



## CLINICAL GOVERNANCE GROUP

30 December 2021

Venue: Bledisloe House, 24 Wellesley Street West, Level 9, Onetangi Meeting Room & Zoom @ 4.45pm

<b>Members:</b>		
Jonathan Christiansen (Co Chair)	Gary Jackson	Owen Sinclair
Rawiri McKree Jansen (Co Chair)	Gary McAuliffe	Pauline Sanders
Allan Moffit	Greg Williams	Ruth Large
Anthony Jordan	Harriet Pauga	Sally Roberts
Carmel Ellis	Hinamaha Lutui	Teuila Percival
Christine McIntosh	Kara Okesene-Gafa	Tim Cutfield
Daniel Tsai	Kate Dowson	Willem Landman
Gabrielle Lord	Lara Hopley	Vicky Tafau (Secretariat)
	Maria Poynter	

### AGENDA (note not every item will be discussed at each meeting)

Time	Item	Page No.
4.45pm	<b>1. AGENDA ORDER AND TIMING (Welcome &amp; Karakia)</b>	
	<b>2. GOVERNANCE</b>	
4.50pm	2.1 Apologies (Attendance Schedule)	
	2.2 Confirmation of the minutes from the previous meeting held on 16 December, 2021	
	2.3 Action Items	
	<b>3. STANDING UPDATES</b>	
4.55pm	3.1 Dashboard/Metrics for Whānau HQ (Hannah Njo)	
	3.1.1 Covid Calculator (Delwyn Armstrong – on leave, back 10 January 2022)	
	3.2 Patient Experience/Consumer Engagement/Complaints and Responses	
	3.3 Adverse events reporting, implementation of recommendations	
	3.3.1 ARPHS Implementation of Independent Review Recommendations (Maria Poynter/Leah Pointon)	
	3.4 External reporting: HQSC/HDC/Coronial/Other	
	3.5 NRHCC Update	
	3.5.1 Preparation for Surge – potential to rationalise the low acuity activity (Discussion)	
	<b>4. PROVIDER UPDATES</b>	
	4.1 Māori Providers Update/New Business	
	4.2 Pasifika Providers Update/New Business	
	4.3 Other Community Providers Update/New Business	
	<b>5. NEW CLINICAL GOVERNANCE BUSINESS</b>	
	5.1 Policies/Procedures brought forward for Discussion/Endorsement	
	5.1.1 DRAFT Whānau HQ Escalation for Cases and Contacts for Clinical Safety Concern and Isolation and Quarantine Compliance (Christine McIntosh)	
	5.2 MOC Discussions	
	5.3 Questions/Advice sought from Steering Group or NRHCC Exec	
	5.4 Other	
5.40pm	<b>6. OTHER BUSINESS</b>	
<b>Next Meeting: 6 January, 2021 @ 4.45pm</b>		

## MEMBER ATTENDANCE SCHEDULE 2021

### WHĀNAU HOME QUARANTINE CLINICAL GOVERNANCE GROUP

Name	25 Nov	2 Dec	9 Dec	16 Dec	23 Dec	30 Dec	6 Jan	13 Jan	20 Jan	27 Jan
Jonathan Christiansen (Co-Chair)	✓	✓	✓	✓	✓	✓	✓			
Rawiri McKree Jansen (Co-Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Allan Moffitt	✓	Apologies	✓	✓	Apologies	✓	Apologies	✓	✓	✓
Anthony Jordan		-	✓	-	-	✓	✓	Tentative	Tentative	Tentative
Carmel Ellis	✓	✓	Apologies	✓	Apologies	✓	✓	✓	✓	✓
Christine McIntosh	✓	✓	✓	✓	✓	✓				
Daniel Tsai	-	-	-	✓	✓					
Gabrielle Lord	✓	✓	✓	✓	✓					
Gary Jackson	✓	✓	Apologies	Apologies	✓	Tentative	Tentative	Tentative	Tentative	Tentative
Gary McAuliffe	-	-	-	✓	-					
Greg Williams	-	✓	✓	Apologies	Apologies	Apologies	Apologies			
Harriet Pauga	-	✓	✓	✓	Apologies	Apologies	Apologies	✓	✓	✓
Hina Lutui	✓	✓	✓	✓	✓					
Kara Okesene-Gafa	Apologies	Apologies	Apologies	Apologies	Apologies					
Kate Dowson	✓	-	✓	✓	Apologies	Apologies	Apologies	Apologies	✓	✓
Kim Arcus	✓	✓	✓	✓						
Lara Hopley	✓	✓	✓	✓	✓			✓	✓	✓
Maria Poynter	✓	✓	✓	✓	Apologies					
Owen Sinclair	✓	✓	✓	✓	✓	✓	✓	✓	Apologies	Tentative
Pauline Sanders	-	-	✓	✓	✓	Tentative	Tentative	Tentative	Tentative	Tentative
Ruth Large	✓	✓	✓	✓	✓					
Saleimoa Sami	✓	-		-	-					
Sally Roberts	✓	✓	✓	✓	✓	✓	Apologies	Apologies	✓	Tentative
Teuila Percival	-	✓	✓	✓	-					
Tim Cutfield	✓	✓	✓	✓	✓	✓	Apologies			✓
Willem Landman	✓	✓	✓	✓	Apologies	Apologies	Apologies	Apologies	Tentative	



**Waitematā**  
District Health Board  
Best Care for Everyone



MINUTES	
Meeting Title	Whānau Home Quarantine Clinical Governance Group (WHQCGG)
Date and Time	Thursday, 23 December 2021 @ 4.45pm
Venue	Zoom; Bledisloe House, 24 Wellesley St West, Level 9, Onetangi Meeting Room
MEMBERSHIP	
Attendees	Jonathan Christiansen, Christine McIntosh; Daniel Tsai; Gabrielle Lord, Greg Williams; Hina Lutui; Lara Hopley; Owen Sinclair; Pauline Sanders; Ruth Large; Sally Roberts; Sam Gregory; Tim Cutfield
Apologies	Willem Landman

## 1. Welcome, Introductions & Karakia

Rawiri commenced the hui at 1647 with a karakia.

## 2. GOVERNANCE

### 2.1 Apologies

Apologies were received and accepted from Willem Landman.

### 2.2 Confirmation of the Minutes

Confirmation of the minutes of the Whānau Home Quarantine Clinical Governance Group hui held on 16 December 2021.

Accepted: All

Carried

### 2.3 Action Items

Nothing to note.

## 3. STANDING UPDATES

### 4.3 Dashboard of Key Metrics Tracking Quality

#### 4.3.1 Dashboard/Metrics for Whānau HQ (Christine McIntosh)

#### 4.3.2 Covid Calculator

Whilst Hannah Njo and Delwyn Armstrong were on leave, Christine made a few comments to update the group.



A lot of work has been done, but outside Qlik, until it can be built in January.

Christine advised she is happy with the improvements to date, however IT changes have created some issues. Overall impact on care hasn't been huge. Tested the fail safes.

There has been a lot of work undertaken with M&P pilots around understanding their systems and processes.

The triage score isn't there because the box isn't always being completed. Having the rest of the information is fantastic. Ruth thanked the team at Middlemore's Hospital in the Home for their work around this.

With MRCH doing the clinical assessment followed by contact tracing, this will ensure a more rapid assessment. Delwyn's severity risk calculator will help to sort cases as they come through and we can siphon off low risk patients.

In general the cases numbers will continue to look like December in January. Case numbers remain mostly Maaori and Pacific and more than half are situated in South Auckland. The virus is following the unvaccinated.

### 3. PROVIDER UPDATES

#### 3.2 Patient Experience/Consumer Engagement/Complaints and Responses

##### 3.2.1 Complaints and Concerns Paper (Sam Gregory)

Since the last update on 9 december only 4 that have come through. 2 been through the ministers.

Concerns mainly around conflicting information. Release letter timeliness was also mentioned. Work around training for both of these issues, has improved the situation.

A lot of work investigating risk management systems – cloud bases – will be helpful to capture information coming in online rather than manually. Are looking at the healthAlliance system and the Whakarongorau systems that appear to meet requirements the best.

Day tech does adverse event as does the Whaka system. Assure is configurable, but not sure if it will suit adverse events, risk etc.

It would seem logical to use the system that the hospitals currently use, if one is suitable. DHB systems are set up for hospitals whilst this is a community situation. Would be good to have all of the information in one place. Need it to be accessible by HQ hubs. Trying to navigate all of the requirements.

Need to capture whaanau voice as well. Provides key learnings for everyone. Looking at systems where whaanau can input their own feedback. Will have powerful analytics behind the system in order to make sense of the incoming data.

#### 3.3 Adverse Events Reporting, Implementation of Recommendations

##### 3.3.1 Confidential – [REDACTED] section 9(2)(a)

[REDACTED]

[REDACTED]

[REDACTED]

section 9(2)(a)

[Redacted text block containing multiple paragraphs of blacked-out content]

**3.3.2 ARPHS Implementation of Independent Review Recommendations (Leigh Pointon)**

This paper was deferred to 30 December 2021.

**3.5 NRHCC Update**

**3.5.1 Preparation for Surge – potential to rationalise the low acuity activity (Discussion)**

This discussion was deferred to 30 December 2021.

**7. OTHER BUSINESS**

Ruth raised silent hypoxia/happy hypoxic issues in home isolation. Ruth gave the background to the case, noting an asymptomatic Pacific Island male, isolating with a Covid positive case, did appear to be hypoxic. Was very reluctant to go to hospital but was convinced and upon arrival at ED tested Covid positive. As a result, Whakarongorau will now send the Pulse Oximeter to the highest risk person in the household, not necessarily the Covid patient. From a Primary Care perspective the contacts also need to be financially covered within the bubble, not just the patient.

Christine noted that there are those that are clearly infected within the bubble, but don't wish to be tested.

Jonathan closed the hui with his thanks to the group for their attendance and their efforts on behalf of the group to date.

The next hui will be held on Thursday, 30 December, 2021.

DRAFT

## DRAFT Whānau HQ Escalation for Cases and Contacts for Clinical Safety Concern and Isolation and Quarantine Compliance

COVID-19 symptoms any of:	And Vaccination	And Age	Or Risk any of the following – move up row/s if	Acuity Score BCMS	HealthPathways Community Care Level	Clinical Safety Escalation Single or equivalent <sup>3</sup> household	Contact Timeframe In-person safety check	Compliance Escalation – all households
Moderate <ul style="list-style-type: none"> <li>SaO2 93-95%</li> <li>Breathlessness</li> <li>Concern about hydration (dizziness)</li> </ul>	Any status	Any age	Has required hospital admission for COVID-19 during the illness	6	2 B (Whakarongorau Enhanced Care Facility)	1 day (4 hours)	Same day	5 days
Mild-moderate <ul style="list-style-type: none"> <li>SaO2 &gt; 95%</li> <li>Some Breathlessness</li> <li>Adequate hydration</li> </ul>	Any status	Any age	<ul style="list-style-type: none"> <li>Pregnant (within 6 weeks of pregnancy)</li> <li>Mental health concerns</li> <li>High and complex medical incl. Palliative, disability</li> <li>High and complex social need</li> </ul>	5				
Asymptomatic/mild, <ul style="list-style-type: none"> <li>SaO2 &gt; 95%</li> <li>Not breathless</li> <li>Adequate hydration</li> </ul>	Parital or unvaccinated	Māori ≥28y, Pacific ≥25y, Other ≥50y	<ul style="list-style-type: none"> <li>≥ 2 Co-morbidity and/or</li> <li>High social need</li> </ul>	4	2A	1 day	1 day	5 days
		Infant < 3 month age or Māori 12-28y, Pacific 12-24y, Other 12-49y	<ul style="list-style-type: none"> <li>1 Co-morbidity and/or</li> <li>High social need</li> </ul>	3				
	Fully vaccinated or child	Māori ≥44 y, Pacific ≥39y, Other ≥65y	<ul style="list-style-type: none"> <li>No co-morbidity and</li> <li>No social needs</li> </ul>	2				
	3 months – 12 years	Child > 3 month to Māori < 44y, Pacific < 39y, Other < 65y	<ul style="list-style-type: none"> <li>No co-morbidity and</li> <li>No social needs</li> </ul>	1	1	2 days	2 days	5 days

## Notes

- This escalation protocol applies to all people referred to Whānau HQ care. That means that a contact has already occurred with the person to inform them of the positive result and to determine the household bubble.
- Household contacts rapidly become cases and therefore Whānau HQ manages them similarly for the purposes of escalation. The table refers to both cases and household contacts (the bubble).

3. Single person (or equivalent) is a household where there is one person 16 years or older who is competent to answer health check calls. Dependants may be children less than 16 years or adults with a disability.
4. A multi-person household is one where there are two or more people 16 years and older who are competent to answer health check calls. This assumes that help will be called for the other members of the household if they are deteriorating.
5. Calculate the highest acuity recorded for anyone in the household (cases and contacts) and use that as the escalation rule for the whole household.
6. Use the acuity recorded in BCMS, if that's not there then the triage score from the NCTS referral. If neither are present, we assume acuity score 3.
7. No safety escalation if we get a text message or other proof of health, even if it's not a full check-in. We're aiming to text these people to say "we know we didn't do a check-in, but are you OK? If we don't hear from you, we'll send someone to visit". We can also set the proof of health from a successful door-knock.
8. Escalate every day that the person is still considered clinical safety risk (i.e. no check-in, no proof of health).
9. Don't escalate anyone acuity 1-4 who has passed their earliest release date. If not able to be contacted the earliest release date for cases is 14 days and for contacts this is 14 days after the case is released.
10. Compliance escalation to door-knock after 5 days. The testing interval for contacts is day 5 and 8 and this provides the opportunity to remind them of the testing. It is uncommon to use Section 70 for compliance concerns in Auckland unless these are significant.