

What do we need to do to build preparedness for Omicron:						
Priority Areas: <i>Functions involved</i>	Activities to build preparedness:	Lead	Priority / Due Date	Status/Actions	Comments	
Whanau HQ Activation risk stratified Whanau HQ approach <i>Whanau HQ, Residential Housing, Welfare, Maori Health, Pacific Health, Primary Care, Comms</i> <i>Refer to CIQ Preparedness Plan for full details</i>	Confirm process for self-notifying ensuring an equity approach, with multiple options (eg 0800 number, Website, Text etc.) <i>note this is lead by MoH</i>	MoH				
	Test and activate positive test text messaging.	Pauline S				
	Prepare proactive messaging, with escalation pathway for, Communities, Providers, General Practice, Pharmacy and NGO's. Identify populations that require supported management vs self-management for sector e.g. clinical high-risk, pregnancy	Alexis S				
	Complete development of test risk stratification tool across different populations including; - classification of cases into different risk categories - intended response for different risk groups	Pauline S				
	After Stratification development complete: work with Qlik needed this week - national consistency and agreement needed, including access and training.	Pauline S	28/01/2022			
	Continue training and onboarding of general practice onto BCMS	Pauline S	ongoing			
	Mapping out MRCH Pathway	Pauline S		In progress. Meeting held Friday 4th. Further workshops due 9th and 11th.		
	MSD response, confirm their response plans and back up arrangements.	Pauline S				
	Confirm accommodation support options and capacity	Matt / Pauline / Calum				
	Ensure Qlick access and resourcing to support manual stratification of cases	Andrew G/ Pauline/WA		Andrew G to follow up		
	Map out digital drop plan and turn on dates	Pauline/Andrew G/WA		Refer Digital plan		
	Confirm care pathways and process for hand offs/not missing people	Pauline/Andrew O/Anthony/Pete/Christine/WA				
	Confirm triggers for change over next 10 days and change protocols etc	Pauline/Andrew O/Anthony/Pete/Christine/WA				
	Dashboard for tracking management of cases (medium and high risks)	Andrew O/Delwyn/Pauline		Last time round we used CIR portal and sheet developed by APRHS which was ok, but doubt further work has been done on this as moved focus to Clig. Very easy to send		
	Clinical hub and business continuity support	Kate/Meg/Rawiri				
	Confirm resourcing for Whanau HQ, MRCH and PaRCH	Pauline/Karl/Harriet/Vanessa		Immediate action is for Karl to do email approval for MRCH resourcing - need to check this has happened. But fuller picture of who is in place and resourcing plan plus		
	Pulse oximetre prioritised distribution	Pauline/Sam G				
	Primary care on boarding plan	Kate				
Whanau HQ website and reference materials	Alexis/Monique/Pauline/Kate		This process feels a bit captured/slow ATM so need to dig in and sort out. Initial thoughts on priorities are the website and the 1 pager			
Maori Health Response Plan:	Get regional sign off for the ADHB and WDHB Maori Vaccination activity - boosters/ 5 - 11 focus.	Karl S	Completed			
	Confirm Provider stockpile of RATs.	Karl S	In Progress			
	Lock in NGO provider contracts.	Shane/Sharon	In Progress			
	Determine provider capacity at each phase and decide workforce prioritisation/ surge planning process	Karl S	In progress			
	Finalise Whanau HQ funding model - for providers	Karl S/ Shayne W/ Sharon M	In Progress	Needs to go to REF as part of the wider Whanau HQ funding request		
	Implementaion of process for Maori Regional Workforce huddles	Karl S	Completed			
	Increasing Whanau HQ provider capacity - increasing number of providers	Karl S/ Lorraine S/ Purvi	In Progress			
	Finalise, fund and support medical pacts for whanau.	Karl S	Completed	Need to work with NRHCC to allocate funding		
	MRCH recruitment - to full capacity to deliver Omicron model	Karl S	In progress			
	Confirm Provider stockpile of RATs	Meg P	28/01/2022			
Pacific Health Response Plan:	Confirm referral pathways for PRCH for Whanau HQ. Needs to be automated and regional to ensure high risk families are captured.	Meg P				
	Confirm resilience funding for Providers.	Meg P	26/01/2022	REF paper required from Pacific team on business requirements for providers to confirm workforce and continue to recruit across this period		
	Confirm process for triaging Pacific cases during peak.	Meg P				
	Communicate preparedness guidance to providers					
Community Providers: <i>ARC, Mental Health, Communications, HCSS</i>	Share relevant policies with sector, including exposure event management guidelines, return to work policy, and partner in care policy.					
	Confirm community provider priority for Fit testing					
	Confirm function lead for community providers.					
	Mental Health: Clarify accountability and responsibility for identifying provider liaison.					

Public Health Response: APRHS, Testing, Lab, Communications	Confirm APRHS Role at each phase of the omicron outbreak. APRHS to define why and how functions (and other organisations) would contact them during each phase.				
	Liaise with NRHCC key functions regarding change to exposure event management	ARPHS / NRHCC	28/01/2022	Ongoing	
	Confirm APRHS preparedness and resource requirements for next stage of outbreak response.	Jane McEntee	28/01/2022	Completed	
	Accountability framework for management of cases and contacts	Jane/Karl/Meg		Ongoing	
	Accountability framework for management of exposure events	Jane/NITC		ARPHS to lead	
	Transitioning of residential exposure event management to NRHCC residential team	Amber		Confirm process and requirements for ongoing advice/support	Should be fully implemented this week
	Escalation of isolation days and triggers for cases and contacts	Jane/IC		Sarah to send first email to Ministry for Monday response	
	Escalation of pathway management for high risk pathway	Jane/IC		Sarah to send first email to Ministry for Monday response	
	Confirmation of APRHS resourcing requests	Jane/Vanessa		ARPHS to lead	Ongoing review
	Confirmation of MRCH/ParCH resourcing requests	Karl/Meg		Karl/Meg to confirm what support is required from APRHS	
Refer to APRHS Preparedness Plan for full details.	APRHS review of website and materials and clarification	Jane		ARPHS to lead	Ongoing
Testing Approach:	Confirm testing approach, including use cases for RATS, future role of PCR	Andrew Old / Anthony Jordan / Karen Bartholomew / Doone Winnard	02/11/2022		Iterative piece of work. Version 1 completed, next versions in development - ongoing
	Confirm labs capacity	Ian Costello	28/01/2022		
	Confirm minimum number of RATS needed for treating patients	Andrew Old	29/01/2022	COMPLETE	
	Establish RAT Local Distribution Network, with a plan in place to prioritise getting RATS to Maori Providers.	Ryan S			
	1.1 RATS: Confirmation of current supply volume assumptions	Ian /Ryan/Tracey		Ian D email 29/21 at 9:59, provides building blocks to feed into 1.3	
	1.2 RATS: Framework on priorities for use and by who	Andrew O		Emailed 28/1 - further work as required by Karen B.	As per note above - connected work
	1.3 RATS: High level distribution plan (how much goes where with a view to conserving use)	Ryan S / Ian D		Need to turn 1.2 into a spreadsheet and get "demand" requirements so we can get a sense of how this sits alongside supply. Early work was done modelling this so should be relatively easy to update	
	1.4 RATS: Guidance for Providers	Andrew) / Ministry		Updates sent to Ministry and copied to comms team. Current version still up on Ministry site but expect it to be updated Monday. Comms should be working from this and thinking through what needs to be released to who when (ie task 1.6)	
	1.5 RATS: Training materials for providers	Comms		Need to stocktake what materials have already been developed (NMF, testing, Maori etc), what the Ministry will be providing and then work out the gap	
	1.6 RATS: Comms to support for release of HCW and provider use instructions	Comms		Comms to support development of materials and cascade processes for getting this out	
	1.7 RATS: Distribution process for RATS	IC plus short line up		See separate email sent on this 29/1	
	1.8 RATS: Plan to stand up distribution through CTC/vaxx drive throughs	Ryan S		Subset of 1.7. Ryan working on this	
	2.1 Labs: Reagent supply escalation	Ian D/Justin		Justin email to Gary 29/1 - need confirmation that supply is confirmed and adequate for a spike in testing	
	2.2 Labs: Labs PCR tracking of volumes and TATs	Karen/Ryan/Gary	COMPLETE	Assume we already have appropriate checking of this, but should build it into daily IMT numbers and watch closely	Daily Intel Summary incorporates lab data and on-demand available via Qlik
	2.3 Labs: Confirmation of test prioritisation process	Gary/Ryan		Check that prioritisation is aligned with current settings, process for updating and that its feasible to apply at pace	
2.4 Labs: Impact of increased PCR testing	IC/Gary		Check that prioritisation is aligned with current settings, process for updating and that its feasible to apply at pace		
2.5 Labs: Streamlining of lab processes	IC/Gary/Performance improvement facilitator		Performance improvement specialist led workshop? Move away from Surv codes? Initial discussion noted a few areas for consideration, but volume and time from taking of test to receipting at the lab probably outweigh changes that could be quickly withing labs.		
Acute Demand & Flow: RPG, Primary Care	Understand role of Primary Care in managing COVID patient care in the community.	Kate D			
	Create acute demand plan for reducing ED demand	Alex P			
	Create plan for Primary Care front door including ED to Primary Care pathway	Kate D			
RPG:	Confirm minimum service delivery for DHB providers.	Jo Brown	28/01/2022		
	Alignment of workforce assumptions across DHBs (eg prioritisation of students), conformation of how we will pivot. ACTION - meeting with IC RPG (Sarah P)				
	Agree regional principles and approach to support ED demand in surge	Alex P / Jo Brown			
	Finalise planned care guidance		28/01/2022		
	Confirm role of private providers	Jo Brown	28/01/2022		
	Confirm role of tertiary education institutions	Jo Brown / Jenny Parr	28/01/2022		

	Finalise visitors as partners in care policy	Jo Brown / Jenny Parr / Suzanne Corcoran	28/01/2022		
	Finalise healthcare worker exposure event management and return to work policy.	Doone	28/01/2022		
	Communicate healthcare worker exposure event management and return to work policy. (once finalised)	Jo Brown	28/01/2022		
	Finalise DHB regional internal workforce plans.	Jo Brown / DHB IC.s/Workforce Leads	28/01/2022		
Primary Care:	Determine provider capacity and response at each phase.	Kate D			
	Confirm ongoing management and relationship with primary care groups	Kate D			
	Ability for Practices to access BCMS through PMS.	Kate D	Complete		
	Confirm business continuity plans across sector.	Kate D			
	WA BAU functions (after hours)	Kate D			
Regional Workforce Plan: RPG, Communications	Create regional workforce prioritisation plan across functions.	Vanessa	28/01/2022	Vanessa presented to rpg 8/2	In progress, need to expand for phases
	Communicate to all function leads the correct process for requesting additional staff.	Vanessa	Complete		
	Confirm role of private providers and tertiary education institutions	Jo Brown			
	Confirm and obtain indemnity requirements.	Tamzin B			
	Comms materials and cascade for HCW	Jo/Alexis/Monique		In progress	
Media release Health care workers	Pete/Alexis/DHB Coms		In progress		
Supply Chain & Logistics: all functions	Contingency planning for critical supply chains including RATS, PPE, welfare, etc.	Ian Dodson		Underway across all of our DHB operations. We have been working with Onelink and HCL on BCP's specific to expected Moicron related issues with supply chain and staff shortages. Still trying to get full visibility of some of the stock on hand of some critical supply lines. Overall N95 supply is good but not across all product lines. The planning is largely complete with BCP's already actioned in some areas > like increased staffing.	
	Escalate requirement for confirmed RATS supply for primary care and community providers	Ian Dodson		The ministry has been controlling all RATS supply. The ordering portal for primary care and pharmacies was opened for RATS last week. Data shows that >75% of primary care seems to have already taken this up, Ryan has been doing further communication with the sector to encourage uptake. ARC and Maori/Pacific providers already had RATS available - Maori Health in particular have been engaging directly with providers that haven't taken this up yet.	
	Confirm logistics strategy for distribution of key supplies/resources (masks, RATS, PPE etc) .	Ian Dodson		Masks and PPE - distribution strategy is already in place and working well. Still some outstanding issues with access for HCSS, disability providers and ARC - they are only getting access to N95's on a case by case basis which won't be sustainable in a widespread outbreak. RATS - the situation is very fluid at the moment without the direction of a testing strategy. All ordering is controlled for all end users through the MoH portal, all providers order direct from there. DHB's have direct supply for their patients and workers. Pharmacy, primary care, M&P, ARC all order direct through MoH portal for use with their workers and vulberable populations. Working with the testing team at NRHCC on the distribution strategy for RATS to critical workers and general public - initially using CTCs and will build from there.	
	Escalate requirement for confirmed Halologic reagent supply	Ian Dodson		This sits under the lab workstream - they have been managing supplies with the minstry at a national level since early in COVID outbreak	
	Escalate requirement for confirmed PPE supply for private providers undertaking outsoruce DHB work	Ian Dodson		Have escalated to MoH for their awareness that this might be an emergent issue. Following up with Onelink (who supply a lot of private suppliers) on what the sourcing situation is and if they have any forward orders due.	
Regional Comms Approach for Omicron:	Connect with regional comms partners.	Alexis S	28/01/2022		
	Developing and Delivering Prepardness Vaccination and Testing Campagines	Alexis S	ongoing		
	Develop stakeholder management plan	Alexis S	28/01/2022		
	Determine regional vs national comms - i.e. what material can we tailor regionally	Alexis S			
	Visibility of Ministry plans, release timing and collateral	Alexis/IC			
	PIM messaging RE isolation /quarantine	Alexis/Jonathan			
	PIM messaging around MIQ need consistent Comms around this Nationally	Alexis/Jonathan			
Comms materials and stakeholder plan	Alexis/Monique/Pauline/Kate			Walk through of work to date, what is planned, timelines etc	
Digital:	HR recuritment support application	Andrew G	31/01/2022		
	Risk Management application delivery	Andrew G	28/02/2022	On track for Platform and Feedback module	NRHCC Website Feedback page now live and development of API from website to QMS almost complete QMS Feedback module configuration almost complete Risk & Incident modules in earlier stages of development

	Highbrooke North Air fit out	Andrew G	28/02/2022	On track for 16th Feb completion	Networks team and building manager meet this week to finalise fibre install External vendor booked for access point install Hardware ordered and on track for delivery this week
	Review priorities and escalate any critical changes to delivery timing	Pauline/Andrew		On Track	
	Ensure BCMS access issues resolved and resource in place for onboarding and ongoing support	Pauline/Andrew/Heather		On Track	