Covid-19 response highlights the value of cooperation

One of the positive outcomes of the Covid-19 pandemic is the heightened levels of collaboration across platforms and disciplines.

Charmaine Cunningham, Associate Professor Peter Hodkinson and Professor Lee Wallis

“We broke down siloes across different organisations and disciplines. It helped, of course, that a lot of the normal bureaucracy was set aside under the circumstances, but, with many barriers having been dismantled, we hope that we can continue to work together and find a way of taking the lessons learned and the good practices followed forward,” said Professor Lee Wallis, head of UCT’s Division of Emergency Medicine and of emergency medicine for the Western Cape Government.

UCT has four postgraduate programmes in emergency medicine, including a registrar programme that trains qualified doctors as specialist emergency physicians. So it is not surprising that it was drawn in to respond to Covid-19 in March. Not only do the registrars rotate through various public sector emergency centres in Cape Town as part of their standard training,

Responsibilities

“With all emergency medical services stretched to their limits, government was grateful to the university for allowing me to pull in members of the division to work on Covid-19. Their expertise, experience and flexibility were invaluable," he said.

Writing provincial policies; and the design, development, set up, testing, staffing and operating of systems and infrastructure, including those required by the Covid-19 hotline and intermediate care bed facilities were among the Covid-19 responsibilities undertaken by members of the division (typically in collaboration with other teams).

UCT Emergency Medicine staff were also involved in the planning of palliative care procedures, oxygen supply, the transportation of patients and the management of dead bodies – all this while keeping abreast of their academic responsibilities.

Associate Professor Peter Hodkinson, along with several others from the university, was co-opted onto the Covid-19 hotline service at the Disaster Management Centre at Tygerberg Hospital during March, April and May. In June, he was moved onto the floor of the Hospital of Hope at the Cape Town International Convention Centre (CTICC).

Hodkinson and Charmaine Cunningham, a lecturer in the Division of Emergency Medicine, were involved in the intermediate care bed facilities.

Challenges

"Field hospitals are typically set up in war situations or for emergency incidents, such as that created by the explosion in Beirut, and are assembled to treat traumatic injuries. Establishing a large, temporary hospital to treat medical conditions like Covid-19 is not something that had been documented and tested," Cunningham said.

“Even though such facilities had been set up elsewhere in the world, our work began when Europe and the [United States] were at their peaks, which made it difficult to access information. This meant we had to work out everything, including processes, staff and equipment requirements from scratch,” she said.

Another challenge was presented by how priorities and requirements changed. Cunningham explained: “Initially, the intermediary hospitals were designed for the kind of patients who were sick but did not need acute hospitalisation. They were kind of step-down facilities. Then, as we learned that the disease progression was not as straightforward as we had thought and realised that our expectations of patients did not coincide with the needs of other hospitals, we saw we would have to accept sicker patients and the setup had to be adjusted.”

Among the logistical problems of the intermediate care bed facilities was getting patients home. This was resolved by making use of so-called Red Dot taxis, which comprised about 100 minibus taxis that were idle during lockdown. The vehicles were sanitised and used to transport people to isolation facilities, and those who had recovered in hospital, home.

“I never realised how difficult it could be – without the standard procedures of normal hospitals – to get 20 people out of a hospital, dressed, with their medication, with their discharge letter and in the taxi going home,” said Hodkinson.

Working together

Despite the challenges that teams faced under stressful and uncertain conditions, Wallis, Cunningham and Hodkinson concurred that the way teams – whether provincial, private or academic – pulled together was exemplary.

Cunningham added: “It was amazing how the teams got together and how people worked together. I mean, we pulled it off over such a short time. It took us a month to get the hospital at the CTICC together.

“Architects, builders, contractors, technical staff, outsourced services and healthcare workers came together. We collaborated across teams that previously we did not even know existed. That is amazing – and proves that we can do things when we have to.”

Among the lessons learned, Cunningham added, was the need for an effective project management system or dashboard to expedite communication between different teams and help avoid the duplication of activities and procedures.

Wallis said: “We’ve been talking to one another across different platforms, disciplines and organisations on a daily basis during the pandemic. We need to take what we have experienced and set up systems and procedures to enable us to communicate quickly and coherently in all instances.”

Hodkinson agreed: “We hope that a lot of things that we learned and put in place will be ongoing and will help our health systems in future. We found, for example, that the function of an intermediary hospital can be enormous and, since our hospitals are often overflowing, we are hoping to continue with this idea of intermediary hospitals.”