

15 May 2020

[REDACTED]
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Dear [REDACTED]

YOUR OFFICIAL INFORMATION ACT (1982) REQUEST HBDHB REF: OIA2020030

I refer to your Official Information Act request dated 15 February 2020 where you requested information relating to COVID-19 (Coronavirus) pandemic preparations from Hawke's Bay DHB; part of your request was transferred to the Ministry of Health on 21 February 2020.

Your follow-up email has also been noted, indicating flexibility on the level of detail supplied, without placing time burdens on respondents. It is important to note the Ministry of Health (the Ministry) through activation of the National Health Coordination Centre has led the health response to New Zealand's COVID-19 pandemic. Hawke's Bay DHB takes its lead from the Ministry while continuing to its local response.

Hawke's Bay DHB is able to respond to following questions:

- 1. Availability of Intensive Care Unit (ICU) beds and oxygen delivery machinery.**
 - a. *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.***

Hawke's Bay DHB has not undertaken detailed COVID-19 modelling, this has been undertaken by the Ministry of Health, however would refer you to the high-level pandemic modelling found in the DHB's Pandemic Plan available at <http://hawkesbay.health.nz/about-us/emergency-response/pandemic-resources/> (page 4).

- b. *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?***

Information about Hawke's Bay DHB's ICU beds and negative pressure isolation rooms is publicly available from the Ministry of Health website: www.health.govt.nz/news-media/news-items/covid-19-novel-coronavirus-update-25-february.

Since late March 2020 HBDHB has reconfigured its hospital services to accommodate COVID-19 patients in separate clinical admission, acute ward and ICU areas. This has included the establishment of a separate fully functioning 12 bed ICU (CICU – COVID-19 patient ICU) which has more than doubled its pre-COVID-19 ICU capacity.

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

On average, at any given time, ICU can potentially receive 2-3 new patients (plus has capacity within its dedicated COVID-19 ICU). Furthermore escalation pathways are in place to manage increased demand by utilising additional beds if required in its acute care and perioperative units.

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

Hawke's Bay DHB has 12 machines capable of high flow oxygen therapy.

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

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

In response to questions e and f, above, Hawke's Bay Hospital has 11 ventilation machines each capable of switching between and operating in either non-invasive or invasive mode.

NOTE: Hawke's Bay DHB has procured seven additional ventilation machines, three of which have been received as at 8 May 2020 and are in the process of being tested for installation.

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

Hawke's Bay DHB does not utilise ECMO machines.

2. Emergency procurements.

Considering the following list of (10) materials, medicines and items attached as Schedule 1.

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?

With the exception of item 9 (ECMO-related supplies), HBDHB maintains stock reserves equivalent to six weeks supply based on normal consumption. In addition, Hawke's Bay holds its share of the national pandemic resources. The DHB's Pandemic Plan Annex 1 publicly available at <http://hawkesbay.health.nz/about-us/emergency-response/pandemic-resources/> (refer pdf page numbers 29 and 30) contains detail of its allocation of national reserve distribution.

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

HBDHB's infectious disease and public health clinicians are participating in regular national conversations regarding COVID-19. While New Zealand was in Level 4 and Level 3 lockdown, Hawke's Bay DHB's COVID-19 incident management team met daily. They continues to monitor and receive advice from agencies leading the health response nationally and internationally, ie the Ministry of Health and the World Health

Organization.

Over the past six weeks HBDHB has scaled up its COVID-19 preparedness having:

- 1.) set up a separate ED entrance for potential COVID-19 patients with reception, assessment and treatment capability
- 2.) Established a dedicated 14 bed isolation ward and
- 3.) a COVID-19 ICU (refer response required to question 1b)

This means that within Hawke's Bay Hospital there are three potential streams of patients, each with appropriate clinical protocols in place:

Hot – those who are proven/probable COVID-19 patients

Warm - those patients with illness/symptoms consistent with either COVID-19 or coincidental other illness (largely respiratory) ie those awaiting test results when they may move to either the Hot or Cold hospital

Cold – all other business and usual conditions

In addition the DHB:

- 4.) is in the process of installing COVID-19 laboratory testing capability.
- 5.) has worked with its primary care partners and public health team to scale up Hawke's Bay's community testing capacity.

3. Documents related to the inability to provide hospital care.

- a. *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"?*
- b. *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.*

In response to the above questions we refer you to information publically available on HBDHB's website: <http://hawkesbay.health.nz/about-us/emergency-response/pandemic-resources/>. Included in the DHB's pandemic planning resources is information regarding its community care, bed management and escalation plans (noting this information is not specific to COVID-19).

Please also refer to the national [Pandemic Plan](#), the New Zealand Influenza Pandemic Plan, which includes additional guidance for district health boards on the establishment of community-based assessment centres.

To date HBDHB has established Community Assessment Centres, ie swabbing centres, throughout its district including Waipukurau, Hastings, Napier and Wairoa. Refer <http://www.ourhealthhb.nz/news-and-events/latest-news/>

- c. *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:*

- **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;**
- **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.**
- **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?**

Hawke's Bay DHB would not utilise unskilled volunteers to provide clinical care to patients; the DHB does not have data on the numbers of volunteers available from CDEM or voluntary groups.

4. Documents related to emergency planning for mass infection of healthcare workers.

- a. 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.**

Please refer to the DHB's Pandemic Plan, sections D and E available at:

<http://hawkesbay.health.nz/about-us/emergency-response/pandemic-resources/>

5. Expansion of test capacity.

- a. What is the number of SARS-CoV-2 tests that can be performed in your region in a 24 hour period?**
- b. On average, how quickly can a test be performed from sample to result?**
- c. Do plans exist to expand this capacity and what is the projected capacity increase and date by which the increase will be achieved?**

Currently, testing is being coordinated and undertaken at a national level with eleven laboratories undertaking testing for COVID-19. Nationally there is provision to expand testing to other labs if/when needed. Test results are generally available within 24-48 hours. As at 14 May 2020, 7187 tests had been undertaken in the Hawke's Bay region.

Hawke's Bay's pandemic planning, and in particular COVID-19 planning, includes the provision for localised testing with the region setting up its own rapid testing capability (expected to be completed by mid-May).

6. Meetings in your region related to COVID-19 pandemic preparations.

- a. Since January 15, what leadership/committee meetings have occurred in your agency solely related to preparations for a potential COVID-19 pandemic?**
- b. 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.

- c. Since January 15, what activities, such as additional training and simulations, have been undertaken related to preparations for a potential COVID-19 pandemic?** Hawke's Bay DHB established a COVID-19 incident management team on 22 January 2020, and expanded this team to full CIMS (Coordinated Incident Management System) capability in early March. The incident management group met daily through Level 3 and 4 lockdowns. Membership of this group includes representation from the following specialist areas: infection prevention and control; emergency department, intensive care, infectious diseases, emergency response, communications, public health, health protection, primary care and operational resourcing.

In addition, Infection, prevention and control (IPC) staff have undertaken additional IPC training sessions; meetings have also been held with primary care and aged residential care.

- 7. Emergency actions to secure your supply chains, particularly relating to medical supplies. 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.**

Hawke's Bay DHB continue to monitor supply chains closely, proactively working with key suppliers to mitigate any delays. As at 8 May 2020 it is not aware of any significant delays in order fulfilments that cannot be mitigated.

I trust this information meets your needs. If you would like any further information or clarification please phone me. If you are not satisfied with this response you may contact the Office of the Ombudsman, phone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Hawke's Bay DHB website after your receipt of this response.

Yours sincerely



Chris Ash
Acting Chief Operating Officer
TE PUNI RATONGA

cc: Ministry of Health via email:
SectorOIA@moh.govt.nz oia@hbdhb.govt.nz

Schedule 1 – list of ten materials

- 1. P2/N95 Masks.***
- 2. PPE Goggles.***
- 3. PPE Face Shields.***
- 4. PPE Gowns.***
- 5. PPE Hazmat/coverall suits.***
- 6. Machines and related supplies for High-flow oxygen therapy.***
- 7. Machines and related supplies for Non-invasive ventilation.***
- 8. Machines and related supplies for Invasive ventilation.***
- 9. Machines and related supplies for Extracorporeal membrane oxygenation (ECMO).***
- 10. 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.***