

## CARE IN THE COMMUNITY

Primary care has been an integral part of the COVID-19 response. In this issue of Pulse, we recognise the amazing mahi accomplished by primary health providers throughout South Canterbury.

We first talk to Ruth Kibble, Director of Primary Health Partnerships at the SCDHB and then to Julie Lysaght and Melissa Lilley, Nurse Practitioners at Harper Street Health.

Primary health care is provided in the community by either a General Practitioner (GP), Nurse Practitioner (NP), Practice Nurse (PN), Pharmacist and/or other health professionals working within primary care. Primary health care covers a broad range of health services, including assessment, diagnosis, treatment of acute and chronic conditions, health education, counselling, disease prevention and screening.

A strong primary health care system is an integral part of improving the health for all New Zealanders through equitable access to health at primary, secondary and tertiary levels.

Primary care clinicians are skilled at managing infectious diseases and in deciding when patients need hospitalisation. "Care in the Community" was particularly paramount when COVID-19 cases soared. Primary care has been and continues to be, responsible for proactive monitoring from the earliest stages of COVID-19 illness. This proactive monitoring helps to detect, as early as possible, those who are at heightened risk of severe outcomes, or exhibiting signs and symptoms of rapid deterioration, and require further primary intervention or secondary care assessment and admission.

During the COVID-19 pandemic, primary care has assisted in protecting hospital capacity through managing patients at home. This has been achieved with primary care clinicians contacting COVID-19 patients, by way of a phone call, to complete an initial assessment to ascertain their health and welfare needs.

For those who were identified as having a high acuity (increased risk of developing severe illness), a daily phone call from their primary care team was implemented. A multi-disciplinary effort from primary care, allied health and the team at the Care Coordination Centre (CCC) ensured safe care of patients at home through management of symptoms, education, and attention to mental health and welfare needs.

As primary care clinicians know their patients and their whānau, this brings additional insights into patient monitoring. COVID-19 severity does not occur in isolation, and those most at risk of serious illness have underlying chronic physical and mental health conditions.

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**From February to 27 April, primary care practices in South Canterbury have conducted:**

**11,687** consultations with **7,806** COVID-19 positive patients.

Left to right: Rachel Mills, Associate Director of Nursing (acting); Melissa Lilley, Nurse Practitioner and Julie Lysaght, Nurse Practitioner



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Since the beginning of the pandemic, the SCDHB and primary care practices have been working collaboratively to develop business continuity plans and ensure that primary care can manage the surge in demand as a result of the pandemic.

“Primary care practices have done an amazing job absorbing all the additional work. They have good planning in place, they had to deal with staff shortage from COVID-19 and utilised telehealth during the pandemic,” said Ruth.

“Primary care practices themselves have also identified buddy practices for help and support when things get busy,” commented Ruth.

The SCDHB’s Care Coordination Centre (CCC) have also been an integral part of the management of COVID-19 patients within the South Canterbury community. The Registered Nurses at the CCC are tasked with picking up and managing COVID-19 positive patients after hours and from practices that are struggling with the workload.

“CCC support has been excellent, making the transition between primary care and CCC contact seamless,” said Julie Lysaght, Nurse practitioner (NP) at Harper Street Health.

## COVID-19 BRINGS IN NEW PROCESSES

Since the COVID-19 pandemic started, primary care clinics around South Canterbury have increasingly relied on telehealth by way of phone and/or video calls for regular consultations.

The patients are triaged at reception as to which is the best clinician to deal with their health issue (GP/NP or PN). All patients exhibiting COVID-19 symptoms were deemed to be “red streamed” and were given a phone/video consult to identify if a face-to-face clinical exam was required. If this was deemed appropriate to further identify the severity of the condition and/or assist with diagnosis, they were seen outside in the designated red stream area (car or portacabin). Patients who were deemed green stream (no COVID-19 symptoms) were still offered phone/video consult or face to face.

“It streamlined the process, as the clinician knew what they would be dealing with, albeit the red or green stream patient.”

“Although the delivery of health care has changed, the service quality has remained the same,” said Julie.

## EXPLORING THE NURSE PRACTITIONER ROLE

Julie Lysaght and Melissa Lilley are two Nurse Practitioners working within primary care.

Nurse Practitioners are highly qualified clinicians who work independently, whether in a hospital or general practice. Nurse Practitioners have the same ability to assess, diagnosis, treat and refer on to secondary services and/or allied health as their medical colleagues.

“For some, there is a lack of clarity around the role of a Nurse Practitioner, however we work the same as a GP, there is no difference between what a GP does and what we do,” said Julie.

“We both do the same job but we come from different perspectives but arrive at the same end point,” added Melissa.

Nurse Practitioners initially qualify as a Registered Nurse through a Bachelor in Nursing. Following clinical experience in their designated field, they pursue further studies by the way of a clinical Master’s in Health Sciences (endorsed in Nursing).

To become qualified as a Nurse Practitioner, they are required to prepare a comprehensive portfolio and undergo a Nursing Council Panel Assessment. The above process can take 7 years or longer, dependent on papers undertaken.

According to Julie, it has been quoted by some medical colleagues that the scrutiny during the assessment process of the Nurse Practitioner journey, can be just as intense as that of Medical Practitioners, in some instances more so.

“We start off holistically and incorporate the medical sciences whereas the doctors commence with medical sciences and then incorporate holistic care. So, we end up in the same place, just through a different lens.

“With our nursing lens, when we assess the person as a whole, not only their presenting symptoms, but also their psychosocial, cultural and spiritual aspects and plan accordingly from there,” said Julie.

This nursing perspective is what differentiates Nurse Practitioners from their medical colleagues.

There is still some confusion with regard to the Nurse Practitioner (NP) and Practice Nurse (PN) role. A Practice Nurse is a Registered Nurse (RN) who works alongside a General Practitioner or Nurse Practitioner. They can assess a patient, but unlike a Nurse Practitioner or a General Practitioner, they cannot diagnose a condition or write prescriptions (unless they have become a Nurse Prescriber – who is able to prescribe off a designated list of medications).

There are currently ten qualified Nurse Practitioners within South Canterbury, with four pending. Nationwide, there are currently only 600 qualified Nurse Practitioners.

The role of the Practice Nurse is hugely varied and integral to primary care alongside their GP and NP colleagues.





# ALLIED HEALTH

Allied health plays an essential role in the delivery of health care and related services to people experiencing a wide variety of conditions.

The workforce is made up of autonomous health professionals who are not part of the medical, dental or nursing professions. It encompasses a variety of disciplines which include Alcohol & Drug Clinicians, Anaesthetic Technicians, Audiologists, Clinical Physiologists, Dental Therapy/Oral Health Therapists, Dieticians, Occupational Therapists, Physiotherapists, Radiographers, Pharmacists and Pharmacy Technicians, Social Workers, Sonographers, Speech-Language Therapists, Sterile Sciences Technicians and a number of other smaller professions.

COVID-19 has brought unique challenges to allied health professionals who have been trying to maintain business as usual whilst developing plans to manage the COVID-19 outbreak.

The main challenge has been managing staff shortage from staff getting COVID-19 or becoming household contacts to a COVID-19 case. Physiotherapy, Occupational Therapy, Social Work and Orthotics teams has been the most impacted by COVID-19.

However, the work that was done two years ago, setting up rotational roles in the therapy services, helped to ease the impact. The implementation of a rotational system for staff in Physiotherapy, Occupational Therapy, and Social Work allowed staff to work in different teams than what they're usually assigned to.

When COVID-19 reduced staff number and people needed to be redeployed to other areas, the staff felt comfortable to cover in other areas. This has proved to be really beneficial, according to Rene Templeton, Associate Director of Allied Health, Scientific and Technical.

The SCDHB's initiative of constantly upskilling staff to cover more service areas has also proved to be helpful to cope with COVID-19-related staff shortage.

For example, two years ago, Physiotherapy staff were trained to complete the assessment and fitting of seven types of splints/braces that normally would be done by the Orthotist. The Physiotherapy team are now able to cover parts of the Orthotics service whilst the Orthotist is away and cover urgent referrals over the weekends for these splints/braces.

Over the past four years the allied health services have introduced the Calderdale Framework. The Framework provides a process where staff can be taught high frequency tasks in a safe way. The process clearly identifies any risks and the education around these risks are included in the training of these high frequency tasks. The allied health Rehabilitation Assistants (RAs) have been upskilled to complete a number of tasks e.g. mobility assessments and doing follow-up programs in the community. The upskilling allows RAs to do high frequency tasks and helps reduce the workload for Physiotherapists and Occupational Therapists when the department is short-staffed.

For the last three years, allied health has been reorienting to be more community-based which has enabled the services to provide care in people's homes in a timelier manner. "We now have more allied health staff based in a community setting than in the hospital," said Rene.

"Our focus has been to maintain and improve patient's level of function in their own home and prevent them from going to the hospital. We have done a lot of work around strength and balance exercise in the community to try to keep people independent in their own home. This has been especially helpful when people needed to isolate at home for a long time during COVID-19. Further work needs to continue, in particular with our elderly population to prevent deconditioning," said Rene.

During COVID-19, allied health personnel have also been redeployed to newly established teams to support their work. For example, Social Workers have been working at the Care Coordination Centre, helping with the welfare needs of those isolating in the community. Two Physiotherapists and one Speech and Language Therapist have trained to become COVID-19 vaccinators. Two Physiotherapists worked in the Vaccination Clinic at the Woollcombe House to vaccinate people.



## HOSPITAL PHARMACY

It has been a challenging year for the Timaru Hospital Pharmacy as COVID-19 and related supply chain issues put pharmacies nationwide under pressure. But the Pharmacists and Technicians have been working hard to keep pharmaceuticals in stock and introducing new medications for the treatment of COVID-19.

"We have to make sure we have all the medicines for patients that are very unwell, in the Intensive Care Unit, regardless of COVID-19, and we have to make sure we have all the supplies for theatres to continue with," said Carolyn Coulter, Pharmacy Manager at the Hospital Pharmacy.

"There's a lot of work that goes around just keeping the normal stock on the shelves."

"Eye drops and inhalers have a little bit of turnover. But when we look at the IV medicines here, we have a huge amount of turnover," she added.

Because of the international supply chain shortages, it's challenging most of the time to get essential pharmaceuticals in stock.

The task of ordering medicines and keeping medicines in stock falls on the shoulders of Pharmacy Technicians, Wylene Sorongon and Kannikar Muangklang.

They are responsible for ordering medicines from distributors and suppliers to ensure they arrive on time. If there's a shortage of a particular medicine, they would work with the distributors to find alternative brands, or alternative medicines, which are often

Section 29 medicines (off-licence medicines from other suppliers around the world).

COVID-19 has brought additional risk as staff sickness can really impact the pharmacy's operation. However, the pharmacy has a contingency plan in place.

"We are a small department and because we are a small department, we are understandably quite cautious about how much we are going to the ward, how much we are exposing ourselves.

"So, we made a conscious effort to make sure if we go to a high-risk area, that we are doing so appropriately. And if we were able to do our job remotely from the pharmacy, that was our preference," said Carolyn.

The introduction of new COVID-19 drugs has brought additional workload to the small department. But the pharmacy is fortunate to be able to work with knowledgeable and experienced medical staff to implement effective therapies.

"We are really lucky to have people who have practiced overseas," said Pharmacist James Nethercott.

"We have people like Dr Kelly Sweerus who arrived from the USA and she's got a lot of experience working with COVID-19 patients in America. They got these therapies earlier and were dealing with severe cases early on.

So, when she arrived as a new Respiratory Consultant, she was able to bring that knowledge with her. Same with the nursing staff and some other doctors who worked in the NHS or in the USA, they were able to bring that experience.

I think that partly explains why we were able to consolidate it and have been able to use these [COVID-19] therapies quite effectively,"

For the people isolating at home and on oral therapy of Paxlovid and Molnupiravir, the Registered Nurses and Kaiāwhina (health support workers) at the Care Coordination Centre are doing a great job at helping to follow up on the patients and delivering supplies.

"The Kaiāwhina have been helping with delivery of medicine to people who can't pick them up," said James.



From left: Pharmacy Technician Kannikar Muangklang, Pharmacist Olivia Haymen and James Nethercott, Pharmacy Manager Carolyn Coulter

## GETTING TO KNOW COVID-19 MEDICINES

Seven drugs are available to patients who catch COVID-19 depending on their needs.

Four of them are almost exclusively administered within the hospital. They are dexamethasone, remdesivir, baricitinib and tocilizumab.

**Dexamethasone** is a corticosteroid that suppresses airway inflammation and makes breathing easier. It's administered through IV or orally.

**Remdesivir** is an antiviral medication that was originally developed to treat Hepatitis C, and subsequently investigated for Ebola virus disease. It's administered through intravenously.

**Baricitinib** was developed to treat rheumatoid arthritis. Taken orally, it can inhibit cytokine signalling in the body that play roles in causing inflammatory responses and help treat COVID-19.

**Tocilizumab** was also developed for rheumatoid arthritis. Given intravenously tocilizumab moderates interleukin 6 and consequently the inflammatory responses to COVID-19.

**Budesonide**, like Dexamethasone, is a type of corticosteroid that works directly in the lungs to make breathing easier by reducing the irritation and swelling of the airways. It's administered through an inhaler and given people within the first 14 days of symptom onset of COVID-19. Budesonide is given to outpatients at the COVID-19 Ward and also given to outpatients for use at home.

**Paxlovid and molnupiravir** are both antiviral medications taken orally to fight COVID-19 infection. They are available on prescription from primary care provider and aimed to treat the most at-risk patients. The prescription can be dispensed at community pharmacies throughout South Canterbury.



## COMMUNITY PHARMACY

Community pharmacies have also been playing a pivotal role during COVID-19. They ensure patients who are isolating at home can get their required pharmaceuticals delivered. And some have taken on additional task of vaccinating for COVID-19.

Peter Burton, Charge Pharmacist at Roberts Pharmacy said their pharmacy is sending 5 – 10 deliveries a day, 30 – 50 a week for people isolating at home.

“We do contactless home deliveries. When people turn up at the pharmacy, we do contactless delivery to the carpark and use telehealth for giving advice”

The pharmacy has also been working with the SCDHB and primary care practices to deliver Paxlovid to patients who have moderate COVID-19 infections.

“The criteria is quite hard. We work through that with the doctors and the hospital.”

When COVID-19 started, Roberts made changes to how they operate.

“The major change is wearing face masks all the time, and we ask people not to wait in the pharmacy, everybody is asked to call back to collect their medications. It gives us less people waiting around in the pharmacy.”

Besides dispensing pharmaceuticals, Roberts Pharmacy has also taken on the role as a COVID-19 vaccination centre. They have been vaccinating people since 2021.

“We’ve trained eight staff who are able to vaccinate which makes it easy to provide an ongoing service and we have had support from the SCDHB.

“We have been really busy at times and really quiet as well,” commented Peter.

The first week of January 2022 has been the busiest when the government shortened the gap between the second vaccine dose and booster, Peter recalled.

“We are still vaccinating all day. The flu vaccination has been keeping us busy but we are still doing COVID-19 vaccinations as well.”



The team at Roberts Pharmacy

## CELEBRATING COMMUNITY CONNECTORS



Community Connectors are service providers contracted by the Ministry of Social Development (MSD) to support the welfare needs of individuals and whānau, while isolating at home in the community. They help navigate and connect individuals and whānau to various services available for people in self-isolation.

In South Canterbury, the Community Connectors are Arowhenua Whānau Services (AWS), Te Aitarakihi Trust, and Inc Multicultural Aoraki.

Maria Parish, Kaiwhakahaere (manager) at Arowhenua Whānau Services (AWS) and Hami Goldsmith from Te Aitarakihi Trust explain how they are helping the community and contributing to our region's COVID-19 response.



Kate (ISR), Kathy (Mokopuna Ora Navigator), Jo (Community Connector) and Hala (Community Connector)



Maria Parish (Kaiwhakahaere at AWS) getting her COVID-19 shot from Registered Nurse Joelle at AWS in Temuka

### For the people who aren't familiar with the AWS, please introduce yourself and services you provide

Maria: Arowhenua Whānau Services is a kaupapa Māori service for health and social services based in Temuka, providing services to Māori and all other people.

We provide free nurse-led clinics and also have a Nurse Practitioner two days a week. Our clinics are run in Temuka, Waimate and Twizel throughout the month. We also have contracts involved in family harm, sexual harm, Iwi Whānau Advisory in schools, attendance at schools, connectors for COVID-19, a social worker, and Whānau Ora, Mokopuna Ora and Tinana Navigators. We are also providing vaccinations for COVID-19 and flu and testing for COVID-19.

### How has COVID-19 changed how AWS works? What changes did you make?

Maria: We continue to provide our normal work with business as usual, but we are limited to how we do it depending on what the clients' needs are and how they want to be seen or contacted during the pandemic. But we are able to see all people and provide what we always do.

### How are you working with the Care Coordination Centre (CCC) to help those isolating at home?

Maria: We are lucky to have two Community Connectors who work with the clients in self-isolation and provide welfare for them, 24/7. Some of our staff help out with the extra hours to make sure the Community Connectors are looking after ourselves. We also have a staff member Kylie, based at the CCC four days a week, who can answer any questions and send through referrals to all the Community Connectors. It is an opportunity for our service to connect with Māori and introduce them to our service as they might not know about us.

### How many people do you support in the region and how many COVID-19 positive people are you supporting?

Maria: We are currently supporting just over 6,000 people through COVID-19 and business as usual. As of 18th of April, we are currently supporting 163 whānau/ households and this number depends if we are on call or off call for their self-isolation. The numbers move regularly due to people moving from self-isolation and back into the community.

### How can people contact you?

People can fill out a referral form at [www.aws.health.nz](http://www.aws.health.nz) and submit it.

Or by phoning us on 03 615 5180.

We are here to listen and if we can't help, we will walk the journey with you to the service that can help. Pop in for a cuppa and have a chat.

## TE AITARAKIHI

Te Aitarakahi Multicultural Centre was established to support mātāwaka, or Māori living outside their iwi. It seeks to uplift the taha wairua (spiritual wellbeing) and taha tinana (physical wellbeing) of Māori living outside their tribal area by helping them to learn about their culture. It also provides social services to local communities and serves as a meeting place for all cultures to gather and share their cultural experiences.

For the last three months, Kaiwhakahononga Hapori (Community Connectors) at Te Aitarakahi, have been busy supporting people isolating at home with COVID-19. Referrals to the Community Connection service mostly comes from the Ministry of Social Development (MSD). If the Ministry of Health (MoH) identifies a COVID-19 positive person with welfare needs, they will be referred to the MSD. The MSD will forward a request to Te Aitarakahi or other Community Connection providers to deliver kai to their doors. Referrals can also come directly from health and general community.

Irene Emond, Brenda Warren, Hami Goldsmith and Leana Edwards have been working from 8am – 8pm, 7 days a week to assemble, coordinate, and deliver food parcels to people in self-isolation who couldn't go out and get their groceries.

In the last eight weeks, more than **140** households have been supported by Te Aitarakahi. During the peak time (April), **80** households were being supported at one time.

"The first month was very hectic," said Hami who recalled that they received 4-5 requests a day at that time.

The Lions Club have been helping to deliver the food parcels when things got busy, said Hami.

Now things have been winding down a bit, with only 1-2 delivery requests received per day.



From left: Community Connectors Hami Goldsmith, Irene Emond, and Brenda Warren

## SCDHB COVID-19 STAFF SICKNESS SURVEY

The staff sickness survey process has been created to allow SCDHB to collate centrally the prevalence of sick leave across the organisation in close to real time.

By identifying the nature of the sick leave, the resource planning team can help predict the impact on areas of the organisation and arrange surge or redeployment staffing in coordination with the line managers.

This survey is required to be completed by the line manager, on a daily basis. **All staff sickness types (COVID-19 positive, non-COVID-19 sickness, and staff on ACC) needs to be submitted daily.**

**The two options to complete the survey are:**

1. Complete the excel template form to capture multiple staff members in one go. Please email to [eoc\\_p&l@scdhb.health.nz](mailto:eoc_p&l@scdhb.health.nz) when completed
2. Complete the web-based survey to capture one staff member at a time. This can be used on an internet browser or on a mobile device. Managers can elect to send the form link to an employee to complete, but the responsibility for completing it still rests with the manager.

Survey link: <https://forms.office.com/r/rXsRWFD46y>

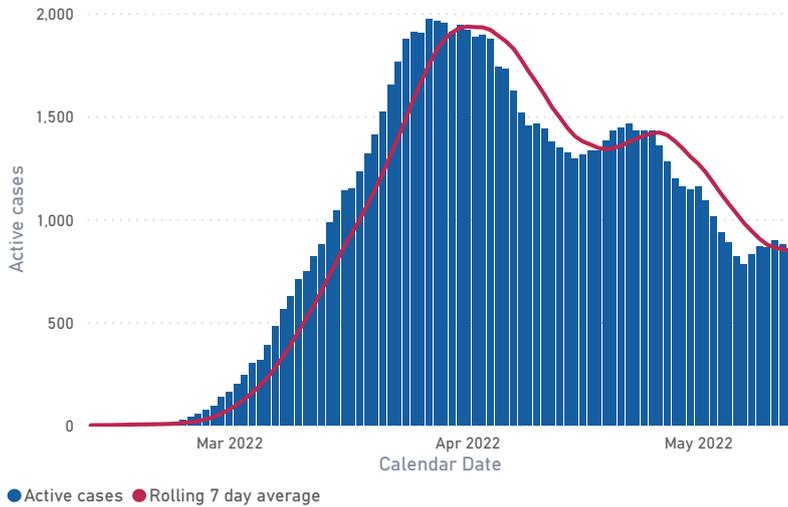
You can also scan the QR code below to access the survey:



# SOUTH CANTERBURY COVID-19 PREVALENCE

As we continue to experience the long tail of COVID-19 in the current Omicron outbreak, it is important that we keep reinforcing all of those basic public health actions to help our community stay safe

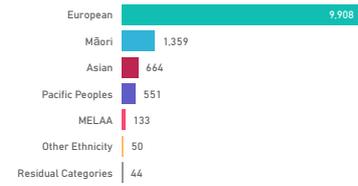
Total active cases



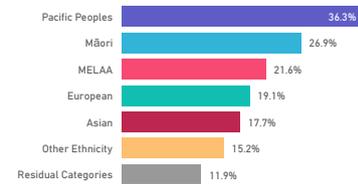
Total cases as of 13 May 2022

12,709  
Total Cases

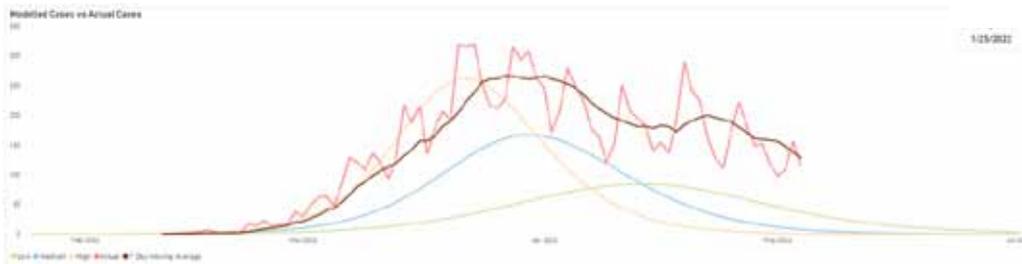
Total Cases



Percentage of Ethnic group



South Canterbury Modelled Cases vs Actual Cases



## NEW WELLBEING SERVICE AVAILABLE IN PRIMARY CARE

Integrated Primary Mental Health and Addictions (IPMHA) is a new mental health and wellbeing service in South Canterbury which offers free, same day appointments for people who may be experiencing stress or other health and wellbeing concerns.

The service is provided by Health Improvement Practitioners and Health Coaches who have experience working in Mental Health Services and other community agencies. They work with people to explore new ways to help them to look after themselves, learn new skills and navigate life's challenges.

Appointments are currently accessible to enrolled patients at Timaru Medical Centre and Pleasant Point Health Centre.

You can call reception for a same day appointment or ask your GP, Nurse Practitioner or Nurse for a referral at your next appointment.

If you have any questions about the program, please reach out to Maxine Hutton, the program lead at: [mnhutton@scdhb.health.nz](mailto:mnhutton@scdhb.health.nz)



# COVID-19 RESILIENCE PROJECT

As we move through the peak of the COVID-19 Omicron response, I have reflected upon the enormous response that our health system has surged to support.

The COVID-19 Resilience Project was established in August, 2021, with the aim to prepare the health system to have capacity and ability to respond to Delta, and maintain our business-as-usual health system response. The project team initially scoped the opportunities to build our resilience and built a 'list' of potential 390 actions that would support our response. These actions were then sorted into key priorities and a project team of 13 people set about supporting the implementation across our system.

## Key achievements have been:

### The development of a Care Coordination Centre (CCC)

Initial design meetings with the Primary Care Alliance, rapidly changing national guidance, and a COVID-19 Care in the Community patient management system required rapid implementation. Within a period of six weeks, the teams worked to establish a workforce design, personnel recruitment, service location, IT requirements, clinical care guidelines, risk stratification and patient communication pathways to support a coordination hub that supported a wide range of activities including clinical care of those with COVID-19 in the community in collaboration with primary care; welfare response through MSD and community connectors; and supported isolation quarantine accommodation.

This hub has been fully operational since early January and has successfully surged to support the response through our peak.



"The CCC is outstanding, I feel confident when I leave on a Friday that our most vulnerable are being cared for and monitored over the weekend" (Primary care clinician).

Individuals with COVID-19 in the community are risk stratified and those who are at high risk of a more severe illness are monitored daily, and delivered pulse oximeters to support this.

The number of COVID-19 cases in our community translating into hospital admissions has been low as a result of the excellent care provided in our community for those most at risk through the CCC and our Primary and Community Care teams.

### Workforce Planning

Surging a workforce to support our system response has required significant planning including

#### 1. Recruitment

Recruitment in a very tight market for health professionals has been largely successful with individuals recruited to Communications, Project Support, Infection Prevention and Control, ED Clinical Coach, Learning Hub, COVID Care in the Community, COVID-19 and CAT Wards, Immunisation, Testing, Deployment Co-ordination, and central COVID-19 response. A surge assistance workforce and Kaiāwhina, have been employed to support across sector COVID-19 response.

#### 2. Deployment and Business continuity planning

When Omicron became the predominant variant, we shifted our planning to respond to a worst-case scenario of experiencing 25% of our workforce

off sick or caring for COVID-19 cases. Significant work went into business continuity planning, deployment planning and identifying deferrable activity to respond to acute or crisis response. Across sector thinking to sustain our Hospital Services, Aged Residential Care, Maternity Care, Primary Care, home based services and NGO sector occurred.

#### 3. Workforce Capability

Significant learning and development opportunities including Health Care Assistant upskilling days, Kaiāwhina training and staff drop-in sessions has supported the surge response

### Infrastructure and IT initiatives

Air solutions across the DHB continue to be implemented, supply delays have impacted for some areas, as supply arrives these initiatives continue to be implemented.

The IT department have surged support to implement additional systems to support COVID Care in the Community and testing requirements. Secured additional laptops to enable optimisation of work from home or telehealth options.

Central monitoring has been installed in our COVID-19 wards to secure enhanced patient monitoring and reduced staff exposure.

### Equity Championship

Māori and Pasifika populations are disproportionately impacted by COVID-19, so we have worked closely with Fale Pasifika, Arowhenua Whānau Services, Multicultural Centre, our Māori leadership groups and the Māori Health Advisory Group to optimise the design, and ensure enhanced access to health services for this population. SCDHB employed 14 Kaiāwhina with a positive equity bias to support our COVID-19 response.

The development of a COVID in the Community Governance Group, with 50% Māori membership, works to monitor equity outcomes and measures, and instigate new initiatives to support the ongoing equity outcomes for our community.

## Testing

With the rapid changes in testing strategy, our teams surged to implement Rapid Antigen Testing and distribution for:

- our general populations, inclusive of the set up of RAT collection sites in Timaru, Waimate, Geraldine, Temuka, Twizel and Fairlie
- our vulnerable populations (distributions targeting rural, disability, Māori and Pasifika health providers)
- people undergoing high risk planned care procedures and patient admissions/ED presentations
- staff return to work processes.

The testing space has continued to be one of rapid change, it is a credit to our teams who have continued to be responsive to the changing requirements.

## Infection Prevention and Control

Continued optimisation of our IPC practices across all services inclusive of N95 fit testing, PPE, patient screening and education across the South Canterbury health sector.

## Health Safety and Wellbeing

A focused Health, Safety and Wellbeing approach has been implemented throughout including staff wellbeing initiatives such as snacks & food vouchers. Communications were promoted through regular line manager updates and COVID-19 focused pulse publications.

Staff sickness absence monitoring systems have been developed which enables DHB visibility of key services at risk and planning for return-to-work processes.

The Resilience Project originally aimed to optimise our readiness and response to COVID-19 surge. This project is now closed having completed all 390 actions, with only three remaining to progress.

The project team is now refocusing on what is coming next, winter planning, evaluation and learnings from our response, the potential mental health and addiction surge (evidenced following pandemic peak) and the long-term impacts of COVID-19 in our community (such as long COVID).

By Anna Wheeler, COVID-19 Resilience Senior Responsible Officer

# STAFF REDEPLOYMENT

As part of the COVID-19 response, many staff members have been redeployed to other departments to support COVID-19 related staff absence. This supports essential healthcare services to continue for people in our community despite.

District Nursing has been one service that has received support from redeployed staff. Speaking on her experience working with redeployed staff, Fiona Sinclair, Clinical Nurse Manger of Community Services, said:

“They’ve all been fantastic. The redeployed staff have been amazing at taking out what they know from a hospital environment. A lot of them had never had community experience before. To go out and do a run as a District Nurse, not having that background, just blows me away with how well they’ve done.”



Fiona Sinclair

Karen Foster is a Quality and Risk Coordinator and the Fire Safety Coordinator at the SCDHB. Recently she was redeployed part-time to District Nursing, working with the community team to provide care and support to people in the community.

### Why did you get redeployed to District Nursing?

As part of the COVID-19 response, staff within our department were contacted around redeployment to other areas and asked to supply a list of our skills and where we would be happy to work. I had worked as a District Nurse in the past, finishing in 2005. When I was arranging shifts with the Nursing Resource Unit, I was asked if I would work in District Nursing and I thought that would be good. I underwent orientation on my first day when I went out with one of the District Nurses. The next day I was allocated patients to visit.

### What has been the impact on your service with your redeployment?

Because a number of our Quality and Risk staff have been redeployed, we can't have everybody out of the department as we are a support service for the hospital, and classified as an essential service. The main areas we have continued to provide support for with our limited cover are incident management, risk management, consumer engagement, and certification. I was redeployed part-time, two days a week, so aspects of my normal role could be maintained.

### How's your experience so far?

The staff and District Nurses are very welcoming, friendly, and supportive of all the staff that have been redeployed to their service. I appreciate their friendship and support when I haven't worked in their clinical settings for some time. I have also enjoyed the experience and encourage others to give District Nursing a trial. It's been quite a change to put on scrubs and go back out to work with patients in the community setting again. While my quality role enables me to work with patients, it's good to re-engage with people in their own homes and it's really important to be able to provide a service to keep people in their own homes.



Karen Foster



# INSIDE THE COVID-19 WARD

The COVID-19 Ward was opened first week of March 2022.

The health care team is redeployed from other wards to work together to care for the patients admitted to the ward.

In the first week of April, the COVID-19 Ward was treating 10 patients. However, the number of patients has fallen to around three in May.

Registered Nurse (RN) Michelle Tarun, who started her first shift in the COVID-19 Ward on May 3rd, said most things she was doing at the COVID-19 Ward were quite similar to what she had been doing in the Medical Ward before.

“We only have one patient today.”

However, “putting on PPE is time-consuming and hot,” said Michelle.

Another challenge is getting used to new machines like the Airvo3 and getting familiar with COVID-19 protocols that are constantly changing, said Blesster Saga, RN, who previously worked at the AT&R Ward.

The Learning Hub has been really helpful in teaching the new skills required for the job, said Blesster. Staff have also been proactive in familiarising themselves with their new workplace and procedures.

“We have new equipment and processes, for example, the central monitoring is completely new, but our nurses and HCAs have got the skills to learn and improve on the job,” said Terry Armer, Charge Nurse Manager.

Although it can be challenging sometimes, the staff have been helpful and very supportive of each other.

“We really appreciate the help from the Duty Nurse Managers. They have been responsive to our needs,” said Blesster.

Dr Maisie Halsall-Rae, Health Officer at the COVID-19 Ward, said, “Everyone seems to fit in nicely. It is different because we are not able to go into rooms freely, and we are required to do things somewhat differently. You’ve got to be more adaptable.”

Terry, the Charge Nurse Manager, is proud of the great work put out by teams working in the COVID-19 Ward.

“The staff have really stood up...They are flexible about the needs and overcame many challenges.”

“People really work hard. They never complained, and I’m humbled by their work”, Terry said.



Emily Olds, RN, Naeve O’driscoll, RN, Teana Davey, RN, Kate Rogers, RN and Charlotte Worthington, RN



RN Michelle Tarun with PPE before entering the patient’s room



Dr Maisie Halsall-Rae and Michelle Tarun, RN, at the monitoring station

## Acknowledging and celebrating our midwives and nurses

Thursday 5 May was the International Midwives Day and Thursday 12 May is International Nurses Day.

What an extraordinary year! Nurses and midwives across South Canterbury have shone, demonstrating resilience and outstanding leadership at all levels.

We treasure, celebrate, and thank you all for your ongoing contribution to the health outcomes of our people.

We truly appreciate what you do all year round!



## WELCOME TO OUR NEW SCDHB STAFF WHO STARTED IN MARCH 2022



**Sheree Corbett**  
Midwife



**Dhenny Dagos**  
Clinical Nurse Specialist  
– Persistent Pain P/T



**Eileen Gilder**  
CNS Acute Pain  
& Surgical



**Joanna Hanning**  
Registered Nurse



**Samantha Hayward**  
Clerical Support



**Margaret Houghton**  
Registered Nurse



**Kate Hurst**  
Occupational Therapist



**Julie Kennedy**  
COVID-19 Admin



**Beryl Maglis**  
COVID Workforce  
Deployment Co-ordinator



**Georgia Parish**  
Administration Reliever



**Catherine Robertson**  
Recruitment Specialist



**Maryam Sadiq**  
Clinical Resource  
Registered Nurse



**Jennie Salt**  
Payroll Administrator



**Lyn Sanders**  
COVID-19 Admin



**Elaine Sutcliffe**  
Registered Nurse –  
COVID-19 Coordination  
Centre



**Tom Wilson**  
Telephonist/Emergency  
Receptionist



**Kyra Whyte**  
COVID-19 Admin



**Melanie Willers**  
Telephonist/Emergency  
Receptionist



**Sue Williams**  
COVID-19 Admin



**Michelle Wittington**  
COVID-19 Admin