

20 May 2020



Dear 

RE: OIA request – Transfer of residents from St Margaret’s Hospital to Waitakere Hospital

Thank you for your request of 19 April 2020 under the Official Information Act 1982 for information relating to the COVID-19 outbreak at St Margaret’s Hospital and Rest Home (St Margaret’s). You requested the following information:

1. Copies of any reports, documents, briefings, memoranda and correspondence regarding the decision to move residents out of St Margaret’s Hospital and Rest Home to Waitakere Hospital.
2. Copies of any reports, documents, briefings, memoranda and correspondence regarding the spread of Covid-19 amongst residents of St Margaret’s Hospital and Rest Home.

There is a large quantity of correspondence relating to the St Margaret’s COVID-19 outbreak as a significant number of Waitematā DHB staff, as well as staff from Christian Hospital Trust (CHT, the owner of St Margaret’s Hospital) and Auckland Regional Public Health Services (ARPHS), have been involved. We estimate that there is more than 1,000 emails between the many people involved across these organisations. Collating the material would therefore be a significant task.

We have considered whether charging or extending the timeframe for responding would assist in managing this work and have concluded it would not. Therefore, we have determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation or research.

However, we are able to provide the daily situation reports for 17 April 2020, the day the decision to transfer the residents was made (**Attachment 1**) and 18 April 2020, the day the transfer occurred (**Attachment 2**). We believe these reports provide a succinct overview of the key components of the process. The reports also provide details of the residents and staff members affected by COVID-19 including the onset of symptoms date.

We have withheld information that would identify the residents and St Margaret's staff members in order to protect their privacy. Withholding is permitted on this ground under section 9(2)(a) of the Official Information Act 1982. In our view, the public interest in making identifying information about the residents and St Margaret's staff members available does not outweigh the need to protect the privacy of these individuals.

If these daily situation reports do not give you sufficient information, or there is something in particular you require, please let me know.

You are entitled to complain to the Ombudsman about the decision taken in providing this response. The Ombudsman's contact details can be found at www.ombudsman.parliament.nz

I trust that the information we have been able to supply is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



Tamzin Brott
COVID-19 Executive Lead
Waitematā District Health Board

Area	Situation	DHB Assistance Requested	DHB support provided	Actions																																																							
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	<ul style="list-style-type: none"> ○ staff member [REDACTED] = TBC • All other residents being managed in isolation following COVID swabbing • All admissions to hospital from St Margaret's (excluding secure dementia unit) to be considered close contacts. • List of NHIs of all residents in facility (10/04) has been supplied to North Shore Hospital (NSH)/Waitakere Hospital (WTH) to support future management in acute setting. • Directive for twice daily observations / symptom checking of all residents – facility stated that significant staffing resource required for this to be completed. Residents need to be checked daily for symptoms and have their temperature taken. The basis for this is the Health Quality & Safety Commission (HQSC) guidance which isn't very specific but states: <i>Monitor outbreak progress through increased observation of residents for fever and/or acute respiratory illness</i> • Agreement for up to 21 residents to be transferred to WTH to support the facility as a result of insufficient staff – 6 residents (COVID-19 positive) will be transferred today and possible transfer of more tomorrow. 			
COVID-19 testing	<ul style="list-style-type: none"> - Decision to test symptomatic residents only as per advice from [REDACTED] (ARPHS) and [REDACTED] – facility to manage. - Facility has stated (11/04) no further swabs will be completed without a supply of full face visors. Supplied 11/04. 		<ul style="list-style-type: none"> - Document re COVID-19 testing in ARC prepared by NRHCC provided to facility. - 10 x swab kits delivered to facility 	<ul style="list-style-type: none"> - DHB [REDACTED] to confirm where process for staff testing

	<ul style="list-style-type: none"> - 15/04 - directive received by DHB incident management team (IMT) for all residents (excluding dementia unit) to be swabbed. DHB lab to process. EpiSurv outbreak # to be recorded on all swabs for easy identification. Completed - All staff will also need to be swabbed (80+) – to include Compass staff and DHB staff. Discussion re whether this should include other visitors to the facility such as delivery personnel. Need to confirm arrangements around where testing will occur – possibly local Community Based Assessment Centre (CBAC). - All swabs completed for residents on 15/04 and 16/04 		<ul style="list-style-type: none"> - 15/04 & 16/04 - all residents swabbed 	
Staffing	<p>Current situation – 17 CHT staff and 1 DHB staff have been stood down (close contacts, confirmed or probable cases)</p> <ul style="list-style-type: none"> - 16/04 staffing need remains critical need - Cleaner to clean isolation rooms has been confirmed until next Wed 22/04 - 15/04 – update re Northern Region Health Coordination Centre (NRHCC) workforce team are currently vetting possible staff and should hopefully be available by Friday. [REDACTED] will be contact person. - Continuity is an issue and ideal that same staff return where possible - 16/04 -confirmed that DHB staff will look after all residents including those with confirmed COVID - Awaiting advice re whether asymptomatic 	On-going critical need for staffing support.	Staffing is being provided by DHB – HCAs, RNs and cleaner	<ul style="list-style-type: none"> - [REDACTED] (ADON) and [REDACTED] continuing working with facility to support - F/U advice re whether asymptomatic staff who are close contacts are able to continue to work in PPE -

	<p>staff who are close contacts are able to continue to work in PPE</p> <ul style="list-style-type: none"> - Confirmation that ARPHS sought advice re standing [REDACTED] down and this was the advice received - [REDACTED] will replace [REDACTED] for the weekend 18/19 at St Margaret's - ARPHS are not confident all close contacts have been identified and plan to interview all staff about possible contacts with confirmed or probable cases. Intend to complete with the next two days. Any staff that need to be stood down will be communicated to [REDACTED] [REDACTED] (over weekend), [REDACTED] and [REDACTED] - ARPHS will provide [REDACTED] (over weekend), [REDACTED] and [REDACTED] with a list of staff that are currently on 14 days isolation including when they are cleared to come back. 			
GP services	<ul style="list-style-type: none"> - Facility [REDACTED] continues to provide regular GP services through virtual consults. He is not visiting the facility. There is another GP (from same practice) who is able to visit the facility if an on-site consultation is deemed necessary by [REDACTED] - CHT confirmed that with [REDACTED] being stood down that they are lacking clinical assessments skills required to work with off-site GP. 	<p>No current issues with provision of GP service.</p> <p>Additional clinical support required to support GP with [REDACTED] being stood down</p>	<p>[REDACTED] to provide Geriatrician review for unwell and COVID positive residents alongside facility GP</p>	<ul style="list-style-type: none"> - CHT to approach GP about whether practice can offer any additional support DHB [REDACTED] to follow up with Planning, Funding and Outcomes (PFO) primary care team about situation

<p>Infection Protection and Control (IPC)</p>	<ul style="list-style-type: none"> - Facility reported infection prevention and control (IPC) precautions in place and all staff continue to receive regular training. 15/04 confirmed that this is done twice daily at staff meetings - ARPHS have discussed with facility and confirmed that systems in place and facility are following HQSC / Ministry of Health (MOH) guidance - DHB staff expressed concerns about the PPE at St Margaret’s. Managed. 13/04 <u>agreed all staff to wear gowns</u> (when PPE required) rather than aprons for the duration of the outbreak – to manage staff anxiety - ARPHS confirmed MOH guidance on cleaning is correct (bleach products not required) - Discussed waste management, laundry management and food services – facility confident appropriate measures in place to manage. - Confirmed on-going concerns with the safe doffing and disposal of PPE due to lack of rubbish bins. - Symptom checking of staff at start of shift is currently occurring and temperature checks will start when infra-red thermometers arrive 	<p>Nil requested</p>	<p>PFO Quality Nurse Leader is available to support provision of IPC training and support if required.</p>	<p>-</p>
<p>PPE supply</p>	<ul style="list-style-type: none"> - PPE supplies have been delivered to facility. - Additional order has been made this weekend to ensure supply for next week. - Regular orders will continue to ensure sufficient supply – consider regular order until residents out of isolation. - 15/04 - confirmed that regular orders should 	<p>Additional PPE will continue to be required</p>	<p>PPE supplies continue to be delivered by DHB and logistics</p>	<p>█ to send additional requirements / order to █ for forwarding on</p>

	be dispatched from NRHCC logistics with DHB able to provide emergency supply if required.			
Equipment	<ul style="list-style-type: none"> - Facility has identified additional equipment requirements that they are unable to source from their suppliers. - Volumes are based on dedicated equipment for each isolation room. - The facility is unsure about sharing medical equipment between residents in isolation and would value guidance on this. Currently sharing equipment and sanitising after each use. - Bins and skips remain a priority - Additional pulse oximeters to be supplied 	<p>25 profession standard tympanic thermometers – urgent need – unable to source from supplier, another facility or local chemist.</p> <p>25 sphygmomanometer</p> <p>25 stethoscopes (Litmun)</p> <p>25 trolleys for isolation equipment</p> <p>25 linen skips</p> <p>25 rubbish bins - foot pedals</p>	<ul style="list-style-type: none"> - Gerontology Nurse Specialist (GNS) to provide DHB thermometer 08/04 - Additional 6 x thermometers provided from WTH – 10/04 	<ul style="list-style-type: none"> - DHB to provide guidance re dedicated equipment - DHB [REDACTED] to ensure urgent supply of pulse oximeters, bins, tables, trolleys etc.
Communication	<p>DHB PFO contact: [REDACTED]</p> <p>ARPHS Contact: [REDACTED]</p> <p>weekend 18/19 – [REDACTED] – [REDACTED]</p> <p>Senior Nurse Liaison: [REDACTED]</p> <p>weekend 18/19 – [REDACTED]</p> <p>DHB Operations: [REDACTED]</p> <p>Staffing support lead: [REDACTED]</p> <ul style="list-style-type: none"> - 14/04 - media statement released by CHT confirming cluster - Emergency admission to hospital will be managed with executive on call this weekend - [REDACTED] confirmed ARPHS have supplied fact sheets for staff. ARPHS still preparing fact sheet for residents / residents' families. - [REDACTED] confirmed comms approach for residents is to 1. For positives phone families 2. For negatives send standard letter by email 		Daily Zoom meeting at 12pm scheduled with facility, DHB and ARPHS	<ul style="list-style-type: none"> - CHT to communicate with staff re requirement for testing - ARPHS to provide fact sheet for resident's families as soon as practicable - CHT - communicate with residents families who will be transferred today - CHT -communicate with residents families that are

	<p>explaining that swabs had been taken</p> <ul style="list-style-type: none">- Media statement – CHT requested for DHB to take the lead and any associated questions			<p>not moving about why residents are being moved i.e. difficulties with staffing</p> <ul style="list-style-type: none">- [REDACTED] – <p>organise media statement</p>
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Situation report – Saturday 18 April 2020

CHT St Margaret’s COVID-19 outbreak (EpiSurv #: OB-20-108817-AK)

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COVID-19 testing	<ul style="list-style-type: none"> - Decision to test symptomatic residents only as per advice from [REDACTED] Auckland Regional Public Health Service (ARPHS) and [REDACTED] – facility to manage - Facility has stated (11/04) no further swabs will be completed without a supply of full face visors. Supplied 11/04 		<ul style="list-style-type: none"> - Document re COVID-19 testing in ARC prepared by NRHCC provided to facility. - 10 x swab kits delivered to facility - 15/04 & 16/04 - all 	<ul style="list-style-type: none"> - DHB [REDACTED] to follow up on information to CBAC (and Healthline) re tested staff continuing to work

	<ul style="list-style-type: none"> - 15/04 - directive received by District Health Board (DHB) incident management team (IMT) for all residents (excluding dementia unit) to be swabbed. DHB lab to process. EpiSurv outbreak # to be recorded on all swabs for easy identification. Completed - All staff to be swabbed (80+) – including compass staff and DHB staff. To occur at Community Based Assessment Centres (CBAC). - All swabs completed for residents on 15/04 and 16/04 - Staff reported that they had been advised by CBAC not to come to work. This is not correct advice. ██████ to follow up to ensure correct message provided to CBACs - Communication error re Te Atatu Peninsula CBAS open today – some staff waiting. Confirmed Lincoln Rd and Westgate are open. - ██████ reported after the meeting that Healthline may be giving information about staff not going to work following testing 		residents swabbed	unless symptomatic
Staffing	<p>Current situation – (close contacts, confirmed or probable cases)</p> <ul style="list-style-type: none"> - 18/04 staffing need remains critical need - Cleaner to clean isolation rooms has been confirmed until next Wed 22/04 - 15/04 – update re Northern Region Health Coordination Centre (NRHCC) workforce team are currently vetting possible staff and should hopefully be available by Friday. ██████ will be the contact person - Continuity is an issue and ideal that same staff 	On-going critical need for staffing support.	Staffing is being provided by DHB – Health Care Assistants (HCAs), Registered Nurses (RNs) and cleaner	<ul style="list-style-type: none"> - ██████ Acting Director of Nursing (ADON) and ██████ continuing working with facility to support - ARPHS to send excel sheet noting status of all staff and date for

	<p>return where possible</p> <ul style="list-style-type: none"> - 16/04 -confirmed that DHB staff will look after all residents including those with confirmed COVID-19 - Awaiting advice re whether asymptomatic staff who are close contacts are able to continue to work in personal protective equipment (PPE) - ██████ will replace ██████ for the weekend 18/19 at St Margaret’s - ARPHS are not confident all close contacts have been identified and plan to interview all staff about possible contacts with confirmed or probable cases. Intend to complete by 20/04. Any staff that need to be stood down will be communicated to ██████ (over weekend), ██████ and ██████ - ARPHS will provide ██████ (over weekend), ██████ and ██████ with a list of staff that are currently on 14 days isolation including when they are cleared to come back. (ARPHS is extracting this information from their system) 			<p>isolation</p> <ul style="list-style-type: none"> - ██████ to discuss with ██████ and ██████ and determine whether appropriate staff numbers can be sourced
GP services	<ul style="list-style-type: none"> - Facility GP ██████ continues to provide regular GP services through virtual consults. He is not visiting the facility. There is another GP (from same practice) who is able to visit the facility if an onsite consultation is deemed necessary by ██████ - CHT confirmed that with ██████ being stood down that they are lacking clinical assessments skills required to work with offsite GP 	<p>No current issues with provision of GP service.</p> <p>Additional clinical support required to support GP with ██████ being stood down</p>	<p>██████ to provide Geriatrician review for unwell and COVID positive residents alongside facility GP</p>	<ul style="list-style-type: none"> - CHT to approach GP about whether practice can offer any additional support - DHB ██████ to follow up with Planning, Funding and Outcomes (PFO) primary care

				team about situation
Infection Protection and Control (IPC)	<ul style="list-style-type: none"> - Facility reported infection prevention and control (IPC) precautions in place and all staff continue to receive regular training. 15/04 confirmed that this is done twice daily at staff meetings - ARPHS have discussed with facility and confirmed that systems in place and facility are following HQSC / Ministry of Health (MOH) guidance - DHB staff expressed concerns about the PPE at St Margaret's. Managed. 13/04 <u>agreed all staff to wear gowns</u> (when PPE required) rather than aprons for the duration of the outbreak – to manage staff anxiety - ARPHS confirmed MOH guidance on cleaning is correct (bleach products not required) - Discussed waste management, laundry management and food services – facility confident appropriate measures in place to manage. - Confirmed on-going concerns with the safe doffing and disposal of PPE due to lack of rubbish bins. - Symptom checking of staff at start of shift is currently occurring and temperature checks will start when infra-red thermometers arrive - 18/04 – confirmed that no staff have worked between the dementia unit and hospital unit since the beginning of the outbreak 	Nil requested	PFO Quality Nurse Leader is available to support provision of IPC training and support if required	- CHT to ensure that symptom checking of all staff at the beginning of each shift occurs (including those in the dementia unit)
PPE supply	<ul style="list-style-type: none"> - PPE supplies have been delivered to facility - Additional order has been made this weekend 	Additional PPE will continue to be required	PPE supplies continue to be delivered by DHB and	

	<p>to ensure supply for next week.</p> <ul style="list-style-type: none"> - Regular orders will continue to ensure sufficient supply – consider regular order until residents out of isolation. - 15/04 - confirmed that regular orders should be dispatched from NRHCC logistics with DHB able to provide emergency supply if required. 		<p>logistics 17/04 – order placed</p>	
Equipment	<ul style="list-style-type: none"> - Facility has identified additional equipment requirements that they are unable to source from their suppliers. - Volumes are based on dedicated equipment for each isolation room. - The facility is unsure about sharing medical equipment between residents in isolation and would value guidance on this. Currently sharing equipment and sanitising after each use. 	<p>25 profession standard tympanic thermometers – urgent need – unable to source from supplier, another facility or local chemist. 25 sphygmomanometer 25 stethoscopes (Litmun) 25 trolleys for isolation equipment 25 linen skips 25 rubbish bins - foot pedals</p>	<ul style="list-style-type: none"> - Gerontology Nurse Specialist (GNS) to provide DHB thermometer 08/04 - Additional 6 x thermometers provided from WTH – 10/04 - <u>On loan from WTH</u> <ul style="list-style-type: none"> o 2 Masimo pulse oximeters o 6 Nightingale trolleys - Linen skips and rubbish bins ordered by [REDACTED] 	<ul style="list-style-type: none"> - DHB to provide guidance re dedicated equipment - [REDACTED] to calculate PPE supplied by hospital
Communication	<p>DHB PFO contact: [REDACTED] ARPHS Contact: [REDACTED] weekend 18/19 – [REDACTED] – [REDACTED] Senior Nurse Liaison: [REDACTED] weekend 18/19 – [REDACTED] DHB Operations: [REDACTED] Staffing support lead: [REDACTED]</p> <ul style="list-style-type: none"> - 14/04 - media statement released by CHT confirming cluster 		<p>Daily Zoom meeting at 12pm scheduled with facility, DHB and ARPHS</p>	<ul style="list-style-type: none"> - CHT to communicate with staff informing they can continue to work unless advised by ARPHS - ARPHS to provide fact sheet for residents’ families as soon as

	<ul style="list-style-type: none"> - Emergency admission to hospital will be managed with [REDACTED] (over weekend) - [REDACTED] confirmed ARPHS have supplied fact sheets for staff. ARPHS still preparing fact sheet for residents / resident's families. - CHT confirmed all resident families are aware of swabbing - CHT confirmed comms for moving residents <ol style="list-style-type: none"> 1. Phoned all families of all residents to NSH / WTH 2. Emailed all other resident families explaining - Media statement – media statement released yesterday and today - 18/04 – CHT confirmed inconsistent messaging being supplied to staff being tested about whether they can continue to work - ARPHS requested that any staff that report symptoms consistent with COVID-19 are reported to the facility 			<p>practicable</p> <ul style="list-style-type: none"> - CHT to let ARPHS know if any staff report symptoms that may be consistent with COVID-19
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