CLINICAL GOVERNANCE GROUP

3 February 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	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	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)	**002**
	2.2	Confirmation of the minutes from the previous meeting held on 27 January, 2022	**003**
	2.2.1	Captured Chat from 27 January 2022	**007**
	2.3	Action Items	**009**
	3.	**STANDING UPDATES**	
4.55pm	3.1	Dashboard/Metrics for Whānau HQ (Hannah Njo)	
	3.2	Patient Experience/Consumer Engagement/Complaints and Responses	
	3.3	Adverse events reporting, implementation of recommendations	
	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	Qlik Reports Update (CK Jin & Delwyn Armstrong)	
	3.5.1.2	Provision of Pulse Oximeters to only Acuity 5-6 (Christine McIntosh)	
	3.5.1.3	Implementation of the Streaming Process (Christine McIntosh)	
	3.5.1.4	General Update (Christine McIntosh)	
	4.	**PROVIDER UPDATES**	
	4.1	Māori Providers Update/New Business – Verbal (Rawiri McKree Jansen)	
	4.2	Pasifika Providers Update/New Business – Verbal (Harriet Pauga)	
	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: 10 February, 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	✓						
Allan Moffitt	Apologies	✓	✓	✓						
Anthony Jordan	-	Apologies	Apologies	Apologies						
Carmel Ellis	✓	✓	✓	Apologies						
Christine McIntosh	Apologies	✓	✓	✓						
Daniel Tsai	Apologies	Tentative	✓	✓	Apologies					
Gabrielle Lord	-	✓	✓	Apologies						
Gary Jackson	-	✓	✓	✓						
Gary McAuliffe	-	-	-							
Greg Williams	Apologies	✓	✓	✓						
Harriet Pauga	Apologies	✓	✓	✓						
Hina Lutui	✓	✓	✓	✓						
Kara Okesene-Gafa	Apologies	-	-							
Kate Dowson	Apologies	Apologies	✓	✓						
Lara Hopley	✓	✓	✓	Apologies						
Maria Poynter	Apologies	✓	Apologies	Apologies						
Owen Sinclair	-	✓	Apologies	Apologies						
Pauline Sanders	Apologies	✓	✓	✓						
Ruth Large	✓	✓	✓	Apologies	Apologies					
Ryder Fuimaono	-	-	✓	✓						
Saleimoa Sami	-	-	-	-						
Sally Roberts	Apologies	Apologies	✓	Apologies						
Teuila Percival	-	✓	✓							
Tim Cutfield	Apologies	✓	✓	✓						
Willem Landman	Apologies	Apologies	✓	✓						

MINUTES	
Meeting Title	**Whānau Home Quarantine Clinical Governance Group (WHQCGG)**
Date and Time	Thursday, 27 January 2022 @ 4.45pm
Venue	Zoom; Bledisloe House, 24 Wellesley St West, Level 9, Onetangi Meeting Room
MEMBERSHIP	
Attendees	Rawiri Jansen, Allan Moffitt, Christine McIntosh; Daniel Tsai; Gary Jackson, Greg Williams; Harriet Pauga; Hina Lutui; Kate Dowson; Pauline Sanders; Ryder Fuimaono; Tim Cutfield, Willem Landman
Apologies	See attendance schedule.

1. Welcome, Introductions & Karakia

Greg Williams (Chair for this meeting) commenced the meeting at 1647 with a karakia.

2. GOVERNANCE

2.1 Apologies

Apologies were received and accepted from Jonathan Christiansen, Anthony Jordan, Carmel Ellis (transitioning back to CM Health), Gabrielle Lord, Lara Hopley, Maria Poynter, Owen Sinclair, Ruth Large and Sally Roberts.

2.2 Confirmation of the Minutes

Confirmation of the minutes of the Whānau Home Quarantine Clinical Governance Group hui held on 20 January 2022.

Accepted: All

Carried

2.3 Action Items

Christine advised Bryn was following up with MRCH re slower to contact Maaori. Haven't had a response yet. Will continue to monitor.

Stratification process conversation Bryn and Christine. After talking with Bryn, Christine narrowed deprivation down further. Pauline advised that looking at Covid as a whole is needed – pre- diagnoses, care whilst isolated, care when discharged. There are a lot of determinants that determine 'where' a family is and this equity lens needs to sit across the board when undertaking any planning.

3. STANDING UPDATES

3.5 NRHCC Update

3.5.1 Preparation for Omicron Surge

3.5.1.2 Omicron Projection Presentation (Gary Jackson)

Gary took the group through several of the key slides and advised that what you see is not exactly true modelling, more speculation. We are not sure how Omnicron will look in NZ yet. After our first surge, as the virus finds more pockets in the community we may experience further peaks later in the year.

50 cases per day is Gary's trigger for moving into a different response.

3 to 14 February is when cases should ramp up, giving us a couple of weeks to test systems (triage/IT) along the way. End of Feb, beginning of March for the commencement of the real surge.

Gary noted the data out of Switzerland, showed the importance of a) being doubled vaccinated and b) getting a booster.

Delta saw redistribution of resources, Omnicron will see a large load up front, and will need looking at different ways of dealing with those that don't require hospitalisation.

MMH will utilise outside tents for pod-assessment – 6 patients at a time.

When Primary Care switches to telehealth there will be some in the community that don't trust that measure of care and will still turn up at ED.

Be aware that we are not sure yet what will trigger/indicate a change from the initial phase to 'care in the community'.

Concern with actual growth and demand on capacity (real life) that what's coming out of WLG at the moment. Strategy doesn't match the conditions. Don't have the resource. Providers feel uncomfortable as we over promising and under delivering. It's not useful to have a stamp it out phase. Stage 2 and 3 need to be underway at the same time. Real concern around community pressure.

What we find troublesome in WHQ is managing the release process and the testing regime. We need to take an approach where we focus our workforce to useful clinical work. What is the tipping point where we can switch when the current level becomes unhelpful?

Rawiri - helpful if we influence up, so we should take the opportunity and do that. Group is happy to contribute to this. This CGG can make assertions itself. Give evidence based on what we 'see'.

Action
Greg Williams to draft a document. Will be circulated for feedback.

Burnout is rapidly becoming a concern – in WHQ as well. Need to be able to manage the expectations. Current level won't be achievable. This needs to be indicated to the community.

3.5.1.1 Clinical Escalation for Residential Homes (Ryder Fuimaono)

Christine advised there is a bit of a gap with what we are providing clinically. Cases currently go to Quarantine, but this may not continue depending on demand. Numbers are currently low, but this may well change going forward. We need to have a low threshold for escalating care.

Ryder took the group through his paper.

The paper will serve as a guide for those going into the Residential Homes (non-clinical) to assist them in making a call regarding escalation.

Ryder has been testing with staff in the facilities. Clinical input is still required, especially when there may be undue pressure on the Ambulance service.

Need to still advise that 'if in doubt, call an ambulance'.

Working with the Ambulance service – traffic light response system in place. Red response is the most urgent.

Discussion ensued around what triggers the call for an Ambulance, in particular around resource restrictions.

If there are further suggestions, please email Christine & Ryder.

Action
Christine/Ryder to liaise with Ambulance Service and NGO services around what they are currently/have been seeing.

3.5.1.3 Stratification Process – Ins & Outs (Christine McIntosh)
3.5.1.3.1 Risk of Hospitalisation Calculator (Delwyn Armstrong & CK Jin)

Split off Maaori (suggestion).

The Model has been built into the Data Store so it can be shown through the Dashboard. For the sake of today's presentation, the NHI number has been removed.

Delwyn took the group through the dashboard. Can look at bubbles. Pulling from Episerve, e-referrals, BCMS, Community Dispensing, Lab Tests. Can make changes to the Dep Score as required.

Patients categorised A to E. Patients in A/B are high clinical risk.
A – Clinical Call
B – GP Telehealth (Warm Handover)
C –HCA Call
D – Self-Service or HCA Call
E – Residential Housing Team

Delwyn and team continue to build the dashboard to be flexible.

Can we reverse so instead of a demand model; we have a supply model? Delwyn said they will be able to do it and will think about how they will show the data.

Current model has everyone under 18yrs removed. Christine would like to identify children so we know about them. Need to keep them in the stratification process. Family members must be in BCMS in order to recognise them.

Pharmacy would like access in order to be able to provide support when required.

Action
Primary care data is loaded for Long Term Conditions only. Would be great if we could get data from PHOs directly. Pauline to follow this up.

Need to be clear, in particular to the MoH, that the algorithm isn't perfect and at some point will require clinical input to make necessary decisions.

4.3.1 Whakarongorau Update (Matt Wright)

Focus on both the risk categories – there will be a time when people will use any phone line (including Plunket).

Outcomes – in the RSV surge, the clinical leads supported nurses and paramedics to make decisions.

Whakarongorau has the ability to do this using the Starship guidelines.

Reassuring that we're currently talking around transition once we reach tipping point, so that Whakarongorau are prepared for the switch.

The meeting closed at 1758. The next hui will be held on Thursday, 3 February, 2022.

17:06:44 From Tim Cutfield to Everyone:
Presume less delay in hospitalisation if driven by decompensation of comorbidities rather that classical “tipping point” of COvID pneumonitis?

17:08:20 From Gary Jackson to Everyone:
Not clear to me - potentially. Complicated in other places (like Oz) with delta cases mixed in

17:11:10 From Allan Moffitt’s iPhone to Everyone:
I agree with those comments Willem

17:11:59 From Willem Landman to Everyone:
we need to be educating our people NOW about what will be coming, and manage their expectations

17:12:18 From Willem Landman to Everyone:
This is NOT delta.

17:13:11 From PaulineFuimaonoSanders to Everyone:
Comms have started about preparedness. Translations are underway. Community engagement has started about preparedness.

17:14:11 From Tim Cutfield to Everyone:
Just in car sorry - waiting for people to burn out / systems to break before a change is unethical. From having worked through such a tipping point in UK

17:14:56 From Willem Landman to Everyone:
It’s about expectations- this is NOT a disease the spells the ens. This IS a disease that will be there after the surge.

17:16:38 From PaulineFuimaonoSanders to Everyone:
We are aiming to start the care pathways as soon as possible so people know they won't be called every day for the low risk pathway.

17:18:24 From Rawiri McKree Jansen to Everyone:
Agree with this Pauline

17:30:05 From Tim Cutfield to Everyone:
No looks good though thanks very mich

17:41:25 From Tim Cutfield to Everyone:
Sorry have to go thanks all

17:43:26 From PaulineFuimaonoSanders to Everyone:
What is the timeframe for the Primary Care data to be added?

17:43:57 From Willem Landman to Everyone:
I am presuming that in surge there will be some form of self-referral?

17:48:27 From Willem Landman to Everyone:
I meant self-registration that they have C19

17:52:28 From Christine Mcintosh to Everyone:
Safety netting is critical

17:53:10 From Delwyn Armstrong to Everyone:
Absolutely agree Gary - thank you Gary

17:53:11 From Allan Moffitt's iPhone to Everyone:
Sorry I'm late for another meeting and need to go.

17:53:47 From Matt Wright to Everyone:
That's Whakarongoraus feeling too Hinamaha

17:57:53 From PaulineFuimaonoSanders to Everyone:
'KPI's' and reporting still need to be landed

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 27 January 2022

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
20.01.2022	3.1	Dashboard/Metrics for WHQ: The high volume of uncontacted Maaori Has been noted and discussed with Rawiri. Christine will take to MRCH for a response.	27 January 2022	Christine McIntosh		✓
20.01.2022	3.5.1.1	Risk Stratification for Covid-19 Care, Auckland: Christine and Bryn will connect offline to have a conversation around the issues raised (equity).	27 January 2022	Christine McIntosh/ Bryn Jones		✓
27.01.2022	3.5.1.2	Omicron Projection: helpful if this group influences up. Greg Williams to draft a document. Will be circulated for feedback.	3 February 2022	Greg Williams		
27.01.2022	3.5.1.1	Clinical Escalation for Residential Homes: Christine/Ryder to liaise with Ambulance Service and NGO services around what they are currently/have been seeing.	3 February 2022	Christine McIntosh/ Ryder Fuimaono		
27.01.2022	3.5.1.3.1	Risk of Hospitalisation Calculator: Primary Care Data is loaded for Long Term Conditions only. Would be good to get data directly from PHOs. Pauline to follow up.	3 February 2022	Pauline Fuimaono Sanders		