Frontline Collaboration Against COVID-19

Hospital Situation Report (SitRep) Document for use during COVID-19

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Produced by: Frontline Collaboration Against COVID-19
Humanitarian Analysis, Guidance and Support for NHS Workers

Situation

- Current reporting systems from frontlines services are not standardised across sites, or systematic in their approach to capture relevant data for hospital-based surveillance during an outbreak.
- The variables collected do not consistently reflect a needs-based approach within the context of outbreak control and monitoring or operational service delivery.
- The lack of adequate health information reporting and analysis impairs planning, decision-making, resource allocation and response.
- This additionally impacts on transparency of issues being highlighted and addressed, and so can affect trust between management and the frontline.

Background

- The current medical response system to COVID-19 follows a tiered Major Incident Management approach of Bronze (Operational), Silver (Tactical) and Gold (Strategic).
- Each tier is reliant on appropriate and relevant communications to inform dynamic planning and response.
- In order to strengthen the incident management approach in response to COVID-19, critical aspects of information will need to be reported from frontline healthcare services.
- Additionally, core components of infection prevention and control programmes should be taken into consideration.
- On review of examples of reporting templates from pandemic flu plans, key aspects of surveillance and operational activity are not captured in sufficient detail, which risks negatively impacting core business continuity plans.

Assessment

While organisations will have existing plans and templates for strategic decision-making as per major incident and pandemic response, the items in this document represents a view of the minimum set of standardised surveillance indicators on activity and operational reporting to be collected routinely from frontline services to support planning and response. ***Please review recommendations section for advice and resource considerations to support data collection.***

A	**Disease Surveillance and Activity**	Number	On Target (Y/N)	Significant Change (Y/N)
1.0	***Accident and Emergency Dept***			
1.1	Number of all attendances to department			
1.2	Total number of admissions from A&E Department			
1.3	Number of suspected COVID-19 patients attended			
1.4	Number of suspected COVID-19 cases admitted			
1.5	Number of major trauma patients admitted			
1.6	Number of suspected cardiac chest pain attendances			
1.7	Number of suspected stroke/TIA attendances			
1.8	Number of mental health related attendances			
1.9	Additional Comments/Concerns			
2.0	***Laboratory– COVID-19***			
2.1	Total number of samples run			
2.2	Number of samples waiting testing			
2.3	Number of samples run but awaiting results			
2.4	Number of positive results (hospital patients)			
2.5	Number of positive results (sample from other hospitals)			
2.6	Number of positive results (NHS staff samples)			
2.7	Number of positive results (Community samples/provide further details if known from Care/Nursing home)			
2.8	Additional Comments/Concerns			
3.0	***Inpatient designated Medical/Respiratory/Infectious Disease Wards***			
3.1	Total number of suspected COVID-19 patients			
3.2	Total number of confirmed COVID-19 patients			
3.3	Total number of COVID-19 (suspected or confirmed) patients awaiting step down to community care			
3.4	Total number of NON-COVID patients awaiting step down to community care			
3.5	Total number of suspected or confirmed patients discharged			
3.6	Total number of NON-COVID-19 patients discharged			
3.7	Additional Comments/Concerns			
4.0	***Intensive Care Unit***			
4.1	Total number of suspected COVID-19 patients			

4.2	Total number of confirmed COVID-19 patients cases			
4.3	Total number of non-COVID-19 patients			
4.4	Additional Comments/Concerns			
5.0	***Hospital Overview***			
5.1	Total number of suspected/confirmed COVID-19 patients NOT for escalation			
5.2	Total number of NON-COVID patients NOT for escalation			
5.3	Total number of hospital suspected/confirmed COVID-19 deaths			
5.4	Total number of hospital NON-COVID deaths.			
5.5	Additional Comments/Concerns			

B	**Operational - Service Delivery**	Number of patients	Estimated Occupancy >98% = Red <90% = Amber <75% = Green
1.0	***Hospital Overview***		
1.1	Overall number of beds available for suspected/confirmed COVID-19 adult patients		
1.2	Overall number of beds available for NON-COVID-19 adult patients		
1.3	Overall number of beds available for suspected/confirmed COVID-19 paediatric patients		
1.4	Overall number of beds available for NON-COVID-19 paediatric patients		
1.5	Additional comments/Key issues:		
2.0	***Accident and Emergency***		
2.1	Resus		
2.2	Hot/Red-Zoned space		
2.3	Requiring NIV/CPAP		
2.4	TCI block to ICU		
2.5	TCI block to wards		
2.6	Additional comments/Key issues:		
3.0	***Medical Wards***		
3.1	Side room/Hot/Red-Zoned space		
3.2	Requiring Oxygen		
3.3	Requiring NIV/CPAP		
3.4	Awaiting ICU		
3.5	On Palliative Care Pathway		
3.6	Awaiting discharge		
3.7	Additional comments/Key issues:		

4.0	***Intensive Care***		
4.1	Intensive care and high dependency units (including newly designated areas)		
4.2	Intubated and ventilated		
4.3	Awaiting step down		
4.4	Additional comments/Key issues:		
5.0	***Surgical Specialties***		
5.1	Assessment Unit		
5.2	Operating Theatres		
5.3	Delayed or Cancelled Urgent/Emergency Surgery		
5.4	Additional comments/Key issues:		
6.0	***Maternity***		
6.1	Assessment unit		
6.2	Labour ward		
6.3	Delayed to C-section or emergency surgery		
6.4	Additional comments/Key issues:		
7.0	***Paediatrics***		
7.1	Assessment unit		
7.2	Wards		
7.3	Delays to PICU care		
7.4	Additional comments/Key issues:		
8.0	***Radiology***		
8.1	CT		
8.2	X-ray		
8.3	Comment on any significant delays to reporting:		
8.4	Additional comments/Key issues:		
9.0	***Laboratory/Pathology***		
9.1	COVID-19 testing		
9.2	Haematology testing		
9.3	Biochemistry testing		
9.4	Comment on any significant delays to reporting:		
9.5	Additional comments/Key issues:		
10.0	***Mortuary Services***		

10.1	General management of the deceased	
10.2	Additional comments/Key issues:	
11.0	***Comments on other services (Eg: Mental Health/Discharge services)***	

C.	**Operational - Healthcare Workforce** Key: Red = Staff (Medical and Nursing) over-stretched, struggling to meet demand and volume of work, high levels of stress/anxiety Amber = Staff busy, moderate difficulties to meet demand and volume of work, some staff feeling unsupported, occasional workplace arguments/confrontations Green = Staff able to meet demand of work, generally good team morale	Number
1.0	***Hospital overview***	
1.1	Total workforce self-isolating with suspected COVID-19	
1.2	Total workforce admitted with suspected/or confirmed COVID-19	
1.3	Total workforce deaths with suspected/confirmed COVID-19	
1.4	Any significant gaps (profession, grade, location)/ Additional comments	
2.0	***Accident and Emergency***	
2.1	Workforce shielding due to health risks	
2.2	Workforce self-isolating due to illness	
2.3	Workforce isolating due to household member illness	
2.4	Any significant gaps (profession, grade, location)/ Additional comments	
2.5	Overall staff capacity	
3.0	***Designated Medical/Respiratory/Infectious Disease Wards***	
3.1	Workforce shielding due to health risks	
3.2	Workforce self-isolating due to illness	
3.3	Workforce isolating due to household member illness	
3.4	Any significant gaps (profession, grade, location)/ Additional comments	
3.5	Overall staff capacity	
4.0	***Intensive Care Unit***	
4.1	Workforce shielding due to health risks	
4.2	Workforce self-isolating due to illness	
4.3	Workforce isolating due to household member illness	
4.4	Any significant gaps (profession, grade, location)/ Additional comments	
4.5	Overall staff capacity	
5.0	***Surgical Specialties***	
5.1	Workforce shielding due to health risks	
5.2	Workforce self-isolating due to illness	
5.3	Workforce isolating due to household member illness	
5.4	Any significant gaps (profession, grade, location)/ Additional comments	

5.5	Overall staff capacity
6.0	***Maternity***
6.1	Workforce shielding due to health risks
6.2	Workforce self-isolating due to illness
6.3	Workforce isolating due to household member illness
6.4	Any significant gaps (profession, grade, location)/ Additional comments
6.5	Overall staff capacity
7.0	***Paediatrics***
7.1	Workforce shielding due to health risks
7.2	Workforce self-isolating due to illness
7.3	Workforce isolating due to household member illness
7.4	Any significant gaps (profession, grade, location)/ Additional comments
7.5	Overall staff capacity
8.0	***Critical Support Services (Cleaners/Porters/Maintenance/Security/Laundry/Catering)***
8.1	Workforce shielding due to health risks
8.2	Workforce self-isolating due to illness
8.3	Workforce isolating due to household member illness
8.4	Any significant gaps (profession, grade, location)/ Additional comments
8.5	Overall capacity
9.0	***Managerial and Administrative Services (Site Managers, Ward Clerks/Rota coordinators)***
9.1	Workforce shielding due to health risks
9.2	Workforce self-isolating due to illness
9.3	Workforce isolating due to household member illness
9.4	Any significant gaps (profession, grade, location)/ Additional comments
9.5	Overall staff capacity

D	**Operational - Essential medicines/equipment/supplies**	YES	NO
1.1	Appropriate PPE supply for 72 hours (utilise input from stock tracking as needed)		
1.2	Any ventilators/NIV/CPAP machines not working		
1.3	Ventilators missing from base department due to patient transfers		
1.4	NIV/CPAP machines missing from base department due to patient transfers		
1.5	Ventilators/CPAP machines being shared between patients		
1.6	Adequate oxygen supply (Estates to report on any issues)		
1.7	Adequate power/water supply (Estates to report on any issues)		
1.8	Appropriate supply of body bags for 72 hours		
1.9	***Comments on others (e.g.: Waste disposal)***		

E	Infection Prevention Control (IPC)	Yes	No	Notes
1.1	Adequate IPC workforce (1 person/100 beds)			
1.2	Any reported serious incidents or significant accidental exposure reports			
1.3	Ongoing guideline/protocol development and monitoring of activities			
1.4	IPC education/training activities to reduce risk of HAI of COVID-19 and other diseases.			
1.5	IPC input into surveillance activities and risk identification			
1.6	Ongoing multimodal activities to improve practices at ward/unit level			
1.7	Audit and feedback of IPC standards at ward/unit level			
1.8	Comments on workload capacity as a risk to disease transmission			
1.9	Comments on built environment, hygiene, water and sanitation facilities.			

F	Event-based Surveillance
1.1	Report any events, news, rumours, leaks, media of relevance to the hospital

Recommendations

- It is critical that ***additional*** resources are allocated to collect this essential health information to support planning which is expected to occur at strategic 'silver' command levels.
- It is recognised that further data elements may need to collected based on national guidance and/or observed trends.
- This function may be delivered by a defined team, such as the infection prevention control team, or managerial team, and should be considered a priority task.
- Information management can and should be done remotely with nominated individuals/roles at reporting and collection wards/sites.
- Provide a short training in data collection, and ensure all acronyms and collection domains are understood.
- The dataset presented should ideally be collected/stored electronically eg: Excel sheet, or appropriate app, so that changes can be tracked.

- It is recognised that institutions will have existing data collection processes, and it may be that this dataset can be adapted or set components utilised to avoid duplication of work.
- It is suggested that components A, B, are completed at least twice daily, e.g.: 08:30 and 15:30, taking into account peak activity as well as Bronze and Silver command meetings.
- Components C and D should be completed at least once daily, e.g.: 15:30, and can be increased to twice/day according to need.
- Component E can be completed twice weekly, but may be increased in frequency as needed.
- Component F should capture any issues that are not be objectively collected as part of indicator surveillance. E.g.: Significant number of family members rushing into A&E due to a bereavement, or new policies in development being leaked, or staffing unclear/anxious on implementation of process/plan
- In the event of a major incident being declared at the health facility during the pandemic, this proposed dataset should continue to be collected with the appropriate resource allocation.
- For any further discussion and adaption of this tool, please contact the lead author, Dr Najeeb Rahman (najeebrahman@nhs.net) or the Frontline Collaboration Against Covid-19 (info@beckhealthcare.co.uk).

References

- Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016.
  Available from: https://www.who.int/gpsc/core-components.pdf
- Covid-19 Strategic Preparedness and Response plan. Operational planning guidelines to support country preparedness and response. WHO. Geneva 2020. Available from:
  https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf
- Technical guidelines for integrated disease surveillance and response in the African Region. WHO and CDC, Brazzaville, Republic of Congo and Atlanta, USA. 2010. Available from:
  https://www.afro.who.int/sites/default/files/2017-06/IDSR-Technical-Guidelines_Final_2010_0.pdf
- European Centre for Disease Prevention and Control. Handbook on using the ECDC preparedness checklist tool to strengthen preparedness against communicable disease outbreaks at migrant reception/detention centres. Stockholm: ECDC; 2016. Available from:
  https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/preparedness-checklist-migrant-centres-tool.pdf
- Nicholson A, Snair MR, Hermann J. Global Health Risk Framework: Resilient and Sustainable Health Systems to Respond to Global Infectious Disease Outbreaks: Workshop Summary. National Academy of Scienes, Engineering and Medicine. 2016.
  Available from: http://www.nap.edu/21856
- Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland, 2018. Available from: https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf
- Emergency Planning Manager, Senior IPC Nurse. Plan: OPS 006 Pandemic Flu. Sheffield Health and Social Care NHS Foundation Trust. April 2019. Available from: https://www.shsc.nhs.uk/sites/default/files/2019-12/Pandemic%20Flu%20Plan%20%28OPS%20006%20v2%20April%202019%29.pdf
- Colton N (Emergency Planning Officer). Corp/Risk 31v.2 Pandemic Influenza Plan. Doncaster and Bassetlaw Teaching Hospitals. Jan 2020. Available from: https://www.dbth.nhs.uk/about-us/our-publications/publication-scheme/our-policies-and-procedures/risk-management/
- Hawes D. WIGSB Final Proposal - Pandemic Influenza Situation Reports. Information Standards Governance Process. Welsh Assembly Government. 2009. Available from:
  http://www.wales.nhs.uk/sites3/documents/742/Pandemic%20Influenza%20Situation%20Reports%20(SITREPS)%20For%20App.pdf
- Wong J, Goh QY, Tan Z, et al. Preparing for a COVID-19 pandemic: a review of operating room outbreak response measures in a large tertiary hospital in Singapore. Can J Anesth/J Can Anesth (2020). Available from:
  https://link.springer.com/article/10.1007/s12630-020-01620-9#article-info

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About Us:

Frontline Collaboration Against COVID-19

We are a group of leading healthcare practitioners and humanitarian experts with frontline experience in the UK and around the world. We are communicating daily with NHS practitioners to understand the problems they are facing in responding to the COVID-19 pandemic. We have identified urgent, unmet needs in terms of knowledge and know-how.

We are rapidly responding to these needs with practical guidance and tools that draw on international humanitarian response and outbreak experience. At the same time, we are engaging the institutions and leadership of the overall response to lobby for system-wide improvements.

Our support is designed to complement the formal NHS system.

Our vision is of Leaders, Healthcare workers and Humanitarians Working Together Against COVID-19.

Feedback

We welcome your feedback and suggestions. Please contact us at info@beckhealthcare.co.uk

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