

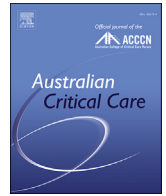


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A critical care pandemic staffing framework in Australia – Authors' response



We thank Ramnarain and Pouwels¹ for their comments on our recently published critical care pandemic staffing framework in Australia.² It is with interest that they report using strategies similar to those we have recommended in our framework. This allowed them to upscale their intensive care unit capacity to more than 250%. We agree with the important points made that modelling staffing requirements is extraordinarily challenging, particularly in the context of severe acute respiratory syndrome coronavirus 2 infection and coronavirus disease 2019, an area in which we are continually learning. The ability to undertake such modelling is important for planning not only for surge episodes but also for sustained surge, as has been observed in some countries. No doubt with the rapid generation of large amounts of data specific to coronavirus disease 2019, we will begin to better understand the disease including its trajectory, impact on patient

outcomes, and service level requirements. Such a disruption can also open opportunities for identifying, implementing, and evaluating novel models of care that may have future utility.³

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DOIs of original article: <https://doi.org/10.1016/j.aucc.2020.08.007>, <https://doi.org/10.1016/j.aucc.2021.02.004>.

<https://doi.org/10.1016/j.aucc.2021.02.005>

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