













CLINICAL GOVERNANCE GROUP

27 January 2022

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

Members:	Gary Jackson	Owen Sinclair
Jonathan Christiansen (Co Chair)	Gary McAuliffe	Pauline Fuimaono Sanders
Rawiri McKree Jansen (Co Chair)	Greg Williams	Ruth Large
Allan Moffit	Harriet Pauga	Sally Roberts
Anthony Jordan	Hinamaha Lutui	Teuila Percival
Carmel Ellis	Kara Okesene-Gafa	Tim Cutfield
Christine McIntosh	Kate Dowson	Willem Landman
Daniel Tsai	Lara Hopley	Bryn Jones (attending for MRCH)
Gabrielle Lord	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 N				
	2. GOVERNANCE					
4.50pm	2.1 Apologies (Attendance Schedule)					
	2.2 Confirmation of the minutes from the previous meeting held on 20 January, 2022	002				
	2.2.1 Captured Chat from 20 January 2022	007				
	2.3 Action Items	008				
	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 Clinical Escalation for Residential Homes (Ryder Fuimaono)	009				
	3.5.1.2 Omicron Projection Presentation (Gary Jackson to answer any questions)	013				
	3.5.1.3 Stratification Process - Ins and Outs (Christine McIntosh)					
	3.5.1.3.1 Risk of Hospitalisation Calculator (CK Jin & Delwyn Armstrong)					
	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					
	4.3.1 Whakarongorau Verbal Update (tentative)					
	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: 3 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	-	Tentative	Tentative	Tentative						
Carmel Ellis	✓	~	✓	✓						
Christine McIntosh	Apologies	~	~	✓						
Daniel Tsai	Apologies	Tentative	→							
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	✓	~	~	✓						
Maria Poynter	Apologies	~	Apologies	Apologies						
Owen Sinclair	-	✓	Apologies	Tentative						
Pauline Sanders	Apologies	~	~	Tentative						
Ruth Large	✓	~	~	Apologies						
Ryder Fuimaono	-	•	✓							
Saleimoa Sami	-	•	•							
Sally Roberts	Apologies	Apologies	✓	Tentative						
Teuila Percival	-	✓	✓							
Tim Cutfield	Apologies	√	✓	✓						
Willem Landman	Apologies	Apologies	✓							









MINUTES						
Meeting Title	Whānau Home Quarantine Clinical Governance Group (WHQCGG)					
Date and Time	Thursday, 20 January 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

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



2. GOVERNANCE

2.1 Apologies

Apologies were received and accepted from Gary McAuliffe, Rawiri McKree Jansen, 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 and 13 January 2022.

2.3 Action Items

Gary responded to his action item.

3. STANDING UPDATES

3.1 Dashboard / Metrics for Whānau Home Quarantine (Christine McIntosh)

Christine took the group through the metrics from Hannah Njo.

Any delays to assessment will be contact delays. Not a delay in getting on to the work, it's the delay in contacting whaanau.

Bringing M&P providers on board with the acuity score.

Action

The high volume of uncontacted Maori has been noted and discussed with Rawiri. Christine will take to MRCH for a response.

Hannah prepped these metrics prior to Christmas. MoH has now moved on to what will be measured for Omicron and Hannah hasn't yet had the time to adjust.

Omicron Metrics

Concerned with PCR testing not being able to keep up with demand.

RATS will be part of the testing response. May end up with a situation where 'probable covid' is a diagnosis. This is guiding the thinking around these metrics.

The metrics will reflect the recognition of those who engage with txt surveys have digital ability and that there is a need to keep on top of those that don't.

Will maintain the equity net around our vulnerable communities.

3.5 NRHCC Update

3.5.1 Preparation for Omicron Surge

3.5.1.1 Risk Stratification for Covid-19 Care, Auckland (Planning Document for Feedback)

We currently have a labour intensive model of care. We won't be able to maintain this through Omicron and it's not a good use of time.

Two step process as we need to recognise acuity score. Need flexibility to move from one model to another to allow those most in need to be able to access the care they need.

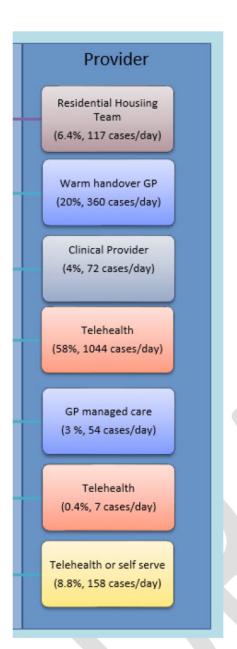
In Auckland we need to identify residential housing as a flag. Need to take into account the amount of people using shared facilities.

Unvaccinated will require clinical assessment (diagram on pg 4 of provided presentation).

A comparison of risk stratification approaches is show below:

The box with the blue outline is using Vax Status and Age.

The box with the orange/pink outline is using Risk of Hospitalisation.





Clinical assessment will be required for a relatively small number of the total cases.

Telehealth will be lower risk, but will still need a safety net. Can they self-manage? More likely to have welfare needs that will need to be addressed quickly.

The score isn't nuanced enough around equity issues.

The response from MRCH is that they will be able to handle the volume if it is just a call. Both MRCH and PaRCH are keen to make that first call, even if they have to hand whaanau off to another provider due the level of care required.

ARC isn't considered residential housing.

The elderly age group may well add to these numbers.

Initial phone contact will help with prioritisation – getting any new information that may not be in a

database.

Dr Jones is concerned with age/vaccination status being used to gauge risk as that will lead us towards the elderly population and will miss the vulnerable communities (social inequities). The risk of hospitalisation does take in age and ethnicity. Christine is open to suggestions. She did note that this is why the phone call (especially to M&P) is important to ensure they are prioritised correctly.

Dr Jones is concerned around using a proxy of risk that is not targeted towards vulnerable populations.

The first branching point is ethnicity. MRCH and PaRCH will then be the first point of contact which should further confirm what sort of support whaanau will need.

Need a balanced focus on those that are most vulnerable.

Bryn is not reassured that we're addressing the right things. Teuila would like to see the whole household supported, not just the covid positive family member.

The inequity volume is concerning and we mustn't look away.

The group would like a proposed approach as to how we can address these concerns. MRCH and PaRCH are involved for these reasons in particular, that the individual exists as part of a whaanau, part of community. Christine would appreciate direction from the group.

The sorting and handling is going to be a concern. PaRCH is already talking around this.

GP resourcing is also a concern. Need to ensure we're not providing too much care for those that don't require it.

Christine noted the acuity tool that sorts whaanau priority and includes social factors.

How do we have a pro-equity approach to risk assessment, so we capture those that fall through the gaps?

Action

Christine and Bryn will connect offline to have a conversation around the issues raised today.

3.5.1.2 Clinical Escalation for Residential Homes

Delay Residential item until next week. Will give Ryder further time to work with the Residential team.

Last week we talked about WHQ and ARPHS re different trigger points, switching to Surge Mode and supporting comms to prepare communities for this. Comms for trigger points need to be aligned across the region.

6. OTHER BUSINESS

Rawiri and Jonathan potentially away next week, Greg Williams is to chair the meeting again if required.

Marty Mikaere will be on for Ruth next week.

The meeting closed at 1755. The next hui will be held on Thursday, 27 January, 2022.

Ruth.Large to Everyone OIA 1141 - Appendix 10 - Page 7 of 8 can I ask who knows about the funding for pharmacy delivery and where that is coming from. Rumour has it that Whakarongorau is paying but I don't think that is the case and I think it is more likely to be NRHCC Daniel Tsai to Everyone that's me funded through NRHCC Ruth.Large to Everyone you're the rumour or you are paying LOL Daniel Tsai to Everyone 04:48 PM we are paying Tim Cutfield to Everyone 04:53 PM And the HiTH is not really fair to compare, as referrals always post-hospital assessment, i.e. clinical assessment is probably prior to referral to HITH 04:59 PM Fantastic to see the metrics - thanks Christine and all! 05:11 PM Tim Cutfield to Everyone does that take into account higher vaccine breakthrough infections (even with boost) in older / frail patients? anecdotally lots of this cohort taking up hospital beds and unable to return to home with care / residential care. ruth, to Everyone 05:13 PM Telehealth equals: health care delivered by ICT where the recipient and the provider are separated by distance or time. ICT equals information communication technology Tim Cutfield to Everyone 05:14 PM can we cope with 1300 calls a day? Gary Jackson to Everyone 05:14 PM The Elderly is probably the bit that is underestimated in our current data. Depends a bit on how well those folk self-isolate at the start of the outbreak, and how well ARRCs procedures can keep it out of their facilities 05:36 PM Hinamaha Lutui to Everyone thank you for the discussion, unfortunately Harriet and I have another meeting. From Pacific we want to be involved from the beginning and Parch is looking at educating our community with changes coming with omicron and setting up ability or links and networks to respond to social needs rapidly to keep families safe as well looking at the clinical aspect. malo Bryn to Everyone 05:42 PM Risk of harm from COVID-19 could include individual medical/ health risk factors, but needs to include community and whānau risk factors (related to poverty mostly). I think ruth, to Everyone 05:47 PM Apologies team I need to go, great korero. I am on leave next week. Marty Mikaere will represent Whakarongorau next week. Ka kite... Gary Jackson to Everyone 05:47 PM Apologies I need to go. Go well Gary Bryn to Everyone 05:48 PM Sorry for hijacking that conversation... Tim Cutfield to Everyone 05:48 PM can i suggest flagging delirium as an issue to proactively manage for covid in ARC? Greg Williams to Everyone 05:50 PM Not hijacking Bryn, bringing the value! Allan Moffitt to Everyone 05:51 PM Not at all Bryn - I think it is so important we get this right. I kind of feel that Step 1 is probably ok and a reasonable place to start providing we can be adaptive and change if the figures turn out different! The problem si with the Clinical Acuity to some extent that may well mean many Maori and Pacific people will have their risk underestimated. Perhaps a direct conversation with Christine with your ideas how we could mitigate that. Add additional weighting to compensate for ethnicity to the acuity score? 05:53 PM Bryn to Everyone I can certainly work with Christine on this offline. Willem Landman to Everyone 05:54 PM Thanks Team

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 20 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		