

ESCALATION PLAN

TRIGGERS & IMPACTS

	Disproportionate Impact For Māori & Pacific					Describe specific current impact	FORECAST: describe where we might be heading
COMMUNITY PREVALENCE	<ul style="list-style-type: none"> Community prevalence and transmission of COVID. Disproportionate impacts for Māori and Pacific. <p>No Impact</p>	<ul style="list-style-type: none"> Very Low – In the previous week there were no new cases that at the time of swab were not known close contacts <p>ADHB System-Wide Impact</p>	<ul style="list-style-type: none"> Low – In the previous week <35 new cases without an already established known contact <p>No Impact</p>	<ul style="list-style-type: none"> Medium – In the previous week confirmed community transmission beyond known contacts, ≥ 35 new cases per week without known source <p>No Impact</p>	<ul style="list-style-type: none"> High – In the previous week widespread confirmed community transmission – inability to contact trace <p>No Impact</p>		
VOLUME OR COMPLEXITY OF POSSIBLE / ACTUAL PATIENTS WITH COVID-19	<ul style="list-style-type: none"> Māori & Pacific overrepresented in patient numbers. Acuity of Māori/Pacific patients is disproportionate. <p>No Impact</p>	<ul style="list-style-type: none"> Little to no patients with suspected/ confirmed COVID-19 presenting to DHB services Presentations of ILI / viral illness very mild. Should this be consistent with low seasonal prevalence. <p>No Impact</p>	<ul style="list-style-type: none"> Small numbers of patients with suspected/confirmed COVID-19 presenting to DHB services. No impact on ability to deliver BAU services. Presentations of ILI / viral illness mild. <p>No Impact</p>	<ul style="list-style-type: none"> Moderate number of COVID-19 suspected/confirmed patients across DHB or focally. Moderate impact on BAU, and clinical work. Increasing numbers of patients with co-morbidities and COVID-19. Moderate presentations of ILI & Viral illness. <p>ADHB System-Wide Impact</p>	<ul style="list-style-type: none"> Large numbers of COVID-19 suspected/confirmed patients, mainly presenting acutely. Major impact on ability to do BAU either in focal areas and/or across DHB. <p>No Impact</p>		
WELLBEING OF OUR PEOPLE	<ul style="list-style-type: none"> Disproportionate increase in sick leave and EAP uptake for Māori & Pacific staff. Some increase in feedback/comments expressing anxiety or uncertainty to organisational platforms from Māori & Pacific staff. <p>No Impact</p>	<ul style="list-style-type: none"> Usual number of staff on sick leave, usual rates of staff turnover and usual EAP uptake. Usual volume of comments/feedback to organisational platforms. Usual uptake of annual leave. <p>No Impact</p>	<ul style="list-style-type: none"> Some increase in sick leave (outside anticipated seasonal increase). Some increase in EAP uptake. Some increase in feedback/comments to organisational platforms. <p>No Impact</p>	<ul style="list-style-type: none"> Moderate increase in sick leave - especially 1 day leave. Moderate increase in EAP uptake Moderate risk of transmission to staff/some failures in protective measures. <p>ADHB System-Wide Impact</p>	<ul style="list-style-type: none"> Significant impact from sick leave High volumes of sick leave. Significant risk of transmission to / significant failures in protective measures. <p>No Impact</p>		
WORKFORCE CAPACITY	<ul style="list-style-type: none"> Disproportionate staff sickness/isolation related leave in areas related to delivery of care or support to Māori and Pasifika communities or patients. Increased pressure on Maori and Pacific workforce. <p>No Impact</p>	<ul style="list-style-type: none"> No deployment of staff to COVID-19 related roles or activity. No mandatory government controls or restrictions impacting on normal childcare etc. <p>No Impact</p>	<ul style="list-style-type: none"> Low level government alert levels/mandatory restrictions in place. Mild impact of sick leave on overall or focal workforce capacity Small number of staff deployed to COVID-19 related roles or activities - either delivering care or planning / response. <p>No Impact</p>	<ul style="list-style-type: none"> Sickness/stand down leave critical workforce shortages able to be covered by deployment but restricting delivery of BAU Increasing demand on workforce creating capacity challenges. ARPHS / MIFQ requests <p>ADHB System-Wide Impact</p>	<ul style="list-style-type: none"> Sickness/stand down leave critical workforce shortages not able to be covered by deployment. Critical demand overall or in focal areas overwhelms workforce capacity. <p>No Impact</p>		
EXTERNAL eg. vaccine, new faster testing, new lab opens, harbour crossing, natural disaster, supply chain disruptions	<ul style="list-style-type: none"> Disproportionate impact of external factor(s) on Māori or Pasifika communities and/or ADHB staff <p>No Impact</p>	<ul style="list-style-type: none"> External factor with positive impact on ADHB. No external factors impacting ADHB <p>ADHB System-Wide Impact</p>	<ul style="list-style-type: none"> Mild impact of external factor(s) on ADHB <p>No Impact</p>	<ul style="list-style-type: none"> Moderate impact of external factor(s) on ADHB <p>No Impact</p>	<ul style="list-style-type: none"> Significant impact of external factor(s) on ADHB <p>No Impact</p>		
VOLUME OR COMPLEXITY OF NON COVID-19 WORK	<ul style="list-style-type: none"> Māori & Pacific overrepresented in patient numbers. Acuity of Māori/Pacific patients is disproportionate. <p>No Impact</p>	<ul style="list-style-type: none"> No change from normal seasonal variation in patient numbers and complexity. No change in normal variation volume or complexity of work <p>No Impact</p>	<ul style="list-style-type: none"> Mild increase in patient presentation volumes and complexity. Mild increase in normal (within range) volume or complexity of work <p>ADHB System-Wide Impact</p>	<ul style="list-style-type: none"> Moderate increase in patient presentation volumes or complexity challenging ability to deliver safe COVID-19 patient pathways. Moderate increase in normal (within range) volume or complexity of work <p>No Impact</p>	<ul style="list-style-type: none"> High increase in patient presentation volumes and complexity. High increase in normal (within range) volume or complexity of work <p>No Impact</p>		

ESCALATION PLAN

CONTROLS & SETTINGS

	Environmental Settings and Access to Hospital & Community Services Which we Currently Provide	Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation	Deployment of our People & Resources	Supportive Measures for our People's Safety & Wellbeing	Patient Streaming Pathways	Training & Education
	<ul style="list-style-type: none"> Maintain whānau as partners in care for as long as is safe. 	<ul style="list-style-type: none"> Deliver as much planned care as possible - prioritising Māori and Pacific 	<ul style="list-style-type: none"> Deploy staff resources to where they are needed most to maintain safe delivery of care 	<ul style="list-style-type: none"> Recognise that staff are members of whānau and community. Build system resilience to support staff Holistic view of wellbeing. 	<ul style="list-style-type: none"> Prioritise equitable access of care Create patient flows which maintain ability to deliver best possible care safely 	<ul style="list-style-type: none"> Maintain training and education to support pipeline of healthcare workers. Utilise alternative modes as required.
LOW prevalence	Implement targeted communication strategies to reassure Māori, Pacific and all whānau it is safe to access the care they need. ON	Communicate with community regarding accessing acute care. ON	Escalate concern and activate support systems identified by Māori and Pasifika in planning stages. ON	Support staff to access local testing if they have COVID/LI symptoms ON	Activate critical care escalation plan - stage 1 OFF	Utilise alternative training delivery methods (online, small groups, at point of use, etc.) to maintain training and development. ON
	Promote the use of COVID-19 tracer app. ON	Implement alternative models and modalities of care where hospital-based care is not essential. OFF	Empower Māori and Pacific leadership to maximise delivery of care to Māori and Pacific patients and communities. ON	Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community. OFF		Focus on teams and communication - address specific issues relating to communication and staff identification for example when in PPE. OFF
	Support face coverings for members of the public. ON	Prioritise organisational works (i.e. facilities-works related to infection prevention and control). ON	Deploy Māori and Pacific staff to provide increased support to their communities. ON	Inform and deploy vulnerable staff to safe work arrangements. OFF		Train or practise ways of working which can change and adapt in response to the COVID situation. OFF
	Physical distancing signage and physical changes to spaces ON	planned care cx ON	Encourage remote working arrangements for staff not required to be onsite with clear and affirming messaging. ON	Plan for and test scenarios of major or significant staff impact. OFF		Plan for and test alternate ways of working/delivering care in response to possible restrictions and risks associated with COVID-19. OFF
	Engage with the public reinforce not attending appointments with COVID-19 symptoms. ON		Monitor and evaluate stock and resource use and adjust use and prioritisation as appropriate. ON	Initiate staff tracing/contact pathways and management. OFF		Prioritise staff training and professional development related to COVID-19. OFF
			Identify roles and staff who can be appropriately deployed - consider staff and their ability to contribute to their own communities. ON	Routine staff surveillance testing in line with national programme OFF		Undertake additional training and upskilling of surge capacity staff - consider unforeseen consequences of deploying staff. OFF
			Ensure staff who could be deployed understand contingency plans and their roles in those plans. ON	Support staff in COVID-19 specific areas whose role intensity will increase significantly with an escalating COVID situation. OFF		Undertake training and education in managing whānau distress and conflict relating to quarantine. Engage with Kaumatua and community groups. OFF
			Ensure technology and resource is available to staff who can work remotely from home when and if the COVID response escalates. ON	Promote and implement increased COVID-19 leadership visibility across the organisation. ON		
			Identify and empower Māori and Pasifika staff to take lead roles in establishing community links. OFF			
			Empower community to guide us around leadership and to direct ways in which ADHB can support Māori and Pasifika communities. ON			
	Compulsory use of face coverings and supply face coverings at entrances ON	Engage with Māori and Pacific community to empower them to access acute care. ON	Deploy staff to priority clinical areas and COVID support activity. OFF	Prepare teams for escalating scenarios. ON	Activate critical care escalation plan - stage 2 OFF	Limit on-site and face-to-face training and utilise alternative methods where available. ON
	Encourage wider use of compassionate access to prioritise Māori and Pacific visitor access. OFF	Implement community based models for vulnerable populations where appropriate. OFF		Support identified vulnerable staff with returning to usual place of work. OFF	Review and agree ARC flows with regional ARC steering group (in and out of hospital.) OFF	Deliver training and education for immediate safety - deliver in small bites at point of use. ON
	Restrict onsite worker access (for employees, contractors and people where ADHB is their place of work) to essential work-related activities only. ON	Default to telehealth and virtual consultations where appropriate. ON		Undertake routine surveillance testing for staff in high risk areas OFF	Activate Comms resurgence check list. ON	
	Enable access for a maximum of two nominated visitors per patient and one nominated visitor at a time. OFF	Discuss with other DHBs sharing resources, particularly to ensure priority care for Māori and Pacific. OFF		Share ongoing readiness plans and discuss the impact on individuals, teams and services to ensure transparency and consistency. ON		
	Restrict public spaces to visitors. OFF	Increase engagement and communications between inpatient/outpatient and community services include ARC. ON		Utilise leadership structures to build and prioritise wellbeing and teamwork. ON		
	Introduce secure access mode to sites, including: valid ADHB ID card required to enter, station security officers to main site entrances. ON	Work with regional DHBs and private sector to identify alternative facilities or patient flows if required. OFF		Utilise existing MOS structure at team, service and Directorate level to convey information and gather feedback, concerns and insights. ON		
	Limit commercial onsite food offerings. OFF	Increase lab testing capacity. ON		Rest and refresh staff - actively promote the use of annual leave. OFF		
	COVID tracer app - actively promoting / expectation for use in all areas i.e. Ward entrances/outpatients, not just at main entrances. ON			Initiate and maintain opportunities for staff to debrief and provide feedback. OFF		
High prevalence	Reduce visitor access with exceptions for young and vulnerable patients and on compassionate grounds only. ON	Restrict treatment or provision of service to acute, critical and/or time sensitive as required in affected areas. OFF	Deploy all suitable staff to clinical and non-clinical support roles. OFF	Focus supports on immediate staff safety, wellbeing and welfare. OFF	Open the AED tent. OFF	Limit training and education to real-time clinical training related to COVID management OFF
	Prioritise Māori and Pasifika access where safe. ON	Apply COVID-19 ethical framework to support decision-making. OFF	Rest and rotate key clinical staff to maintain essential services. OFF	Provide simple, immediate messaging at point of care for staff. ON	Stream COVID-19 patients to Ward 68 when two or fewer beds are available in 7A. OFF	
	Actively promote and increase non-contact access ON	Exclude non-resident work. ON	Restrict annual leave to essential only OFF	Prioritise engagement with Māori health leadership and staff. ON	Implement facilities changes to allow patient screening (ie haem/onc tent). OFF	
	Introduce patient and visitor screening at points of entry for all ADHB sites ON				Activate critical care escalation plan - stage 3 OFF	
				Consider restricting access and flow through AED/CED as needed OFF		

Environmental Settings and Access to Hospital & Community Services Which we Currently Provide

Risk screen all patients prior to attending on site appointments or community care	ON
Review and update screening protocols and processes as necessary.	ON

Delivery of Usual Care and Services (eg planned care): modality & volume including ethical prioritisation

Implement community based models for vulnerable populations where appropriate.	OFF	NRHCC
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Deployment of our People & Resources

Centralise, monitor and distribute resources - people, space and PPE.	OFF
Prioritise PPE to essential services.	OFF

Supportive Measures for our People's Safety & Wellbeing

Put plans in place for staff with work restrictions that exist when there is COVID-19 in the community.	ON	Needs review by Occ health
Support staff to stay home if they are unwell and to isolate as required.	OFF	
Promote digital documentation of COVID response and planning works that can be accessed appropriately by the required people.	ON	
Review PPE stock usage and test scenarios to maintain critical stock holdings.	ON	
Take actions to ensure supply chain resilience.	ON	
Promote hand hygiene and other harm reduction policies related to infectious disease transmission.	OFF	

Patient Streaming Pathways

Use standard patient management pathways.	ON	
Identifying side room availability by CHIPS, and regular review of side room allocation.	OFF	
Non-invasive ventilation pathway activated for possible, probably or confirmed COVID-19.	OFF	
Open Ward 7A to COVID-19 suspected/confirmed patients.	ON	
Utilise rapid testing to expedite best practice.	ON	
Separate patients with suspected COVID-19 from other patients.	ON	
Use screening tool for all patients (inpatient, outpatient, community).	ON	
Activate critical care escalation plan - stage 1	OFF	To check this is complete

Training & Education

Fit-test all staff for face masks - prioritise high risk areas	ON	
Ongoing training of staff to enable effective and consistent patient/visitor screening	OFF	Not doing