COVID-19
REFLECTIONS ON INITIAL RESPONSE

This report, based on interviews from across the organisation (Ngāti Porou Hauora), has been developed to help assess the effectiveness of our response to the threat of COVID-19; determine the impact on organisation function and morale; and identify learnings. It is too early to fully evaluate the response, and COVID-19 is not over, but we thought it was useful to capture some of the organisational responses and experiences of the journey while fresh in the mind.

NGĀTI POROU HAUORA

INTRODUCTION

The health sector has been challenged in responding to the potentially devastating threat of SARS-CoV-2 (COVID-19), to protect both staff and the population served, reorient health services, and manage disruptions to supply chains, workforce and normal practice. Ngāti Porou Hauora (NPH), as a Māori provider serving 9,000 people, both urban (in Gisborne) and rural (across the East Coast), rapidly adapted to ensure that whānau were kept safe, staff were protected, and service delivery continued.

An advantage for NPH was early recognition of the significance of COVID-19 and preparation that began in mid-February 2020. A Clinical Governance Group meeting on the 19th Feb, discussed potential impacts, including risks to the NPH population, strain on already constrained resources and potential disruptions to supply chains. The Chief Executive, Rose Kahaki, asked the NPH Infection Control Group to provide initial advice and within 24 hours this advice was provided. Before the end of February, staff were involved in training around COVID and PPE, and many measures such as hand sanitiser stations, restrictions on facility entry and staff reorganisation were starting to materialise.

What followed was the gradual recognition across the country of the impact that COVID-19 was having, not only in China but then in Iran and Italy. New Zealand responded with its pandemic plan, taking on board epidemiological and scientific advice to limit spread, then aiming for elimination. Border restrictions and different levels of restriction within the country followed, culminating in a Level 4 Lockdown by March 25th.

For NPH, the early weeks were hectic, with endless hui and Zoom meetings, whānau-led responses emerging, major shifts required in workforce deployment and service delivery (including the establishment of a rural CBAC), involvement in responses led by Te Rūnanga o Ngāti Porou (TRONP) through Whānau Ora such as distribution of food and hygiene products, and rapid changes in emphasis, case definitions and expectations of health sector responses. The agility and adaptability of NPH came to the fore during these testing few weeks, as did the strength of relationships within Ngāti Porou (both through TRONP and directly with whānau), and with other services in the region.

This document captures some of the NPH response, through an organisational lens and through the reflections of staff[1], based on interviews from as many parts

1. It includes interviews from: the Chairman of the Board, the CE, Mental Health Manager, Primary Health Care Manager, Contracts Manager, GPs, Practice nurses, Receptionists, RHNs, Practice Manager, Kaiāwhina, Hospital RN, HCA Aged Residential Care, Midwife, Mental Health Team, Te Hiringa Matua, Home Based Support Services, Research, Cleaning, Kitchen, Maintenance team.

of NPH as time permitted. Some of the feedback is similar or repeated by those interviewed. It has been edited for clarity and length. No external interviews were undertaken.

This section summarises the lessons learnt, followed by the feedback, stories and reflections that inform these lessons.

LEARNING

- The value of early preparation and rapid adaptation: obtaining extra supplies, understanding that rural areas are hardest hit with lockdowns and have limited supply options. Fast learning, utilising international knowledge and national guidance, to rapidly develop local training. Our staff are capable, learnt fast and adapted quickly.
- The strength of a small, tightly connected organisation, that has close connections with whānau and the ability to be agile, resourceful, work flexibly with other organisations and think 'outside the square'.
- When clear decisions are made and communicated at a central level, frontline organisations like NPH, are able to quickly translate those into deliverable services, modifying facilities, mobilising and redeploying resources, implementing new processes and constantly adapting them till they meet the needs of service and safety.
- Leadership. Good leadership in an emergency is informed, clear and decisive. It is "permission giving", equips people and empowers them to make decisions at the point where they are needed. It is leadership that stays connected, appreciates the stresses and reassures staff in times of uncertainty.
- Communication is critical -with whānau and communities; with TRONP, community groups and other health agencies for effective coordination, and between NPH management and staff. This requires additional resource. It was great to have skilled Comms assistance, to work collaboratively with TRONP Comms and be part of Te Rōpū Whakakaupapa Urutā.
- NPH is proactive - this means not waiting for government agencies to make decisions or provide solutions. Recognising the threat of COVID-19, NPH took critical decisions to ensure it could respond adequately - For example, ordering additional PPE early.

Acknowledgement to NPH staff for their contributions and to Dr Julia Carr, Acting Chair NPH Clinical Governance Group, for collation.

- COVID-19 affected staff and their whānau, creating new stresses and anxiety. Flexible arrangements for leave, ensuring staff knew they would be paid if they were unwell and needed to isolate, pacing the work, and efforts to recognise staff who were working beyond normal expectations were appreciated.
- Telehealth consultations: Understand the limitations of remote consultations when dealing with a high needs population where multiple chronic conditions are common, set within an environment where housing and income is often inadequate and other safety issues are pressing. It requires skill, experience and additional time to see the unseen and hear the unstated, to make accurate diagnoses and treatment decisions. This is not a quick process.
- Mental health was a big issue through the lockdown with extra stress on whānau – lack of resources, job losses, and increased isolation. Despite active outreach visits, telehealth clinics and phone contacts from NPH staff, many people became distressed or unwell. More resources are needed to support mental health, including interventions to prevent family violence and to help people struggling with addictions.
- Community safety responses ('road checkpoint' stations) helped staff feel supported and safe, supporting compliance with the lockdown and reducing the risk from unnecessary visitors.
- Infrastructure: The value of visible, functional infrastructure within rural and remote communities -providing practical help, service access, as well as "hope" to people in times of uncertainty.
- Self-reliance and resilience are real strengths – in the clinical teams and outreach but also in the many practical responses - the vegetables grown, fruit collected and local produce shared - having a functioning kitchen and capacity at Te Puia, a maintenance crew, a water supply and people prepared to go the extra mile to meet demand in a crisis.
- Additional funding for Māori Health services: The announcement by Associate Minister Peeni Henare was welcomed by Ngāti Porou Hauora. However, it's been a long process, yet to be finalised -retrospective contracting is burdensome and slow. An improved process must be implemented prior to the arrival of the second wave, otherwise frontline service providers will be hesitant to carry the financial risks associated with increasing capacity and service scope. In addition, a more consistent basic agreement to centrally fund major services such as CBACs and swabbing, while allowing for local variation would be helpful. The point is we must plan it now while we have time.

NGĀTI POROU HAUORA

OUR STORY

Preparation

Preparation began in February, thinking about likely service changes, considering ideas circulating on a variety of information sharing sites and ordering in extra supplies. Upskilling teams began– a Coronavirus update session at Puhi Kaiti on 27 February, and training videos (COVID-19 and use of PPE) went out to staff by 2 March. Service and workforce changes had to be thought through, adapting any guidance for local context. NPH rapidly progressed this preparation, while nationally and at DHB level much was still operating as 'business as usual' in those early weeks.

NPH board is chaired by Teepa Wawatai, who maintained regular phone contact with the CE over this time.

Teepa Wawatai reflects:

From the Board situation – I used lessons learnt through disaster planning and experience from good crisis management – essentially give power to the people who need it and let them just get on and do it…empowering our CE to make decisions and trusting her to make the right ones….I kept in touch, not to micromanage as she's a very capable CE…my main reason to talk with her was to keep that helicopter view and be looking out for any other resources that could be marshalled.

In the week leading up to lockdown and the next two weeks, I was in daily contact. After that I realized they had things under control, things were settled so then tried to interrupt her as little as possible as they were still really busy.

The context was an organisation that has worked under stress for almost a decade and has been under-resourced all that time…then something like this comes along and they perform so well. Every region is different and other organisations could close down some of their operations but NPH doesn't have that leeway…everything is frontline -so what the organisation had to do was a lot harder comparatively. I honestly feel that if COVID-19 did come our way, we would have handled it well. Looking back, I think they've done incredibly well. I'm really proud of them.

Chief Executive, Rose Kahaki, and the small executive team mobilised early.

Rose Kahaki reflects*:*

In the beginning I was looking overseas and what was happening was huge, daunting really - not feeling any sense of panic but just thinking, how the heck are we going to manage? A number of thoughts came flooding in – our community with some of the worst health in New Zealand, already heavily compromised

without the threat of this virus; many becoming unwell and dying; Gisborne Hospital potentially being overwhelmed early in the piece and unable or unwilling to accept our whānau; our history of being a rural outpost, of being relatively unimportant and being considered last or not at all. What and how do we sort this? The answer would be by becoming as independent as we could, to be in control of what we could and plan for the worst scenario - being pragmatic, solution focussed and everyone working together. That was my thinking early on.

What happened after that were little examples of us actually not being that important – requesting PPE and getting very little, getting 5 swabs and thinking, really?? (Tairāwhiti probably only had 20 but still…), I thought we've got to get this sorted!

There was a whole raft of decisions. We had everyone around the table twice a day, including the weekends - mainly management, and doctors when they could join us, some of the nurses coming in. The first thing was for everyone to get on board. It didn't fall into place easily, with different people having different perspectives or adjusting at different times, but there was a core group of people who were getting organised straight away.

I thought, where are the skills and how do we use that to the best advantage within the management team? For example, our PHC Manager based in town [Gisborne], has a clinical background so she was best to go on the DHB COVID Response Taskforce, set up CBAC and manage primary care teams and clinics, her BAU. Our Business Manager and Practice Manager organised stocktake/supplies, logistics, costings and noted all expenditure -we kept a good chronology, coding etc. Mental Health services in the community were maintained to a high standard maintaining safety for whaiora and staff alike. There was so much to do in our little hospital - from setting up COVID-19 drive-through testing, separating maternity from aged residential, medical beds from outpatients, and setting up a stabilisation unit in the old A&E department. Every unit had its own clinical & support staff including the cleaners, laundry facility and showers for staff.

We got the mortuary chiller that had been sitting derelict and unused for more than 25yrs, gassed up in case it was needed. COVID forced us to communicate better so we worked with the Board and got external support to maintain the flow of information to our staff and the communities. We used information coming out from the centre, from the Ministry and government, WHO and made local content via Facebook, Radio and TV. We talked regularly with Radio Ngāti Porou and TRONPnui. Everyone did their bit.

Early on I could see that PPE was crucial. We had a small stock, but I could see that supplies were not easy to come by.

An early decision to privately order PPE was triggered by the thought of our staff going from their homes into the homes of some of our most vulnerable whānau.

At that early stage, a lot of whānau were returning from overseas and other parts of New Zealand, and I could see the risk. I also wanted our staff across the whole organisation to feel safe. These decisions are judgement calls that you have to make as CE and I had sleepless nights worrying about the cost, but in retrospect, it was definitely good to prioritise this protection for our staff and whānau. We will always be grateful to the whānau at Te Waiū [Te Kura Kaupapa Māori o Te Waiū o Ngāti Porou in Ruatōria], who took the initiative to 3D print face shields for NPH. That was amazing.

We got good advice early on from the Ministry of Health and from employment law newsletters regarding staff leave as staff were concerned: if I go off, will I still get paid? Right from the beginning we made it clear that they would get paid – it was forced leave due to COVID. We didn't want them to be at work if they were over 70 or had comorbidities or had children they were worried about. Several had to separate their kids from their grandparents to keep the grandparents safe, but that created stress and they needed the flexibility to work from home when they needed to. For those that were off but got paid, we could claim back 80% of their wages back and that was a great help.

Service changes

Rose Kahaki*: The CBAC setup was supported by our doctor from the Gisborne Clinic. We organised accommodation on the Coast for him and backfilled his position in town. As a rural provider, we have difficulty in filling our doctor and other professional positions. However, we were rung and offered help by a doctor who'd worked with us previously. We accepted his offer without hesitation given the "planning for the worst scenario" thinking. The thought of how we were going to pay him did flicker through my mind but was quickly buried with thoughts of all the devastation in other countries playing on the news day after day.*

The rostering changed. We had sufficient doctors for every clinic to have a GP every day. They were seeing people in cars, consulting over the phone and via private messenger on Facebook, all the while working out how it would be done safely. It was all rapidly sorted and worked like clockwork.

At the same time, the CBAC was being prepared. Once we decided that it needed to offer both swabbing and treatment, a team cleaned up a suitable part of the hospital building. They were amazing. We have tiny teams already and they

struggle to get everything done they normally have to do. Just before COVID we had recruited an extra cleaning staff member. That was great as [the Team Leader] was able to lift her head up from trying to do everything, to organising it and had someone else to help with the lifting of heavy equipment etc. The hospital and that new area was glistening.

Across the hospital we had to think about how we kept people safe, avoiding cross contamination. That meant bringing on different people to concentrate on the hospital itself. There were lots of changes, and if we found that it didn't work, we changed it and then changed it again.

We had to get people out of the offices [for the CBAC]. They shifted to work from home or changed offices. The Whānau Ora team used the fire brigade as a depot and a place to work from. They needed a bigger space while others just needed a space for their PC. The local network kicked in with options.

We were regularly bringing people together, initially around the table in my office, then using Zoom as more people got involved and to maintain distance. Different people were able to join but everyone really stepped up in my view. They showed their own leadership as individuals and their ability to think and willingness to adapt. We also had more frequent meetings of Clinical Governance and our Infection Control group. This helped give us a space to step back from the day to day busyness, review how things were going, be proactive and problem solve.

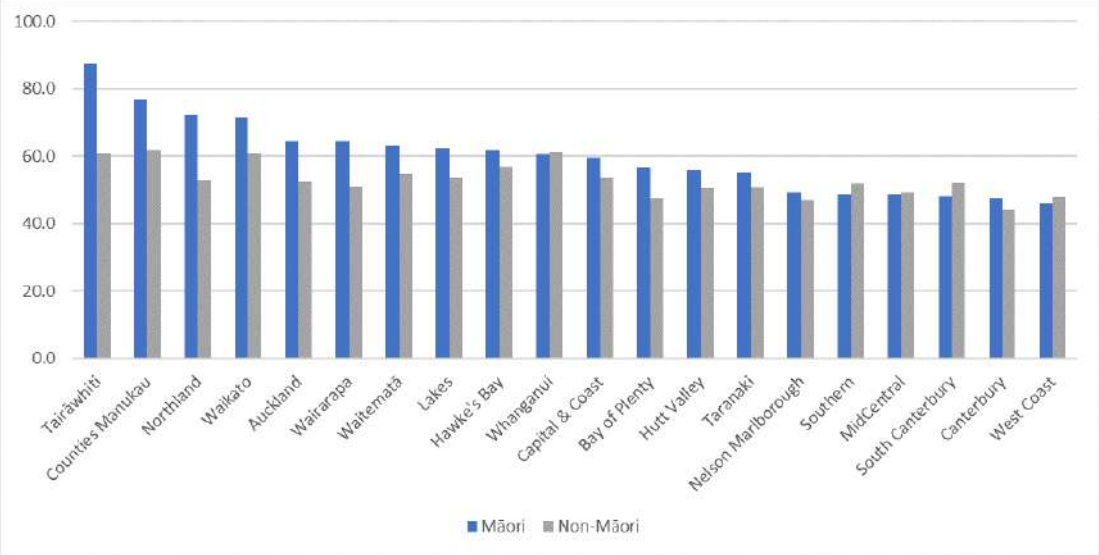
Lockdown of the hospital ward was discussed and decided by staff, residents and their whānau. The decision to stop visitors and stop respite admissions was made and communicated to the families and the communities.

For the ward staff it was difficult as they ended up quite cut off when everything went into lockdown. There was very little movement into the ward. We usually have managers in and out, going in for a chat or a cup of tea. We were all isolating the ward but if I did it again, I would organise a daily zoom meeting or something as I realise now that the isolation was difficult.

In the community, the [Home support coordinator] did an amazing job. For clients with whānau locally, we realised we might be better to step back and let whānau do the care to keep workers and vulnerable clients safe. Workers going in and out of a lot of homes was going to be a concern, so PPE training was organised and all our caregivers did an outstanding job. From 83 clients, we ended up providing caregivers for about 61, so we were able to maintain tighter bubbles. We had the same caregivers going into the same few homes, plus we had a second on call in case something happened- I thought that was really well done.

By mid-April there had been four cases of COVID-19 in Tairāwhiti. Testing was carried out across the district through primary care, CBACs and later by mobile

testing teams. By May, Tairāwhiti had completed 2598 tests, with 866 completed by Ngāti Porou Hauora. By June, Tairāwhiti had New Zealand's highest testing rates for both Māori (40 per 1000) and its general population (42 per 1000). This graph of test rates as at 15 June 2020, shows the high COVID-19 testing rate in Tairāwhiti, particularly for Māori.[2] An update on COVID-19 tests, from 22 January to 20 July 2020, again reported that Tairāwhiti had New Zealand's highest testing rate for both Māori (113 per 1000) and for the general population (98 per 1000).[3]



Primary Care

NPH has six health centres – five teams on the East Coast, covering general practice, district nursing, schools, tamariki ora, palliative care and some public health, and one in Kaiti, Gisborne. The Coast's GP home base is Te Puia, where the rural hospital provides 24/7 emergency and after-hours care. GPs travel each day to the clinics, and this network serves around 4000 patients/whānau. The teams work hand in hand with Ngāti and Healthy, Whānau Ora, a physiotherapist, the NPH midwife, mental health team, home support workers etc. The northern-most communities are two hours' drive from Te Puia and 3.5 hours from Gisborne. Medicines are couriered daily to depots (local shops/RSA). Lab samples go by courier to Gisborne during the week. Xray is available once weekly at Te Puia.

2. Ministry of Health. 2020. Updated COVID-19 Māori Response Action Plan. Wellington: Ministry of Health.
3. Ministry of Health. 2020. https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases/covid-19-testing-rates-ethnicity-and-dhb

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Puhi Kaiti is NPH's health centre in Gisborne, serving around 4,500 patients, with GPs, practice nurses, receptionists and a kaiāwhina. This team links in with Gisborne-based services, and participates in an after-hours roster with other Gisborne GPs and the ED.

Like general practice and primary health care providers all over the country, NPH staff and services had to adapt quickly, moving to 'red' and 'green' areas in the clinic, introducing more phone triage, fewer 'in person' consultations, developing drive through flu vaccination, carpark triage etc.

PHC manager: *Staff have been quick to adapt to change, instituting virtual consults and different ways of working. More GP time available on the Coast is helpful.*

Receptionist*: We had a closed door and the clinical team just went to the car. It worked out really well. We [NPH] were well and truly prepared so this relieved a lot of people's minds. The [Te Puia] hospital's not that far away for anyone who needed to be tested. The hospital had blocked off the end with our kaumātua and made everyone go to the other end of the hospital. That was really well done. If we did have an outbreak, we were pretty much prepared. PPE turned up in time and we still have some. Every day we had updates, not just by managers but on the news.*

Reception*: We ask who they want to see and whether they think they want a phone consult or to be seen. Then if they want to be seen, they are triaged by the nurse or doctor.*

Practice Nurse*: It's been a learning journey for everybody, changing things along the way. You shouldn't expect things to be perfect from the start -there was a lot*

to do …we know now. Overall, the Hauora has done really well. That sense of humour has helped. And it's still ongoing – we have to keep very vigilant and proactive about keeping ourselves safe.

There was not enough PPE at the beginning. We took masks for granted, something we've learnt from. We had to improvise in those early days.

Practice Nurse*: Communication was the key thing. Appreciation of everyone around here -our cleaners, our maintenance guys getting things set up – they all played a part.*

Going into Level 4, people were coming in from overseas and it was an anxious time for our communities. We had a swabbing station already set up by the ambulance bay. Willem [Dr Jordaan] coming in to set up CBAC was good -it was well run, with a methodical approach to set up, good processes and the whole team involved -Bobbie [manager] and Willem [GP] as leaders, input from all the team. It was fantastic. Team members were confident in their roles, they knew what they were doing, and it worked like a well-oiled machine. Kim [nurse] was great with infection control, very thorough and it gave me confidence as a clinician.

Great that New Zealand has taken on board the seriousness of COVID-19 and to see numbers declining and patients recovering. We had 4 cases in Tairāwhiti, one on the Coast but nothing recently.

GP: *I'm amazed at the NPH response. Less throughput in the clinics has meant more time for other aspects of health care and to manage acutely unwell patients who needed transfer. We've been lucky with the weather being warm and kids not at school – less of the usual winter challenges.*
Home visits are still done (PPE used), allowing visual assessment of living conditions that is very useful. In person consultations have continued where indicated.

GP: *It's gone well. Telephone consultations went well and we've also seen a lot of people in cars. If we've needed to, we can see them face to face in the clinic. Telephone consultations are sometimes more demanding – you only get one person telling the history whereas in the usual clinics there's often another whānau member. You can't see them so don't get that opportunity to notice how they look. People here tend to understate their illness, so you need to be careful. It's been a very interesting thing, how quickly people have rallied around, to set up the CBAC for example. The unit was set up very well. Before that we did swabs at the hospital. Now the CBAC is closed, we're doing swabs at the clinics.*
We have sorted packs for patients with asthma or COPD with medications and instructions of what to do if they became sick over the lockdown period. Each doctor contacted the patients in their regular clinic to make sure they have

adequate supplies and know what to do. We're also working with the pharmacy on unclaimed medicines to see who is not picking up their medicines and making sure that's followed up. The older people have been very good at staying home. There are no elderly people at the supermarket.

GP: *We're fine. We've still been busy, two transfers yesterday to hospital. We've been doing phone consults but I don't really like them. People here don't complain about symptoms and you really need to examine them or you miss things. In other places maybe 50:50% virtual is ok but not on the Coast. We don't have 'worried well' patients where a short telephone consultation can be reassuring. Rapport is very, very important, body language etc especially when you're discussing sensitive issues. It tells you so much.*
It's been perfect having extra doctors – working with different people and they bring new perspectives. They see things differently and from time to time that's really good.
Mental health issues have increased with the isolation, and lockdown. We're lucky we don't have a lot of people working in hospitality or areas that were affected early. The forestry is restarting. People here are also used to living on small incomes.

GP*: Really good leadership in the CBAC… the great thing was having dedicated staff, money and training, taking it seriously…good systems. The team became so tight and so good at what they were doing in terms of swabbing and assessment. They were an awesome team - I was especially impressed at how the non-medically trained people brought in at short notice became so good at what they were doing. There were some areas not well thought out initially, like covering the roster but there was trouble shooting to get a good working plan by the end.*
There was lots of awesome work by kaiāwhina, keeping in touch with elderly and other high need patients.
Phone consults went well. Hopefully we'll continue these as an option.

Kaiāwhina: *Before the lockdown we did wellness checks, using a template of questions we have on MedTech. Can they keep warm? have they got enough clothes and food? have they had flu vax? etc. [RH Nurse] and I have a list of all our over 65s and our vulnerable ones. We did flu vaccinations in the homes, so they didn't need to come out to the clinic.*

We're still going into homes – a lot of bloods are taken at home, and also during the lockdown we have still been doing home visits. If we don't need to take blood or immunise, then we sit outside – sit in the car and they come out or we sit outside and keep our distance. We use PPE if we have to go in to do something like take blood.

With the lockdown very few people were coming to the clinic or even ringing up. They were paranoid about COVID. So that's when we were going and checking in on them. Our work is just ongoing.

Kaiāwhina*: The people up here have been awesome – helping the community and each other, keeping their distance. They've been happy to come to the carpark for triage or have things sorted over the phone. We've all been at the clinic, either frontline or doing backroom work.*

There's been a team of people delivering hygiene packs, food packs etc. They liaise with the clinic if they need to. Originally, we provided a list of over 65s and those with chronic disease through a process with a confidentiality agreement with the Rūnanga. But there's only so much information we can give as we don't want to compromise confidentiality. The elderly were well taken care of. There were a few that had no one to do their shopping so I did their shopping and dropped it off. But it was a collective thing, the whole community. Everyone jumped on board and no one was going against the grain.

I'm so grateful for the roadblocks. We knew that no one not from this area can get in and we felt safe.

Rural Health Nurse: *Great way to work. 140 older and vulnerable patients were given flu vaccine, many at home. Also, childhood imms -everybody was home due to the lockdown. Very busy, but positive. We worked in with Education and delivered laptops, ipads, tablets to families. It was great to see the children's excitement at receiving them.*

Rural Health Nurse*: The biggest thing for me was having the roadblocks. Before they started, I felt so vulnerable [as a nurse]. I was thinking, how on earth can we police the neighbourhood for people not sticking with the lockdown? There's only me, the one cop and [kaiāwhina]. All of a sudden, all these people from the community popped up and took control…and I was so relieved.*

Great to see the community step up and look after each other -roadblocks, food parcels, all these things – quite significant. We did well but we're used to being isolated anyway – this just scaled down what we did. Instead of juggling everything in the clinic, it was juggling everything in the community. We were still going into homes, with the needed precautions…and doing most things apart

from things like baby checks. We adapted well as a team. We're not reliant on anyone else anyway – you just get on with it.

Rural Health Nurse*: I think it went pretty smoothly. We had a team hui and decided what was going to happen. It's just been amazing and preparing was really good. We went to the CBAC, saw that and it all fell into place. We had a COVID-19 list – rang all our over 65s and they all appreciated that. We've [GP and RHN] done two home visits today and have been seeing people when we need to.*

There's been a lot of training and communication and that was really awesome. We've enjoyed the zoom hui with everyone – seeing how everyone is getting on in the other clinics - managers, doctors getting together. They started before the lockdown, 2-weekly then weekly with Phil [Quality Manager] and Rose [CE], Bobbie [PHC manager] and Cara [contracts manager]. All the clinics or team can join. I found these really awesome. Kept us up to date, any changes, things happening up at the hospital. There was some anxiety especially before the lockdown. These meetings were very reassuring for us. We had one yesterday on infection control [under level 2]. Next week we have another hui with a scenario of a COVID case here.

Puhi Kaiti Clinical Leader*: I did a training session with staff on 27 Feb – details of the virus, managing patients with suspected COVID-19, managing whānau, protecting ourselves, communication, coping with stress, revising 5 moments of hand hygiene etc.*

The staff are awesome, still doing marvellously. The [initial] training paid off and we redid training for example, about use of masks which needs to be constantly reinforced. We have set up an area where we can see patient in full PPE.

Puhi Kaiti Manager: *We cleared out offices in the back section of the building to create a separate area – a red area – where we can assess anyone with fever or respiratory symptoms, with full PPE. Staff were redeployed to undertake wellness checks with older patients and those with multiple co-morbidities – using a form developed on MedTech. Flu vax clinics have been held in the carpark. Nurses from the Public Health Unit helped, and they went well.*

NGĀTI POROU HAUORA

Whānau Ora/Ngāti & Healthy

The NPH Whānau Ora and Ngāti & Healthy teams moved out of their offices, initially relocating to the board room due to the establishment of the CBAC, later moving off site to the local fire station in Te Puia, to have more room for managing the supplies and many activities to support whānau.

From here the team conducted wellness checks with whānau through home visits and by phone, covering the width and breadth of the East Coast. They joined with community led groups and Te Rūnanga o Ngāti Porou (TRONP) to distribute hygiene and food packs donated by various agencies: Whānau Ora Commissioning Agency, Civil Defence, Trust Tairāwhiti and the Ministry for Primary Industries and others. Staff also helped deliver medications to whānau who could not get to the depots.

The team continued to do their normal mahi and also worked on weekends to maintain contact and complete deliveries.

Stories from the team: *Some were lonely and or wanted to talk with people other than who they were isolating with, lots of time was had just talking.*
During COVID, TRONP provided pakeke with firewood.....whānau were very grateful. Now we continue to get calls for more wood, and people are disappointed it's not happening anymore.
One pakeke wanted us to get his lotto ticket so we set up a bit of process for this to happen. He promised that if he won, he would share it with us
A young woman who lost her husband before the shutdown was overwhelmed when kai was dropped off to her. She was struggling and appreciated the visit.
Another person killed a cow knowing many forestry workers had lost their jobs and feeding their whānau was going to be a concern. They needed our help to distribute it out.

One pakeke had problems with his Sky and with no technician available, we tried our best to fix it but failed. We would have found a TV for him to use but he didn't have an aerial and got poor reception anyway. We made sure that his radio was all set up.
It was hard work but wouldn't trade it for the world...

NGĀTI POROU HAUORA

In June, NPH was pleased to work with the Ministry for Primary Industry (MPI) in distributing pork products to communities on the East Coast from Tolaga Bay to Pōtaka.

Funding received assisted in transport and distribution. NPH was fortunate to obtain the use of a 'chiller' truck from a local fisherman to ensure that the quality of this meat was maintained, and food standards were met throughout the delivery process.

HBSS - Home support

NPH provides home based support to around 70 whānau from Pōtaka to Whāngārā. NPH currently has a subcontracting agreement with HCNZ, however is working with HCNZ to develop an alliance to supersede this - better reflecting equitable partnership. NPH is fortunate to have a dedicated coordinator who is well linked into Coast whānau and to the primary care teams.

There has been an increase in referrals (30 new referrals) and this has been stressful for the coordinator, trying to contain certain staff to work with certain clients. Staff have been limited to a small number of clients and this continued throughout Level 2. Palliative care has also been very busy. PPE – NPH has been supplying 2 week's of PPE at a time to caregivers and this is working well to ensure their safety and that of their clients and whānau.

COVID testing - CBATC

GPs and nurses at Te Puia Hospital were taking COVID-19 swabs from early March. On Saturday 14 March, through a national teleconference, there was the request for community-based assessment centres (CBACs) to be set up across the country. On Sunday 15th NPH received a phone call from the DHB saying they wanted a CBAC up and running by the following Friday. This later changed to wanting a plan for a CBAC that could be mobilised within 24 hours. However, due to limited capacity, NPH decided to go ahead and get it set up, ready to go.

Managers met on Sunday with clinicians to start planning. A caravan was one option considered, or a cabin outside the hospital, with the option of drive through, or having an area at the side of every clinic. Thinking about the capacity needed to both assess and treat patients with fever and/or respiratory symptoms, it made sense to set it up at the hospital.

PHC manager: *The initial CBAC design and plan was done through joint decision making, with Dr Jordaan [GP] talking through the design and I was developing the plan on the whiteboard. We created an agile plan, a spreadsheet with everything needed, and staff started moving things out of offices, obtaining supplies, putting the plan into action while Dr Jordaan got stuck into the training.*

GP (CBATC): *The important thing was first to get the knowledge …. I did 5 WHO courses covering COVID-19 planning guidelines, treatment facility design, management of COVID-19 cases, infection control, methods of detection, treatment and control of COVID-19 etc… I also used academic reviews, a variety of webinars including MPS webinars (employment law and COVID-19, privacy, medico-legal aspects of Alert Level 4, self-care through COVID-19), IPC (infection control) with constant updates, as well as other topics such as COVID-19 and cardiovascular disease, recognising the sick child etc. I was linking in with CBACs all over the country. I was quite surprised to find that the Southland CBAC had developed similarly - not just a swabbing centre but also treating patients, potentially managing all level of patients unless they needed ventilation, where they would need to go to Gisborne. Ours was a Community Based Assessment and Treatment Centre (CBATC).*

Training - I put together a course based on WHO resources and conducted 5 hours of training. We reviewed acute respiratory infections, COVID-19, hygiene

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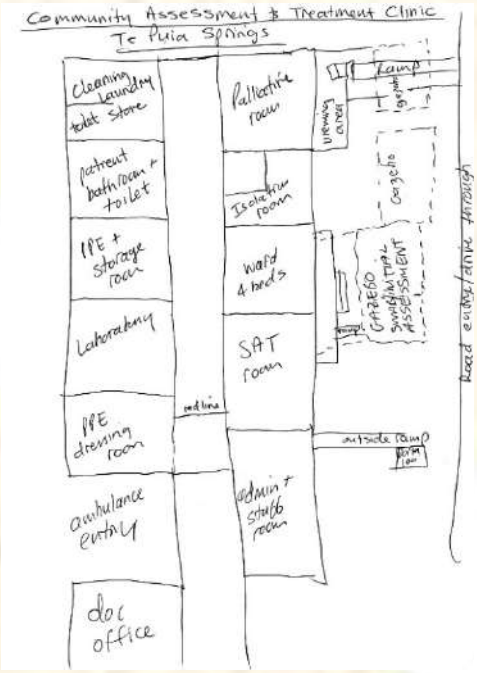
and use of masks, infection control for COVID-19, risk factors, definitions, symptoms, standard precautions, specific COVID-19 precautions etc. Later on, we did further training – prevention and control of COVID-19 in health care settings (IPC COVID-19), the NZ Resuscitation Council updated resuscitation guidelines.



Design of the CBATC – As explained, we used relevant knowledge and resources to design the facility. [Two people] came up from the CBAC in town. Initially we set ours up as they suggested, half outside (initial assessment), half inside. Just as we finished setting this up, and it was looking gorgeous, we had warning of the remnants of Cyclone Harold likely to hit the Coast, so we pulled down all the outside set up, the gazebos etc, and extended the space to accommodate it all inside.
We still swabbed outside - for 'drive through' assessments. The set up was fully self-contained. We had all our own protocols. There was a 4-bed ward, an area for donning and doffing PPE all set up. The patient had a cell phone to call nurses, to minimise the contact time. I checked the flow of air – nothing fancy available so I just dropped tissue paper to check the direction of air flow. We were able to treat patients safely.
We had an iSTAT so we could do FBC, INR, Trop I, gases etc. With the patients assessed or admitted (we had one), we had the resource to manage them properly there – in a separate wing of the hospital, with a treatment room set up for full resuscitation if needed.

We had our own kitchen so we could get our own meals, no need for staff to cross over into other parts of the hospital, and our own laundry and staff shower. Everyone had a copy of the instructions for staff to keep them and their whānau safe. My daughter is a graphic artist, so she helped me produce this- everyone had a copy and it was up in the staff change area.

The COPD patient who was admitted was full of praise, and another patient who was fully assessed and treated left feeling reassured. It showed that things can be changed in the blink of an eye – if staff are on board and properly trained, and you just do it.

The CE was very supportive. I was so proud not just about the facility and staff, but the way patients were managed as they went through it. I was extremely proud to see what whānau are capable of if they have the knowledge and knew what to do. It was so impressive. If someone says NPH can't achieve something, they are so wrong.

We had a good relationship with Ozzie [Dr Osman Mansoor, Medical Officer of Health]. Oz and I wrote something together for essential workers. We had an excellent working relationship. The case definition was constantly changing, and I adapted the information into a simple algorithm which Public Health used. We also had a good relationship with the CBAC in town. They were more than willing to help in any way.

When mobile swabbing was suggested, two staff from CBATC supported the mobile van that was set up in collaboration with Hauora Tairāwhiti. With level 3 changes, 2 staff from CBATC returned to their previous work as they were allowed to travel again. The reduction in staff affected CBATC function at the start of a new week. New staff were provided however they were not fully trained so CBATC was not performing to the same level it had been. Lessons learnt during this time is that better communication was needed by management especially when the change made impacted on the wider team. As a team we are engaging in training to support and cultivate positive teamwork.

By this time, CBACs around the country were being wound down. NPH started winding down the CBATC on 11 May due to reduced demand. However, the facility remained operational with one nurse rostered 24/7 so that all patients with respiratory symptoms were still seen in the CBAC unit based a Te Puia.

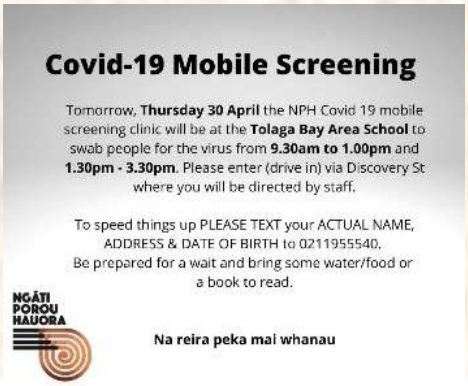
Scenario training was provided to all Coast clinic staff by trained CBAC staff, pink and red zones were established in all clinics except Tokomaru Bay as the clinic was too small. Patients would instead be sent to Te Puia. Following this additional training, clinicians in the clinics also assessed those with respiratory symptoms and undertook COVID-19 testing.

Mobile COVID testing

NPH was approached by the DHB to work with the Public Health Unit to provide mobile swabbing across the coast. On April 21, this commenced as part of a national move to broaden the coverage of COVID-19 testing. Three Public Health

Nurses, a nurse from NPH CBAC, one "security" staff member from NPH CBAC, and a rural health nurse from NPH primary care team in Te Araroa supported mobile swabbing in Hicks Bay as the first community. NPH staff were provided for the first day to support the PHN's to establish a safe process. The mobile clinic staff were quickly overwhelmed. The process to access patient information for the swab took time as the PHN's were using a DHB system. Swabs and PPE quickly ran out so it was planned that the team would return to Hicks Bay for those who had not been swabbed. The NPH manager was contacted to arrange pick up of more swabs.

Primary health care manager: *It was quickly obvious that the numbers were only going to swell as we travelled across the Coast, as community leaders encouraged the community to be swabbed and there was a lot of promotion through social media, radio etc.*



I encouraged the lab manager to increase supplies due to predictions that we would need many more swabs than what was supplied. Swab and PPE numbers were doubled, however again on the second day we ran out of swabs in Te Araroa.

A more efficient admin process to source patient information was rolled out. NPH staff stayed with the van as it was recognised very quickly that the 3 nurses alone would not be able to get through the numbers. I also supported the mobile van in an administrative capacity and acted as a direct contact to the DHB, community leaders and the local radio, Radio Ngāti Porou. Swabs were transferred each day to T-lab with additional swabs being picked up and transported back to the Coast. In all we had the mobile unit based at Pōtaka, Hicks Bay, Te Araroa, Tikitiki, Ruatōria, Tokomaru Bay and Uawa from April 21 to April 30. Over the days of testing in communities from Pōtaka in the north to Uawa in the south, we tested 657 people. All tested negative.

By early May 2020, Tairāwhiti had completed 2598 tests. Included in that number were 866 completed by NPH. At that time, NPH had carried out 33% of total COVID-19 testing for Tairāwhiti district, and Tairawhiti was noted to have the highest rate of swabbing for Māori.

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Te Puia Springs Hospital

NPH's small rural hospital at Te Puia provides 24/7 emergency and after-hours GP care, has a small general ward and six long term residents. The hospital also provides respite care, rehabilitation, palliative care and is used for subacute admissions. There is a small maternity unit, and ward staff normally provide back up for the midwives, when there is a person in labour and for postnatal care.

The very strengths of the facility normally, with staff working across the ward and maternity, with lots of whānau in and out, people using the hot pool, visiting inpatients etc was a real liability in the new environment. There was a rapid reorganisation to separate different areas and staff, to stop any threat of cross-contamination, and particularly to protect vulnerable residents and rehab patients.

Registered Nurse*: In the ward we knew what was going on, but we were in our own bubble. We felt quite isolated though…there was information on emails that was clear and easy to work from. There were a few teething issues but looking after our pakeke, that was the focus.*

I didn't feel it was hard and we all worked well together. We were pretty tight in the ward, safe in our bubble. We were all very strict even at home, didn't go outside our bubble, sticking to all the rules and diligent within the ward. I think we can give ourselves a gold star for keeping our pakeke safe. It was all about them.

Health Care Assistant*: It's been really hard for the residents. We can't take them anywhere and they aren't used to that -not being able to go anywhere and not seeing their whānau. We've been watching movies, cutting hair and doing activities. For ANZAC Day we decorated the ward and [the doctor] took our veteran out to stand at the gate as everyone was doing around NZ. We had a celebration with lots of food for one of our resident's birthday.*

It's different with all the doors closed and not being able to go for walks up the corridor. The patients are all putting on weight and so are we! We're happy with Jacinda doing it -closing everything down -it needed to happen, but it's been hard.

I hear PPE supplies were tricky but we're managing ok in our little hospital.

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Maternity

The maternity service delivered on the East Coast not only continued throughout the lockdown period, it became much busier. There were women already engaged with NPH but also pregnant māmā returning from overseas or other parts of New Zealand, plus those who would normally have gone to Gisborne who decided, with COVID-19 changes, that they wanted to stay on the Coast.

Midwife: *It's been an incredible past month with 9 births – the busiest we've been for some years. But that's what I love about what I do – with all that's going on, there's that moment of joy when a baby's born. Our mahi continues…with a few modifications…new and different ways of working with whānau.*

There was ample information about care in the hospital but less about care in the community – what do I need to do to protect myself, my family, the pregnant māmā and her whānau?….I studied definitions of COVID-19, how to recognise and manage that with information from the Ministry of Health, WHO, and the DHB but I was also in email contact with Gisborne Hospital, used information from regional and national level, the College of Midwives etc to develop core protocols.

The national information recommended lessening face-to-face contact, using zoom etc for assessment. However, up here there's either slow or no internet, often no cell-phone coverage, so we carried on with a lot of regular visits- depending on what the women needed. There were two women who were satisfied with phone contact until after lockdown. The rest needed to be seen. We needed to eliminate anxiety and avoid complications like pre-term labour.

Some were seen at the clinics – they are all set up with their own entry and exit, and for these women it was their only time out of lockdown, to attend appointments. For home visits, I stood at the gate and asked questions then used PPE to go and complete assessments. I was aware that the longer you stay, the more you put yourself at risk.

In the maternity unit at the hospital, there were all the actions to minimise foot traffic, meals delivered to outside the door and no cleaner, in an effort to stop staff moving from one area of the hospital to another where there were pakeke. It was too late to bring in anyone extra and orient them. However, the whānau were so

awesome. They helped make the bed… and the men helped carrying out the linen…they would all help.

It's been a really busy time, with 6 women giving birth in 4 days and 2 acute assessments with emergency transfers.

Just before the lockdown, our regular locum midwife returned and decided to spend lockdown on the Coast. We've been working 4 days on and 4 days off. Our days are 12 hours plus and by day 4 you've really had it. It has been tough. The shortest resource is time.

It's not just the births but all the other care, plus emergencies. With the help of the GPs and the helicopter [St John] we got them safely to town in good time. One returned to the Coast afterwards though because of the strict lockdown conditions at Gisborne Hospital.

Even in the acute case, the woman was initially screened in the vehicle, completed the screening form and there was appropriate use of PPE and distancing. Her partner stayed in the car. That's all become systematic. All our equipment was cleaned, the infection control measures…I can't fault it.

What was it really like to have baby in a pandemic? Babies were discharged early, whānau couldn't travel as easily and some were much more isolated. That's where NPH staff come in – to support that family as well as using community initiatives to help get food to them etc. The other wonderful bonus for myself, and for the RHNs, was knowing that everyone was home during the lockdown.

I guess overall, we are used to being assertive and proactive – it's how we work to keep our heads above water, no matter what comes our way. Thinking outside the square -I suppose we're a little bit resilient up here.

Kitchen

The kitchen at Te Puia hospital provides meals, 7 days/week for residents and inpatients, and has a small cafeteria, where staff can get their own hot drinks. A small team provides safe, nutritious and appetising kai for the whānau living in residential care, and those admitted to the general ward or maternity.

Team Leader*: I started stocking up in late February, moved food around so I had extra freezer space, bought in extra food including things we don't normally buy like tomato paste, mashed squash etc. We've had everything we need.*

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We are getting plenty of veges, as we still get those from Tokomaru Bay [4 Square]. There's not always the amount but they keep us going. Trucks from Gisborne are still stopping at the door, delivering milk, meat etc. We push the trolley out to them, they unload outside, using gloves, and we have no contact with them. We don't need to sign a paper anymore.

We have plenty of fruit. I have parsley in my garden and feijoa trees, so we've made feijoa crumble and feijoa and apple sponge. People also bring in fruit from the community.

We've changed the way we deliver meals – we push them to the double doors by the nurse's station and outside maternity and the nurses take it from there.

There's a smaller number of patients without the respite care and less admissions. I have downsized our orders so there's no leftovers or waste. …We are still really busy because we still want our food to look nice, and we go by time. We cook on time, dish up on time, so food is not sitting in the warmer.

We are doing lots of extra cleaning of all surfaces, door handles etc with Viraclean. We have a shower for staff to use before they go home and that's also cleaned.

Everything is running well in the kitchen, same in the staff cafeteria with extra cleaning and wiping. It's become normal now, we're into that routine. We're still doing all our regular checks and have an audit to prepare for in July.

We have to be very cautious. I haven't been out to Gisborne myself. I stocked up before the lockdown.

As well as the preparedness outlined above, the māra kai at the hospital was planted with winter vegetables, with self-sufficiency in mind - pumpkin, sweetcorn and other vegetables. This was tended by many including the Mental Health Team Whānau Ora worker, who also ensured the vegetables grown were prepared for use by the hospital and whānau who needed kai.

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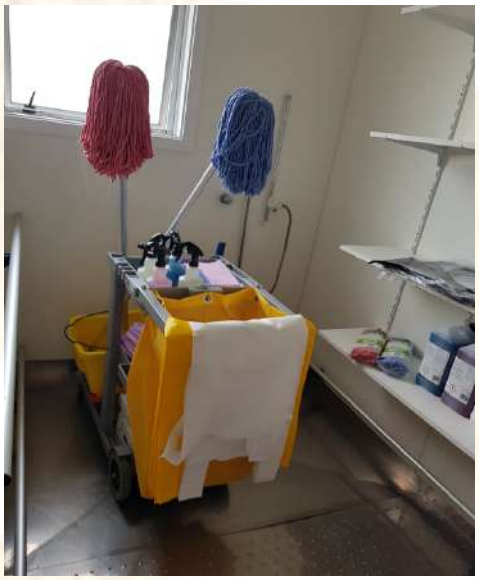
Cleaning



An early meeting of the team instituted changes based on the Ministry of Health guidelines, but considering the context at Te Puia, and ensured adequate supplies were brought in. The hospital cleaning team clean many areas: mental health, maternity, offices, hospital, outpatients, primary care clinic and some staff accommodation.

Careful consideration was given in planning to ensure that cross infection risk was minimised. This meant cleaning routines were totally changed, and additional staff were brought on to ensure increased frequency of cleaning, particularly of high touch areas.

Separate trolleys were set up for different workspaces and to prevent cross-infection by moving trolleys between areas. There was one cleaner dedicated for aged care, and a separate cleaner for the CBACT once it was set up.

Similar changes were instituted through all clinics early in March, to 'declutter' all areas, ensure more frequent cleaning and to align with Ministry of Health guidelines. Cars were all stocked with hand sanitiser and cleaning materials.

Maintenance team

NPH has its own small team of tradesmen, on site at Te Puia. This team manages the water supply for the hospital and Te Puia community, along with building maintenance, energy, oxygen and other supplies, linen to and from the laundry in Gisborne and services to the outlying clinics.

Team Leader: *We were involved in setting up the CBAC ….and we've had no real problems. There were a few problems getting some stuff from hardware in town -more of a process and slower but it all arrived the next week.*

We had lines of cars with people getting swabs – luckily the weather was good. We put some metal and cement to fill the potholes as temporary patches in the car park.

We were quite fortunate that we had brought in filters and drums of chemicals for the water plant – we'd got everything in, so we had that sorted.

We got the mortuary sorted, got someone in to get the chiller up and running in case that was needed.

It's gone pretty well. We've made a few changes. We can't go into the general ward and no staff can go through the CBAC area unless authorized but the process has all been clear. Luckily, we've had no major breakage during that time.

NPH Mental Health Services

Mental Health Manager: *I'm impressed with the team effort. The team worked together to do whatever was necessary to make it work. Everyone stepped up and everyone became a leader. People wanted to be connected, to know what's going on and to be part of it. Virtual consultations functioned very well, and particularly with the THM team who are very tech savvy. They did wānanga with whānau groups, and some beautiful things in their own [virtual] space.*

Te Oranga Hinengaro - East Coast Mental Health Service - provides specialist mental health services and support, across the lifespan. Services the area from Anaura Bay to Pōtaka -110 current caseload.

Mental Health Manager: *The team planned their approach before Level 3 and decided that most of the staff would work from home, but we maintained a base at Te Puia. There would always be two first response staff in the office.*

Priority was given to certain patients to come in – people getting their OST [opioid substitution therapy], some who needed to come in to maintain their recovery and those on depo injections that required monitoring after the medication. Some patients needed to come in to have a shower, charge their phone etc if they were living without running water and electricity. However, their visit was reduced to less than an hour and with social distancing.

Those having Olanzapine usually need 2-hour post-injection monitoring, but after contacting the College of Psychiatry and local psychiatrist, there was approval to reduce that to one hour.

For others on im medication, it was done as a drive through procedure, or we would go to their homes or where necessary provide transport, using PPE etc.

The staff working from home provided regular telephone follow-up. The MHT Whānau Ora worker replanted the māra kai and was also linking in to take care of the social needs of whaiora, accessing food parcels etc.

We had a weekly zoom MDT meeting – a quick run through all the clients and contacts made through level 3 and level 4. We put information on the NPH Facebook page during the lockdown, with contact numbers for any whānau feeling stressed or needing help.

During this time, we also worked on a quality improvement project, auditing the physical health care of all our clients. We have completed this and have plans in place to address any gaps. We'll make this happen over three months then reaudit.

Half-way through level 4 we implemented a zoom psychiatry clinic (with the psychiatrist who normally visits the Coast every 2-4 weeks), as there were people who needed to be seen. This was very efficient, with the notes written up straight away and scanned into the patients' notes in MedTech within 24 hours.

Overall, on the Coast, weeks 1 and 2 [of the lockdown] were very quiet but by week 3, the wheels began to fall off. Several people were struggling with isolation, there were episodes of family violence, suicide attempts, AoD crises. By the end of level 4 we were seeing more people face to face and had 7 new referrals. There's a different pattern on the Coast to the whānau in Gisborne. Referrals on the Coast tend to come through GPs, Police, schools and whānau – but with schools, clinic etc having less contact, the referral pathway for some wasn't there. People have waited til there's a crisis, things have built up, and presented as family violence or an overdose.

People on the Coast are generally more reluctant to accept help – even during wānanga before the lockdown, if they are given a box of food, they might just take a few things that they need rather than the whole box. They need to be

encouraged to take more and then they'll say something like, I'll take this and give it to aunty.

Te Hiringa Matua- a kaupapa Māori pregnancy and parenting support service for whānau with addiction issues- 91 clients and their whānau, based in Gisborne.

Mental Health Manager*: With the lockdown coming, staff set up 3 private messenger groups – one for Coast whānau, one for Gisborne whānau and one for staff only (Mataora). Initially these were set up to communicate with whānau about changes, whether a wānanga was happening or not but it became more useful - in each one information was tailored for particular purposes. There was a lot of kōrero on these pages.*

We maintained two staff at the [Gisborne] base but the doors were closed to the public. They maintained some work out in the community - their partnership with Gizzy Kai Rescue, doing kai drop offs etc. Other staff worked from home, but the team remained very connected. Team check-in via messenger occurred three times daily – morning karakia and pānui, lunchtime check-in and at the end of the day for karakia and clocking out for the day. [Team Leader] had a whiteboard with what every staff member was doing and felt confident about how the staff were staying connected.

Staff kept connection with whānau by phone etc but also by making their own video clips using an app they shared. Virtual wānanga - things like making kai at home, cooking kai for the season - fruit is plentiful so using stewed fruit, making rēwana bread and sharing this with the group. Another staff member recorded pūrākau, there were videos around the māra kai particularly his kūmara garden, karakia and waiata, also raranga wānanga.

Referrals continued into THM. There's a high level of self-referral anyway, through the kūmara vine – people who've been to the service and recommend it to other whānau and others they know. Also, through Kai Rescue connections and then also formal Police referrals etc.

Research

NPH has its own research centre – Te Rangawairua o Paratene - The Vision of Paratene' (Doctor Paratene Ngata) - and is currently engaged with multiple research partners. These include Genomics Aotearoa, the University of Otago and the University of Auckland, conducting research projects in fields such genomics, genetics, metabolic disease and precision medicine.

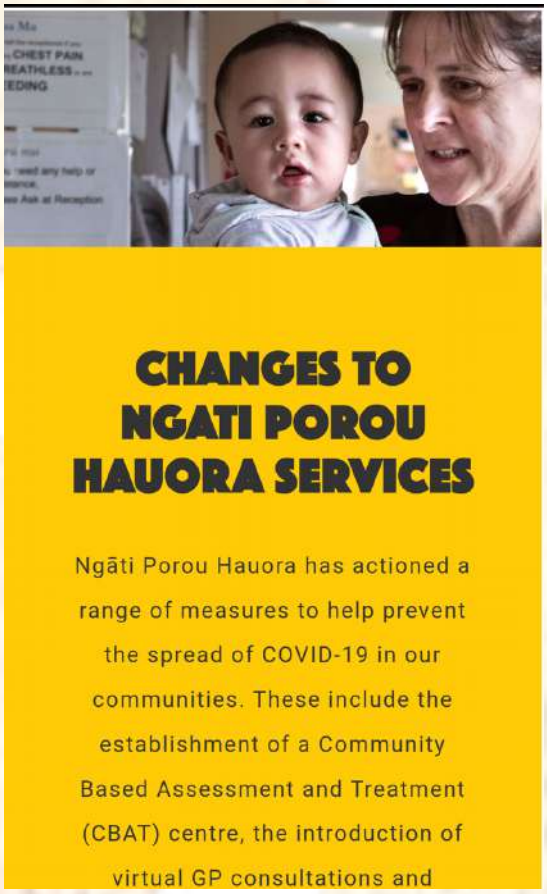
Research manager: *Face to face research activities in the community have*

stopped until such time as usual primary care recommences. Apart from one evaluation project and one project where interruption to treatment would not be feasible, we decided not to pursue phone interviews and other data collection as face to face is required. Likewise, some research participants in the community proactively started to suggest it wouldn't be wise to proceed with saliva / blood sample collection activities around the time of this decision, not long before the country moved into lockdown.

I'm getting to some tasks that I haven't been able to get to, while other research activities are quieter. However for the Research Coordinator, some research assistants and the evaluator, research tasks increased as they worked with partners to readjust project plans/methods, renegotiate research contracts, and to maintain communications with patients and colleagues participating in a clinical trial - in addition to other business as usual not requiring kanohi ki te kanohi interactions.

Communications

Early on, NPH recognised that Comms would be critical. Additional and skilled Comms advice and support (provided remotely) was very helpful. It ensured simple, consistent messaging and a coordinated approach with TRONP and Hauora Tairāwhiti. Staff appreciated regular zoom meetings and email updates, so that they could have direct contact with management and share ideas with each other. More regular contact with the 'locked down' ward to reduce the sense of isolation is a learning. Similarly, with rapid and ever-changing demands on teams, care to negotiate changes and discuss implications for each affected team is important.



NPH participated in the national network, Te Rōpū Whakakaupapa Urutā. This not only helped NPH keep up to date, but also to anticipate and influence policy decisions affecting whānau.

Communications Advisor: *Ngāti Porou Hauora… does not have a dedicated Communications Officer. ..on top of their day-jobs, NPH administrative and clinical staff support communication activities such as managing and providing*

content for social media channels, updating their website and co-ordinating interviews with Radio Ngāti Porou…

My mahi for Ngāti Porou Hauora began at 1pm on Monday 23 March, at exactly the same time the Prime Minister made her level 3 and 4 announcement to the nation……I was known to the organisation and would be able to quickly fit in, as I understood the context and environment I would be working within…

At the beginning of my time with NPH, I observed the organisation was working in a very high pressured situation, dealing with many unknown variables, responding to Iwi concerns, and constantly adapting their way of working - day to day, hour to hour. However, by the end of my three weeks with the organisation, I noticed their systems and processes to respond to a global pandemic on the East Coast were now firmly set in place.[4]

Mental Health Manager: *The pressure of needing to let communities know what's happening has meant that Comms to communities have been well above the norm. Bunnings has recognised NPH with a $5000 donation for NPH effort in ensuring the community was kept well informed.*

RECOVERY

Rose Kahaki (CE): *Being independent in our COVID-19 preparation comes with some concern when it comes to the DHB paying retrospectively. As stated earlier we planned and set up "for the worst scenario". We are a small rural Māori Provider, NGO and PHO, running close to the wire and on the smell of an oily rag. Ordering additional medical supplies, PPE/equipment etc, contracting additional Drs/other staff as an example, placed uncertainty and strain on a team where the dollar is tight and being frugal is crucial to our on-going survival.*

Now we're looking at ensuring enough funding to cover all the additional costs incurred. Funding from the Ministry of Health (additional money for primary health care, disability) has been appreciated. Some funding has come in to help cover our losses and costs in primary care, and MPDS have made the service specs much broader so that's really helpful. The funding for Māori from Minister Henare is still to arrive and we have collated all CBAC spend for reimbursement from the DHB.

4. Kaa J. Partnering with the Iwi: TAS communications support for Ngāti Porou Hauora COVID-19 Response. A report for TAS by Jasmine Kaa, Communications Advisor, Programme Communications. 6 May 2020.

Thankfully, funding for 10 weeks CBAC operations was supported by the DHB, however further discussions need to occur as post CBAC shut down has seen the swabbing and assessment function extend across all primary care clinics and the hospital. This, and all the additional work of the mobile clinics, has impacted on staff - doing more without added funding to the organisation.

REFLECTION

Rose Kahaki: *The learning through all this was how the staff really went 'above and beyond'…they did so much over and above what was expected. We had nurses stretched across swabbing, community, and clinics…managers staying late and cleaning out and stacking storerooms. Many needed to stay home but many came to work and kept working long hours. There were people out in the communities working 7 days/week. People covered each other and picked up lots of extra duties.*

During this time, our normal management responsibilities, contract management etc continued. During these few weeks we also completed two audits, for example, and there's still all the expectations of service delivery, reporting, audits coming up in other areas.

Overall, I am impressed with how well the NPH team came together and how we worked together with others like TRONPnui to get prepared and in supporting health, safety and welfare of staff, their whānau and our patients.

We're a small organisation, with a small number of people, but when everyone comes together for the right reasons, around safety and access to services for our whānau, we clicked really well. You can do that in a smaller place – to come together like a jigsaw, in a way that's much harder in bigger places like hospitals.

It showed me how important everyone is. From staff picking fruit and planting vegetables, preserving food in case we needed it, to maintaining the water supply - if things got really bad, we could have shared this across the Coast. It's not just the clinical aspects but thinking about basics like kai, shelter, how people can stay connected when everyone had to stay home – if everything got cut off, what have you got? It's very different thinking in an area like ours. At the same time thinking of what would happen clinically if the pandemic really hit. I'm relieved and pleased that the COVID-19 virus did not truly test our readiness and expose our vulnerabilities, not only for us as a provider but as a nation.