well, stay well and get well.

Our responses to your questions are provided below.

Availability of Intensive Care Unit (ICU) beds and oxygen delivery machinery

- 1. Has your agency done detailed expert modelling to model the amount of resources (healthcare workers, machines, ICU beds etc) necessary to respond to certain levels of COVID-19 case numbers with consideration to the specific nature of the COVID-19 disease? If yes, please supply the information.***

In March, modelling was carried out to provide an initial view of the impact on hospitals in the Northern Region of widespread community transmission of COVID-19 in different scenarios. The executive summary is copied below. The numbers in the first iteration of the report did not eventuate and the regional modelling was superseded by national modelling carried out by the University of Otago and Te Puna Matatini.

Winter capacity planning with covid-19 – parameters

Summary

This short report describes an initial approach to sizing the potential impact of the covid-19 virus on hospital capacity should community spread eventuate. With strong public health measures an attack rate of 5% in our most at risk population could still see significant hospital capacity impacts – around 160 beds and a nominal 90 ICU beds across the region at peak times. This impact will be on top of existing winter pressures, and in the face of workforce shortages through increased sick leave and isolation requirements on staff. Less successful public health measures, with attack rates approaching that seen for H1N1 would rapidly overwhelm the hospital system. Strong public health measures reducing the attack rate to 1% would peak at 32 hospital beds and 19 ICU beds across the region would appear to be a worthwhile aim.

- 2. What is the total number of ICU beds, capable of caring for infectious patients without undue risk to healthcare workers and other patients, currently operational in your region?***

Auckland DHB has 50 adult ICU and HDU beds in Auckland City Hospital. In addition, there are 22 paediatric ICU and HDU beds in Starship Hospital. The condition of the patients and the nature of their infection would determine the appropriate placement of patients in those beds. All critical care units are capable of caring for patients with COVID-19.

- 3. On average, at any given time, approximately and generally, how many of these ICU beds are available to receive new patients?***

The number of beds available varies. We have the ability to 'flex up' and accommodate more patients by adding more specialist staff or by limiting non-urgent surgery for which an ICU bed is required as part of post-operation care. We plan to run our ICU capacity at 85% on average across the full year.

4. How many machines capable of high-flow oxygen therapy does your region have?

Auckland DHB currently has 212 high-flow oxygen devices, excluding ventilators and BiPAP machines (answered separately). These machines are used in hospital and in the community.

5. How many machines capable of non-invasive ventilation does your region have?

Auckland DHB currently has 16 non-invasive ventilation machines.

6. How many machines capable of invasive ventilation does your region have?

Auckland DHB currently has 48 ICU ventilators, 8 transport ventilators (adults)
Auckland DHB currently has 22 ICU ventilators, 3 transport ventilators (Starship)

7. How many machines capable of extracorporeal membrane oxygenation (ECMO) does your region have?

Auckland DHB has six machines available in total (across Auckland City Hospital and Starship Children's Hospital) plus 1 transport machine. Two more machines are on order and will be delivered in the coming months.

Emergency procurements

Considering the following list of materials, medicines and items:

- **P2/N95 Masks.**
- **PPE Goggles.**
- **PPE Face Shields.**
- **PPE Gowns.**
- **PPE Hazmat/coverall suits.**
- **Machines and related supplies for High-flow oxygen therapy.**
- **Machines and related supplies for Non-invasive ventilation.**
- **Machines and related supplies for Invasive ventilation.**
- **Machines and related supplies for Extracorporeal membrane oxygenation (ECMO).**
- **Other materials, machines and medicines that medical experts have advised you will help to respond to a COVID-19 epidemic.**

The National Reserve Supply does not appear to contain many of those items and primarily contains medication for the treatment of and vaccination against influenza, which are not effective with COVID-19.

Further, it states that DHBs are responsible to store PPE according to their needs. I request the following information:

8. How many of each of those 10 items does your region currently have suitable for use in a COVID-19 outbreak with consideration to the specific nature of the COVID-19 disease?

Auckland DHB is part of a regional and national procurement process. Contracts are held by lead procurement agencies; not by the DHBs.

Through the NRHCC, the Northern Region DHBs are involved in work at a local, regional and national level to monitor and manage the long-term supply of PPE, working with local manufacturers and international suppliers.

A regional distribution process is in place. Since 1 March 2020 over 26m individual items of PPE (the majority being gloves) have been distributed to hospitals and community providers in the Northern Region.

9. Has your agency undertaken any consultation with medical experts since January 15, 2020, regarding what numbers and types of medical equipment will be necessary to respond specifically to a COVID-19 epidemic, reducing healthcare worker infections and lowering the Case Fatality Rate?

10. And have these consultations taken into account the latest scientific papers being released regarding COVID-19?

Auckland DHB fully aligns with World Health Organization and Ministry of Health requirements for the management of COVID-19.

In addition, the NRHCC has convened a Clinical Technical Advisory Group which provides regional advice to the Northland and Auckland DHBs to inform our COVID-19 response. Auckland DHB also established a clinical technical advisory group and later a clinical operations group to provide advice to the incident management team. The advisory groups considered a range of information and literature to assist with the advice provided.

11. Are any emergency procurements related to the above list of 10 materials, medicines and items, already underway, or currently being planned since January 1, 2020? If yes, please provide documents related to these procurements or proposals since January 1, 2020.

- a. ***If average prices or vendor names cannot be released under section 9 of the Official Information Act, please remove vendor names or prices and provide only the number of units of each item being procured or proposed to be procured and the estimated delivery time.***
- b. ***The existence of procurements, related activities and the number of units of each item being procured cannot reasonably be withheld under section 9.***
- c. ***Documents related to the inability to provide hospital care***

The Ministry of Health is responding separately to this question.

Page 130 of the NZIPAP states:

As demand in a moderate to severe pandemic is likely to exceed supply, public and private hospitals will need to prioritise admissions, rationalise non-acute services and review staff rosters. Capacity to admit people to hospital during the Manage It phase is likely to be limited during a mild to moderate pandemic and considerably constrained during a severe pandemic. District health boards will need to liaise with local councils, CDEM groups and voluntary groups, who can then assist in providing community care.

12. Please provide any documents relating to the meaning of “community care” and what medical care from qualified medical workers and medical equipment and medicines will be provided to COVID-19 patients in “community care”?

This phase of the response has not been reached. The situation continues to develop and throughout the course of the pandemic the DHBs work closely with primary healthcare and Auckland Regional Public Health Service to advise self-isolation where appropriate in accordance with Ministry of Health guidance.

13. Given that recent papers and official Singapore MOH statistics show that approximately ~20% of COVID-19 admissions require oxygen treatment/ventilation, has your agency done any modelling on the number of COVID-19 patients who will likely need hospital/ICU treatment but be unable to obtain it due to hospital overload, depending on various ranges of COVID-19 case numbers? If yes, please supply documents.

See response to question 12.

14. If it is justified that the treatment of COVID-19 patients, who would normally be cared for in ICU/hospital, is instead done by volunteer groups without medical training or advanced equipment, has your agency considered undertaking:

- a. Emergency procurements of relevant medical devices and equipment listed in question 2, to at least provide these volunteer groups with medical equipment such as oxygen ventilators and;**
- b. Emergency training of these unqualified volunteers in the basic care of COVID-19 patients and the use of these medical devices and equipment, in order to increase the survival rates of those unable to be cared for in medical facilities?
If yes, please provide documents relating to these emergency plans.**

No consideration has been given to involving voluntary groups without the appropriate medical training.

15. What is the number of unqualified volunteers/workers available from CDEM and voluntary groups in your region available to care for patients when hospitals and other medical facilities cannot provide care? How recent is this information?

See response to question 14.

- 16. What is the list of facilities (hotels, motels, schools etc) that you have identified as candidates for requisition under section 71(1) of the Health Act 1956 to house COVID-19 patients? How many beds can each of these facilities accommodate?**

The Ministry of Health is responding separately to this question.

Documents related to emergency planning for mass infection of healthcare workers

In a recent paper regarding admissions in a hospital, 41% of 138 hospitalized COVID-19 patients were infected in hospital ("nosocomial" infections). 29% of the 138 patients were healthcare workers.¹¹ As of February 12, 2 of the 8 cases (25%) in the U.K are healthcare workers. China's National Health Commission ¹² has stated 1700 healthcare workers have been infected in China.

- 17. Does your agency have emergency plans to replace healthcare workers as they become infected? If yes, please supply documents you have relating to such plans.**

Auckland DHB has standard operating procedures for managing staff absences and safe staffing, which are considered business-as-usual procedures. We continue to work together with the Northern Region DHBs to monitor developments and support planning around significant events.

As part of our pandemic response, staffing was increased in acute areas in anticipation of increased volumes. We also implemented a staff redeployment function to ensure cover in priority areas.

A series of frequently asked questions on COVID-19 has been produced by the 20 DHBs for our employees and can be found here: <https://www.adhb.health.nz/health-professionals/dhb-staff-faqs-covid-19/>

Expansion of test capacity

- 18. What is the number of SARS-CoV-2 tests that can be performed in your region in a 24-hour period?**

Laboratory testing of suspected COVID-19 cases for our district has increased in capacity from 128 tests in a 24-hour period (in March) to 2,500 tests per 24-hour period.

- 19. On average, how quickly can a test be performed from sample to result?**

The daily specimens are batched and testing carried out in two batches, in the morning and afternoon. All samples are turned around within 48 hours of receipt at the testing laboratory with the large majority turned around within 24 hours. The overall time for a test result to be returned also depends on the time taken to transfer the sample from where it was collected to the laboratory.

- 20. Do plans exist to expand this capacity and what is the projected capacity increase and date by which the increase will be achieved?**

See the response to question 18 above. Auckland DHB continue to work with the Ministry of Health to understand potential future testing volumes and ensure that it is able to contribute to the national testing capacity.

Diagnostic and COVID-19 surveillance criteria

- 21. *What are the current guidelines for your medical professionals to request a SARS-CoV-2 diagnostic test?***
- 22. *Do the surveillance guidelines require recent travel to China to trigger a SARS-CoV-2 diagnostic test?***
- 23. *Outside of normal disease surveillance, what additional reporting requirements have been put in place?***

The Ministry of Health is responding separately to questions 21-23.

Public information campaigns

Whilst COVID-19 can kill, and indeed appears to be a very dangerous disease, it has also been noted by experts that most cases appear to be mild, potentially little more than the common cold. This combination of potentially very dangerous but usually mild, does not appear to be well understood by the wider public.

- 24. *Please provide any documents you hold related to emergency public health information campaigns of TV, radio and social media that are currently being prepared or have been prepared since January 15, 2020.***

The Ministry of Health is responding separately to this question.

Meetings in your region related to COVID-19 pandemic preparations

- 25. *Since January 15, what leadership/committee meetings have occurred in your agency solely related to preparations for a potential COVID-19 pandemic?***
- 26. *Since February 1, what meetings have been held that included trained medical experts, to specifically discuss the latest clinical information regarding COVID-19 cases (E.G Lancet , NEJM , JAMA), and the projected requirements for equipment, ICU, beds, medicines and healthcare workers to respond appropriately to a potential COVID-19 pandemic, with specific consideration for the COVID-19 disease.***
- 27. *Since January 15, what activities, such as additional training and simulations, have been undertaken related to preparations for a potential COVID-19 pandemic?***

Auckland DHB is fully coordinated with the other Northern Region DHBs, as previously detailed, via the activation of the Northern Region Health Coordination Centre (NRHCC). This group has met daily since late January and draws on expertise and resources within the four DHBs as well as primary care, St John, and Auckland Council Emergency Response (welfare).

In recent months the NRHCC has expanded to include work streams focused on Māori health, Pacific health, aged residential care, logistics (supply chain), and hospital capacity and response.

The objectives of the NRHCC are to: support the ARPHS-led public health response; ensure operational preparedness for the expected management of cases in DHB facilities; and manage communications with health and community care providers and our Northern Region communities.

It works closely with the National Health Coordination Centre (NHCC), the Office of the Minister of Health, the Auckland PHOs, aged residential care providers, NGOs, Police, and other health and social sector agencies.

Auckland DHB has its own incident management team overseeing the local COVID-19 response and ensuring it is consistent with the regional and national approach. This team met daily between February and May 2020 and has subsequently reduced its frequency in line with decreasing case numbers.

Medical staff, nursing staff and other DHB employees have been provided with updated information and training throughout the pandemic.

Emergency actions to secure your supply chains, particularly relating to medical supplies

Scott Gottlieb, Former Commissioner of the U.S FDA, made a statement on February 12 to the Senate Committee on Homeland Security and Governmental Affairs on February 12, including the following:

About 40 percent of generic drugs sold in the U.S. have only a single manufacturer. A significant supply chain disruption could cause shortages for some or many of these products. Last year, manufacturing of intermediate or finished goods in China, as well as pharmaceutical source material, accounted for 95 percent of U.S. imports of ibuprofen, 91 percent of U.S. imports of hydrocortisone, 70 percent of U.S. imports of acetaminophen, 40 to 45 percent of U.S. imports of penicillin, and 40 percent of U.S. imports of heparin, according to the Commerce Department. In total, 80 percent of the U.S. supply of antibiotics are made in China.

Taiwan has banned export of face masks. India has banned export of PPE and n95 masks. The Secretary General of the Indian Drug Manufacturers Association, which represents over 900 drug producers, has said he expects drug supplies to be disrupted from April.

New Zealand's medical supply chains are likely to be just as, or more vulnerable as the United States. New Zealand's National Reserve Supply only stores a small range of items, most of which are only relevant to responding to an influenza pandemic (e.g antiviral drugs and vaccines that are not effective against SARS-CoV-2), and certainly not supplies related to maintaining the general needs of your region's healthcare during supply chain disruptions.

28. Please provide information relating to any emergency actions, not normally undertaken, underway since January 1 2020, to secure supplies of medical equipment and supplies for your day to day healthcare provisioning obligations.

A national approach has been taken by the Ministry of Health response team to liaise with suppliers of personal protective equipment to ensure adequate stocks and supply chains are protected for provision of equipment for clinical use by DHBs and primary and community healthcare services.

Through the NRHCC, Auckland DHB is involved in work at a local, regional and national level to monitor and manage the long-term supply of PPE. This includes participating in a regional distribution process in place to ensure the right equipment in the right place at the right time.

I trust this information answers your questions.

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 or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully

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Ailsa Claire, OBE
Chief Executive

