Canterbury
District Health Board
Te Poari Hauora ō Waitaha

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
Ralph.lasalle@cdhb.health.nz

19 October 2020

9(2)(a)
[redacted]

[redacted]

RE Official information request CDHB 10417

I refer to your email dated 10 September 2020 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

I understand the NICU ward at Christchurch Hospital has been dealing with some capacity issues in recent months, and I have some questions regarding the ramifications this has had on mothers and new babies.

1. **Any correspondence or reports from NICU clinical staff to the Canterbury DHB or senior management concerning capacity issues at NICU from 2020.**

Please refer to **Appendix 1** (attached) for emails from NICU highlighting their occupancy issues over the past 18 months. 'Occupancy' is raised at a meeting on Christchurch campus every morning and if required the team looks at ways of supporting the service for the next 24 hours.

We have redacted information pursuant to section 9(2)(a) of the Official Information Act i.e. *"…to protect the privacy of natural persons, including those deceased".*

I trust this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. 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 response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

APPENDIX 1

From: Nicola Austin
To: Anne Morgan (Child Health)
Subject: RE: Neonatal April May too please
Date: Monday, 10 June 2019 12:53:28 PM
Attachments: Neonatal Feb march report.docx
image001.png

They were good
Could I have April and May too

Attached is the Feb/Mar report for Friday

Nicola

From: Anne Morgan (Child Health)
Sent: Wednesday, 5 June 2019 12:10 p.m.
To: Nicola Austin <Nicola.Austin@cdhb.health.nz>
Subject: RE: Neonatal January report (2)

Here you go

From: Nicola Austin
Sent: Wednesday, 5 June 2019 11:08 a.m.
To: Julia Reeves; Anne Morgan (Child Health)
Subject: Re: Neonatal January report (2)

Thanks
Yes the word document was unchanged

Anne can you get the heat maps for Feb to March

Nicola

Sent from my iPhone

On 5/06/2019, at 11:03 AM, Clare Doocey <Clare.Doocey@cdhb.health.nz> wrote:

> Hello Nicola

Is this any good?

Julia

Julia Reeves
PA to Clare Doocey, Clinical Director of Child Health
PA to Lynne Johnson, Nursing Director, Women's & Children's Health
Christchurch Campus
Riccarton Avenue
Private Bag 4710, Christchurch
Julia.Reeves@cdhb.health.nz
Ph: 9(2)(a)

From: Debbie O'Donoghue
Sent: Thursday, 14 February 2019 12:12 p.m.
To: Clare Doocey <Clare.Doocey@cdhb.health.nz>
Cc: Nicola Austin <Nicola.Austin@cdhb.health.nz>
Subject: Neonatal January report (2)

Hi
Claire have added my comments and the chart ready for your headings. Have commented on associated costs for outliers let me know if need some actual figures or just leave as it being significant
Much appreciated
Debbie

<Neonatal January report (2).docx>
<Occupancy Ward(s) by Hour, Day.pdf>

Neonatal February to March report

January had high numbers in intensive care and high numbers in level 2 followed in the month of February, March and April were 2 months at 100% occupancy for resourced cots and no mothers were transferred. Inutero transfers occurred in February with 5 women going to Dunedin (3 from Greymouth), Timaru (1) and Auckland (1) between the 7-12 February

Neonatal Intensive care days

February Average 9.2 Range 5-13 5 days occupancy >11

Feb incl. transfers 11.1 Range 7-15 14 days occupancy > 11

March Average 11.1 Range 7-14 14 days occupancy >11

Mar incl transfer 11.7 Range 8-15 21 days occupancy >11

These babies are ventilated, on respiratory support CPAP, BIPAP, Hi Flow, receiving TPN, Cooling for HIE or post surgery. They require 1:1 or 1 to 2 nurse:baby ratios.

There are 11 IC spaces in room 1, a 12th emergency space if often open. By collocating twins in 1 space 14 babies can be accommodated. Room 2 is also intensive care at the high dependency level. 4 babies is comfortable receiving CPAP or HiFlow, there are often 5 and occasionally 6. To open the extra spaces 3 more nurses per shift are needed.

Neonatal Special Care days

February Average 38.5 Range 34-45 28 days occupancy >30

Feb incl transfers Av 39.7, Range 34-47, 28 days occupancy >30

March Average 30.2 Range 24-37 12 days occupancy >30

These babies are monitored, in incubators or cots, receiving nasogastric feeding, phototherapy, antibiotics. Nurse : Baby ratios should be 1: 4. We often need to allocate 1:5 to manage the occupancy. We have physical space for 37 babies

Total Occupancy

February Average 47.6 Range 43-55 28 days occupancy > 41 116.1%

Feb incl transfers Av 50.8 Range 47-60 @8 days occupancy >41

March Average 41.3 Range 34-49 13 days occupancy > 41 100.7%

March Inc transfers Av 41.9 Range 35-50 18 days occupancy > 41

In February occupancy rose to over 50 and to alleviate the pressure, further inutero trasnfers occurred and 4 babies went to the Paediatric ward for their last 1-2 days before discharge.

The 15th March Mosque attack affected one of our families with the father and grandfather being victims.

Staffing was achieved with overtime and extra duties with 17-18 nurses (including ACNM) per shift.

SMO numbers were reduced to 5 until 29th April. A locum was used in February for 1 week on service including the weekend. The 5 SMO's received additional payments for the extra workload.

Intensive care NIC Feb and March

Ward/Wards : NIC **Age Band:** All

Date Range: 1/02/2019 to 28/02/2019

		12:00 am	1:00 am	2:00 am	3:00 am	4:00 am	5:00 am	6:00 am	7:00 am	8:00 am	9:00 am	10:00 am	11:00 am	12:00 pm	1:00 pm	2:00 pm	3:00 pm	4:00 pm	5:00 pm	6:00 pm	7:00 pm	8:00 pm	9:00 pm	10:00 pm	11:00 pm
1/02/2019	Fri	11	11	11	11	11	11	11	12	12	12	12	12	12	12	12	12	12	11	11	12	12	12	12	12
2/02/2019	Sat	12	12	12	12	12	12	12	12	12	13	13	13	13	13	13	13	13	14	14	14	14	14	14	14
3/02/2019	Sun	14	14	14	15	15	15	17	17	16	16	14	13	13	13	13	13	11	11	11	11	11	11	11	11
4/02/2019	Mon	11	11	11	11	11	11	11	11	11	11	11	11	12	12	12	12	12	12	12	12	12	12	12	12
5/02/2019	Tue	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	9	9	9	9	10	10	10
6/02/2019	Wed	10	10	10	10	11	10	10	10	11	11	11	11	11	11	11	11	11	11	11	11	11	11	12	12
7/02/2019	Thu	12	12	12	12	12	12	12	12	10	10	10	10	10	10	10	10	11	11	11	11	11	11	11	11
8/02/2019	Fri	11	11	11	11	11	11	11	11	11	10	10	10	10	11	11	10	10	10	10	10	10	10	10	10
9/02/2019	Sat	10	10	10	10	11	11	12	12	12	12	11	11	11	11	11	11	11	11	11	11	11	11	11	11
10/02/2019	Sun	12	12	12	12	12	12	12	12	11	11	12	12	12	12	13	12	12	12	12	12	12	12	13	13
11/02/2019	Mon	13	13	13	13	13	13	13	13	13	13	12	12	9	9	9	9	9	9	9	9	9	10	10	10
12/02/2019	Tue	10	10	10	10	10	10	10	10	10	10	10	11	11	11	11	11	11	11	11	11	11	12	12	12
13/02/2019	Wed	11	11	10	10	10	10	10	10	8	6	6	6	6	6	6	6	7	7	5	5	5	5	5	5
14/02/2019	Thu	5	5	5	5	5	5	5	5	5	5	5	6	6	6	5	5	6	6	6	6	6	6	6	6
15/02/2019	Fri	7	6	6	6	6	6	6	6	7	7	6	6	6	6	6	6	6	5	5	5	5	5	5	5
16/02/2019	Sat	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
17/02/2019	Sun	5	5	5	5	5	5	5	6	5	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6
18/02/2019	Mon	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7	8	8	8	8	8	8
19/02/2019	Tue	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	9	9	9	9
20/02/2019	Wed	9	9	9	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	9
21/02/2019	Thu	9	9	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
22/02/2019	Fri	10	10	10	10	10	10	10	10	9	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9
23/02/2019	Sat	9	9	9	9	9	9	9	9	9	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9
24/02/2019	Sun	9	9	9	9	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	11	11
25/02/2019	Mon	11	11	11	11	11	11	11	11	11	9	9	9	9	9	9	9	10	10	10	10	10	10	10	10
26/02/2019	Tue	10	10	10	10	10	10	11	11	11	11	12	12	11	11	11	12	11	11	11	11	11	11	11	11
27/02/2019	Wed	12	12	13	13	13	13	13	13	12	12	12	13	13	13	12	12	13	13	13	13	13	13	14	14
28/02/2019	Thu	14	14	14	14	14	14	14	14	14	13	13	13	12	12	12	12	12	13	13	13	13	13	15	15

Ward/Wards : NIC Age Band: All

Date Range: 1/03/2019 to 31/03/2019

		12:00 am	1:00 am	2:00 am	3:00 am	4:00 am	5:00 am	6:00 am	7:00 am	8:00 am	9:00 am	10:00 am	11:00 am	12:00 pm	1:00 pm	2:00 pm	3:00 pm	4:00 pm	5:00 pm	6:00 pm	7:00 pm	8:00 pm	9:00 pm	10:00 pm	11:00 pm
1/03/2019	Fri	15	15	15	16	16	16	16	16	14	13	13	13	13	13	14	13	13	13	13	13	13	13	13	13
2/03/2019	Sat	13	13	13	13	13	13	13	13	11	11	11	11	11	11	11	11	12	12	12	12	12	12	12	12
3/03/2019	Sun	12	12	12	12	12	12	12	12	12	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
4/03/2019	Mon	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	12	11	11	11	11	11	11
5/03/2019	Tue	11	11	11	11	11	11	11	11	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
6/03/2019	Wed	10	10	10	10	10	10	10	10	10	10	10	10	10	11	11	11	11	11	11	11	11	11	11	11
7/03/2019	Thu	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
8/03/2019	Fri	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	12	12	12
9/03/2019	Sat	12	12	12	13	13	13	13	13	11	11	12	12	12	12	12	12	12	12	12	12	12	12	12	12
10/03/2019	Sun	12	12	12	11	11	12	12	12	11	11	11	11	11	12	12	12	12	12	12	12	12	12	12	12
11/03/2019	Mon	12	12	12	12	12	12	12	12	12	12	12	13	13	13	13	13	13	13	13	13	13	13	13	13
12/03/2019	Tue	13	13	13	13	13	13	13	13	13	13	13	14	14	14	14	14	14	14	14	14	15	15	14	14
13/03/2019	Wed	14	14	15	15	15	15	14	15	15	14	14	14	14	14	13	13	13	13	13	13	13	13	13	13
14/03/2019	Thu	13	13	13	13	13	13	13	13	12	12	12	12	12	12	11	11	11	11	11	11	11	11	11	11
15/03/2019	Fri	11	11	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	13	13	13	13	13	13	13
16/03/2019	Sat	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	13	13	13	13	13	13	12	12	12
17/03/2019	Sun	12	12	12	12	12	12	12	13	13	13	13	13	12	12	12	12	13	13	13	13	13	13	13	13
18/03/2019	Mon	13	13	13	13	13	13	13	13	13	12	12	12	12	12	12	12	12	12	10	10	10	10	10	10
19/03/2019	Tue	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	9	8	8	8	8	8
20/03/2019	Wed	8	8	8	8	8	8	8	8	8	8	8	8	8	8	9	10	10	10	10	10	10	10	10	10
21/03/2019	Thu	11	11	11	11	11	11	11	11	10	10	11	11	11	11	11	11	11	10	10	12	12	12	14	14
22/03/2019	Fri	14	14	14	14	14	14	14	14	14	14	14	15	15	15	15	15	15	15	13	13	13	13	13	13
23/03/2019	Sat	13	11	11	11	11	11	11	11	11	12	12	12	13	13	13	13	13	13	13	13	13	13	13	13
24/03/2019	Sun	13	13	13	13	13	13	13	12	11	11	11	11	11	11	11	13	13	13	13	13	13	13	13	13
25/03/2019	Mon	13	13	13	13	13	13	13	13	13	13	13	12	12	12	12	12	12	12	11	11	11	11	12	12
26/03/2019	Tue	12	12	12	12	12	12	12	12	12	12	12	12	12	12	10	10	10	10	9	9	9	9	10	10
27/03/2019	Wed	10	10	10	10	10	10	10	10	9	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9
28/03/2019	Thu	9	9	9	9	9	9	9	9	9	9	9	9	10	9	9	9	9	9	8	8	8	8	8	8
29/03/2019	Fri	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	9
30/03/2019	Sat	9	9	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
31/03/2019	Sun	8	8	8	8	8	8	8	8	7	7	7	7	9	9	9	9	10	10	10	10	10	10	10	10

Neonatal Special Care; Level 2 February and March

Ward/Wards : NSC Age Band: All

Date Range: 1/02/2019 to 28/02/2019

		12:00 am	1:00 am	2:00 am	3:00 am	4:00 am	5:00 am	6:00 am	7:00 am	8:00 am	9:00 am	10:00 am	11:00 am	12:00 pm	1:00 pm	2:00 pm	3:00 pm	4:00 pm	5:00 pm	6:00 pm	7:00 pm	8:00 pm	9:00 pm	10:00 pm	11:00 pm
1/02/2019	Fri	36	36	36	37	37	37	37	37	37	37	37	37	37	36	35	34	34	34	34	34	34	34	34	34
2/02/2019	Sat	34	34	34	34	34	34	34	34	34	34	33	33	33	33	33	34	32	32	32	32	32	32	33	33
3/02/2019	Sun	34	34	34	35	35	35	35	35	36	36	38	38	38	38	37	37	39	39	39	39	39	39	39	39
4/02/2019	Mon	39	39	39	39	40	40	40	40	40	40	40	41	41	41	41	41	41	40	40	40	40	39	39	39
5/02/2019	Tue	39	39	39	39	39	39	39	39	39	36	35	35	35	35	35	35	35	38	38	38	38	38	38	38
6/02/2019	Wed	38	38	38	38	37	38	38	38	39	39	39	39	39	39	39	40	40	40	40	40	40	40	40	40
7/02/2019	Thu	40	40	40	40	40	40	40	40	42	42	42	42	42	42	42	42	42	43	43	43	43	43	43	43
8/02/2019	Fri	43	43	43	43	43	43	43	43	43	43	43	42	42	41	41	40	41	39	39	39	39	40	40	40
9/02/2019	Sat	40	40	40	40	40	40	40	40	40	40	41	41	40	40	39	39	38	38	38	38	38	38	38	38
10/02/2019	Sun	38	38	38	38	38	38	38	38	39	39	40	40	40	40	40	40	40	40	40	40	40	40	40	40
11/02/2019	Mon	40	40	40	40	40	40	40	40	40	40	41	42	45	45	45	46	44	44	44	44	44	44	44	44
12/02/2019	Tue	44	44	44	44	44	44	44	44	44	44	44	44	44	45	45	45	44	41	41	39	39	39	39	39
13/02/2019	Wed	40	40	40	40	40	40	40	40	42	44	44	44	44	43	42	42	40	40	41	38	38	38	38	38
14/02/2019	Thu	38	38	38	38	38	38	38	38	38	38	38	38	39	39	39	39	38	38	38	38	38	38	38	38
15/02/2019	Fri	38	39	39	39	39	40	39	39	38	38	41	41	40	38	39	39	39	39	39	38	39	39	38	38
16/02/2019	Sat	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38	38
17/02/2019	Sun	38	38	38	38	38	38	38	38	39	39	39	38	38	38	38	38	38	38	38	38	38	38	38	38
18/02/2019	Mon	38	38	38	38	38	38	38	38	38	37	37	37	36	36	36	36	36	36	36	36	36	36	36	36
19/02/2019	Tue	36	36	36	36	36	36	36	36	36	36	36	36	36	35	35	35	35	35	35	35	35	35	35	35
20/02/2019	Wed	35	35	35	35	35	35	35	35	35	36	36	35	34	34	34	35	35	35	35	35	35	35	35	35
21/02/2019	Thu	35	35	35	35	35	35	35	35	36	35	35	35	35	35	35	34	35	34	34	34	34	34	34	34
22/02/2019	Fri	34	34	34	34	34	34	34	34	35	36	36	36	36	36	35	35	36	36	36	35	35	35	35	35
23/02/2019	Sat	35	35	35	35	35	35	35	35	34	35	35	35	34	34	34	34	34	34	34	34	35	35	35	35
24/02/2019	Sun	35	35	35	36	36	36	36	36	36	36	36	35	33	33	33	33	33	33	33	33	33	33	33	33
25/02/2019	Mon	33	33	33	33	33	33	33	33	33	34	34	34	34	34	35	35	35	35	35	35	35	35	35	35
26/02/2019	Tue	35	35	35	35	35	35	35	35	33	33	33	33	32	32	32	32	32	32	32	32	32	32	33	33
27/02/2019	Wed	33	33	33	33	33	33	33	33	34	33	33	33	32	32	32	32	32	32	32	32	32	32	32	32
28/02/2019	Thu	32	32	32	32	32	32	32	32	32	33	33	33	34	34	34	35	34	33	33	33	33	33	33	33

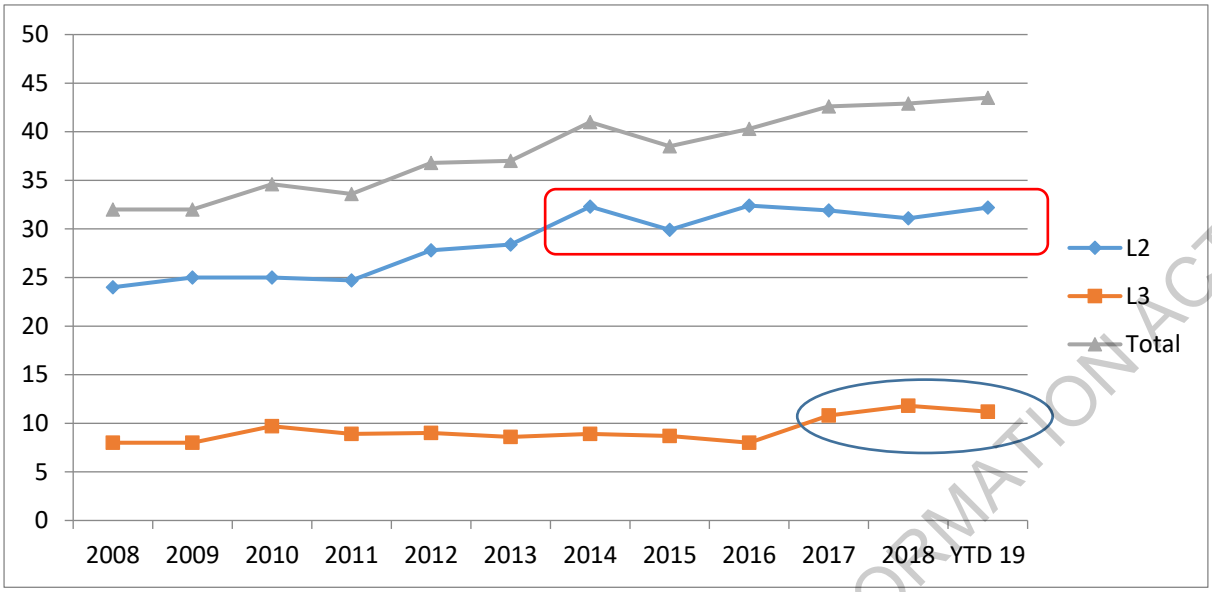
Ward/Wards : NSC **Age Band:** All

Date Range: 1/03/2019 to 31/03/2019

		12:00 am	1:00 am	2:00 am	3:00 am	4:00 am	5:00 am	6:00 am	7:00 am	8:00 am	9:00 am	10:00 am	11:00 am	12:00 pm	1:00 pm	2:00 pm	3:00 pm	4:00 pm	5:00 pm	6:00 pm	7:00 pm	8:00 pm	9:00 pm	10:00 pm	11:00 pm
1/03/2019	Fri	33	33	33	33	33	33	33	33	35	36	36	35	35	35	35	37	37	37	37	37	37	37	37	37
2/03/2019	Sat	37	37	36	36	36	36	36	36	38	36	36	36	35	34	34	34	34	34	34	34	34	34	34	34
3/03/2019	Sun	34	34	34	34	34	34	34	34	34	35	35	34	34	32	32	32	32	32	33	33	33	33	33	33
4/03/2019	Mon	33	33	33	33	33	33	34	34	34	34	34	34	34	34	34	34	34	34	34	34	34	33	33	33
5/03/2019	Tue	33	33	33	33	33	33	33	33	34	34	34	34	34	34	33	33	33	33	32	32	31	31	31	31
6/03/2019	Wed	31	31	31	31	31	31	30	30	30	30	30	30	30	30	31	31	30	29	29	29	29	29	29	30
7/03/2019	Thu	30	30	30	30	30	30	30	30	29	29	28	27	27	27	27	27	27	27	27	27	27	27	27	27
8/03/2019	Fri	27	27	27	27	27	27	27	27	27	27	27	27	26	27	27	26	27	27	27	27	27	27	27	27
9/03/2019	Sat	27	27	27	27	28	28	28	28	30	30	30	30	30	30	30	31	30	29	29	29	29	29	29	29
10/03/2019	Sun	29	29	29	29	29	29	29	29	31	31	31	31	31	30	29	29	29	29	29	29	29	29	29	29
11/03/2019	Mon	29	29	29	29	29	29	29	29	29	29	30	30	30	30	30	29	28	28	28	27	27	27	27	27
12/03/2019	Tue	27	27	27	27	27	27	26	26	26	26	26	26	25	25	24	24	24	25	25	25	25	25	26	26
13/03/2019	Wed	25	25	25	26	25	25	26	27	27	28	28	28	28	28	26	26	26	26	25	25	25	25	25	25
14/03/2019	Thu	25	25	25	25	25	24	24	24	25	25	25	25	25	26	27	27	27	27	27	27	27	27	27	27
15/03/2019	Fri	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27	27
16/03/2019	Sat	27	27	27	27	27	28	28	28	28	28	28	28	28	28	27	27	26	26	26	26	26	26	26	26
17/03/2019	Sun	26	26	27	27	27	27	27	27	27	27	28	28	29	29	29	29	29	29	29	29	29	29	29	29
18/03/2019	Mon	29	29	28	28	28	28	28	29	29	30	30	30	30	30	30	31	31	31	32	32	32	32	31	31
19/03/2019	Tue	31	31	31	31	31	31	31	31	29	29	29	29	29	27	27	27	26	25	25	26	26	26	25	25
20/03/2019	Wed	25	25	25	25	25	25	25	25	25	25	25	25	25	24	25	25	25	25	25	25	25	25	25	25
21/03/2019	Thu	25	25	25	25	25	25	25	25	26	26	26	26	25	25	25	25	25	25	24	23	23	23	23	23
22/03/2019	Fri	23	23	23	23	23	23	23	23	23	23	24	24	24	24	24	23	23	23	25	25	25	25	25	25
23/03/2019	Sat	25	27	27	27	27	27	26	26	26	26	25	25	24	24	24	24	24	24	24	24	24	24	24	24
24/03/2019	Sun	24	24	24	24	24	24	24	25	26	26	26	26	26	26	26	25	25	25	26	26	26	26	26	26
25/03/2019	Mon	26	26	26	26	26	26	26	26	26	26	26	27	27	27	27	26	26	26	27	29	29	29	29	29
26/03/2019	Tue	29	29	29	29	29	29	29	29	29	29	29	29	29	29	31	31	31	32	33	33	33	33	33	32
27/03/2019	Wed	32	32	32	32	32	32	32	32	33	34	34	33	33	32	32	32	32	32	32	32	32	32	32	32
28/03/2019	Thu	32	32	32	32	32	32	32	32	32	32	32	32	32	32	31	31	31	32	33	33	35	35	35	35
29/03/2019	Fri	35	35	35	35	35	35	35	35	35	35	35	33	33	32	31	30	30	30	31	31	31	31	31	31
30/03/2019	Sat	31	31	31	31	33	33	33	33	33	33	33	32	32	32	32	32	32	32	32	32	32	32	32	32
31/03/2019	Sun	32	32	32	32	32	32	32	32	33	33	33	34	33	33	34	34	34	34	34	34	34	34	34	34

From:	Nicola Austin
To:	Clare Doocey; Anne Morgan (Child Health); Debbie O"Donoghue
Cc:	Julia Reeves
Subject:	Recommendation for NICU occupancy issues
Date:	Wednesday, 19 June 2019 2:14:02 PM
Attachments:	Recommendation for NICU occupancy issues.docx

NICU occupancy trends 2018 and 2019



L2 Special care numbers have exceeded 30 average since 2014

L3 occupancy has exceeded 11 since 2017

We manage the NIC level 3 / NSC Level2 areas as flexibly as possible and as long as both levels are not problematic at once we just cope with inutero transfers to other level3 and level 2 centres.

Recommendation:

Our resourced cots should increase from **11 to 13 Intensive care** – our current average occupancy would then be 85% of resourced cots.

This will require an increase in 5.6 FTE nursing numbers.

Nursing ratios for L 3 is either 1: 1 or 1:2, if stable high flow then 1:3 is possible.

Note the need for skilled staff and the length of training.

Current establishment at 78 FTE

Plus additional ACNM so that 2 are on 0700-2300 is requested and should be 24/7. A minimum is 2 ACNM for 12 hours each. This is to cover operational flow and staff support/mentorship and will in the future provide Transitional care support / oversight.

Our physical space in level 2 is unable to be increased. Our average occupancy for the last 3.5 years has been 32 babies or 107%.

Having 5 babies a day receive transitional care on the postnatal ward with their mothers avoiding or reducing NICU admission and continuing with the current 30 NSC cots would bring the average NSC occupancy down to 90%.

Looking at the peaks behind the averages we would still have some days where there are more than 37 babies.

There are currently 4-5 babies receiving transitional care on the postnatal at the lighter end of the clinical spectrum eg Iv antibiotics. Not nasogastric feeds, incubator care. Additional nurses with neonatal experience will be required to staff the transitional care.

Preliminary staffing requirement for TC

5.6 FTE neonatal nurses for Transitional care on the Postnatal ward. This is based on 10 babies and mothers in TC being cared for by neonatal nursing staff and midwives/LMC's need 2 a shift 24hr seven.

Additional Physio time is needed – currently 0.6 – require 0.2 FTE more

Additional Lactation consultant – currently 1.0 IFS (includes education 0.2)– require 7 day cover to manage improve timely discharge and improve the breast feeding at discharge rate. A minimum additional 0.6 to cover 3 days plus cover for annual leave of 1.4FTE (0.4 FTE).

Additional administration support.

Other as determined by the establishment process.

Nicola Austin

Clinical Director NICU, Christchurch.

19th June 2019

From:	Debbie O"Donoghue
To:	Allan Katzef
Cc:	Anne Morgan (Child Health); Gillian Rooney
Subject:	RE: Neonatal Unit: Activity 19/20 and emphasis on April and May 20
Date:	Wednesday, 10 June 2020 1:07:33 PM
Attachments:	2019 NEW STAFF add to report.docx

Hi Allan

Yes unfortunately the neonatal unit has continued to be over capacity for the majority of the year and I am very aware of nursing spend. I am unsure if you are wanting a breakdown of cot occupancy for the year when there are the reports circulated by decision support

But for the month of April

Total numbers of 41 or above for 28 days and up to 50 babies
Level 3 resourced cots of 11 or above for 8 days of the month and up to 13 babies
Level 2 resourced cots of 30 or more for 30 days and up to 41 babies

Outliers required due to occupancy/lack of space
Nelson x 1 delivered
Auckland x twins still in utero

and May (the first 5 days were within our resourced numbers) however

Total numbers of 41 or above for 25 days and up to 46 babies
Level 3 resourced cots of 11 or above for 21 days of the month and up to 14 babies
Level 2 resourced cots of 30 or more for 15 days and up to 36 babies

Outliers required due to occupancy /lack of space
Nelson x 1 delivered remained.
Wellington x 1 in utero
Dunedin x 1 delivered .

Covid 19
was a pandemic plan on top of an over occupied unit there was no decrease in workloads/admissions but impacted by the need for a number of nursing staff due to the zoning of NICU to be supported on pandemic leave and require backfilling. With a total **of 9 in RN's and Hospital aides** on the leave for that period of end March to May who had all completed self-assessments and deployment requirements.

Nursing workforce
This ongoing number of babies and also the complexity of these babies equates to requiring a skilled nursing workforce with a shift requiring for the majority of the time18- 19 per shift which includes an ACNM we are currently not budgeted to nurse this number of babies. The NICU continues to have significant sickness levels and this is due in majority of cases due to our need to protect the most vulnerable and so staff are not to come to work feeling unwell. Contributing also to the sickness levels that need replacing shift to shift are the number of ACC NWR injuries and surgery required by a number of our staff, as well as bereavement and long term ill health. Parental leave is another significant factor with no opportunity to really offer fixed term parental leave cover options for a specialised workforce. As a general rule our cross cover is filled by part

time ordinary hours /our neonatal casual pool. Use of over time we try to keep to a minimum unless safe staff escalation requires as the last option or if it is a transport and staff are away from the unit on a transport and incur longer shifts. We strive at all times to uphold international best practice in regards to nursing workload ratios.

Also impacting on our nursing hours that needs consideration are,

The neonatal nursing team has also undergone significant need for recruitment over the past year with joining the nursing team and with that comes a period of orientation and 2 separate buddying periods of a month each where the nurse is supernumery for special care and intensive care. Many of the nurses now joining our team come with no or very little neonatal experience. I have attached a breakdown of our most recent report around this recruitment/orientation noting we have also had **for 2020 a further 8 new RN recruitments** . We consider this to be the minimum a nurse should be supported with as a new member of staff due to the specialised care required. Our supportive approach h now means that we are in a good place in regards to retention of staff and FTE compliment. Ongoing education of nursing staff is a also a factor noting the widening competency requirements required annually as well as trying to meet the professional development hours required as part of MECA and PDRP.

The nursing team and service has continued to look at alternative ways of working/supporting early discharges and have only been able to do this in short term either through pilots, short fixed term secondments or alternative resourcing such as the SUDI money for a LC for 12 months.

I don't wish to bombard you with information but please let me know if you need any more details

Debbie O'Donoghue
Neonatal Nurse Manager
Neonatal Service
Christchurch Women's Hospital
Private Bag 4711
Christchurch
PH: 9(2)(a) [redacted]

From: Allan Katzef
Sent: Wednesday, 10 June 2020 8:43 a.m.
To: Debbie O'Donoghue <Debbie.ODonoghue@cdhb.health.nz>
Cc: Gillian Rooney <Gillian.Rooney@cdhb.health.nz>
Subject: Neonatal Unit: Activity 19/20 and emphasis on April and May 20

Hi Debbie

Can you please help me with some of your patient volume numbers.

Nursing for neonatal unit is significantly over budget for the financial year and my understanding is that your numbers through April and May did not drop off, in fact may have increased.

RN's Budget 19/20 $7,690m Overspend $976,000 or 12%,

I am finalising the financial report for May 20 and will appreciate if you could provide me some of your numbers before close of day today.

Your help here is appreciated.

Regards

Allan Katzef
Campus Finance Manager
Ext: 81784
Mobile: 9(2)(a) [redacted]

NEW STAFF 2019

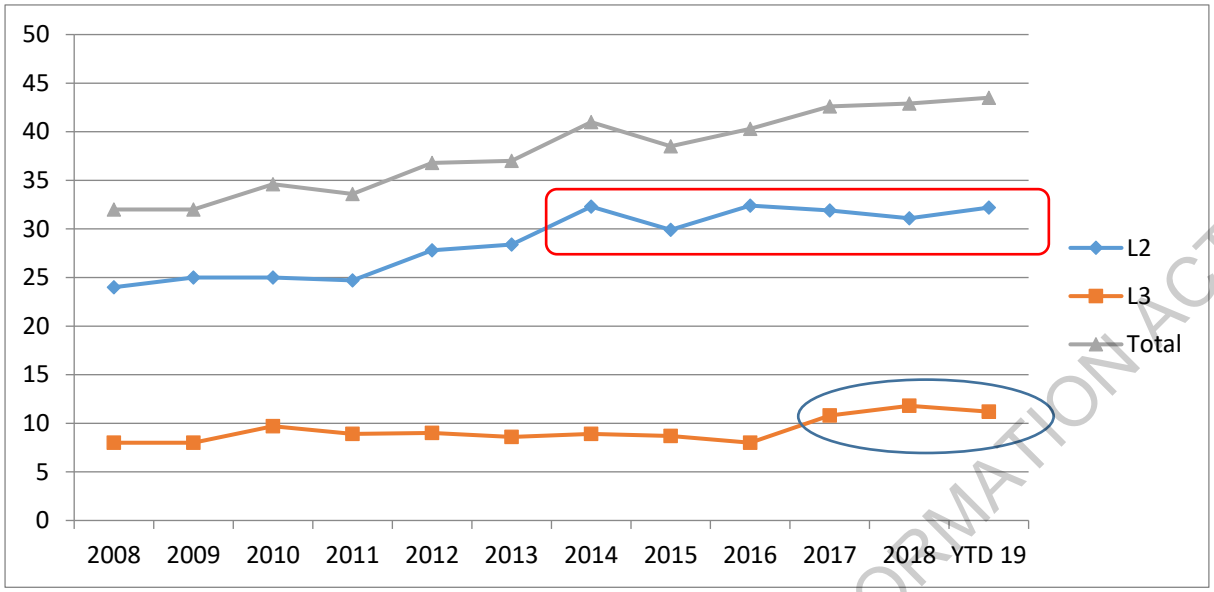
NAME	DATE	COMMENTS
9(2)(a) [redacted]	7th January	Returning neonatal nurse
	7th January	Burwood spinal unit
	7th January	Southern cross, surgical
	4th February	Returning neonatal nurse
	11th February	NetP programme
	11th February	NetP programme
	18th March	Returning neonatal nurse
	22nd April	Exp. neonatal nurse (Australia)
	22nd April	Returning neonatal nurse (Casual)
	29th April	Burwood hospital orthopaedics
	29th April	Starship PICU
	29th April	Wd 18
	29th April	ICU Dunedin/NICU Wellington
	20th May	Midwife (Casual)
	20th May	Waitakerei SCBU (Casual)
	3rd June	Returning neonatal nurse
	17th June	Neonatal nurse (India)
	17th June	Neonatal nurse (China)
	17th June	Emergency dept.
	1st July	Post-natal care Rangiora
	9th Sept	NetP Programme
	9th Sept.	NetP Programme
	28th Oct.	Experienced NN (UK)

From: Debbie O"Donoghue
To: Anne Morgan (Child Health); Lynne Johnson
Subject: NICU occupancy trends 2018 and 2019
Date: Wednesday, 19 June 2019 2:20:41 PM
Attachments: NICU occupancy trends 2018 and 2019.docx

Hi

1 slide so far for Monday's meeting ☺

NICU occupancy trends 2018 and 2019



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From:	Debbie O"Donoghue
To:	Anne Morgan (Child Health); Lynne Johnson
Subject:	Presentation GM.pptx
Date:	Thursday, 20 June 2019 3:26:18 PM
Attachments:	Presentation GM.pptx

Hi
Just pulling some slides together. There are no doubt too many and so will need to cut back. Lynne have included LOS slide which just has words at the moment need an up to date graph (I know we had some in BC and have also touched base with Neroli)

Keen for comments.
Thanks
Debbie

NICU Snapshot

Occupancy

L2 Special care numbers have exceeded 30 average since 2014
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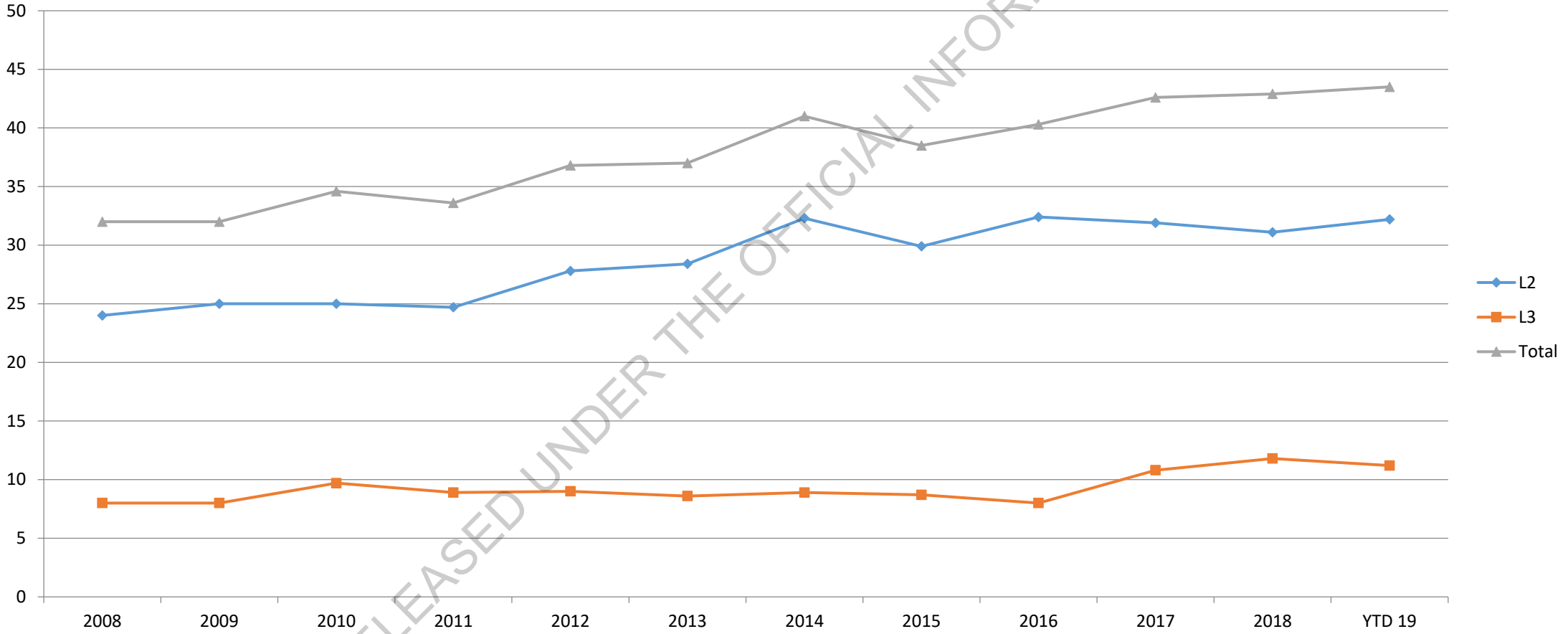

Births

- Increased maternal complexity – health, age, IVF, vulnerability, mental health, CYFS
- More late preterm deliveries (32-36 weeks)

Maternity

- Staffing constraints/workloads impacting on ability to care for babies who need low intensity care

NICU

- Increased admissions, over capacity mainly in Level 2
- Unable to take new high risk admissions due to safety risk/lack of staff or resources

Increased LOS

- When under-resourced can only focus on acute care delivery
- Chch is unique in that Timaru (L1) is our only potential centre to transfer patients to for special care

In-Utero Transfers

- Pregnant woman transferred out to a centre with a NICU bed if able as CWH NICU full
- If they deliver unlikely to be repatriated for 2-4 weeks.
- Huge emotional and financial stress that is relatively hidden. Occurs 15-20 times a year

In utero transfer; Stats
Note costs both financial and emotional a repatriation of 2- 5 weeks

- 2018 total of 20 women with 18 delivering
- 2019 to date 17 women with 14 delivering

month	Number transferred	reason	City they went to	How many gave birth in other centre
January 2019	3	NICU Full	Wellington x3	3
February	6	NICU Full	Dunedin x3 Wellington x1 National Women's x1 Timaru x1	4
March	0			
April	0			1
April	0			
May	3	NICU Full	Wellington x1 Dunedin x 1 Nelson x1	3
June	5	NICU Full	Wellington x1 Timaru x2 Auckland x1 Nelson x1	3

Nursing workforce

- Ratio's (BAPM international standards) Nursing ratios for L 3 (Intensive care) is either 1: 1 or 1:2,
- If stable high flow then 1:3 is possible.
- L2 (Special care) 1:4
- Note the need for skilled staff and the length of training.
- Nursing numbers on shift a reason why the service is unable to accept babies and a need to consider transfer in combination with space.
- A need to maintain staffing levels consistently over 24hr period as demand does not differ (no reduction in numbers at night)

Length of stay (use graph)

The median length of stay for all babies in the Australasian Network was 27 days, with an interquartile range of 10-51 days.

The individual unit report shows that for the babies that survive to go home, the Canterbury DHB 'days to go home' (median for the unit) is within the (upper)limits of the inter-quartile range of the network

Whilst the average total length of stay for both Level 2 and 3 combined (of approximately17 days) has been increasing slightly (from15 days in 2010), the length of stay for the Neonatal infant, for both Level 3 and 2 has significant variation

The average infant time spent in NICU since February 2010 is 3.8 days and 10.8 days for special care. Again, there is considerable daily variation, which is not reflected in these averages

Consideration given to how we can reduced LOS for some babies resulted in reviewing ;

Potential opportunities to reduce LOS
DISCHARGE CRITERIA

CURRENT	PROPOSED
• 48 hours fully oral feeding (only NGT for complex long term)	• 24 hours fully oral feeding for less complex babies • Look to discharge more with nasogastric support
• Gaining weight	• Growing
• 2 nights Rooming-in	• 1 night Rooming-in

OUTREACH CRITERIA

CURRENT	PROPOSED
• <35 wks &/or 2.4kg (at birth)	• <34 wks &/or 2.2kg (at birth)
• Visit individually ? best use of time and travel	• Nurse led clinics(Ashburton North Canterbury Christchurch)
• Within 60 minutes of hospital	• Wider catchment area

Benefits of increasing resource

- **Ability to identify infants and families suitable for earlier discharge so influencing LOS aim to decrease length of stay**
- **Have consistent overview of unit activity to support prioritisation and coordination of discharge planning/timely discharges**
- **Ability to progress proposal for change**
- **Establish nurse led clinics**
- **Reduce potential need for outliers**
- **More space and resources within the Unit**
- **Home is a less stimulating environment for brain development and feeding and supports Family integrated and developmentally supportive care**
- **Less stress for families and staff, mitigate unsafe working environment**

Request Discharge /Outreach team leader role

- **Has been 0.4 FTE since 2006. Senior nursing Grade 4**
- **Request to increase to 1.0 FTE to have the protected time to set up and facilitate these improvements.**