

Te Whatu Ora
Health New Zealand

Care in the Community - MIQ

Lessons learnt

October 2022

Lessons Learnt context

This a high-level summary of the Te Whatu Ora Managed Isolation and Quarantine (MIQ): Lessons Learnt – Operational health perspective of the evolution of the MIQ system, and its role in the COVID-19 Response.

It is important to understand that we only asked those involved in the Health part of the MIQ system for their thoughts. **MBIE have done a similar review with the wider MIQ system.**

As the MIQ system was decommissioned, Te Whatu Ora Managed Isolation and Quarantine (MIQ) team began a series of ‘lessons learnt’ workshops with key operational stakeholders from across the health system.

This included workshops with key stakeholders before the 1 July 2022, Health Reform changes happened. Those stakeholders were District Health Board (DHB) operational and clinical leaders, including Infection Prevention and Control (IPC) and Medical Officers of Health (MOsH) from the five Public Health Units (PHUs) that had MIQ facilities (MIQFs) in their regions.

The discussions in the workshops were themed to provides a collective ‘health view’ on the evolution of the MIQ system, its role in the COVID-19 Response, and the key learnings that should be taken forward into any future MIQ response.

What we asked

From a health perspective:

- What went well – including identifying the key enablers of success
- What could have been done better – including identifying any challenges and/or barriers to success, and most critically
- Taking these learnings forward, how we would do things differently next time

The Lessons Learnt covers four key areas:

1. Public health – risk, purpose, and legislation
2. Model of Care
3. Governance and Guidance
4. Health Workforce

1. Public health – risk, purpose and legislation

Overall theme

- We need to ensure an important focus on equity, people/whānau-centred, and holistic health and wellbeing in all that we do.
- There needs to be a clear purpose across all public health settings around isolation and quarantine interventions. In particular, the objectives and scope of the model of care within facilities.
- The success of MIQ as a public health intervention relies on the successful implementation of Infection Prevention and Control measures.
- It is important to establish the right governance and oversight structures to ensure quality of service delivery and safety for all involved. This includes early engagement and partnership with Iwi and Māori Service providers.
- We need to make best use of the health workforce by embracing gains in tele-health, enabling a more dynamic and efficiently managed remote workforce to support on-site staff.

1. Public health – risk, purpose and legislation

Recommendations

- Have clarity of purpose across all agencies/workforces involved in delivering an MIQ-like response will be crucial throughout all levels of the system.
- Establish clear public health purpose, objectives, and outcomes of any future isolation and quarantine system will be critical to informing the design and delivery of a service and infrastructure.
- Be clear about the purpose and role of the MIQ system at different stages of the response. Include a planned strategy for disestablishing the MIQ system.
- A clear and fair exemption system will ensure equitable outcomes for those applying. A person/whānau-centred and 'manaaki-first' approach is critical.
- Review legislation to identify opportunities to improve engagement with the sector and improve efficiencies.
- Consider role delineation and responsibility – for example some processes could be developed with oversight by public health medicine specialists, then managed by other trained health workforces.
- Develop a comprehensive record of within facility transmission risk mitigations early and maintain and update this record as the system evolves.
- Consider the geographic spread of facilities in any future response, to enable local access to facilities for community cases/contacts without excessive travel.

2. Model of Care

Overall themes

- A pre-planned Model of Care with clearly defined purposes, objectives, outcomes, and evaluation plans.
- Build and strengthen partnerships with iwi Māori and Pacific communities, to ensure that from governance and oversight to service delivery, the Model of Care is fit-for-purpose and able to meet the needs of whānau Māori and Pacific communities.
- Equity of access to services is important. Fairness should be integrated into all approaches, policies and systems. Future planning processes should include the development of a check list of equity considerations that must be met, which could form the basis for a needs assessment for each returnee/whānau.
- A need for consistent and effective leadership from central clinical teams (i.e., MoH/Health New Zealand), while allowing for localised flexibility and adaptations where appropriate.
- The need for agile and fit-for-purpose IT systems to allow for efficient record keeping, virtual health checks through tele-health, and sharing of resources across facilities
- Equitable access to information technology capability and connectivity for all people using the services, to enable a high quality of care via tele-health.

2. Model of Care

Recommendations

- Any future model of care needs to ensure people/whānau can access services and support that meet their cultural, accessibility, and identity needs.
- Ensuring consistent access to education support for children in the facility would be beneficial, particularly for children whose education has been disrupted due to travel.
- The consistency of access to manaaki support for people/whānau that are grieving and/or in challenging circumstances should be improved
- A system should be developed that identifies the health and cultural needs of returnees/whānau before their arrival. This will allow health teams and facilities to plan and accommodate those who require a higher level of care or support in advance.
- The model of care should also remain adaptable and responsive to local workforce considerations, operational needs, and service offerings.
- Support from specialist teams such as mental health and addictions services was needed at times, and sometimes urgently. Systems to enable a closer working relationship would be advantageous.

2. Model of Care

Recommendations continued

- While access to this range of support was generally available to returnees/whānau in MIQ, the referral systems were often ad hoc and time intensive.
- Access to in-person clinical support should be strengthened so that when clinically safe and appropriate, care can be delivered on-site. It is critical to ensuring all returnees/whānau receive information in their preferred language and format, in a timely manner.
- Fairness should be integrated into all approaches, policies and systems. For example, healthcare costs, access to prescriptions and general practitioners (GPs), the accessibility of written translations and availability of interpreters should be fairly applied and coordinated centrally where appropriate to ensure consistency.
- Future planning processes should include the development of a check list of equity considerations that must be met, which could form the basis for a needs assessment for each returnee/whānau.
- Developing and implementing evaluation plans for the model of care and health service delivery is critical to assessing health and wellbeing outcomes and ensuring that inequities are identified and addressed.

3. Governance and Guidance

Future Governance and Leadership recommendations

- A specific focus on ensuring strong IPC leadership and governance across all levels (nationally, regionally, and at a facility-level) is critical.
- Robust clinical governance structures are essential. Streamline the number of national governance groups and new business units that are established to avoid duplication, and have a clear set of purposes, objectives, and outcomes. Inclusion of health representatives from an operational level in governance groups across the system is essential.
- Ensure that decisions, advice, and guidance generated by national governance groups are distributed efficiently and effectively to regional stakeholders so that there is ongoing shared awareness. Ensure up-to-date distribution contact lists is a key enabler of this.
- Ensure clear data governance and management processes are in place early.
- There should be more central oversight of risk management. Staffing pressures meant that sometimes key operational people were unable to see the big picture and prioritise risk while having to deal with multiple day to day operational issues.

3. Governance and Guidance

Regional Oversight/Leadership recommendations

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3. Governance and Guidance

Iwi engagement recommendations

- Strong existing health system relationships and ways of partnering with iwi are needed to draw upon in a crisis/response context when decisions are moving at pace.
- Opportunities within the health system reforms (for example, the establishment of Iwi Māori Partnership Boards) could be utilised in a future response to ensure that the Te Tiriti Principles – and in particular from a governance perspective, tino rangatiratanga and partnership – are embedded throughout any future MIQ-like response.
- This will be essential to ensuring equitable outcomes for whānau Māori that journey through the system.

3. Governance and Guidance

Inter-agency recommendations

- Future approaches should clearly identify organisational structure and hierarchies. This includes the different roles, responsibilities, and scopes for different workforces.
- Keep channels of engagement open with regular cross agency meetings.
- Utilize other agencies for their strengths and with consultation. City councils also have a wide range of skills and resources and can offer invaluable help.
- Consider working alongside the Ombudsman's office during the crisis to ensure a productive relationship that focuses on metrics that are appropriate, relevant, and proportionate to the specific response context.
- Use valuable relationships like the Ministry of Social Development (MSD) funded Community Connectors as a template for better community engagement.
- There would be benefits in a future model managed from one central agency. However, local agency relationships would be acknowledged as key, including allowing for flexibility about how these agencies operate within common goals.

4. Health workforce

Future approach recommendations

- A national solution to staffing levels and surge capacity requirements is essential. This is likely to need to rely on tele-health where clinically appropriate, to enable a greater utilisation of a remote workforce.
- Establish formalised training and accreditations for health staff to work in isolation and quarantine environments – with a particular focus on growing the IPC workforce. Opportunities to ensure a reserve of trained healthcare workers are available should be explored, to retain knowledge and expertise in this space and enable a rapid workforce stand-up, if required.
- A targeted strategy for attracting and retaining the MIQ health workforce would support the sustainability of the workforce.
- Ensure policy settings and resources support the wellbeing of staff. This could include proactively releasing communications to the public that highlight the robust IPC measures in place to protect staff and returnees.
- Develop a strategy to develop a sustainable health workforce at MIQ.
- Ensure all agencies and employers involved in the system have consistent and sufficient sick leave policies in place, so that all staff members are enabled to stay home when unwell.

4. Health workforce

IPC workforce and support recommendations

- A nationally led IPC response with a clear sense of purpose from the beginning is paramount. Consistent and centralised clinical communication, supported by strong IPC leadership, would ensure a nationally consistent and evidence-based approach to best practice in all facilities.
- Recognising the importance of IPC training should also be embedded at the border, with immigration, customs services, and with the airlines moving forward, to prepare the workforce in advance of future pandemic response.
- Establishing IPC Practice Leaders at an early stage of the response would provide support for the IPC specialist workforce in achieving and implementing consistent national standards.
- The national IPC audits should be streamlined and include the findings of facility audits, thereby enabling the national IPC audits to focus on critical IPC issues.
- Recognising what resources were available nationally could have contributed to improved training for all staff, including using IPC specialists to upskill the workforce.
- Adherence to IPC requirements by staff and returnees fundamental minimised the risk of transmission and kept people safe.