

Terms of Reference

Independent¹ Review of COVID-19 Clusters in Aged Residential Care (IRCCARC)

Review purpose

- a. To determine the extent, impact, management and contributory causes of the Clusters of COVID-19 outbreaks in Aged Residential Care (ARC) facilities in New Zealand
- b. To extract what can be learnt from these outbreaks
- c. To provide updated advice and guidance for dissemination to the ARC sector and District Health Boards (DHBs) in relation to expected standards, learnings, knowledge, policies, procedures and processes to reduce the risks of further clusters
- d. To enable our ARC industry to manage similar situations now and into the future.

Background

New Zealand currently has five significant COVID-19 clusters in aged residential care (ARC) facilities – two in Christchurch, two in Auckland and one in Waikato. This population group is particularly vulnerable to COVID-19 and the Ministry is continuing to prioritise action in this sector. The Ministry and DHBs have worked closely with the NZ Aged Care Association (NZACA) since early in the evolution of the COVID-19 pandemic.

The Director-General of Health, Dr Ashley Bloomfield has asked DHBs to systematically assess the readiness of ARC providers in their area and to provide support and assistance as necessary. DHBs will look at each facility's Infection, Prevention and Control (IPC) plans and procedures to reduce risk to staff and residents, including assessing PPE stocks and ensuring there is a good process for resupply.

Three separate reviews of ARC facilities are in process in response to the COVID-19 pandemic.

The three reviews include:

- a. DHBs to review all ARC facilities within their District to assess their capability and capacity to manage COVID-19, specifically focussed on IPC policies and practices to ensure the safety and wellbeing of residents and staff as noted above
- b. Chief Ombudsman inspection of secure ARC facilities in response to the COVID-19 pandemic using The Optional Protocol to the Convention against Torture (OpCAT) to inform the inspection. The goal of the Ombudsman inspection is to provide an independent assessment of how the sector is responding to COVID-19, including a specific focus on standards of care for those in locked facilities such as dementia care units and psychogeriatric facilities
- c. The Ministry of Health commissioned review of ARC facilities to:
 - a. to determine the extent, impact, management and contributory causes of the Clusters of COVID-19 outbreaks in ARC facilities in New Zealand
 - b. to extract what can be learnt from these outbreaks
 - c. to provide updated and learnt advice and guidance for dissemination to the ARC sector and DHBs in relation to expected standards, learnings, knowledge, policies,

¹ Independent in this context means the panel members have no involvement or relationship with any of the facilities reviewed.

procedures and processes to reduce the risks of further clusters, which will enable our ARC industry to manage similar situations now and into the future.

Scope of Ministry of Health review

- a. facilities known to have a cluster²
- b. comparator facilities without any cases or clusters
- c. sample of any facility with a proven case (staff or resident) without an associated cluster (i.e.<10 cases).

Out of scope

While the independent review advisory panel acknowledges some of the following issues may arise during the review process, the scope of this review is not intended to focus on the following:

- a. personal health details of residents or staff
- b. matters relating to contact tracing except as relating to the provision of useful report/s
- c. detailed financial matters relating to the COVID-19 outbreak.

Context

- a. the COVID-19 pandemic, the impact on overseas and NZ since January 2020
- b. the rapid rate of change and the declaration of a state of emergency
- c. the national crisis and public perception
- d. multiple sectors and agencies working towards a common goal but without always being in concert with each other
- e. target areas of risk which is rapidly changing
- f. sources of entry into and destinations following exit from ARC facilities
- g. early efforts being primarily directed towards the preparedness of secondary and intensive care
- h. the gratifying success in “flattening the curve”.

Review domains

- a. staffing information, (numbers, qualifications, rosters)
- b. residents / families/Whanau, education, communication, impact, awareness, etc
- c. staff, resident and visitor IPC and COVID-19 educational opportunities (identifying infections, preventing the spread, documentation, training - influenza vaccination coverage of staff and residents
- d. IPC activities (IC precautions, COVID-19 preparedness, - increased emphasis on hand washing, respiratory etiquette, cleaning procedures, physical distancing, staff and contractors entering, leaving, work profiles (multiple facilities), internal activities / clustering, dedicated areas for suspected/confirmed cases
- e. preventing the spread – early recognition, procedures to prevent spread, auditing practice
- f. availability / access to PPE, cleaning products, hand washing facilities and products
- g. number of residents affected, equipment and supplies at the time of the outbreak and subsequently
- h. summary of cases – pre-existing conditions, time in care, recognition of illness

² A significant CO :- <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases/covid-19-significant-clusters>

- i. notification interval for suspected or confirmed cases and responses
- j. decision making at the time re staff allocation to patients, clustering, staff remaining in isolation, staff backfill issues etc
- k. the facility (institution) experience with communicable disease outbreaks e.g. norovirus, skin or urinary infections
- l. pattern of mortality – what would be the expected number of deaths in a four – six-week period
- m. selection and collection of background information from “comparable facilities” and smaller outbreaks so that any differences can be identified and explored
- n. ethnicity.

Methodology

Collection and collation of existing relevant information relating to the Clusters including but not limited to:

- a. to use Te Tiriti o Waitangi as the framework to provide guidance, direction and recommendations on this review work program
- b. existing data/documents describing the facility and service type/s
- c. responses received and collated by DHBs to their survey of their ARC providers in relation to COVID-19 preparedness
- d. any information or reports from DHB Public Health Units relating to likely modes of transmission
- e. any highly relevant literature from other jurisdictions that address the purposes of this review
- f. An equity-based approach that ensures we capture any variations on how this has impacted the clusters
- g. interviews with key stakeholders including clinicians and managers related to the Cluster outbreaks
- h. collation of opinions and insights from any relevant parties
- i. all interviews will be done by phone, teleconference or suitable virtual techniques. Site visits will be only in exceptional circumstances.

Sample

- j. all Clusters (5)
- k. comparable facilities (5) based on size, management (Corporate, Not-For-Profit / Independent) and location
- l. any limited outbreak in facilities and a comparable group (number to be advised)
- m. control Group based on Size, Management, Location. At Least one of which is predominantly Maori.

Reporting

The independent review panel report will provide recommendations relevant to the purposes of the Independent Aged Residential Care review of COVID-19 Clusters.

The report may include but not be limited to:

- a. recommendations to adapt existing or create new guidelines and documentation
- b. identifying a lead group to address specific areas that warrant more focussed attention
- c. monitoring and future reporting
- d. other matters that become apparent.

Associated national and local activities

Information Environment influences:

- a. regulation and audit frameworks
- b. documentation from the sector, Ministry of Health, non-governmental organisations (NGOs), Health Quality and Safety Commission, Ministry of Social Development (MSD)
- c. sector fatigue
- d. the broad public health message and ongoing clarification
- e. variation and duplication between DHBs / central agencies
- f. information vacuum and 'trending' effects (misinformation and perception)
- g. rurality and the effects on organisations that are rurally isolated.

Official surveys and audits to consider (overlap and focus)

- a. the DHB ARC sector readiness Survey
- b. the Office of the Ombudsman Inspection under OpCAT
- c. any additional sector reviews

Review team membership

Qualities:

- a. skills in conducting clinical or service reviews
- b. skills in reviewing and evaluating policies
- c. in-depth knowledge of the ARC sector
- d. review members will not have a perceived or actual conflict of interest (COI) (i.e. involvement in the management of a current cluster)
- e. time to dedicate to this work over the coming days and weeks.

Independent review panel

The intention is to enable rapid progress towards the purposes of the review using a small group who have wider links into the relevant sectors. The independent review panel is comprised of the following representatives:

- a. Dr Phil Wood, Geriatrician, Chief Advisor of Healthy Aging, Ministry of Health
- b. Dr Peter Moodie, General Practitioner
- c. Dr John Holmes, Public Health Physician and Honorary Clinical Senior Lecturer, Department of Preventive and Social Medicine, University of Otago, Dunedin
- d. Dr Frances Hughes, Chair of Nursing Leadership Group, NZACA
- e. Tanya Jackways, IPC Practitioner
- f. Riana Manuel, Maori representative from Te Apārangi.

Working arrangements

The review is planned to be carried out during April and May 2020. The final report will be provided to the Director General of Health no later than Friday 29 May 2020.

The HealthCert and Healthy Ageing Team in the MoH will provide facilitation support to the review team meetings (zoom, teleconferences and in person where appropriate). The Chief Nursing Officer Margareth Broodkoorn (or her delegate) will provide advice to the review team. Logistical and secretarial support will also be provided by the Ministry. Recordings of interviews and additional report writing support will be provided by Shared Services Agencies Regional Project Managers.

Confidentiality

All survey information will remain confidential and reporting will be completed in such a way to avoid identification of facilities or staff.

Communications

The Ministry will communicate clearly with the ARC sector throughout the review process to ensure the sector is aware of the purpose of the review, i.e. to identify areas for improvement for the safety and wellbeing of ARC residents and staff and to promote engagement and adoption with the review recommendations.

Timeline

The intention is to meet the following deadlines:

| Activity | Date | Comments |
|--|-----------------------|---|
| Confirmation of Terms of Reference (TOR) Scope | 22 April 2020 | To be endorsed by Chris Fleming, chief executive officer, Southern DHB, and lead CEO for ARC, and Simon Wallace, Chief Executive officer, New Zealand Aged Care Association (NZACA) |
| Confirmation of review team membership | 22 April 2020 | |
| Information collection-collation, interviews with ARC providers and other key stakeholders | 29 April –15 May 2020 | |
| Draft report submitted for review | 22 May 2020 | |
| Final report with recommendations submitted to the Director General of Health | 29 May 2020 | |
| Final report with recommendations circulated to DHBs and ARC sector | 15 June 2020 | |

Funding

All costs associated with conducting the review will be met by the Ministry of Health. These are expected to include but are not limited to costs incurred by external members of the review team to conduct interviews, and any review related travel expenses or administration support. It is not expected that staff from DHBs or ARC facilities will receive payment from the Ministry for their work on the review.

Endorsement

- a. Chris Fleming, lead DHB Chief Executive for Aged Residential Care and Chief Executive, Southern DHB
- b. Simon Wallace, Chief Executive, New Zealand Aged Care Association.

Sign off

Dr Ashley Bloomfield, Director General of Health