

WHANAU HQ OMICRON RESPONSE ACTION PLAN

Purpose:

- Minimise overwhelming the system
- Minimise impact on equity for Maori and Pacific communities
- Minimise the risk of mortality

Stage→ ↓Workstream / Lead	Delta approach	FUTURE - Omicron Outbreak	CURRENT - Omicron Preparation	COMMENTS	STATUS	TIMEFRAMES
CASE THRESHOLD	~100 per day Majority Delta	>200 per day Majority Omicron				
REPORTING RISK Pauline Andrew O Christine	✓ Qlik Dashboard ✓ NCTS data	✓	<ol style="list-style-type: none"> 1. Agree a risk, incident and feedback management system to be used that can be accessed by providers and community people. 2. Identify resource that can implement. 3. Identify resource to manage portfolio. 4. Agree measures for WHQ. 5. Agree reporting. 	<ol style="list-style-type: none"> 1. Paper was sent and presented at REF 21/01/22 and endorsed by CE's. 2. In progress. 3. In progress. 4. In progress. 5. In progress. 	OUTSTANDING IN PROGRESS <ol style="list-style-type: none"> 2. In progress. 3. In progress. 4. In progress. 5. In progress. COMPLETED – see comments <ol style="list-style-type: none"> 1. Paper was sent and presented at REF 21/01/22 and endorsed by CE's. 	OUTSTANDING IN PROGRESS <ol style="list-style-type: none"> 6. 04/02/22 7. 04/02/22 8. 04/02/22 9. 04/02/22 COMPLETED – see comments
ARPHS Dependency Andrea	✓ Exposure events ✓ Isolation dates ✓ Release dates	✓ High risk exposure events	Confirm isolation/quarantine requirements individuals and hh <ol style="list-style-type: none"> 1. Cases/close contacts can leave home if vaccinated, asymptomatic 2. Bubbles are released at the same time e.g. 14 days 3. Confirm referral process i.e. the process for notification of positive results and referral to MRCH, PRCH 4. HCW exposure management 5. Confirm bubble management in MIQF 6. Confirm historical case definition and management in MIQF 	<ol style="list-style-type: none"> 10. Households in isolation can only leave the house for testing. 11. Bubble management is 14 days for case then a further 10 days for close contacts. Case will be released before close contacts and could stay for up to 24 days if the bubble is not split. 12. Referral process to be documented 13. HCW exposure management – document to be sent 14. Bubble management guidance in MIQF is in process – will be released week of 24 Jan. 	OUTSTANDING <ol style="list-style-type: none"> 3. Confirm referral process i.e. the process for notification of positive results and referral to MRCH, PRCH (24/01/22) IN PROGRESS COMPLETED – see comments <ol style="list-style-type: none"> 1. Cases/close contacts can leave home if vaccinated, asymptomatic 2. Bubbles are released at the same time e.g. 14 days 	OUTSTANDING <ol style="list-style-type: none"> 3. 28/01/22 IN PROGRESS

				15. Historical case management in MIQF is in process – flow diagram has been created and in final stages of release.	4. HCW exposure management – document to be sent (24/01/22) 5. Confirm bubble management in MIQF 6. Confirm historical case definition and management in MIQF	
REFERRAL Sam Christine	✓ CBG refers to MRCH, PRCH, WA, PHUs	✓ Positive result text to case and sent to general practice ✓ Referral push to hubs from primary care / WA	1. Confirm notification process to GP 2. Confirm process to support text i.e. link to website 3. Confirm process for self-notifying / self-registering/ notification for positive RAT / probable positive and as close contacts. Critical (and huge equity risk). Need multiple options. 4. Confirm approach for those that do not have access to testing or digital capability.	1. Already in place through éclair into GP inbox. Unless we want to look at faster alternative process that can also be scaled up 2. Confirm process to support text i.e. link to website. <i>National dependency/ escalation.</i> 3. Confirm Process for self-notification. <i>National dependency/ escalation.</i> Self-notification for majority might happen at least initially to GP by default. Self-registering platform connected to NCTS. 4. Approach to be discussed/ confirmed.	OUTSTANDING 3. Confirm process to support text i.e. link to website. Mid-February release. 4. To be discussed/ confirmed. IN PROGRESS 5. Confirm process for self-notification. COMPLETED – see comments 6. Activated. Dec 2021.	OUTSTANDING 3. TBA 4. TBA IN PROGRESS 5. TBA
MONITORING Christine Sam	✓ All cases & close contacts entered in NCTS & BCMS ✓ Proactive monitoring/oversight of all positive cases and DC's ✓ All cases receive an initial health assessment, health check daily/every 2 days	✓ Follow monitoring frequency as per low and high-risk pathways	1. Confirm frequency of monitoring via low high risk clinical care pathways 2. Pulse oximeter distribution guidance 3. Start self-management for low risk cases / hh 4. Confirm process on proof of release when requested.	1. Frequency of monitoring clinical care pathways. Developed. Needs final review. 2. Pulse oximeter distribution guidance. Connected to above. 3. Start self-management for low risk cases / hh. In discussions with WA. 4. Confirm process on proof of release when requested. Not discussed yet.	OUTSTANDING 4. Not discussed yet. IN PROGRESS 3. Start self-management for low risk cases / hh. In discussions with WA. COMPLETED 1. Frequency of monitoring clinical care pathways. Developed. Needs final review. 2. Pulse oximeter distribution guidance. Connected to above.	OUTSTANDING 4. TBA IN PROGRESS 1. 26/01/22
CLINICAL Christine Sam	✓ Desk-top triage on all cases ✓ Acuity score daily ✓ All households receive a pulse oximeter	✓ People stratified into self-management or supported management ✓ Self-notify = self-manage	1. Risk stratification of cases 2. Covid risk calculator to determine low and high risk categories	1. Risk stratification developed. 2. Covid risk calculator has commenced.	OUTSTANDING 6. Pulse oximeter distribution. Confirm update to OneLink.	OUTSTANDING 6. 26/01/22

		<ul style="list-style-type: none"> ✓ Clinical Covid risk calculator applied after stratification ✓ Households are released at agreed time e.g. standard 14 days ✓ Supported management for people with moderate symptoms and conditions/health needs e.g. pregnancy ✓ Supported management for high risk 	<ol style="list-style-type: none"> 3. Confirm when stratification and clinical risk calculator will occur in notification pathway 4. Confirm where/how above information will be communicated to the key stakeholders. 5. Access to Regional Clinical Portal for clinical teams. 6. Pulse oximeter distribution guidance as per risk status – part of monitoring above 7. Update Health Pathways 	<p>Requires Primary care data to minimise the over and underestimation of risk.</p> <ol style="list-style-type: none"> 3. Confirm when stratification and clinical risk calculator will occur in notification pathway. Qlik is the work around pre-automation. <ol style="list-style-type: none"> a. Development b. Access by hubs c. Confirm communication to general practice 4. Communication pathway of stratification and clinical risk to be documented. 5. Access to Regional Clinical Portal for clinical teams. Hubs have access to RCP. Need to support with training. Does there need to be wider access to RCP. 6. Pulse oximeter distribution. Need to confirm risk pathway and assessment of allocation. Need to work with OneLink once decided. 7. Update Health Pathways. Review to ensure updated. 	<p>IN PROGRESS</p> <ol style="list-style-type: none"> 2. Needs Primary Care data. To confirm approval. Work around is ASR stratification and push to primary care. <p>COMPLETED</p> <ol style="list-style-type: none"> 5. Access to Regional Clinical Portal for clinical teams. Week 17 Jan. 3. Document stratification and clinical risk notification pathway. <ol style="list-style-type: none"> a. Confirm Qlik development timeframes b. Access to Qlik by hubs c. Comms to general practice 4. Document Communication pathway of stratification and clinical risk. 1. Complete. 5. a. Confirm RCP training complete. 7. Update Health Pathways. Review to ensure updated. 	<p>IN PROGRESS</p> <ol style="list-style-type: none"> 2. 26/01/22
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<p>IT/DIGITAL <i>Dependency</i></p> <p>Christine Andrew G</p>	<ul style="list-style-type: none"> ✓ Continual changes and improvements ✓ Connectivity at hub sites ✓ Build priorities within the business 	<ul style="list-style-type: none"> ✓ BCMS only used for people that are under supportive management ✓ Create BCMS record through PMS ✓ Self-registration 	<ol style="list-style-type: none"> 1. Training of BCMS for general practice and continue with providers. 2. Creation and training on creating BCMS record from PMS. Confirm writes back to NCTS. 3. Activation of positive text messaging to case. 4. Confirm changes in scheduled releases. 5. Confirm changes that can be expedited. 6. Confirm reporting systems / KPI's. 7. Ensure connectivity and device capacity at co-ordination hubs. 8. Add Primary Care facility to BCMS 	<ol style="list-style-type: none"> 1. Week 17th Jan training started for Primary Care. 2. Creation by 28/01/22 Training not scheduled yet. Confirmed writes back to NCTS. 3. MOH dependency 4. Scheduled releases confirmed. 5. Any expedited changes to be confirmed. Usual Digital team have been on leave but returning week 24th. 6. Reporting systems / KPI's to be confirmed. 7. Ensure connectivity and device capacity at co-ordination hubs. REF has endorsed the lease and IT fitout of NorthAir at Highbrook 21/01/22. Fitout timeframe TBC. 8. Delay in setting up Primary Care facility. 	<p>OUTSTANDING</p> <ol style="list-style-type: none"> 2. Training on creating BCMS record from PMS. Confirm writes back to NCTS. <p>IN PROGRESS</p> <ol style="list-style-type: none"> 6. Reporting systems / KPI's require review. <p>COMPLETED</p> <ol style="list-style-type: none"> 1. Started Week 17th Jan. 4. Scheduled releases confirmed. 3. Positive text msg release 16/02/22 5. Digital Lead to confirm any expedited changes. 7. Fitout of NorthAir at Highbrook approved and implementation planning commenced. 8. Completed 	<p>OUTSTANDING</p> <ol style="list-style-type: none"> 2. 28/02/22 <p>IN PROGRESS</p> <ol style="list-style-type: none"> 6. TBC
<p>REGIONAL CO-ORDINATION HUBS</p> <p>Pauline</p> <p>Karl Kadin/Kerry</p> <p>Meg Harriet</p>	<p>MRCH</p> <ul style="list-style-type: none"> ✓ Contact Tracing ✓ Case management of whanau/households ✓ Provider allocation management ✓ Social & welfare support <p>PRCH</p> <ul style="list-style-type: none"> ✓ Case management of whanau/households ✓ Provider allocation management ✓ Social & welfare support 	<p>MRCH</p> <ul style="list-style-type: none"> ✓ Specialist cultural, clinical and welfare services ✓ Maori high-risk whanau ✓ Support specific communities e.g. hapu, gangs, residential housing <p>PRCH</p> <ul style="list-style-type: none"> ✓ Specialist cultural, clinical and welfare services ✓ Pacific high-risk whanau ✓ Support specific communities e.g. churches 	<p>MRCH</p> <ol style="list-style-type: none"> 1. Confirm capacity & response <p>PRCH</p> <ol style="list-style-type: none"> 2. Confirm capacity & response 	<p>MRCH Priorities</p> <ol style="list-style-type: none"> 1. Recruitment 2. Screening assessment (training and capturing) 3. Risk stratification and referral flow in to MRCH 4. Referral flow out (how and provider capacity) 5. Monitoring and reporting 6. Minimum service requirements for our providers 7. Staff wairua 		
<p>PRIMARY CARE</p> <p>Kate Ajay</p>	<ul style="list-style-type: none"> ✓ 	<p>Primary Care</p> <ul style="list-style-type: none"> ✓ Receive positive results ✓ Proactively contact high-risk patients only 	<p>Primary Care</p> <ol style="list-style-type: none"> 1. Covid risk in PMS's 2. List of clinics to provide Covid Care 3. Confirm capacity & response 4. General practice has access to BCMS 	<ul style="list-style-type: none"> • Get COVID Risk of Hospitalisation Calculator (using data in regional datastore) into PMS via HealthSafe so GP can risk stratify enrolled pts 	<p>OUTSTANDING</p> <ol style="list-style-type: none"> 1. Still to confirm possibility. 8. TBC 	<p>OUTSTANDING</p> <ol style="list-style-type: none"> 1. TBA 8. TBA

		<ul style="list-style-type: none"> ✓ Refer to MRCH, PRCH, providers as required ✓ Receive referrals form MRCH, PRCH <p>UCC</p> <ul style="list-style-type: none"> ✓ Red + Covid Care Stream <p>Pharmacy</p> <ul style="list-style-type: none"> ✓ Assessments and Scripts ✓ Refer to MRCH, PRCH, PHC <p>CBACs</p> <ul style="list-style-type: none"> ✓ Community access to Covid health services for assessment and treatment <p>HITH</p> <ul style="list-style-type: none"> ✓ Escalation support from hospital, MRCH, PRCH, PHC <p>St John</p> <ul style="list-style-type: none"> ✓ Respond, assess and refer as needed 	<p>5. Confirm NRHCC hub to support Primary Care</p> <p>Funding arrangement – currently positive PCR test (Stuart)</p> <p>6. Need to agree level of evidence for Covid case Disincentivise low risk care</p> <p>UCC</p> <p>7. Confirm designated practices</p> <p>Pharmacy</p> <p>8. BCMS access + create record</p> <p>CBACs</p> <p>9. Explore option as part of acute Covid demand management</p> <p>HITH</p> <p>10. Confirm capacity and response</p> <p>St John</p> <p>11. Confirm capacity and response</p>	<ul style="list-style-type: none"> • Communication to sector about Omicron plans (Medinz, Goodfellow Webinar) • Map out referral process across system • Confirm capacity in PC • Bring on board additional pharmacies • BCMS workshop for practices, PHOs to send out training information. • Confirm provider capacity estimates – Maori, Pacific, mainstream general practice. • Review funding model + discuss with MoH • Pharmacy link back to GP would be essential for continuity of care where possible. • CBACs - This will become essential much like testing centres to support ongoing COVID care. 	<p>IN PROGRESS</p> <p>7. 4 designated UCC's identified.</p> <p>COMPLETED</p> <p>2. List of pilot practices available now & have access to BCMS.</p> <p>4. All practices have BCMS access via Healthlink.</p> <p>6. Funding schedule agreed and implemented.</p> <p>9. Discussed and this option on hold.</p> <p>10. HITH capacity and response ready. Low use across the region but able to flex-up as required.</p> <p>3. Primary Care now being implemented.</p>	<p>IN PROGRESS</p> <p>7. On-going</p>
<p>RESIDENTIAL HOUSING</p> <p>Andrea</p> <p>Amber Selina</p>	✓	<p>NGO Providers</p> <ul style="list-style-type: none"> ✓ Escalate care as required ✓ MIQ an option 	<p>1. Confirm preparedness</p> <p>2. Confirm escalation pathway</p>			
<p>WHAKARONGORAU</p> <p>Andrea</p> <p>Renate James Stacey</p>	✓	<ul style="list-style-type: none"> ✓ Non-enrolled people ✓ After Hours support for providers ✓ Healthline support 	<p>1. START low-risk care pathway i.e. self-management</p> <p>2. Confirm response</p>			
<p>WELFARE</p> <p><i>Dependency</i></p> <p>Callum</p>	<ul style="list-style-type: none"> ✓ MSD ✓ NRHCC Welfare 	<ul style="list-style-type: none"> ✓ MSD ✓ Countdown ✓ Self-serve ✓ Welfare with suspected Covid 	<p>1. Confirm MSD response</p> <p>2. Confirm MSD support with suspected Covid ('proof' of Covid will vary)</p>	<p>1. 30 January 2022</p> <p>2. Dependant on Public Health response requirements which will be made public next week.</p>	<ul style="list-style-type: none"> • Whakarongorau are working closely with MSD to continue with Countdown option. Initial indications are positive. Renate is leading this work. • Separate workshop with MSD to be organised by Karl Snowden to brainstorm alternatives for the MRCH and PARCH 	

			<ol style="list-style-type: none"> How-to guide for accessing food and other welfare support for communities (under comms) Map welfare pathways 		<p>teams to able to promptly access welfare support. In the interim Whakarongorau have indicated that they are happy to setup a process to expedite these requests.</p> <ul style="list-style-type: none"> Broader MSD provisions to be discussed once we have clarity around expectations and demands within various phases of the outbreak Issue regarding proving eligibility of COVID has been raised to MSD national office, local team are awaiting a response. Separate conversation within health regarding the provision of medical packs to allow people to treat symptoms. 	
<p>COMMUNICATIONS <i>Dependency</i></p> <p>Andrea</p>	<ul style="list-style-type: none"> Proactive communications/information Packs sent to homes Website information Translations 	<ul style="list-style-type: none"> Maintain key messages for: <ul style="list-style-type: none"> Communities Providers General Practice Pharmacy NGOs Electronic information High-risk whanau to be sent hardcopies 	<ol style="list-style-type: none"> Proactive messages to - Be Prepared + Escalation pathway for: <ul style="list-style-type: none"> Communities Providers General Practice Pharmacy NGO's Translated resources. Landing page with information to be community friendly. Information for service providers to clearly identify supported management vs self-management care pathways e.g. clinical high-risk, pregnancy 	<ol style="list-style-type: none"> Proactive messages to - Be Prepared + Escalation pathway. Preparedness communications have commenced. Translated resources. Initial preparedness communications has been sent to MPP (23/01/2022). Landing page with information to be community friendly. National and regional landing page in development. <i>Self-registering</i> Need to include information important for public health and clinical teams. Connection from landing page to NCTS confirmed for self-management. Information for service providers to clearly identify supported management vs self-management care pathways e.g. clinical high-risk, pregnancy Health pathways to be reviewed to ensure includes current info. 	<p>OUTSTANDING</p> <p>IN PROGRESS</p> <ol style="list-style-type: none"> Self-registering / management platform <p>COMPLETED</p> <ol style="list-style-type: none"> Proactive messages to - Be Prepared + Escalation pathway. Preparedness communications have commenced. Translated resources. Initial preparedness communications has been sent to MPP (23/01/2022). Information for service providers to clearly identify supported management vs self-management care pathways e.g. clinical high-risk, pregnancy Health pathways to be reviewed to ensure includes current info. 	<p>IN PROGRESS</p> <ol style="list-style-type: none"> End of Feb.
<p>TESTING <i>Dependency</i></p> <p>Sam</p>	<ul style="list-style-type: none"> PCR's in community & MIQF RATs self-purchased ESR border and community cases 	<ul style="list-style-type: none"> RATs available - unsupervised PCR - prioritised Care on suspicion of Covid Positive case in hh – assume all covid and no testing for hh No ESR for border cases only 	<ol style="list-style-type: none"> Confirm lab / ESR capacity Whanau /bubble testing Confirm supply and distribution of RATs Confirm no test process i.e. no access to testing, not-enrolled, no access to services Stop unnecessary testing e.g. surveillance (refer Testing Strategy) 		<p>OUTSTANDING</p> <ol style="list-style-type: none"> Confirm no test process i.e. no access to testing, not-enrolled, no access to services <p>IN PROGRESS</p> <ol style="list-style-type: none"> Confirm supply and distribution of RATs Stop unnecessary testing e.g. surveillance (refer Testing Strategy) 	<p>OUTSTANDING</p> <ol style="list-style-type: none"> TBA <p>IN PROGRESS</p> <ol style="list-style-type: none"> TBC TBC

					COMPLETED 1. Confirmed lab / ESR capacity 2. Whanau /bubble testing – in Phase 2 release documents	
VACCINATIONS Kate	<ul style="list-style-type: none"> ✓ Existing vaccination centres ✓ Primary care and pharmacy 	<ul style="list-style-type: none"> ✓ All eligible staff have completed booster doses 	<ol style="list-style-type: none"> 1. Prepare for 5-11year old vaccinations 2. Promote booster vaccinations 3. Continue reach into Maori and Pacific communities to reach double vax and booster vax completion 		OUTSTANDING IN PROGRESS <ol style="list-style-type: none"> 2. Promote booster vaccinations 3. Continue reach into Maori and Pacific communities to reach double vax and booster vax completion COMPLETED <ol style="list-style-type: none"> 1. 5-11year old vaccinations commenced 	OUTSTANDING IN PROGRESS <ol style="list-style-type: none"> 2. On-going 3. On-going
MIQF Andrea	<ul style="list-style-type: none"> ✓ Positive cases and bubbles transferred and managed in quarantine facilities ✓ Voucher driven occupancy ✓ Occupancy dependent on in-coming flights ✓ Emirates flights have high positive case numbers 	<ul style="list-style-type: none"> ✓ Manage historical positives, active positives and close contacts as per agreed approach ✓ Manage workforce within resources 	<ol style="list-style-type: none"> 1. Review workforce model of care 2. Prepare facilities for converting to dual facilities 3. All eligible staff have received their booster by 31 Jan 2022 		COMPLETED <ol style="list-style-type: none"> 1. Review workforce model of care 2. Prepare facilities for converting to dual facilities. 3. All eligible staff have received their booster by 31 Jan 2022 	