

17th May 2021

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Dear [REDACTED]

Official Information Act Request for – Code Black or Red

I write in response to your Official Information Act request received by us 25th March 2021, you requested the following information:

This week Dunedin Hospital was put into a Code Black alert following an exceptionally busy 24-hour period where the number of patients outstripped available beds in the emergency department.

Dunedin Hospital has five levels of escalation:

- Green (normal pressure)
- Yellow (early overload)
- Orange (overload)
- Red (extreme overload)
- Black (critical situation).

I would like to request reports on all instances where the Counties Manukau DHB equivalent of a Code Black or Code Red alert was issued at Middlemore Hospital for the period 1 January 2011 to 24 March 2021.

Please include definitions for the Counties Manukau DHB's levels of escalation and a brief explanation of the plan to manage each.

Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

I would like to request reports on all instances where the Counties Manukau DHB equivalent of a Code Black or Code Red alert was issued at Middlemore Hospital for the period 1 January 2011 to 24 March 2021.

Please include definitions for the Counties Manukau DHB's levels of escalation and a brief explanation of the plan to manage each.

Counties Manukau Health monitors in real-time the demand for hospital beds and capacity across the entire system, with a focus on maintaining availability and flow through the hospital. We manage staffing levels proactively to match clinical needs, safe skill mix and use of additional resources as required.

It is important to note that there is variation from average occupancy rate on an hourly, daily and seasonal basis, and for different clinical areas. In addition to this, each District Health Board has different parameters that determine occupancy and escalation levels. CM Health does not use a 'Code' system to determine this however has a hospital status escalation tool.

Our Emergency Department has a trigger tool electronic system which helps to identify when there is a surge in presentations in the Emergency Department and enables us to be more proactive in the response when there is a need to reduce the backlog of presentations. This data however is not stored and is real time data which is refreshed every ten minutes to allow us to respond to in real time.

Our Emergency Department works very hard to treat people without admission to the hospital where possible and where most appropriate for the patient e.g. we may work through a treatment plan that involves an urgent outpatient scan or appointment. This is important because it enables us to ensure that those requiring admission are able to be accommodated. High attendances in the ED may or may not result in more pressure on the hospital beds. This will be dependent on the type of conditions people present with.

The system requires a constant flow of people through all departments. Sometimes individual components of the system (e.g. radiology or theatre) may be full but others not. Hospital full days occur when both ED and hospital services are full to capacity. When these high numbers occur at 7am, flow is interrupted because hospital beds are already full making it difficult to place incoming admissions.

Figure 1 below reflects the number of 'Hospital Full Days' we have had since 2011 until 24th March 2021. The criteria for a 'Hospital Full Day' has changed over time however for the table below the following criteria has been used:

- Occupancy in Medical and Surgical Services adult inpatient wards as well as Ward 31 is $\geq 100\%$.
- There are no available adult beds.
- There are ≥ 25 acute admission bed requests.
- Medical Assessment Unit occupancy is $\geq 75\%$.
- C pod, Ward 2 additional beds or other non-resourced areas have been opened and have patients.

Consideration is also given to:

- High theatre minutes
- Over census patients on wards

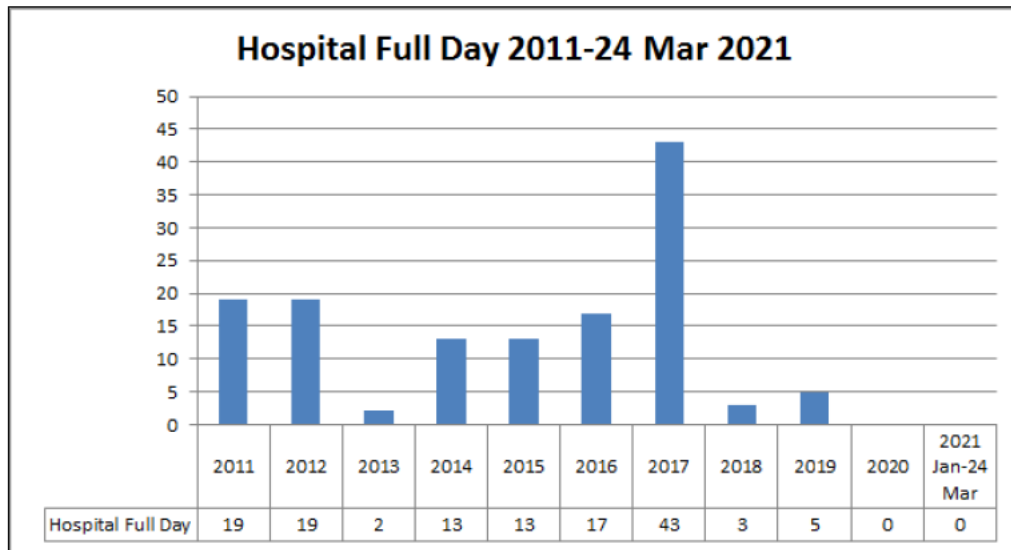


Figure 1 – Data Source Middlemore Central

During 2017 we experienced many such ‘Hospital Full Days’ (43), resources (beds and services) were added and assisted in the short term, as demand (numbers of those attending) and acuity (the level of clinical need) increase the system comes under greater pressure. This is what is beginning to be experienced this year.

As mentioned above, our Emergency Department Trigger Tool is real time data and is not something we routinely report on. Table 2 below reflects the number of times the Middlemore Hospital Emergency Department gets 20 or more ED presentations in an hour. As you will be aware Covid-19 National Alert levels were put in place from 25th March 2020 onwards, over this time our hospital presentations decreased.

Number of hours with 20 or more presentations to Emergency Department per hour												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2011	39	45	59	46	53	55	71	89	80	75	55	42
2012	41	52	55	64	58	102	96	100	109	58	42	56
2013	42	55	57	62	63	76	113	105	105	76	74	73
2014	63	76	91	71	71	101	122	150	117	93	88	86
2015	100	97	109	84	97	105	173	189	142	92	114	100
2016	95	157	135	102	128	112	146	157	158	111	117	98
2017	81	111	132	114	135	202	157	160	145	111	144	142
2018	145	149	171	132	149	164	173	209	148	120	127	108
2019	120	108	162	117	165	167	166	153	115	109	130	113
2020	100	117	80	13	47	85	83	69	65	119	140	163
2021	122	110	80*									

Table 1: Data Sourced Health Intelligence (* Note – data up until 24th March 2021)

Please include definitions for the Counties Manukau DHB's levels of escalation and a brief explanation of the plan to manage each.

At the end of 2020 we introduced a new system to monitor our occupancy levels and escalation level planning is still being refined. For the levels of escalation in figure 1 above, we used a green, amber, red escalation system.

- Green reflected business as usual;

- Amber reflected an additional level of action required such as additional staffing required, repatriation of patients and reprioritisation of tasks.
- Red required extra-ordinary resource and bed management activities such as, changing models of care, additional ward rounds, postponement of non-urgent clinical activities and releasing staff from non-clinical tasks.

I trust this information answers your request. 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 may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Fepulea'i Margie Apa', written in a cursive style.

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health