Canterbury District Health Board
Te Poari Hauora ō Waitaha

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

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30 March 2022

9(2)(a)
[redacted]

RE Official Information Act request WCDHB 9668

I refer to your email dated 25 February 2022 requesting the following information under the Official Information Act from West Coast DHB regarding Ziman House in Reefton and the relocation of ten residents who live there. Specifically:

- **Under the OIA, please may I see any reports presented to that meeting last night (24/2/2022)**.

Please find attached (**Appendix 1**) the report presented to the West Coast DHB Board on 24th February 2022 as requested.

Notes:

1. The minutes were approved at the Board meeting held on Friday 25 March 2022 under Public Excluded so are withheld pursuant to section (9(2)(j) of the Act.
2. We have redacted information pursuant to the following sections of the Official Information Act i.e. s9(2)(a) *"… to protect the privacy of natural persons, including those deceased."*

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

Ralph La Salle
Senior Manager, OIAs
Canterbury DHB & West Coast DHB

APPENDIX 1

REEFTON CLINICAL STAFFING SITUATION

West Coast – District Health Board –
Te Poari Hauora a Rohe o Tai Poutini

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Northern Region, WCDHB – Reefton Integrated Family Health Centre**

DATE: **21 February 2022**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

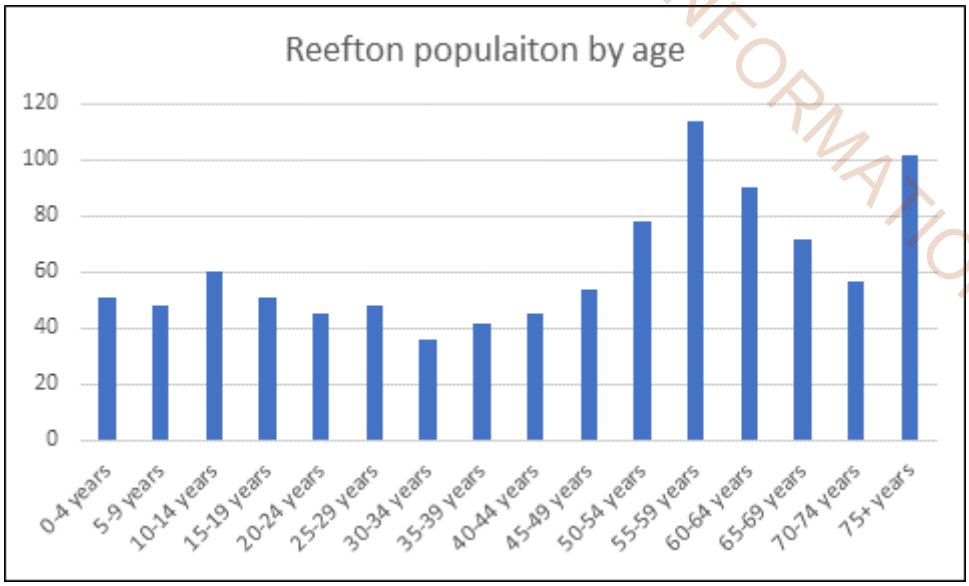
1. ORIGIN OF THE REPORT

Context/Background

Reefton Health continues to be an important part of the Reefton community since it was founded in 1872. It was born out of the desire to improve the provision of health care for the local people in the surrounding area. The facility has seen many changes over the years flexing to the needs and to the clinical resource capacity of the community offering surgery, primary care, maternity care, A&E for injuries at local mines, and even a special ward for contagious diseases.

Today, that same desire to support the health of Reefton's ~1000 residents remains and Reefton Health currently offers 15 Aged Residential Care Beds (Ziman House) including palliative and health of older people respite services. Primary Care, District Nursing and PRIME services are also run out of the facility. The physical facility offers a level of reassurance to the local community that their health care needs will be met.

The below graph shows the Reefton usual resident population by age band based on the last (2018) census.



Current situation

Ziman House finds itself like many other ARC and health facilities across the country experiencing significant difficulties with staffing, see table below.

Reefton staffing	Budgeted FTE	Current FTE
Registered staff	8.7FTE	3.1 FTE
Non Registered staff	6.6FTE	3.3FTE

The Aged Residential Care facility roster for Reefton (Ziman House) has been difficult to fill on a day to day basis for many months. For a recent 2-week roster covering 42 shifts, 8 shifts do not meet the contractual staffing requirements of the Aged Residential Care agreement. The staffing issues are complicated by the fact that there are some shifts with excessive staffing levels and other shifts that do not meet minimum staffing requirements.

In a bid to improve care to existing residents, Ziman House has stopped new admissions. It also regularly "borrows" staff from other locations across the West Coast, a robbing Peter to pay Paul situation, which has seen staff who have little aged care experience and competencies in caring for this vulnerable client cohort. The Facility Manger is required to spend all their time filling the roster which effectively eliminates their ability to focus on quality initiatives within the facility.

A recent audit by senior nursing leadership confirmed issues with resident care and an underlying issue with staff culture that urgently needs addressing. Concerns have been raised that resident care is being compromised, with falls, skin tears and pressure injuries being reported. Should we experience an audit, Health CERT would have significant concerns about under-reported pressure injuries, falls and RN shortages (none of which have been reported to Health CERT to date) reporting of which is a requirement under our contract for Aged Residential Care.

We have an obligation to do better for this cohort of residents, in what is ultimately their last months of life. We need some time for our senior nursing teams to complete a full environmental audit of the facility to ensure all equipment is still fit for purpose and to complete a proposal for change to address the staff culture and competency issues.

Omicron

The modeling for Omicron shows a potentially further 10-20% workforce capacity issue, at its peak, which will further exacerbate the staffing issue described above and put the 10 ARC residents at significant risk of harm. Responding to the predicted clinical demand in the community will also be unsustainable.

At peak of Omicron the WCDHB modelling shows ~2300 active cases across the West Coast community at the height of the outbreak We need clinicians available to provide primary healthcare to the community, monitor patients and provide 24/7 medical emergency cover/PRIME in Reefton and indeed across the West Coast. Borrowing staff from other sites will be unsustainable as they too, grapple with staff absences associated with the outbreak

Temporary relocation of ARC residents

It is acknowledged that relocating frail older people in their last months of life is not ideal. We know from the Canterbury earthquake that the relocation process has a significant negative impact on the residents' health status. We also know that very few returned to the facility they were moved from, either because of mortality, or reluctance to move again. However, with current staffing shortages which are predicted to worsen with omicron, the temporary relocation of these residents needs to be seriously and urgently considered.

Informing residents and families now with a considered communication plan will enable residents and families to make fully informed decisions about potential relocation destinations.

Summary

As described above we have an urgent staffing crisis at Ziman House, one which is magnified by the very near threat of Omicron.

We need to do something now to ensure, firstly, the safe care of 10 very vulnerable ARC residents and secondly, have an appropriate, best practice clinical response to the needs of the Reefton population over Omicron, with even further staff shortages predicted.

We need to invest some time, in rebuilding a workforce with aged care experience, and ensure that the facility has the appropriate equipment to care for such a cohort.

Reefton Health has historically moved with the changing needs of the community, providing services to match the clinical resource capacity of the township and to the current health needs of the community. We find ourselves at this unenviable point again, needing to flex and respond.

Final mitigation strategy

Planning and Funding have engaged an external experienced Temporary Facility Manager to start at Ziman House on the 21/02/22 for a two-week period. She will be supported by the local Gerontology Nurse Specialist. Together they will focus firstly on a review of each resident and on reviewing staffing and rostering at the facility. At the end of the two-week period the TFM will provide a report to Planning and Funding and the Nursing Director for Older People on the sustainability of continuing to care for the residents at Ziman House during the Omicron outbreak.

2. RECOMMENDATION

That the Board

i. Notes the clinical advice that there are concerns about the current and immediate future levels of care provided at Reefton Health that the threat of Omicron amplifies that risk
ii. Notes the advice that the only workable alternative is for the relocation of patients to facilities that can assure the necessary level of care and the need to commence the process for relocating patients.
iii. Notes that the temporary closure of the ARC facilities in Reefton is limited and that the facility will reopen in June 2022.

iv. No staff member is to be laid off and affected staff will not be financially disadvantaged by continuing to receive their normal pay. Staff where they agree will be utilised in other parts of the WCDHB and or will be provided with training and support to improve the level of service at Reefton

v. Management will only as necessary engage with patients and their families about the likely move and take every step to ensure people are assisted and managed with care and compassion

vi. The Board reconfirms that Reefton Health is a critical asset in to the WCDHB and its expectation that the temporary closure will be used to ensure that the reopened facility is improved

vii. The Board will commission an independent report on how the WCDHB and its management got to the circumstances requiring the temporary closure of Reefton, the lessons to be learned and the actions to be taken to ensure there is no repeat.

6. APPENDICES

1. Prioritisation tool
2. Moving resident/facility closure policy

Report prepared by: 9(2)(a) WCDHB & 9(2)(a) Planning and Funding

Report approved for release by: Philip Wheble

THE WEST COAST HEALTH SYSTEM
– supporting you to be well

Accessing Aged Residential Care on the West Coast

Recently on the West Coast, there have been occasions when the number of aged residential care (ARC) beds has become limited. These instances have included natural disasters and the closure of facilities. Going forward, there may be further occasions when more than one person requires a vacant ARC bed. This document outlines the process by which the bed will be allocated in a manner that is fair and transparent.

This document has been adapted by the West Coast DHB Complex Clinical Care Network (CCCN), from guidelines used after the Christchurch Earthquakes. These were drawn up by a team including ethicists, to aid in supporting older people to find appropriate ARC accommodation at times when the supply of ARC beds is limited. See Appendix 1 for the members of the original panel, and Appendix 2 for the members of the team that adapted the Christchurch guidelines for use on the West Coast.

Contents

Prioritisation Process

1) Each request for a residential care bed will be assessed on a case by case basis, in accordance with the guiding principles (see below), prioritisation framework (see page 3), and specified criteria.
2) If the ranking cannot be easily determined using this process, it may be elevated to the Complex Clinical Care Network (CCCN) Assessment Panel who then determine the outcome.
3) If the person or family are not satisfied with the decision, they can request the case to be reviewed by an Appeals Committee made up of people not employed by the West Coast District Health Board (WCDHB).

Guiding Principles

All decisions must:

- **Minimise harm**. The safety of vulnerable people is paramount.
- **Be fair**. All decisions need to be consistent.
- **Maintain people's rights**. The person's viewpoint is important.
- **Be compassionate**.
- **Maintain care standards**.

The process is guided by these principles:

- Transparency.
- Effective communication.
- No person will be removed from their place of residence, even if another person is prioritized more highly.
- If there is no suitable Aged Residential Care (ARC) bed available on the West Coast and the care need is urgent e.g. safety concerns, people may be admitted to Greymouth or Buller Hospital to provide suitable care while a longer term solution is found.
- The WCDHB will control access to all available residential beds within the West Coast using the Single Point Of Entry process via the CCCN. WCDHB will endeavour to purchase all beds as they become available, to ensure it is in a position to allocate beds according to this policy.
- If a person assessed as needing residential care cannot be allocated a bed, all attempts will be made to provide adequate support to the person in the community, or they will be cared for in a DHB inpatient bed at Buller or Greymouth Hospital. Where patients (including those requiring dementia care) are located within inpatient services, and how they are moved between those services may require further discussion.
- No one should be disadvantaged, where possible. This includes residential care providers as well as family and friends.

Prioritisation Framework

This framework is derived from the Prioritisation Framework for the Canterbury Earthquakes, which was adapted from a National Ethics Advisory Committee (NEAC) document "Getting Through Together", where ethical values for a pandemic were developed and documented in 2007. The NEAC is an independent advisor to the Minister of Health.

Questions to be considered include:

- **Would this person meet the criteria for access to a residential care bed in a time when demand does not exceed supply?**
  For example: The person must still be clinically assessed as needing aged residential care by the existing needs assessment process. People should not get access to a residential bed without being clinically assessed first.

- **Is residential care on the West Coast the most beneficial form of care for this person?**
  Would they prefer to reside elsewhere in NZ where they have family?

- **Does this person require access to residential care immediately?**
  (That is, it is not possible to safely defer their entrance into residential care.)
  For example: Could they be cared for at home with appropriate support?

- **Could residential care be provided in other settings with a similar health outcome?**
  For example: Is there an option to place them in accommodation that is not a dedicated aged care facility, such as a hotel providing residential care or a flat co-located with an aged care facility?

- **Is it possible to mitigate the negative effects if the person is not provided with residential care on the West Coast?**
  For example: If the person wishes to remain on the West Coast and there isn't a bed available, requiring them in the interim to relocate elsewhere for residential care, then DHB financial support may be available to assist a close relative to visit, until such time as the resident can return to a West Coast ARC bed.

- **Is this person highly ranked based on the assessment criteria?**
  For example: This includes end-of-life situations. Refer to the Prioritisation Flowchart (page 5) for details on how people's needs will be ranked.

- **Is this person highly ranked based on order of presentation?**
  This applies to new referrals and patients recently displaced by natural disaster or facility closure. Each person will be ranked according to the Prioritisation Flowchart (see page 5), and if there are insufficient beds for all the people with the same ranking, then a person will be allocated a bed based on their order of entry to the waiting list. Those assessed as Priority 1 will be allocated any available beds before those assessed as Priority 2, and so on.

- **Is this person highly ranked based on random selection?**
  Each person will be ranked according to the Prioritisation Flowchart (see page 5), and if there are insufficient beds for all the people with the same ranking, then a person will be allocated a bed based on a ballot. Those assessed as Priority 1 will be allocated any available beds before those assessed as Priority 2, and so on.

Prioritisation Criteria

The ranking will involve the clinical, social and compassionate needs of the person.

- **The person has a strong desire to remain on the West Coast**.

- **Suitable care cannot be provided in the community**.
  This may exist where hospital-level, dementia rest-home or dementia hospital care is required, but can also include the inability of community providers to provide the home-based care required.

- **The person requires specialised care**,
  E.g., hospital level (clinical) or dementia care, because their health has significantly declined recently, including psychological stress, **or complex clinical input**, e.g., due to discharge from a public hospital.

- **There are compassionate grounds**,
  E.g. end-of-life (lifespan estimated to be weeks).

- **A person in respite care is not able to return home after their respite care time is over**.

- **Respite care is needed urgently and they have no other family within NZ**.

- **There is an absence of family or social support both on West Coast and elsewhere in NZ**.
  See also Flowchart – page 5.

Flowchart – Referrals for Aged Residential Care on the West Coast

See also: Prioritisation Criteria (page 4)

Must be assessed as requiring ARC care. More than one patient needing single vacancy. → No → Allocate as usual

↓ Yes

Want to stay on West Coast? → No → Chooses to move off West Coast

↓ Yes

Able to be supported at home? → Yes → Support at home

↓ No

Actively dying (weeks)? → Yes → Priority 1

↓ No

Recently displaced by natural disaster or facility closure → Yes → Priority 2

↓ No

Inpatient
OR crisis in community supports
OR in respite and can't go home → Yes → Priority 3

↓ No

Stable at home → Yes → Priority 4

↓ No

Stable in ARC off the West Coast and wants to return → Yes → Priority 5

Appendix 1 – Canterbury Earthquake Expert Panel

The expert panel who developed the Guidelines for access to Aged Residential Care in the aftermath of the earthquake.

Name, Position, Organisation

Liz Baxendine, National President, Age Concern

Kathy Peri, Director of Nursing, Older Person's Health and Rehabilitation, Canterbury DHB

Angela Ballantyne, Senior Lecturer in Professional Skills, Attitudes and Ethics, Otago University

Jean Herron, General Practitioner, East Care Health

Keith Gibb, Consumer Council Chair, Canterbury DHB

Jeff Kirwan, Clinical Director Older Person's Health, Canterbury DHB

Daniel Williams, Chair of Clinical Board, Canterbury DHB

Lynda Irvine, Manager Older Persons' Health and Rehabilitation, Canterbury DHB

Val Fletcher, Consultant Physician, Canterbury DHB

Carolyn Gullery, General Manager Planning and Funding, Canterbury DHB

Kerry Howley, Registered Nurse, Community Health, Age Concern Canterbury

In Attendance: Ian Boanas, Secretariat role, Planning and Funding, Canterbury DHB

Appendix 2 – Adaption of Guidelines for West Coast

Name, Position, Organisation

Dr Jackie Broadbent, Geriatrician, Canterbury DHB and West Coast DHB

Diane Brockbank, Manager, Complex Clinical Care Network (CCCN)

Simon Templeton, Chief Executive Officer, Aged Concern Canterbury

Sharon Pope, Gerontology Nurse Specialist, CCCN

Helen Rzepecky, Gerontology Nurse Specialist, CCCN

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Process Where Proposal to Close ARC or Relocate Multiple Residents

A decision of the intention to close a facility or relocate residents will be made in conjunction with the DHB and Provider. Once a decision to close or relocate residents has been made the following will occur:

1. Planning and Funding will notify the DHB OPH&R or CCCN "the Clinical Team" of the impending closure/intention to relocate residents and the proposed timeframes.

2. The Provider will notify other funders (DSS, ACC) if they have residents subject to these Contracts in their care.

3. Planning and Funding will notify HealthCERT of the impending closure/intention to relocate residents and proposed process.

4. The Provider Management Team will provide written and verbal communication to resident of the intention to close/relocate residents. This will include:

- The reason for the move/relocation
- The proposed time frame
- Information about the involvement of the DHB in the process, including the role of both the Planning and Funding and the Clinical Team.

5. The DHB Clinical and/or Planning and Funding Team may be involved in the meetings with the residents/families. The degree to which the DHB will be involved in the process will be decided jointly between the DHB and the Provider.

6. The Clinical Team will evaluate the need to review the residents in the Facility to confirm the level of care required and work with the family/whanau to identify the appropriate Facility to relocate to.

7. If the required number of beds exceeds demand in a particular area, the prioritisation tool to be used.

8. Once the Facility has closed, the Contract will be terminated. Where residents subject to Individualised Contracts are moved, the Contract will move with the resident.