

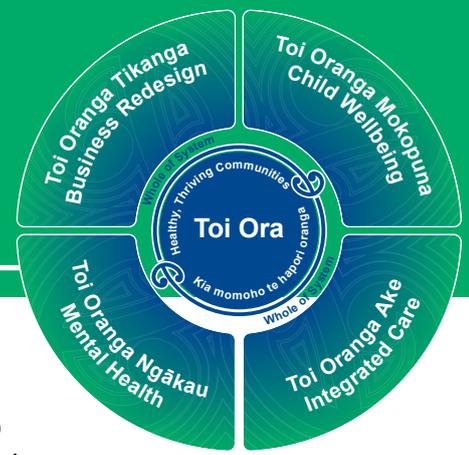


Excellence

# CE Newsletter

Simon Everitt – Interim Chief Executive

22 May 2020



## Transitioning to our new normal

Kia ora koutou katoa

Thank you to everyone's amazing efforts over the past 6 weeks as we have prepared for the impact of COVID-19. I have been so proud of you all and how you all stepped up as a team, to respond to the common threat of COVID-19. As a result of your efforts we were as prepared as we could have been to respond to the virus and the impact on our population. Thankfully we have not seen COVID-19 significantly impact on our region or nationally as a country.

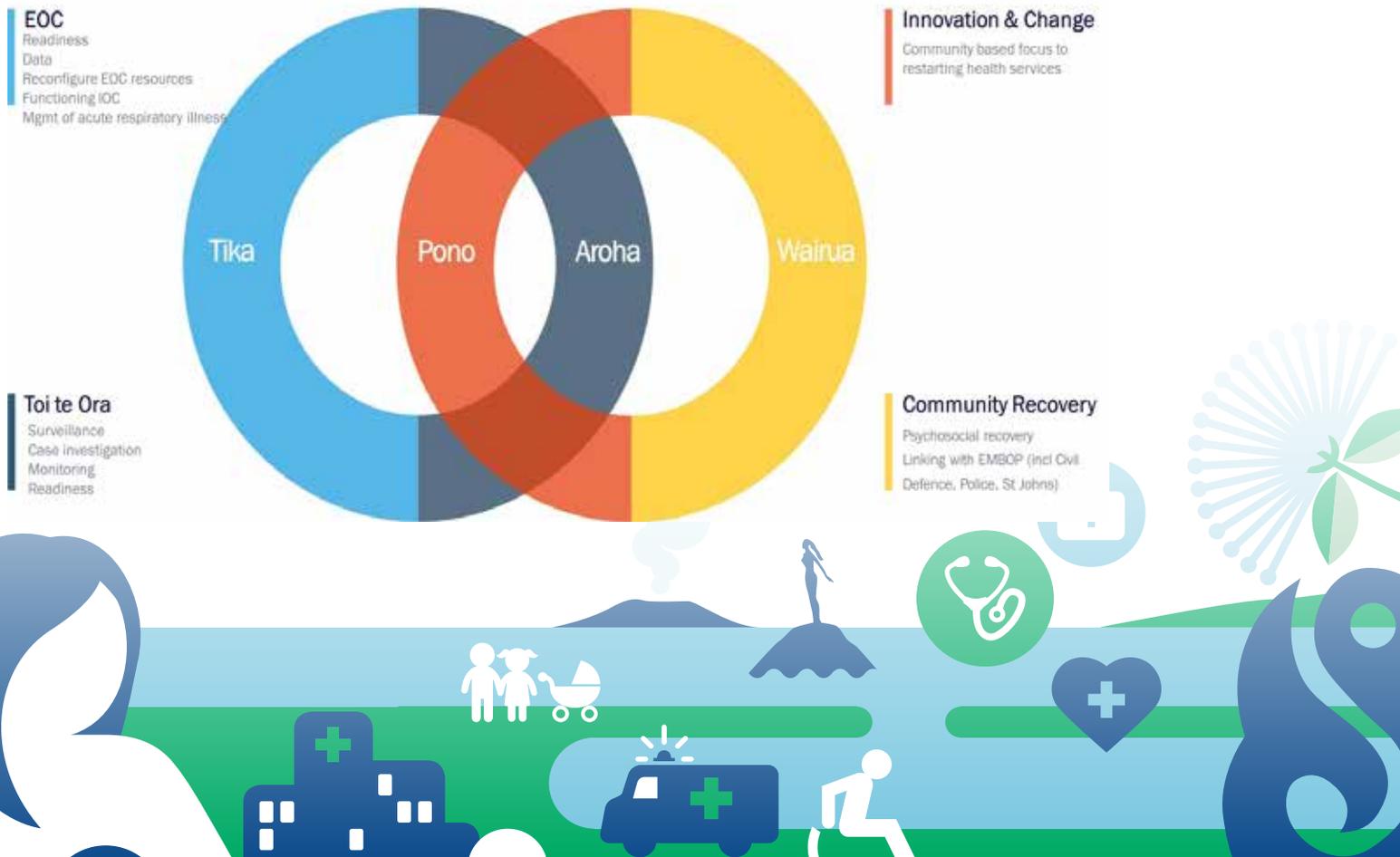
Thank you also for all of the comments about my hair and increasingly shaggy look!! You will be pleased to know I have had a haircut and have returned to a much more presentable appearance!! One of the things which has become clear throughout our COVID response experience is that there will be no returning to where we were as a healthcare system before COVID-19 all began. The world, and health systems around the world, have had to change and redesign the

way they provide care to our patients. While the challenge of how to manage COVID-19 has been really worrying for all of us, the experience has also brought forward some positive changes including the wonderful collaboration we have witnessed across the health sector in the Bay of Plenty and the ways that we have changed our practices within our hospitals e.g. rapid uptake of Telehealth in outpatients for example.

We are now in a transition phase – moving out of a formal CIMs structure to our 'new normal operating model' which we are still working through as a DHB., I wanted to use this newsletter to outline some of the focal points for us as a DHB over the coming weeks. The next phase is based around four work streams: Tika (Emergency Operations Centre), Pono (Innovation and Change), Aroha (Toi Te Ora READINESS) and Wairua (Community & Psychosocial Recovery), as shown in the following diagram.

## TOI ORA

Te Moana ā Toi | Bay of Plenty District Health Board



# The road ahead - Transition Manager Bronwyn Anstis

For me as Transition Manager, and as we move to the next phase in our response, I would firstly like to put on record my thanks to the whole EOC (Emergency Operations Centre) team. All the members of this team have carried out some amazing work in ensuring the DHB's COVID-19 response has gone as smoothly as it has to date.

Now, as we now move forward into transition this phase is characterised by some overarching concepts such as: staying nimble as a healthcare system; ensuring capacity is available if and when required; and showing no signs of complacency in the face of the ongoing COVID-19 threat and in these uncertain times.

On that last point, in the wider public domain over recent weeks there seems to be a sense that COVID-19 is no longer out there. This is not yet something we can be confident of and the work in this transition phase has a heavy focus on making sure we're ready for whatever the future holds.

We have four key objectives in this transition phase and I thought it might be helpful to expand on these. They are:

## **1) Ensuring we maintain a high level of readiness to quickly respond if there's a further wave of COVID-19.**

### *Contact tracing*

A key focus for the next couple of weeks is to ensure that if there was another outbreak in the community, or one of our hospitals, that we have the ability to react to it instantly, manage it and isolate it.

Part of that work involves the ability for the DHB to test and conduct contact tracing on a large scale. Our Public Health Service, Toi Te Ora is taking the lead on this and doing a wonderful job in making sure that happens. Part of that work is training up staff members to act as part of the contact tracing team so that we have a large number available as and when required.

### *Nimbleness*

We also have a primary focus on staying nimble and watchful in terms of our response, so that we can scale up and down as necessary should the situation require it. What is key is that we have the ability to move between different levels of any COVID-19 response smoothly and efficiently, be that scaling up or down.

### *Guarding against complacency*

As a DHB, and as part of the broader health system, we need to have a mindset that COVID-19 is around and that



it could return with renewed vigour at any time, and that we are fully prepared for that eventuality.

Apart from any threat within New Zealand the international border will re-open again at some stage, even if that is many months down the line, and that obviously has potential implications when it does.

## **2) Taking our learnings from our COVID-19 response, and look at what changes and innovations we've introduced, so we can evaluate what opportunities we have to integrate them into our new business as usual (BAU).**

There has been some superb innovation, adaptation and collaboration displayed over the course of the last three months and now, as we transition, we have to make sure that those innovations which have been so good for our health system are not lost.

I'm working closely with the Service Innovation and Improvement Team to identify those systems we want to retain and to do whatever work needs to be done to embed them into our normal operating procedures going forward.

What's really important though is that, firstly, this is all viewed from a person; families/whanau focus and, that news ways of working are strongly supported by our clinical teams and that the changes we want to incorporate have a whole of health system view.

## **3) Supporting restarting those healthcare services suspended during Alert Levels 3 and 4. The Integrated Operations Centre (IOC) will support this.**

As part of the transition it is important that we support the restart of health services which were suspended in Alert Levels 3 & 4, so that's planned care (elective services) and other health services in both the hospitals and the community. In doing that we are placing an emphasis on ensuring each of those services restarts and runs in a way that gives us the ability to upscale or downscale easily in the future; so that we can react to any situation we are potentially faced with. Another important area of focus is about how we can take an equity approach to how we manage our backlog of patients and also in our future prioritisation of our planned care activity. How we do this is currently being worked through with the COO.

4) Responding to the direct and indirect psychological consequences of COVID-19 lockdown alongside Civil Defence, and in partnership with the network of community health providers; and ensure the wellbeing and support for our staff through a coordinated psychosocial response.

We are really aware of just how much COVID-19 has impacted on people's lives particularly in terms of their welfare from a financial and health perspective. And we are responsible for coordinating psychosocial support for our community. So what does this mean?

It is about recognising that impact of COVID on the psychological and social wellbeing of our people and working together with our iwi/hapu providers, NGO and social service providers across the whole of health network to be responsive to identified and emerging needs.

We will be wanting to check in with our teams on this topic to see how you are doing.

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## How have we handled the COVID-19 response? Some thoughts from our board members

“Our emergency response team was very effective and I believe an example to many organisations not just health organisations.”

“Culture. I am impressed by the way the organisation - and the health sector in general - came together with a single purpose. I think it reflects well on the underlying culture which we sometimes underrate.”

“Māori communities were able to mobilise quickly and respond with: local knowledge and deployment of appropriate resources; resource responsiveness; shared design and decision making to improve outcomes.”

“It was impressive how quickly the organisation was able to ramp up to a new way of doing things. This implies an underlying positive culture when the objective is clear.”

“Change of delivery happened quickly and was accepted by all stakeholders - can we keep the positive learning e.g. in telehealth.”

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“Te manawa rere, kia ū”  
Let us remain steadfast, in the face of adversity.

*Rawiri Puhirake – Pukehinahina*