Ventilator Information for National Cabinet on Tuesday 24 March 2020

Monday 24 March 2020	Territory Wide Total
Current Intensive Care Beds operating now	41
Physical (bed/ward) ICU Expansion Capacity	15
Potential surge bed capacity outside of ICU	79
Standard ICU ventilators currently available	35
Anaesthetic and other ventilators that can be used for ventilator support (including any central ventilator stockpile)	71
Ventilator circuit stock on hand	331
Ventilators on order from overseas	20
Ventilator stock on order	160
Timeframes and likelihood of delivery of current orders	Unable to indicate

Pond, Aleks (Health)

From: Coleman, Kerryn (Health)
Sent: Wednesday, 25 March 2020 5:27 PM
To: Croke, Leesa; Engele, Sam
Subject: Fwd: Urgent information for national cabinet on private hospital solvency

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From: Coleman, Kerryn (Health)
Sent: Wednesday, March 25, 2020 4:58:41 PM
To: Stephen-Smith, Rachel <Rachel.Stephen-Smith@act.gov.au>
Cc: Bergin, Catherine <Catherine.Bergin@act.gov.au>; De'Ath, Michael (Health) <Michael.De'Ath@act.gov.au>; Chambers, Kate (Health) <Kate.Chambers@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Dal Molin, Vanessa (Health) <Vanessa.DalMolin@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>
Subject: Urgent information for national cabinet on private hospital solvency
Dear Minister (as discussed briefly with Cath)

Minister Hunt raised significant concern at the AHPPC meeting this afternoon that private hospital organisations are reporting they will be insolvent within 12-24 hours due to the direction to only proceed with Category 1 and urgent Category 2 surgeries to conserve PPE.

We have discussed with Bernadette, Barb Reid and Liz Porritt (CHS, Calvary and NatCap). The impact does not seem as critical or imminent for the ACT private hospitals, however they will need assistance. A preliminary plan has been considered:

- CHS to send appropriate emergency surgery to Calvary Private
- CHS to refer appropriate category 1 (cardio, neuro) to Nat Cap and keeping the hospital COVID free for as long as possible.

We will work through the funding mechanisms - likely through CHS.

We will include this in the high level agreement around territory wide plan and response to COVID.

I will provide this information to CMTEDD to include in any briefing to CM for tonight - but if Cath could please provide through your mechanisms to CMO. Happy to discuss further if needed.

Thanks Kerryn

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Pond, Aleks (Health)

From: Coleman, Kerryn (Health)
Sent: Thursday, 26 March 2020 5:34 PM
To: Engele, Sam
Cc: Croke, Leesa; Bergin, Catherine; Dal Molin, Vanessa (Health)
Subject: National Cabinet - threshold transition points

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Sam – points for meeting tomorrow,
Cath – for you and Minister's visibility of health input to this brief.
Thanks, Kerryn

Threshold to transition to next stage

- This has been discussed at AHPPC, but note the 3 jurisdiction currently experiencing the highest level of concern have been developing this up separately. I have not seen the paper if one is proposed to go to national cabinet.
- The following points indicate the discussion and thoughts around what the threshold might depend on, and how it might be implemented.

- Likely to need to consider a range of criteria:
    - Measure of community transmission – how good is our quarantine, isolation – currently considered by proportion of confirmed cases whom don't have an identified epidemiological link (such as close contact of confirmed case, overseas travel)
    - Measure of impact on health system –health system capacity is pressured
    - Measure of impact of social distancing – clusters of cases (how many cases in a chain.)
- Modelling suggests when 50% of new cases does not have an epi link (measure of community transmission) it is too late. Suggest if using this measure to use a proportion <50%
- Challenge is national vs local implementation, and therefore whether national or local level data informs the trigger
    - If preference is for national implementation, then suggest use jurisdiction/geographical area that has worst situation
    - For ACT, NSW will reach well before we will, however practically implementing a different timing will be very difficult. Therefore, if we implement based on NSW situation the health outcome will be better but we risk community concern re unnecessary measures (as we don't see the changes here).
- Measure of health system impact is likely to be too late to trigger next stage
- Important note: need a clear way of measuring and communicating impact of social distancing, for community to see the impact of what we are asking them to do.

Pond, Aleks (Health)

From: Coleman, Kerryn (Health)
Sent: Thursday, 26 March 2020 6:10 PM
To: Engele, Sam
Cc: Dal Molin, Vanessa (Health); Bergin, Catherine; Croke, Leesa; Nixon, Erica (Health)
Subject: National cabinet - critical care capacity
Attachments: Ventilator and ICU data ACT.docx

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And for this topic

Critical care capacity and expansion

- Likely limiting factor on expansion of capacity is ventilators and associated consumables
- ICU ventilators can be supplemented by anaesthetic machine ventilators and a small number of other types of ventilators
- Attached table gives existing number of ACT beds and ventilators which are being included in ACT health sector wide planning (public and privates) and has been provided to Cwlth to inform the modelling and planning
- There is a possibility of locally produced non-invasive ventilator machines could be adapted to be mechanical ventilators (ResMED). These are being tested in a few ICU's, if positive results and clinicians are comfortable the commonwealth would order a significant number and they would be ready in 6-8 weeks.

- The latest modelling report considers the impact nationally of doubling ICU bed capacity available to COVID19 patients on the ability to manage patients requiring critical care.
- The report highlights again the need for further specific local data to support scenario modelling and inform health system planning, which will only be available as the outbreak evolves (more cases are confirmed and data collected on contacts). Importantly, it is not possible to quantify with any certainty the effectiveness of recently implemented social distancing measures at this time.
- Notwithstanding this, the paper models three scenarios:
    1. Base case – COVID19 cases have access to 50% of available ICU beds
    2. Expanded capacity – the number of ICU beds available for COVID19 cases is doubled, meaning that COVID19 cases have access to two-thirds of all available ICU beds
    3. Improved clinical assessment pathways are implemented
- The report suggests that, nationally, even if the number of ICU beds for COVID19 is doubled, demand is still expected to exceed available capacity.
- The excess demand is lower when mitigation strategies, such as quarantining and isolation, are put in place. This effectively 'flattens the curve' and means more people with COVID19 receive the treatment they need, over a longer period of time.
- Implementing improved clinical assessment pathways increases the number of people admitted to ICU. However, again this means more people with COVID19 receive the treatment they need.
- As further data becomes available, ACT Health Directorate (ACTHD) and Canberra Health Services (CHS) will continue to work cooperatively to update the modelling projections for the ACT.
- ACTHD and CHS today (26 March 2020) met with the Australian National University member of the national AHPPC modelling team, who is assisting us to interpret and localise the model for the ACT context. This will help to ensure our health system is best placed to respond to community demand.
- The ACT planning is utilising all existing critical care capacity (space and ventilators) across public and private hospitals, as well as sourcing day hospitals, and any other sources. Led by CHS.

Ventilator Information for National Cabinet

Monday 24 March 2020	Territory Wide Total
Total ICU Beds (includes all beds currently occupied and vacant) • **TCH = 31 ICU beds with 31 ventilators** • **Calvary Public** = 10 ICU beds with 6 ventilators + 6 CCU beds = **total 16** • **Calvary Private = 8 HDU beds – 0 ventilators** • **John James = 6 ICU beds, 3 ventilators** • **NATCAP = 12 ICU beds, 9 ventilators**	**Current Territory Wide ICU Beds available now = 65**
Physical (bed/ward) ICU Expansion Capacity	**15 (data to be refined)**
Potential surge bed capacity outside of ICU	**79**
Standard ICU ventilators currently available	**49**
Anaesthetic and other ventilators that can be used for ventilator support (including any central ventilator stockpile)	**71**
Ventilator circuit stock on hand	**331**
Ventilators on order from overseas	**20**
Ventilator stock on order	**160**
Timeframes and likelihood of delivery of current orders	Unable to indicate