CLINICAL GOVERNANCE GROUP

20 January 2022

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

Members:		
Jonathan Christiansen (Co Chair)	Gary Jackson	Owen Sinclair
Rawiri McKree Jansen (Co Chair)	Gary McAuliffe	Pauline Fuimaono Sanders
Allan Moffit	Greg Williams (Chair for 20 January 2022)	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	Dr Bryn Jones (attending for MRCH)
	Maria Poynter	Vicky Tafau (Secretariat)

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

4.45pm	**1.**	**AGENDA ORDER AND TIMING (Welcome & Karakia)**	**Page No.**
	2.	**GOVERNANCE**	
4.50pm	2.1	Apologies (Attendance Schedule)	**2**
	2.2	Confirmation of the minutes from the previous meeting held on 13 January, 2022	**3**
	2.3	Action Items	**7**
	3.	**STANDING UPDATES**	
4.55pm	3.1	Dashboard/Metrics for Whānau HQ (Christine McIntosh - verbal)	
	3.1.1	Covid Calculator (Delwyn Armstrong)	
	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) – dependent on whether or not Maria is able to dial in	
	3.4	External reporting: HQSC/HDC/Coronial/Other	
	3.5	NRHCC Update	
	3.5.1	Preparation for Omicron Surge (Discussion) including:	
	3.5.1.1	Risk Stratification for COVID-19 Care, Auckland (planning document for feedback)	**8**
	3.5.1.2	Clinical Escalation for Residential Homes	**18**
	4.	**PROVIDER UPDATES**	
	4.1	Māori Providers Update/New Business	
	4.2	Pasifika Providers Update/New Business	
	4.3	Other Community Providers Update/New Business	
	5.	**NEW CLINICAL GOVERNANCE BUSINESS**	
	5.1	Policies/Procedures brought forward for Discussion/Endorsement	
	5.2	MOC Discussions	
	5.3	Questions/Advice sought from Steering Group or NRHCC Exec	
	5.4	Other	
5.40pm	**6.**	**OTHER BUSINESS**	
		Next Meeting: 27 January, 2022 @ 4.45pm	

MEMBER ATTENDANCE SCHEDULE 2021/2022
WHĀNAU HOME QUARANTINE CLINICAL GOVERNANCE GROUP

Name	6 Jan	13 Jan	20 Jan	27 Jan	3 Feb	10 Feb	17 Feb	24 Feb	3 Mar	10 Mar
Jonathan Christiansen (Co-Chair)	✓	Apologies	Apologies	Apologies	Tentative					
Rawiri McKree Jansen (Co-Chair)	✓	✓	Apologies	Apologies						
Allan Moffitt	Apologies	✓	✓	✓						
Anthony Jordan	-	Tentative	Tentative	Tentative						
Carmel Ellis	✓	✓	✓	✓						
Christine McIntosh	Apologies									
Daniel Tsai	Apologies	Tentative								
Gabrielle Lord	-									
Gary Jackson	-	Tentative	Tentative	Tentative						
Gary McAuliffe	-									
Greg Williams	Apologies									
Harriet Pauga	Apologies	✓	✓	✓						
Hina Lutui	✓									
Kara Okesene-Gafa	Apologies									
Kate Dowson	Apologies	Apologies	✓	✓						
Lara Hopley	✓	✓	✓	✓						
Maria Poynter	Apologies		Apologies	Apologies						
Owen Sinclair	-	✓	Apologies	Tentative						
Pauline Sanders	Apologies	✓	Tentative	Tentative						
Ruth Large	✓			Apologies						
Saleimoa Sami	-									
Sally Roberts	Apologies	Apologies	✓	Tentative						
Teuila Percival	-									
Tim Cutfield	Apologies			✓						
Willem Landman	Apologies	Apologies	Tentative							

MINUTES	
Meeting Title	**Whānau Home Quarantine Clinical Governance Group (WHQCGG)**
Date and Time	Thursday, 13January 2022 @ 4.45pm
Venue	Zoom; Bledisloe House, 24 Wellesley St West, Level 9, Onetangi Meeting Room
MEMBERSHIP	
Attendees	Rawiri Jansen, Christine McIntosh; Daniel Tsai; Gabrielle Lord, Greg Williams; Hina Lutui; Lara Hopley; Owen Sinclair; Pauline Sanders; Ruth Large; Tim Cutfield
Apologies	See attendance schedule.

1. Welcome, Introductions & Karakia

Rawiri commenced the hui at 1647 with a mihi and apologised that the minutes had not been circulated prior to the meeting due to Vicky's absence. Both sets of minutes will be distributed at the next meeting.

2. GOVERNANCE

2.1 Apologies

Apologies were received and accepted from Gary McAuliffe, Jonathan Christiansen, Willem Landen and Kate Dowson.

2.2 Confirmation of the Minutes

Confirmation of the minutes of the Whānau Home Quarantine Clinical Governance Group hui held on 6 January 2022. These minutes will be circulated at the next meeting along with the minutes from this current meeting.

2.3 Action Items

Nothing to note.

3. STANDING UPDATES

3.3.2 ARPHS Implementation of Independent Review Recommendations (Maria Poynter)

The team looked at the criteria for where isolation should happen, the planning team has updated SOPs to include clinical escalation criteria and actions, considerations to those living home alone or "like" on their own. The report was distributed.

3.5 NRHCC Update

3.5.1 Preparation for Omicron Surge

Self-identification is likely in week 3 or 4 of the surge.

In regard to Staff stand-down, we will move to a policy in an Omicron surge where we have a different setting as to who will be stood down. Clinical staff double vaccinated (including booster), wearing a surgical mask and asymptomatic will likely remain working. Hospital planning includes flexing settings and response.

The Delta model was based on the case rates as seen in November based on ethnicity, age and to add Omicron doubled the positive cases but reduced the hospitalisation rate to around 45%. Gary used the Australian data to look at a NZ outbreak from 1 February 2022 based numbers from Australia (1 December 2021), running this scenario for 6/52, top it out and then decline again. If we follow Australia to this extent we are looking at 1,000 cases per day in Auckland (numbers not previously seen), comms will be required to ensure communities are informed.

Currently genome sequencing (GS) continues for all cases to ensure we know asap when we do have Omicron in the community. Turn around for GS is 1/52, likely we will have 50-80 positive cases in the community by the time we know. Currently 10-20 community cases a day, looking at exposure that might trigger a super spreader event(s).

At what point do we pull the trigger and change our approach?

Preliminary Work being undertaken with the NRHCC

Containment Phase
Objective is to verify the presence or likely presence of community transmission of the Omicron COVID-19 variant, and to attempt containment if possible.

Involves in-depth clinical assessment of either:
A WGS-confirmed Omicron case; or
A COVID-positive border/MIF worker; or
A COVID-19 cluster exhibiting high rates of vaccine breakthrough.

Move to next phase if non-containment is likely i.e. initial case has no links to border, any unlinked secondary cases, or any tertiary cases.

If containment is achieved, ARPHS may move back into Delta BAU

Peak Delay Phase
Objective is to delay the peak of the Omicron wave to maximise time available to transition to new public health, healthcare and social models, and to maximise booster vaccine uptake.

Contact tracing pivots to focusing on case isolation (rapid communication of results and advice to cases) and quarantine of household contacts

Non-household contact quarantine is a secondary goal that is subject to system capacity.

Bulk of case investigation handed over to NITC during the course of this phase (likely 1-2 weeks).

Impact Mitigation Phase
Objective is to reduce morbidity/mortality of cases, support case isolation, and keep critical physical and social infrastructure services in operation.

ARPHS focus on outbreak management in two setting types:
Vulnerable e.g. ARCs, prisons, Maōri communities
Critical e.g. healthcare, FENZ, ambulance services, air traffic control towers, Watercare etc.

ARPHS largely relies on notifications from these settings – no proactive management of exposure events without known transmission.

Workforce Planning
Consider staggering leave, look at staff availability and on call. Pauline at MIQ is looking to get things started now, we have a small lead time available, drafting an action plan for future state. Once we hit 200, we will switch to the new state.

Protect the ARC workforce.

Oximeters
Oximeters have become less and less part of the management for Omicron +ve in NSW. We are planning to pare back on distribution, preserving for symptomatic and high risk.

Secondary care fully support rationing of Oximeters, has been used for higher severity, and low vaccine patient management. Oximeters provide a safety net however with increase in numbers resource will be exceeded, how to ensure patients are kept safe when there is deterioration in their own health. Risk of silent hypoxia is low with Omicron, SOB is a good guide for deterioration, reassurance for people with dyspnoea is key, combining both and expediting the delivery of oximeters to those at higher risk.

CHIPPER tool noted, await further advice about development timelines for automated voice interactive tools.

MIQ
Once Omicron is circulating widely there will be no need to use MIQ for arriving passengers, so that should free up some resource. Gary advised it would be interesting to see the modelling adding Omicron from outside the border by 1,000 per week.

Action

Gary to review.

4. PROVIDER UPDATES

Ministry reviewing contact and case definition.

4.1 Māori Providers Update/New Business

Planning to go from Delta setting, to brief transition to Omicron max, enabling us to deliver a service that is clinically safe, includes realigning the workforce.

4.2 Pasifika Providers Update/New Business

Response and feedback in terms of initiating community education and messaging to Pacific communities and providers, leveraging off youth groups and churches to aid in the delivery, planning around surge and when to escalate and scale up.

4.3 Other Community Providers Update/New Business

The growing number of facilities with other DHB requirements is challenging.

WHQ is thinking around communications and resource planning for when we hit the target trigger point of 200. Awaiting simplification of the release process, focus safety netting, able to find and care for those who most need care with others self-managing.

BCMS is set up for border management and it is unlikely all positives will be in BCMS with a big outbreak. Major exposure events will still be of interest, ongoing work on how to steam new cases into the new model of care.

Using the PH triage tool, this rudimentary (WIP) model will be developed, the hope is that people will not fall through the cracks.

Pathways and primary care messaging underway.

Pharmaceuticals – Tim Cutfield
We will be treating Omicron with the same agents we are using now. Remdesivir is to be used in high risk populations, in discussion with Pharmac, problematic with x3 IV doses required in 72 hours. Unlikely new orals will be available by peak.

6. OTHER BUSINESS

Rawiri away next week, Greg Williams is to chair the meeting.

The floor acknowledged Maria Poynter's good work. Maria advised the group she is reducing her time at APRHS to 0.5 FTE.

The meeting closed at 1755.

The next hui will be held on Thursday, 13 January, 2022.

Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

Whānau HQ Clinical Governance Group Meeting
Action Items Register for 13 January 2022

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
13.01.2022	3.5.1	MIQ: Modelling adding Omicron from outside the border by 1,000 per week.	20.01.2022	Gary Jackson		