

Tasmanian Government Response to the Final Report of the Independent Review of the Response to the North-West Tasmania COVID-19 Outbreak – DoH Implementation Plan

The Department of Health (DoH) welcomes the Final Report of the Independent Review of the Response to the North-West Tasmania (Independent Review) and the lessons it provides to strengthen our response framework for the COVID-19 pandemic and future emergency management.

Completed and ongoing actions

Since the North West outbreak was brought under control in early May 2020, the DoH has undertaken significant work to identify key learnings and system improvements to guide ongoing outbreak management activities in Tasmania. Tasmania has been fortunate to have had no community transmission of COVID-19 and very limited cases arising from returned travellers since the North West outbreak, and this time has been used to progress proactive planning and implement improved systems to manage COVID-19 in Tasmania's health system.

In addition to its participation in the Independent Review process, the DoH has also undertaken several internal review processes that have strengthened Tasmania's capacity to respond to the COVID-19 pandemic.

This ongoing work since the onset of the COVID-19 pandemic, and following the North West outbreak, means that several of the recommendations arising from the Independent Review are now completed and/or have been incorporated into the DoH's business as usual practices. At this time, 17 of the 37 recommendations are classified as complete and/or ongoing.

Some examples of ongoing activities which respond to these recommendations include:

- In July 2020 the Government approved \$3.26 million to Public Health Services for 2020/21 to improve Rapid Response capability for the COVID-19 response. This has funded 21 new positions in the public health medical team, including nursing positions, epidemiologists, data management officers and a business analyst. All positions, bar one, have now been filled. [Rec 1; 7]
- A scalable and flexible workforce based on a statewide response has been configured to support surge in the area(s) that require support, by utilising the capacity of Tasmania's extended health workforce. These professionals already have high levels of health literacy, such as medical, nursing and allied health students and paramedics, and can readily be upskilled in contact tracing and management (as occurred during and post the NW Outbreak). This surge workforce is supported with increased capacity to use technology to support services. [Rec 1; 7]
- As part of its Outbreak Management Plan, the Tasmanian Health Service (THS) has a pool of staff trained in contact tracing in the event of an outbreak in a hospital setting. Under this Plan, THS Outbreak Management Support Teams may be mobilised to contain outbreaks in health facilities, including conducting contact tracing in consultation with the Public Health Emergency Operations Centre (PHEOC). This allows for local situational awareness in the nature of the outbreak, rapid identification and quarantine of contacts, and heightened infection prevention and control management across the facility. [Rec 1; 7]
- Public Health Services has trained over 50 health professionals (nursing, medical and allied health staff) in contact tracing. An additional 25 business as usual staff in Public Health Services have attended an orientation to contact tracing session and can be quickly trained if required. [Rec 1; 7] Further, the Clinical Governance and Patient Safety Services area of Clinical Quality, Regulation and Accreditation also has trained staff ready for deploying as contract tracers that can support contact tracing of hospital/health service staff. [Rec 1; 7]

- The Government has secured a sustained supply of PPE above and beyond the normal supply chain and continues to maintain holdings to ensure there is adequate Pandemic PPE supply across the state. [Rec 2; 3] For any future shortages, a bolstered PPE State Emergency Medical Stockpile has been established with at least six months' supply (based on peak COVID-19 usage), which will provide Tasmania with surge capacity should we need to respond to additional COVID 19 waves, supply chain disruption or a future medical emergency. The PPE stock within the SEMS is being stored and managed at a centralised location and is circulated through the Tasmanian Health Service (THS) to ensure goods remain within their expiry date. Most lines of PPE within the SEMS have reached the target volume, with the remaining having orders in place to reach the necessary levels. [Rec 3]
- The Tasmanian Health Service has worked hard to ensure staff are aware of and have access to national guidelines regarding PPE usage. Across the state's hospitals a range of measures have been implemented and remain ongoing, such as:
 - Mandatory COVID-19 PPE donning and doffing education and training packages;
 - Ongoing PPE auditing programs to identify any issues and introduce corrective actions to maintain safe and effective PPE use;
 - A PPE buddy system to aid and support safe donning and doffing; and
 - PPE Coaches and Infection Prevention and Control Clinical Nurse Educators to support, educate and audit use of infection prevention and control practices. [Rec 4]
- The DoH has rolled out a staff wellbeing program in the north and north west, with a similar program now being delivered in the south. The DoH is also establishing a peer-support network with training and ongoing mentoring. [Rec 16]
- A Health and Wellbeing staff pulse survey related to COVID-19 is being developed, which will be rolled out in the first quarter of 2021. This will identify any further actions needed to support the staff and will be a step towards building in ongoing support mechanisms. [Rec 16; 17]
- Documenting decisions and decision-making processes is an important step in ensuring government accountability and transparency, but also crucial in the post-incident review process to allow for effective evaluation and continuous improvement of emergency management procedures. All key DoH decisions during the period of the North West outbreak are documented and held on the DoH's Workflow Information Tracking System, with key whole of-government decisions documented in WebEOC. [Rec 27]
- Through work on implementing the findings of the recent National Contact Tracing Review, the Tasmanian Government continues to increase investment and training in contact tracing, including capacity testing and stress testing. [Rec 26]
- Outbreak scenario testing has been conducted within Public Health and Ambulance Tasmania, to test hospital and district hospital escalation practices. Aged care desktop exercises have also been conducted to test emergency response, and Public Health Services is developing a tool to support organisations and industries to run exercises to test their preparedness for outbreaks. [Rec 26]
- The Director of Public Health provides advice as to the testing criteria to be applied in Tasmania, taking into account national testing guidance and AHPPC advice. The DoH will continue to follow the direction of the Director of Public Health in relation to the testing of staff and patients during the North West outbreak. The DoH has also implemented enhanced staff and visitor screening procedures at all hospitals as recommended in its Interim Report. [Rec 6]
- In September/October 2020, the *Tasmania Project* conducted a targeted survey exploring Tasmanian attitudes towards border restrictions and COVID safe measures. The Tasmania Project has informed the work of the Premier's Economic and Social Recovery Advisory Committee. [Rec 29]
- There are currently several research projects registered with the State Human Research Ethics Committee that are looking at the health, social, economic impacts of COVID-19 to Tasmanian health consumers. Many of these are in the early stages of research governance and/or recruitment. [Rec 29]
- Outbreak management plans, escalation management plans and related policies continue to be updated, ensuring they reference and are executed in conjunction with national COVID-19 testing guidelines and any updated advice from the Director of Public Health. [Rec 6]
- The Regional Health Commander is the officer in charge of hospital emergency arrangements during a declared pandemic. Regional Health Commanders are authorised, and encouraged at all times, to communicate frequently and directly with all staff in the region. DoH will continue to work with the Regional Health Commanders to ensure that they are appropriately trained and able to communicate with all staff and contractors, regardless of reporting lines, within their region and to exercise their regional emergency management authority for the site. [Rec 18]

- Internal communication processes and strategies have been revised to ensure staff are kept as informed as possible of emerging issues and the status of COVID-19 activity across the state. Third parties, including employee representatives and Primary Health Tasmania, were engaged and communicated with throughout the outbreak response, and this positive engagement will continue. **[Rec 10]**
- Liaison points between central and regional emergency management teams have been implemented to allow communications to occur more quickly and to assist to resolve operational issues. **[Rec 10]** Regional Health Emergency Management Teams (RHEMTs) will continue to be a key component of the Health Emergency Management arrangements, led by Regional Health Commanders. The Government's unprecedented spending in the health sector will provide more resources across the state and help Tasmania manage and prepare for health emergencies. To the extent that business as usual services continue during a future outbreak, the DoH supports using backfill arrangements to enable operational functions to continue, with redeployment considered where appropriate. **[Rec 22]**
- Broader reforms to the governance structure of the Tasmanian health system have been implemented. Tasmania now has one Health Executive, chaired by the Secretary, which brings together Chief Executives of Hospitals in the South and North/North West, with Ambulance Tasmania, and executives from central DoH corporate, clinical and professional quality, infrastructure, policy and reform areas. This includes senior clinical staff from within the hospital structure, and DoH will continue to review opportunities to further add clinical expertise. **[Rec 24; 25; 34]**
- Version 4 of the SSEMP has clarified the role of the State Health Commander. SSEMP COVID 19 is a living document and is signed off by the State Controller. It will continue to be reviewed as the pandemic response evolves. **[Rec 21; 23]**

Work in progress

The DoH is continuing to work hard to implement the recommendations arising from the Independent Review, and this work will continue throughout 2021.

People, Training and Organisation

Much of the DoH's work to date in response to the COVID-19 pandemic and the North West outbreak has been to support our staff and build capacity across our health system.

The DoH is continuing to progress work on several recommendations from the Independent Review related to people, training and organisation, namely Recommendations 1, 2, 5, 7, 29 and 32. Work currently underway against these recommendations includes:

- Building on progress already achieved in relation to fit testing, training and PPE, the DoH will develop a Respiratory Protection Program for the Tasmanian Health system that will be informed by an inter jurisdictional comparison of similar approaches. The DoH will also consult with private facilities on the approaches used and encourage the adoption of an appropriate respiratory protection program. **[Rec 2]**
- The DoH is continuing to consider resourcing for Public Health Services and the Health Emergency Coordination and Operation Centres for 2021 to ensure Tasmania is best placed to respond to the evolving COVID 19 situation and other population health issues in Tasmania. **[Rec 1]**
- A Fit Testing Program prioritising higher-risk staffing cohorts has been established by the Health Emergency Coordination Centre and is currently being rolled out and coordinated by the THS Emergency Operations Centres in each region. As at December 2020, fit testing has been undertaken for approximately 80 per cent of priority and self identified staff. Further testing (on top of tests already completed post-North West Regional Hospital (NWRH) closure) will be rolled out by Infection Prevention Control units in the north west, once testing in the north is completed. **[Rec 5]**
- The DoH is developing an online contact tracing training package with the University of Tasmania, with an anticipated release date of February 2021. This training course is designed to support rapid upskilling in surge situations and will be extended to Ambulance Tasmania and community health services. **[Rec 7]**

- The DoH is continuing to consider and review staff facilities at major acute hospitals, including as part of Stage Two of the RHH and during the LGH Master planning processes. [Rec 32]
- The DoH will continue to consider the health, social and economic impacts of COVID-19 on health consumers, including working with appropriate external organisations and groups to understand the consumer perspective. This work will include recommendations from a consumer perspective to help manage and reduce the impact on consumers. [Rec 29]

Communications

Clear, open and timely communication has been a key component of the Tasmanian Government's response to the COVID-19 pandemic. The DoH is continuing to progress work on several recommendations from the Independent Review related to communication with internal and external stakeholders, namely Recommendations 8, 9, 10, 11, 12, 13, 14 and 15.

Work currently underway against these recommendations includes:

- The development of a comprehensive Strategic Emergency Communications Plan for Health, which will include resources to support emergency and pandemic training and awareness. This Plan will also include engagement with health consumers as part of emergency arrangements. The Government's Coronavirus public website provides information and resources across a wide range of topics and is managed by the Department of Premier and Cabinet. The website is updated regularly to respond to emerging and specific issues. [Rec 9; 10; 13; 14; 15]
- Training materials on the effective use of the emergency command chain will be developed and rolled out to Regional Health Commanders and key hospital managers. Scenario testing and exercises have also been conducted to enhance preparedness and speed up communications processes during an outbreak. [Rec 10]
- In response to a recommendation from the Interim Report, the DoH has invested in a number of communication tools including upgrading to an expanded use of Microsoft Teams using the LiveTiles Reach application. The Reach application is a communication platform that will assist the DoH with integrating internal communications, news and messages in one place within Microsoft Teams, targeting messages to all staff and enabling live-alert messages on various devices. It will include an ability to push notifications and can be available on personal devices. Implementation of the Reach application is underway, with a pilot program to be rolled out during 2021. Following the pilot, the app will be rolled out to all staff, supported by training for content creators and stakeholder engagement. [Rec 12]
- Expanding the use and functionality of eNewsletter software and implementing systems for direct SMS messaging for rapid communication to staff in emergencies. [Rec 15]
- Ongoing work to customise and disseminate timely and relevant public health advice to the clinical community in addition to the information provided for the general community. This includes a review of the hotline available for health professionals to access to ensure it meets current COVID-19 needs. A GP faxstream service is in place to provide GPs with access to updates on rapidly changing clinical information. This service is popular and is continuing. [Rec 11]
- There are mechanisms in place that allow for sharing of personal information, including medical information for the purpose of contact tracing. The DoH will ensure that the requirements for information-sharing are clear in contact tracing training and education, with an information sheet to be developed to assist contact tracers and ensure requirements are understood. Any further need to legislative change will be considered post pandemic. [Rec 8]

Governance

Good governance – including clear roles and responsibilities, decision-making protocols and escalation levels – is highly important for an effective emergency management response.

The DoH is continuing to progress work on several recommendations of the Independent Review relating to governance, namely Recommendations 19 and 33. Work currently underway against these recommendations includes:

- Continuing to improve and clarify publicly available information on outbreak and health emergency management arrangements. Roles and responsibilities of emergency management personnel will be communicated to staff along with the COVID emergency governance structure. [Rec 19]
- Education and training is currently being developed and delivered to Regional Health Commanders to ensure they feel supported and empowered in the course of their roles and responsibilities during an emergency, including in communicating with their workforce. [Rec 33]

Longer term actions

There are several recommendations arising from the Independent Review that have elements relating to longer term reforms and/or system changes that will be considered as part of the continuous review and evaluation of emergency management arrangements within Tasmania beyond the current COVID-19 pandemic.

Examples include:

- Ongoing efforts to identify opportunities to incorporate health consumer input into the emergency management decision-making processes wherever practicable, including through development of the Health Strategic Emergency Communications Plan. Strengthening the consumer voice in health service planning is a key initiative as part of *Our Healthcare Future*. The DoH will also consider further opportunities to strengthen the health consumer voice in the design and delivery of Tasmanian health services, including ways to improve Consumer and Community Engagement Councils and Health Consumer Tasmania networks. [Rec 28; 30]
- As set out in *Our Healthcare Future*, developing a 20-year health infrastructure strategy to ensure our buildings and facilities are modern and fit-for-purpose to provide high quality and safe care. [Rec 32]
- Considering how the DoH can support improved flexibility while maintaining accountability, such as reviewing financial delegation limit levels during an emergency. [Rec 35]
- Transforming digital health in Tasmania to improve patient care and better manage the health workforce as part of *Our Healthcare Future*, including a new fully integrated Human Resources Information System. The 2020-21 Budget provides funding of \$1.5 million over two years to deliver the strategy and business case for the Health ICT Plan 2020 to 2030. [Rec 31; 36]
- The DoH has developed a draft 20-year Future Health Workforce Plan for Tasmania, with the goal of shaping the health workforce to meet the needs of the Tasmanian community both now and into the future. The next step in developing this strategy is consultation with key stakeholders, which is underway. Considering workforce contingency plans in the context of future pandemic management, will be part of the strategy. [Rec 1; 37]
- The DoH is progressing a project to improve and implement electronic document management systems across the Department to enhance information management processes. [Rec 27]
- As part of the Emergency Management Act review following any event all statutory roles, or roles and other governance aspects in the relevant SSEMP, will be reviewed. [Rec 9, 21; 23]
- As part of the continuous review and evaluation of emergency management arrangements in the state, the Tasmanian Government will undertake a review of the role of portfolio Ministers during an emergency. [Rec 20]