

# HOSPITALS – MANAGING COVID-19: LOGISTICS AND OPERATIONS

## WHAT ARE THE KEY POINTS?



### MEASURE:

- NUMBER OF COVID VS NON-COVID EMERGENCY PRESENTATIONS
- BEDS AVAILABLE, INCLUDING ITU BEDS
- RESOURCES AVAILABLE, IE OXYGEN AND PPE
- STAFF AVAILABLE; BOTH FRONTLINE STAFF AND STAFF THAT CAN BE REALLOCATED WITH SUPPORT



### MAXIMISE CAPACITY:

- SCALE UP ACUTE BEDS, AND SUPPORT CLINICAL STAFF IN THEIR MOVE TO THE FRONTLINE
- EARLY SENIOR REVIEWS LEAD TO APPROPRIATE ESCALATION OF PATIENT CARE / EARLY DISCHARGES
- THEATRES NOT IN USE CAN BE USED FOR ITU BEDS



### OPTIMISE PATIENT FLOW:

- RAPID TESTING IS CRUCIAL TO SAFE PATIENT TRIAGING
- HAVE PLANS IN PLACE FOR SURGES IN CASES
- USE REMOTE MONITORING SERVICES TO FACILITATE EARLY DISCHARGE FOR APPROPRIATE PATIENTS

## HOW CAN THIS WORK ON THE GROUND?



### TESTING AND PROCUREMENT:

- SUPPLY OF PPE, VENTILATORS AND DIALYSIS MACHINES SHOULD BE ORGANISED PROACTIVELY
- SCALING UP TESTING NUMBERS AND REDUCING TEST TURNAROUND TIME WILL SUPPORT PROACTIVE PLANNING



### INFRASTRUCTURE PLANNING:

- REGULAR MEETINGS WITH MEDICAL AND OPERATIONAL STAFF TO PROACTIVELY IDENTIFY ISSUES
- PATIENTS SHOULD BE TRIAGED IN ASSESSMENT AREAS, AND MANAGED ON COVID-NEGATIVE WARDS TO PREVENT CROSS-INFECTION
- SCALE BACK NON-EMERGENCY SERVICES IF NECESSARY TO SUPPORT THE FRONTLINE



### HUMAN RESOURCE AND STAFF PLANNING:

- **PRACTICAL WORKFORCE SUPPORT:** ENSURE A FRAMEWORK IS IN PLACE FOR STAFF SUPPORT.
  - » TRAVEL AND ACCOMMODATION
  - » PSYCHOLOGICAL SUPPORT
  - » ROTATION TO ENSURE CLINICAL STAFF DO NOT BURN OUT AT THE FRONTLINE
  - » REGULAR AND CLEAR COMMUNICATION ON HOSPITAL BED STATUS AND MANAGEMENT



- **TRAINING:**
  - » ENSURE GUIDELINES ARE EASILY AVAILABLE TO STAFF
  - » BEDSIDE TRAINING, WITH CLOSE SUPERVISION AND SUPPORT OF STAFF NEW TO ACUTE CARE
  - » INFECTION CONTROL TRAINING FOR STAFF

## OTHER CONSIDERATIONS



- IMPORTANT TO ADVISE THE PUBLIC THAT NON-COVID CARE FOR EMERGENCIES IS STILL AVAILABLE. **CLEAR PUBLIC MESSAGING IS KEY.**



- **RUNNING ELECTIVE CANCER SERVICES DURING COVID :**
  - » CONTINUE TO RUN DAYCASE, LOW-RISK CARE THAT DOESN'T REQUIRE PROLONGED ADMISSION AND INTENSIVE CARE TREATMENT
  - » DECENTRALISE SERVICES TO INCREASE CAPACITY WHERE POSSIBLE. PROVIDE CLOSE OVERSIGHT AND TRAINING



- » MAKE ADJUSTMENTS TO DOSING (CONSIDER HYPOFRACTIONATED REGIMENS) AND DELIVERY (ORAL TREATMENT WHEN POSSIBLE)
- » TELECONSULTATIONS REDUCE FOLLOW UP BURDEN ON STAFF AND ARE EASIER FOR PATIENTS

