

## COVID-19: Transforming the way we provide health care

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### Abstract

This is an edited transcript of Dr Anderson's address to the Forum.

### Introduction

It's a great privilege to be here with the Royal Society to share our journey in COVID-19. I would like to begin by acknowledging the traditional owners of the land on which we are meeting — the Gadigal People of the great Eora Nation. I'd like to pay my respects to Elders past, present and emerging and all Aboriginal people who are here today. One of the things that I have been most proud of in our response to COVID-19 has been our partnership with our Aboriginal communities. For us in Sydney Local Health District (SLHD), it has been the Aboriginal Medical Service Redfern, the oldest Aboriginal medical service in the land, and together we have continued to provide safe services to our community and make sure that our Aboriginal brothers and sisters have been safe during this terrible time.

And it has been a really challenging time. I'm going to talk a little bit about some boring things like governance, which has been absolutely critical to this response. The sustainability of health-care systems has been a matter of significant debate and discussion internationally. COVID-19 has reinforced that we need a sustainable and robust health system if we want to have a healthy community and a sustainable econ-

omy. Without the response of the health system, this state, this country would have much greater economic pain.

### Governance

I'm going to share with you our journey and some of the things that I think have contributed to New South Wales and Australia responding in a really positive way to COVID-19. There have been many learnings. In New South Wales, it has not been luck. People keep saying to me, "Gee, we're so lucky. We're lucky we live on an island." The UK is an island. "We're lucky we live on an island that we can close our borders." The UK could have closed the borders. The fact is that we have taken a planned, systematic, risk managed approach to our response to COVID-19.

We build on terrific governance in New South Wales, governance within our health system. We have a public health system that acts as one when it needs to act as one. We have local health districts, but during COVID-19 we have acted as one. We have a strong centre and strong local health districts and facilities, and we know how to manage a pandemic.

We've had a few trial runs which have taught us the importance of having strong emergency operation centres, and, very importantly, a structure to manage the

pandemic. In NSW Health, we set up the State Health Emergency Operation Centre (SHEOC) with the leadership of Susan Pearce, the Incident Controller and Elizabeth Koff, the Secretary. You've seen our Chief Health Officer, Dr Kerry Chant, there every day with the Premier, there with the Minister of Health, giving information, giving data to our community.

That's then reflected down to a local health district. We have 15 local health districts, but, during the pandemic, we have operated as one. We've had structures that have brought us together to make sure that we're communicating with each other, that we know what's happening with each other, and that we can use the collective resources of 160,000 staff, all rowing in the one direction. At a local health district, we've reflected the same structures to make sure that each and every one of our staff feel connected to the strategy that we have.

### **Preparing our facilities**

We've prepared our facilities, and our engineering staff have been amazing! We have been able to triple our intensive-care beds through our staff being really creative and inventive — changing the way in which we run our hospitals, creating designated COVID-19 wards so that we could rapidly expand, having “hot” and “cold” zones, and getting our equipment in — which was no mean feat. Luckily we started ordering at the end of January because we were watching what was happening overseas while still managing the impact of the bushfires on the health of our community.

We were also very focused on the basics such as having clear signage and markings in our facilities so that our staff and patients

were really clear about where was safe and where you had to have additional attention. We were focused on having enhanced cleaning, infection control processes, and the right Personal Protective Equipment (PPE) for the whole community, not just for our staff, and on ensuring that our patient flow and our pathways and our services were well prepared to manage COVID-19.

### **Preparing our services**

And what does that mean? It meant stopping our non-urgent elective surgery, but still making sure we were looking after our patients, making sure that we put telemedicine in place so that those patients were still being cared for and monitored, cancelling face-to-face outpatients, but substituting with telehealth, making sure that we had effective visitor management in our hospitals.

Hospitals are really busy places. How do we safely look after each other? We look at how hard it is to manage the people in this room. We have thousands of people every day coming to our hospitals whom we need to keep safe. Making sure we had workforce surge plans so that if we did need to expand our workforce, we could do that quickly. We contacted Qantas when they were putting people off and said, “Hey, have we got a job for you!” And our Qantas people have been wonderful. They have really supported our staff and done an amazing job. Using our university students in new and different ways, and changing to virtual meetings — 1.6 million minutes of virtual meetings. We have the best Multi-disciplinary Team Meetings (MDTs) that we've ever had; everyone comes because it doesn't interrupt their day and it's made us safer during COVID-19.



### Preparing our staff

Preparing our staff — how did we do that? We needed to focus on their wellbeing and their safety, as well as making sure that all 160,000 of our staff knew what we needed to do, making sure that our staff didn't take COVID-19 home — so we gave them all little care packs. My staff put together 12,500 care packs so that our staff wouldn't take COVID-19 home to their families.

Communication: like all of you, we are now really good at webinars, and especially the interactive ones. It is really good being able to do the Q&As with all of your staff with everybody feeling that they are able to ask questions and give ideas.

Managing the fear, worry and anxiety of our staff has been a major challenge: how terrible it has been to watch your colleagues overseas dying and know that every day that you're coming to work you are putting yourself and your family at risk. It's like a war: this virus is here and it wants to transmit. And so we needed to protect our staff, and NSW Health and the government did an amazing job in accessing the right PPE for our people and putting in place welfare programs to make sure that our staff were supported, because the pandemic impacts on your mental health and wellbeing. Many of our staff are in full PPE for all of their shifts. We have worked hard to make sure that they felt safe so that they could provide the very best care to our patients. We also implemented staff screening and visitor screening really early in the pandemic to make sure that we were protecting our patients and our staff.

We also set up Tiger Teams to support our staff and accommodation for our patients; I'll come back to that.

### Managing the pandemic

Managing the pandemic itself has required us to develop new ways of working. I never thought I'd work in the airport or on a cruise ship or at a railway station, and we've been in all of those places. We have set up COVID-19 clinics and pop-ups and our contact tracing is the best in the world; everyone knows that. And that is not good luck, it's absolutely wonderful planning and a sustained investment in public health over a very long time, and NSW hasn't cut its public health units. Even when times are tough, we have not cut our public health response.

We have also established support for our people at home who are being isolated, our Special Health Accommodation (SHA) and police accommodation — we'll talk about the quarantine program in a minute — and a hotline so that we can contact people with their results. Very importantly, we have also focused on our vulnerable communities in boarding houses and public housing. In Sydney Local Health District (SLHD), we have the largest public housing towers in New South Wales. And we saw what happened in Victoria if we take our eye off the ball, so we needed to make sure that we protected our most vulnerable people.

#### *Our vulnerable communities — homeless, social housing population*

And, you know, in SLHD, we have a large population of people who are sleeping rough. I'm really proud of what the city has done to get people off the street and into safe housing during COVID-19. Why can't we do that all of the time? They should never go back. We should be doing that all of the time. We have 5,000 people living in boarding houses.



A boarding house can be a 20-room old mansion with 90 people in it, nine people to a room with cooking facilities being an electric frying pan. We are really proud that we have not had COVID-19 go through our boarding houses. We've had one person who was COVID-positive in a boarding house, so what did we do? We moved them all, everyone in the boarding house, into our SHA, did a terminal clean of the boarding house — we are very much loved by the boarding house residents now — and not one person got COVID-19 as a result of that. Making sure we protect our people in social housing is critical during a pandemic. Our plan is that if someone in social housing contracts COVID-19, we will move them and all their close contacts into the SHA. We won't lock it down.

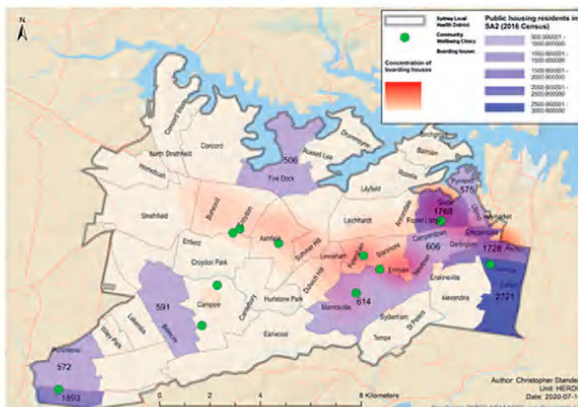


Figure 1: Rough sleeper hot spots, boarding houses, social housing and Wellbeing Clinics 2020. Map produced by HERDU 2020.

### *Innovations and new models of care*

COVID-19 has led us to new models of care: our Tiger Teams, our flying squads. We do like a special name for our innovations. Others include rpaVirtual and the SHA. A Tiger Team — everyone knows what a Tiger Team is— and we're from the inner west Tiger Team, Balmain, you know — and it has great resonance with our staff. And the

Tiger Teams are there to care for our staff. That's their sole job, to keep an eye on our staff, to make sure that they are putting on their PPE properly, that they are donning and doffing and making sure we have clear eyes on what everyone is doing, and also providing support to our staff in unusual environments.

Our Flying Squads also went to Port Kembla to pick up the crew of the “Ruby Princess” who were COVID-positive. We had 50 of the crew in our care at the SHA for almost two months, and we had great outcomes for all of them. We were also one of the first health services in the country to undertake mask fit testing for our staff, which has now been adopted across the state.

Our Flying Squads literally have been everywhere. They have been, as I said, to the harbours, to the airports, to railway stations. And pop-ups in the community. I know more about the international and domestic airports than I ever wanted to know, but we have worked closely in partnership with the other government agencies to make sure that when the borders closed that we safely managed people who were coming into the country, and anyone who was symptomatic came to our SHA.

### *rpaVirtual*

rpaVirtual is a new way of caring, and I have to say that when we had the idea for rpaVirtual, it was around having a better way of managing patients than coming to emergency departments, people who have chronic conditions, people who otherwise shouldn't be in hospital if they had the right care in the community.

While I was in Israel last year, I received the projections for the redevelopment of the emergency department at Royal Prince



Alfred Hospital (RPA) and it would have been the size of Canterbury Hospital, and I thought, that's not going to be very functional. So I sent a text to my staff in November saying, "We need rpaVirtual up and running by January." And I got a text back that said, "January 2021?" and I said, "no, 2020." And so our staff worked really hard to get it up and running. And without rpaVirtual, we wouldn't have been able to manage the response to the pandemic in the way that we have.

It was up and running by the 3<sup>rd</sup> of February, 2020, which was the same day, as you know, that the World Health Organisation announced the pandemic. Since then rpaVirtual has seen over 5,000 patients, both within the community and within our SHA. The feedback has been incredible. I really think the barrier for our adopting new ways of doing things is often in our own minds. Our patient experience with rpaVirtual has been amazing. It has such acceptance across all age ranges. I have to say I think I was a little ageist because I thought older people would dislike it; but in fact they love it because they feel safe and cared for and they have increasing contact with their health care providers.

rpaVirtual has managed a significant number of COVID-positive patients, now over a thousand. When we did this survey again, our COVID-positive patients felt really safe both within the community and within the SHA. We've also had a lot of people who were COVID-negative in the SHA and we've been able to support them. Their acceptance of rpaVirtual, in addition to having face-to-face contact with staff, has been quite amazing.

### **NSW COVID-19 quarantine program**

It was great hearing the presentation this morning about quarantine because I feel like I've lived quarantine for the last six months. On the 27<sup>th</sup> of March I got a call saying, "Teresa, have we got a deal for you! We need you to go to the airport and swab anybody who's symptomatic, and if they are symptomatic, then they're going to be in your care for the next 14 days." A lot of people come through the airport and so we rapidly established the Special Health Accommodation (SHA). In SLHD we had already been providing accommodation because we have tertiary and quaternary hospitals and we have many people from rural and remote areas who come to us for care. So it wasn't a big leap, we thought, to be providing accommodation to support returning travellers in the Quarantine Program. The SHA is there to provide comprehensive health services to people who are either COVID-positive, at risk of being COVID-positive, or who have complex health needs that aren't appropriate for Police-managed quarantine accommodation.

All of the people who are in our care are patients. They all have an electronic medical record and there are very strict rules around the management of those patients. I'm really pleased to say that, although we've had over a thousand people who were COVID-positive, we have had not one instance of transmission to our staff or other patients, and that's because we have really strict protocols. We separate floors physically. We have a governance structure just like a real hospital, except it's in apartment blocks — I think I am the best customer of Meriton. I have 750 apartments and today I have 570 people in my care in the SHA. It basically functions as a very large subacute hospital.



In NSW, we are not providing quarantine in a big barn, we're not a quarantine station of the past because, although the quarantine station protects the community, it does not protect the individuals within it. We need to make sure that we look after them. Only health professionals are allowed in our SHA. Police and security monitor the perimeter. Our health workers are within the facility. And we work every day with the SHEOC, the Public Health Emergency Operations Centre (PHEOC) and the police to make sure that everyone is safe, and if anyone becomes COVID-positive within the police managed-accommodation or they become unwell, we quickly move them into the SHA or RPA Hospital and our outcomes have been amazing.

New South Wales has taken the largest number of the returned travellers: 68,000 people have come through the international border and through our quarantine program since it commenced. And, as I said, we've had over a thousand people within the SHA who are COVID-positive, 667 through the international borders, and we have had no bad outcomes with those patients. Only 17 have had to come to hospital who were COVID-positive, they have been able to be safely cared for in the SHA. We've also had over 300 patients that have come to RPA Hospital because they've had cardiac conditions or oncological conditions, and so on.

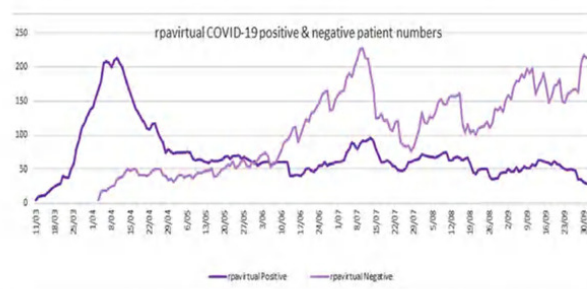


Figure 2: rpavirtual COVID-19 positive & negative patient numbers.

This is just a graph to show you our positive cases, which is the dark purple, and our negative cases. All of these people have been admitted to RPA under a COVID pathway because RPA provides the clinical support for the 5,500 people we have at any one time in hotel quarantine. When they come to hospital, they need to be managed as if they have COVID-19, and many of them do. When we think about how fast the pandemic developed and how fast we had to respond in all of these new initiatives, it tells us so much about our health system, but also about our community.

### Learnings

We have gained many learnings from COVID-19:

- The importance of good strong governance: we are very lucky in NSW because we have a really mature public health service that thankfully hasn't had a restructure for ten years. We have mature and stable structures; we have a really strong public health system with a strong centre and strong local health districts that come together. And we come together not only with our public hospitals, but with our private hospitals and other government and non-government organisations. The community, if they realised, would be so impressed by the level of cooperation and collegiality, that there has been a focus on the health and wellbeing of our staff so that they could care for our patients, and a focus on communication, our leaders and our community leaders
- The importance of community engagement: there was an outbreak in Lakemba and we had our community leaders there telling people to come and get tested, helping them to feel trust in our public

health system, and it is that community engagement and partnership — not only with other government and non-government agencies, but with the community and our patients — that has actually held New South Wales and this country apart from other countries

- The use of data and evidence: it's great that during COVID-19 the community has shown that it loves evidence and data, and let's make sure that we keep being transparent and keep sharing that information so that they can actively make decisions. It's really important to trust the community with the information because that builds trust in us
- Acting hard and fast: we had an outbreak at Concord Hospital — everyone knows: it was in the paper — but we hit it hard and we hit it fast, and I put 200 people off work because we weren't sure if there had been hidden transmission, and we had no further transmission. We isolated them and we took the pain, but it stopped COVID-19 in its tracks, so being agile and being speedy, being diligent with the documentation. Being fast doesn't mean that you don't have the documentation

- And as Jordan said, listen to the ideas of our staff: all of our initiatives came from our amazing staff. They need to feel empowered, but we need to make sure that it's done in the right way that makes it safe for everyone, and making sure we continue to focus on research. And so we've had so many opportunities out of our response to COVID-19: new models of care, new ways of working, new partnerships, and new ways of caring.

### Conclusion

In conclusion, I think we have done not too bad a job in our response to COVID-19, really; but I do think one of the things that the pandemic has done is that it has reminded our community of the importance of a strong public health system. Look internationally and it breaks my heart. Five hundred people died yesterday in the UK from COVID-19. To manage a pandemic, we need a public health system that is supported and nurtured. Those countries that have under-invested in their public health systems or even worse, decimated them — such as the UK National Health Service, one of the leading health services in the world, which had been decimated by austerity cuts and now they're paying the price for that. Let us all learn from this. Thank you.





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