22 March 2024

NZ Royal Commission COVID-19 Lessons Learned
Te Tira Ārai Urutā
By email: InquiryintoCOVID-19lessons@dia.govt.nz

Re: Public Consultation 'Share your story'
Submission from the New Zealand Society of Anaesthetists

Tena Kōe,

Thank you for the opportunity to contribute to the Royal Commission of Inquiry into COVID-19 Lessons Learned I Te Tira Ārai Urutā to share some common experiences of our members during the Covid-19 pandemic with our suggestions on actions we can take forward to be best prepared should we face another pandemic.

Who we are

The New Zealand Society of Anaesthetists (NZSA) is a professional medical society representing over 800 Anaesthetists and Specialist Pain Medicine Physicians (SPMP) in Aotearoa New Zealand. Our members include Specialist and Trainee Anaesthetists and SPMPs in public and private practice. Our key roles are advocacy, facilitating and promoting education, and strengthening networks of anaesthetists nationwide.

Introduction

As part of our feedback, we wish to acknowledge the insurmountable mahi of our Aotearoa New Zealand health workforce during the Covid-19 pandemic period.

The lasting impact of the pandemic has further stretched our current health system and workforce. Adequate planning and investment are needed to prevent the health sector and workforce from crumbling if faced with another pandemic.

In light of the experiences of anaesthetists during the Covid-19 pandemic, we have outlined key recommendations for being better prepared for future pandemics:

- **The role of anaesthetists:** Anaesthetists are well-suited to take on leadership roles, such as coordinating COVID-related training and serving as 'COVID leads'. These roles provide much-needed clarity and consistency for theatre teams during a time of uncertainty and conflicting information.
- **Policies, processes, and guidelines are needed:** We should strengthen and align policies, processes, and guidelines developed during the Covid-19 pandemic, with planning in place to improve coordination and to be in a position to move quickly with these when needed in the future.
- **We need to be more prepared:** Facilities, PPE, and drug supplies need to be future-ready.
- **Caring for the carers:** Those working on the 'front line' need to feel valued and appreciated.
- **How Societies like the NZSA can help.**

The role of anaesthetists

Anaesthetists were well positioned to step up into leadership roles in their theatre team as 'Covid leads' and coordinators of simulation and training, during the Covid-19 pandemic.

Anaesthetists are a natural fit in these roles due to their skills and experience:

- As the specialist who unites the theatre team and sets the tone of the operating theatre.
- Being the specialist who the theatre team look to in a crisis.
- Interacting with different departments across the hospital through their involvement in all aspects of the perioperative journey across all procedural specialities.
- Close links with Intensive Care Medicine. In the peripheral centres in Aotearoa New Zealand, anaesthetists are often responsible for the ICU work, or after-hours ICU work.
- Responsibility for airway management across the hospital, in conjunction with ICU and emergency medicine.
- The process and team-orientated nature of the specialty.
- Running simulations as a normal part of anaesthesia training.

The common role of a Covid lead was to be the single-source of truth for the theatre team. The go-between who was responsible for disseminating the latest Covid-19 related information to the wider team and go-to in situations requiring clarity. In many centres, this role was also responsible for coordinating simulation and training to test and practice new processes with those who would be performing them, such as moving an infected patient through theatre, donning and doffing, and intubation drills for airway management of an infected patient.

Amidst the uncertainty of the pandemic, Covid leads and simulation training provided reassurance for theatre teams, dispelling fears of the unknown.

For these roles to be sustainable and successful in the future we recommend:

- The role is shared amongst 2-3 people to spread the load and reduce the risk of fatigue.
- The lead needs to be taken off ‘normal’ duties to allow them to focus on this temporary role and to be available for staff when needed.
- Staff need to be supported early in a pandemic to run and take part in simulation and training by providing resourcing and time.

Policies, processes, and guidelines are needed

During the initial stages of the Covid-19 pandemic anaesthetists felt highly exposed due to their direct involvement in a patient's airways and a lack of coordination, clear processes, and policies to help protect them and their patients.

Many felt management was “too slow” to respond and it became apparent that whilst high-level pandemic planning existed it was not in place at an operational level. This resulted in:

- A lack of coordination between centres.
- Inconsistent and conflicting policies and guidelines.
- Confusion for staff involved in treating an infected patient.

In response to this, many staff working on the ‘front-line’ developed their own workplace processes, guidelines, and resources to uphold a safe environment. These were often shared with colleagues at other facilities.

A lack of coordination between centres was also evident following the initial lockdown period when both public and private facilities were beginning to return to ‘normal’ services, whilst also continuing to follow framework and guidelines to protect staff and patients. A significant number of anaesthetists work across a hybrid of the two systems and in some regions this conflicting pressure applied significant difficulties to workforce planning and delivery of services.

There is now the opportunity to align, strengthen and standardise the processes and guidelines developed during the Covid-19 pandemic, as a national template for a possible future response.

We recommend these national guidelines, policies, and processes:

- Be developed in a collaborative nature across the country as an agreed plan to implement each time it is needed.
- Allow for localisation, so they can be adapted at a facility level to suit each workplace.

From our experience during the Covid-19 pandemic, we learned that:

- A plan is needed to identify a group with high-level exposure to hospital processes who would quickly step up to a leadership-level role to make decisions and help standardise systems.
- Improving the interface between private and public care will assist in a more cooperative delivery of services.
- Those working on the 'front-line' are prepared to develop guidelines and processes and they should be supported by management to do so.
- Time is needed to prepare and learn new processes and guidelines; this cannot be expected to happen on top of usual work.
- Utilisation of our private and public healthcare facilities should be investigated for opportunities to continue or support the provision of services during a pandemic.

We need to be more prepared

It is widely felt that Covid-19 was the “straw that broke the camel's back” exacerbating existing cracks in our health system such as:

- Facilities that were/are outdated and unsuitable.
- Limited access to negative pressure rooms, a lack of beds, old equipment, and inadequate ventilation.
- Limited staffing numbers.
- Drug shortages, for example propofol.

During the Covid-19 pandemic, this resulted in:

- An inability to follow some policies and isolation guidelines. For example, insufficient space for required patient separation.
- Additional pressure and stress on the workforce.
- The shortage of Propofol led to reverting to the use of volatile-based anaesthetics, against good environmental practice.

On top of this, PPE was a significant cause of concern for many anaesthetists due to:

- Limited access and varying supply levels.
- Discrepancies across different workplaces.
- A lack of transparent information on stock and supply.
- Some team members had to use their personal funds to obtain PPE, leading to inequalities within teams.
- N95 mask fit testing was sporadic and frequently self-organised by staff rather than management.

We appreciate the need to improve our healthcare facilities and workforce numbers are a much wider problem that was exacerbated by the pandemic, and beyond the scope of this inquiry. However, it must be acknowledged that properly designed and equipped facilities with up-to-date infection resources, sufficient space for suitable patient separation, appropriate ventilation systems, and safe workforce numbers are integral to patient and healthcare provider safety.

We cannot face another pandemic without these being addressed.

More specifically relating to a pandemic the following actions should also be taken to be future-ready:

- Standardise the supply of PPE across the country.
- Future-proof PPE supply and uphold mandatory mask fit testing.
- Future-proof supply chains to avoid shortages of drugs essential for providing care.

Caring for the carers

Through a members' survey, we know many anaesthetists have lower feelings towards returning to work than before the pandemic. Contributors to this are:

- The long-term underinvestment and under-resourcing of the health system that as noted above, was exacerbated by the pandemic.
- Since the Covid-19 pandemic, work has become more challenging due to increased expectations and demands for productivity with no downtime.

During the early stages of the Covid-19 pandemic, anaesthetists lacked guidance on safely returning home after their shift.

Planning to prepare for a future pandemic needs to include how the wellbeing of those most exposed/those working on the 'front-line', will be looked after. What we have learned from the Covid-19 pandemic includes:

- Staff need to feel appreciated for what they do.
- Wellbeing needs to be led from the top and not disregarded as a tick box exercise.
- Information about how those most exposed can safely return home each day to their loved ones needs to be provided.
- To feel prepared and reduce additional stress, staff need to be supported through the provision of time and encouraged to learn how they learn best. Education and practice go a long way in dispelling fear of the unknown. It should not be expected that this is done in their own time.
- Planning during a pandemic should consider any ongoing impact on ‘business as usual’ with regular review to gauge any changes. Both for the long-term health impacts on our population and the additional pressure this adds to the healthcare workforce.

How Societies like the NZSA can help

Professional organisations such as the NZSA can be of assistance to healthcare planning and preparing during a pandemic. For example:

- The NZSA has many well-connected and active sub-specialty and special interest networks consisting of anaesthetists throughout the country. During a pandemic these networks can be used to quickly access specialists and clinical experts.
- Due to our large membership base the NZSA can help share information directly with those working in the specialty, both in the public and private system.
- Access to the experience of anaesthetists in other countries such as Australia, the UK, the USA, Canada, and South Africa through our close ties with sister organisations in these countries.

Conclusion

Thank you for the opportunity to share our experience and provide our suggestions to be considered as part of building our nation’s response to a future pandemic. Anaesthetists played a vital role within their teams during the Covid-19 pandemic response and from this experience have valuable insight into some areas that can be developed further and taken forward.

Please do not hesitate to get in touch if we can provide any further insight.

Ngā mihi,

Dr Morgan Edwards
President, New Zealand Society of Anaesthetists