



NORTHERN NSW LOCAL HEALTH DISTRICT

COVID-19 response

Reflections and Insights

Acknowledgement

Northern NSW Local Health District (NNSWLHD) would like to acknowledge that this planning process relates to Dungarimba country for which the members and elders of the local tribes of the Bundjalung Nation and their forebears have been custodians for many centuries, and on which the local tribes have performed age-old ceremonies of celebration, initiation and renewal. We acknowledge their living culture and unique role in the life of this region.



Health
Northern NSW
Local Health District

We acknowledge the work of the United Kingdom's National Health Service, the Australian Healthcare and Hospitals Association, Mid North Coast Local Health District and NSW Ministry of Health, which informed the development of this document.



A message from our Chief Executive

To say that 2020 has been a challenging year for the health sector would be an understatement. We have experienced the after-effects of the nation's worst bushfires, followed by floods and an unprecedented pandemic never experienced previously in our working lives.

COVID-19 has left no country or health system untouched. It has forced unprecedented changes in the way we live, the way we interact within our community and how we operate as a nation of states and territories.

Worldwide, health systems and economies have struggled to adjust. Almost overnight the virus cast the spotlight on the public health system and the rapid preparation required in readiness for a surge in patients needing our hospitals.

As a country, we were fortunate that we had time to prepare and implement changes in anticipation of the potential waves of patients needing hospitalisation. I gratefully acknowledge the efforts of our community who listened to our advice, followed the rules, and helped to flatten the curve so our hospitals were not overwhelmed, as occurred in other countries.

We must not be complacent, however, as the virus will continue to be a threat until we have a vaccine. Our District remains on high alert for any potential new outbreaks and we are mindful that there will be longer-term health impacts that COVID-19 restrictions may have on our community.

I would like to thank the entire Northern NSW Local Health District workforce for their incredible resilience and ongoing commitment to the safety and care of our community this year.

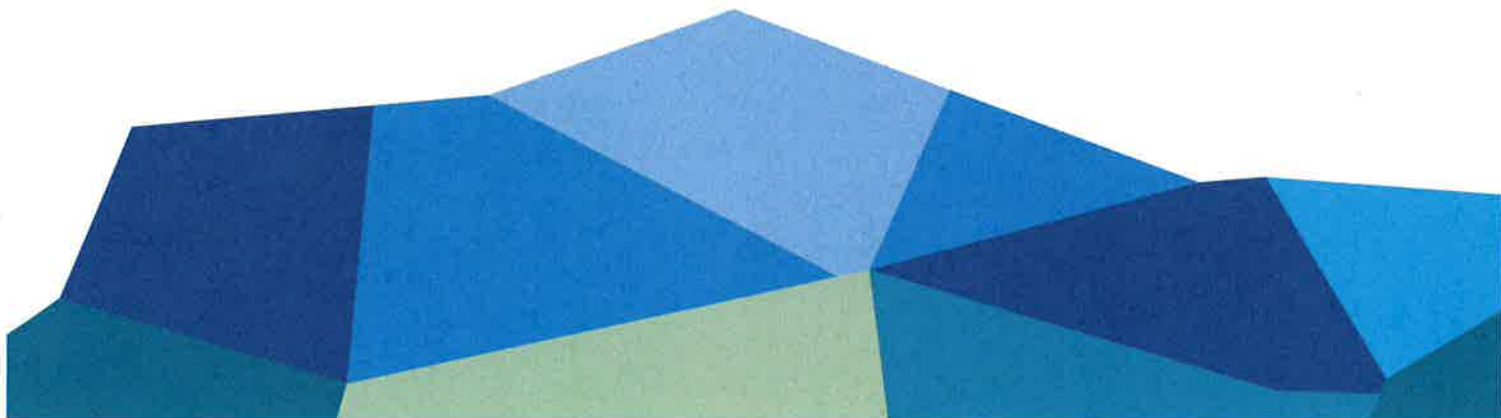
I am immensely proud of everyone who pulled together to prepare for and meet the many challenges that COVID-19 has presented to our organisation. Your adaptability and willingness to look at new ways of delivering our critical services is commendable.

As we emerge from the crisis planning and response phase, we take this opportunity to look at the COVID-19 'silver lining' which has shown what we can achieve in the face of adversity.

The rapid changes we have put in place provide insight into what we can accomplish when given licence to do so. Our challenge is now to maintain this momentum, to reimagine our future health service, and embrace the opportunities and unexpected benefits the pandemic has bought about.

Wayne Jones

*Chief Executive
Northern NSW Local Health District*





Background

On 11 March 2020 the World Health Organisation declared COVID-19 a worldwide pandemic. Northern NSW Local Health District (NNSWLHD) initiated our region's Emergency Operations Centre (EOC) to coordinate our region's emergency response to the pandemic.

The EOC brought together representatives from across our health service, other key government agencies such as Ambulance and Police, and key service providers to facilitate cross-sector planning for our local response.

On 9 March 2020, NNSWLHD confirmed its first positive cases of COVID-19 which brought uncertainty and fear of the 'novel', or 'unknown' virus. Over the following months, our District rapidly transformed itself in preparation for a potential surge of COVID-19 cases in our hospitals.

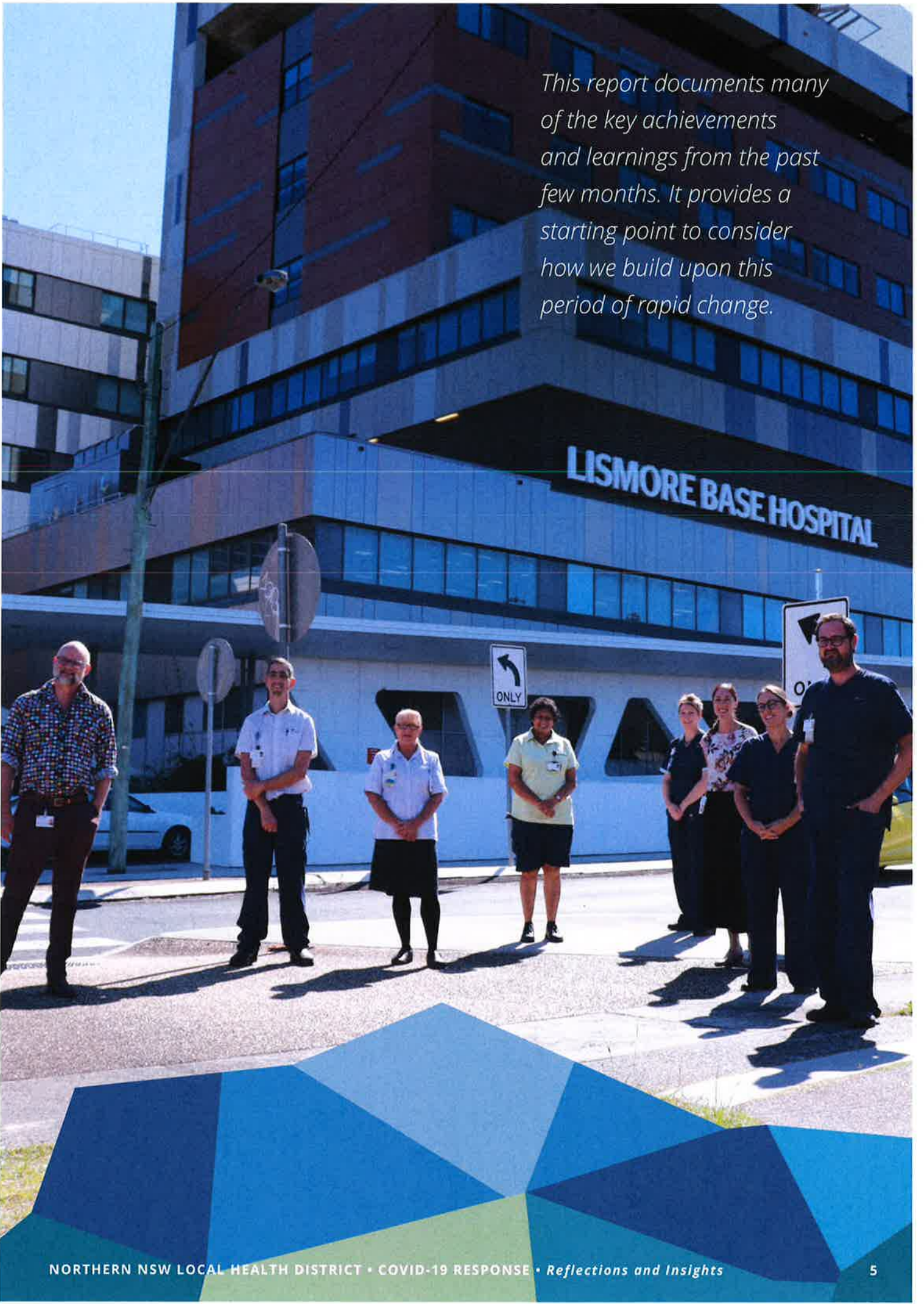
Within hours we established dedicated testing clinics, and over the course of a month we doubled our Intensive Care Unit (ICU) beds, with further preparations to almost triple our ICU capacity if needed. We retrained and re-deployed staff, fast-tracked our recruitment processes, and recruited medical and nursing graduates and students to meet the anticipated surge in health service demand.

Fortunately, we did not experience any COVID-19 related deaths in our community. Our case numbers stabilised at a total confirmed 58 cases up to July 2020. In August 2020, we were thrilled to see our last hospitalised COVID-19 cases discharged to home care with the ongoing support of our services.

As the District moved out of the crisis planning phase, our Executive Leadership Team came together to assess the actions and innovations rapidly implemented in preparation for the pandemic. The group reflected upon what worked well, what didn't work so well, activities we commenced that should become our 'new business as usual', and those ceased that we should not resume.

In just a few months, we were not only the leaders of our region's pandemic response, but we were more adaptable, collaborative, digitally focussed and well-prepared for a potential overload in COVID-19 cases. Reflecting upon these learnings provides insight into how we can embrace new ways of working and move towards a 'new normal'.

This document outlines some of the key changes implemented that we should drive forward. It is not a comprehensive account of the extensive work undertaken across our District to prepare for the anticipated COVID-19 influx. Instead, it serves to highlight key areas where we excelled, some of the lessons learnt, and where we can focus on accelerating this change going forward.



This report documents many of the key achievements and learnings from the past few months. It provides a starting point to consider how we build upon this period of rapid change.

Key themes of our response

Leadership and collaboration

We were trusted regional leaders, collaborative in our approach and honest in our communication.



Adaptable in our response

We embraced new ways of doing things so that we were prepared.



Out of hospital care

We provided care in alternative settings to keep people out of hospital.



Valued and engaged workforce

We cared about the safety and wellbeing of our staff and we valued their input.



Digital transformation

We used technology to change the way we operate and keep our community and health system connected.





Leadership and collaboration

NNSWLHD has shown strong leadership through coordinating our region's local response to COVID-19 pandemic planning.

We strengthened existing relationships to coordinate our regional pandemic response with Ambulance, Police, Education, Communities and Justice, private health and other non-government health service providers, North Coast Primary Health Network, Aboriginal Medical Services, and community groups.

Our strong media presence during the peak phase has kept our community informed of the most up-to-date advice through television, radio and social media. Since the pandemic began, our Facebook followers have grown from just over 2,000 to more than 7,000, and in peak months our website views tripled. This shows residents come to the NNSWLHD webpages for trusted and up-to-date information.

We continued to meet with our Community Advisory Groups through new virtual means. We are grateful for

the thanks received from community members, school students and local businesses to keep our spirits high.

Many of our staff stepped up to assist other areas within the NSW and Victorian health systems. Over 20 of our clinicians volunteered to work in Victoria as the second deadly wave of coronavirus hit the state. Some teams across the District assisted our fellow LHDs, providing telehealth services from our region to their patients, to reduce their waiting lists.

Our Public Health Unit worked tirelessly to undertake critical contact tracing required to follow up potential virus transmission and reduce risks to our community. They continue to work with other agencies, such as Police and local councils, to ensure people follow quarantining directions, implement COVID-19 safe plans and put physical distancing measures in place.

WHAT WE ACHIEVED	WHAT WE LEARNT	WHERE WE CAN TAKE THIS
Coordinated cross-agency pandemic planning and response.	We are valued and respected leaders responding to the health and safety of our community.	We will continue to strengthen our relationships with our community partners to keep our community safe and healthy.
Engaged with our local communities through media and Community Advisory Groups.	Our community values receiving health information directly from our service.	We will continue to engage with our communities and seek their input into planning and delivering health services.
Our workforce showed strong leadership and collaboration, assisting other health services in need.	Our workforce is committed to supporting the health system as a whole.	We will continue to provide opportunities for our workforce to assist in areas of need.
Case management and contact tracing, also assisting local businesses with COVID-19 planning.	Our public health processes were sound, and our workforce well-trained and prepared.	We will maintain our leading role in the prevention of disease and protection of health.

"In periods of significant change such as this, strong leadership, trust, and goodwill at all levels – community, clinician, and management- are crucial."

*Scott Monaghan, Chief Executive Officer,
Bulgarr Ngaru*





Valued and engaged workforce

Our staff are the foundation of our organisation. We care about their safety and wellbeing, and value their input and service to our community.

Health systems worldwide have been operating in an environment of uncertainty around coronavirus as new evidence emerges daily. We established multiple staff communication avenues to keep our workforce informed of current and developing intelligence on the virus. Our staff valued the ongoing communication and advice.

We quickly established Clinical Advisory Panels to fast-track clinical advice in developing or reviewing urgent clinical policy.

Our clinicians embraced the opportunity to provide vital clinical advice in an environment constantly changing as new evidence arose.

Teams pulled together to support each other, and we established several staff safety and wellbeing initiatives. We implemented a range of flexible work and training practices, including working from home or other facilities, team splitting, digital training and upskilling.

WHAT WE ACHIEVED	WHAT WE LEARNT	WHERE WE CAN TAKE THIS
Established multiple communication methods such as weekly staff forums, email question and answer sessions, team meetings to keep our workforce informed of the latest advice, evidence and COVID-19 situation.	Our engagement methods were appreciated, and our workforce valued frequent communication.	We will continue to strengthen two-way communication with our workforce. We will establish ongoing workforce communication and engagement processes.
Developed Clinical Advisory Panels to engage with clinicians where urgent clinical policy and practice advice was required.	We can fast-track our processes to seek urgent clinical advice. Our clinicians value being involved.	We will establish time-efficient methods for seeking the input and advice of our clinicians.
Implemented staff safety, wellbeing and compassionate leadership programs, to assist our workforce to deal with ongoing stress and pressure on the frontline.	Our staff felt valued and supported. Teams pulled together to support each other. Our community valued our commitment and service.	We will embed workforce culture and wellbeing programs in our new business as usual.
Implemented flexible work arrangements, including working from home and alternative facilities.	Our workforce appreciated opportunities to work flexibly. Technology can enable new, and more flexible work arrangements.	We will consider new ways to offer flexible work practices, enabling an agile and adaptable workforce.



Adaptable in our response

Our ability to swiftly change the way we worked, how we delivered care and continue to provide vital services whilst preparing for the pandemic showed our adaptability and readiness for innovation.

Decisions needed to be made quickly, yet with a measured approach. We engaged in whole of district, facility and workforce planning to prepare for the anticipated large increase in service demand resulting from COVID-19.

We promptly established fever clinics, some within a matter of hours. We took our services to communities through a mobile fever clinic, reducing the need for people to travel and enter our health facilities unnecessarily.

We collectively planned for the anticipated impacts to each facility and the workforce surges that may be required. We prepared to reconfigure hospital service provision across the District to increase the capacity of higher-level facilities so they were ready to manage and isolate COVID-19 patients as the pandemic peaked.

Our workforce showed commitment and agility through volunteering for assignments outside their usual roles to ensure we had enough people on the ground to respond to the potential crisis. Our healthcare workers were open to new ways of delivering services, many in new settings, and through rapidly evolving models of care so that we could continue to deliver essential health services to those in need.

We showed flexibility and agility in our approach, rapidly adapting to plan for and meet the uncertain and ever-changing demands.

WHAT WE ACHIEVED	WHAT WE LEARNT	WHERE WE CAN TAKE THIS
Rapid decision-making, fast-tracking implementation.	Everyone worked together for the collective cause and there was an increased acceptance to rapidly implement to models	We will continue to strive to expedite decision-making and seek more efficient ways of working, balanced by effective corporate and clinical responsibility.
Planned reconfiguration of services and facilities to increase capacity to meet COVID-19 demand.	We can network our services across the LHD to flex to demand when required. We need flexible infrastructure to adapt to changing patterns or surges in service need.	We will optimise our existing infrastructure and develop flexible options for the future. We will strengthen our service delivery networks to enhance service provision across the LHD.
Extensive workforce re-training and reassignment to meet anticipated demand.	We have a highly skilled workforce committed to meeting new and unprecedented challenges we face.	We will continue to attract and retain a highly skilled and adaptable workforce, providing training and opportunities to enable this.



Digital transformation

COVID-19 was the catalyst for embracing digital technology to transform, innovate and connect our services and community.

We expanded our virtual care capacity, and particularly our telehealth services, to reduce the need for patients to attend our facilities during the peak of the virus. This reduced patient travel and waiting room times, limited the people in our facilities, and provided a more time-efficient and convenient service to our community. It allowed us to use our infrastructure better and prepare for the potential surge in need for our acute hospitals due to COVID-19.

We rapidly shifted to virtual meetings which kept us connected without physical contact. Business meetings, staff training and clinical team meetings were conducted online.

We replaced group programs and health promotion activities with online options.

Our patients and clinicians quickly adapted to these new ways of working. The shift was not always without issue, and we learnt that we need to understand the programs and supports required to expand this way of working. We also appreciate that virtual and contactless care does not replace face to face consultation but serves to provide convenient and complementary alternatives where appropriate.

WHAT WE ACHIEVED	WHAT WE LEARNT	WHERE WE CAN TAKE THIS
Expanded our virtual care and Telehealth service delivery to reduce the need to come to our health facilities.	Clinicians and patients adapted to new service delivery models. Care was more convenient, and patients welcomed receiving care in the comfort and safety of their homes.	We will evaluate and expand virtual care. We will understand the digital platforms and supports required to take this forward.
Transitioned to virtual business and clinical meetings, replacing face to face contact with technology-enabled means.	The diversity of digital meeting packages required us to rapidly adjust and upskill in many programs. We need to determine which ones are more suitable for ongoing use.	We will continue to expand the use of technology. We will understand the best means to do this and train our workforce to enable this change.
Ceased group program and health promotion programs, instead providing online program options.	There are multiple online programs available. Patients welcomed the convenience of these, however, we do not know if those most in need are accessing these.	We will assess whether online programs are acceptable and appropriate to consider the best way forward.
Implemented methods to keep patients and carers connected using tablets.	Our patients welcomed the opportunity to stay connected with family members. Our staff were skilled at enabling this.	We will consider how to better use technology to keep our community and services connected.

"I was worried that with social distancing and other restrictions I would not be able to take part in the Cardiac Rehab Program. Thankfully the team was able to switch to Skype lessons".

Simon, cardiac rehabilitation patient.





Out of hospital care

Keeping people out of hospital became a key focus. We want to keep people well and provide health care as close to home as possible.

In collaboration with our partners, we implemented programs to keep people out of hospital where possible, particularly focussing on our vulnerable populations such as the elderly, Aboriginal people, and people with chronic care needs.

We established a Residential Aged Care Facility (RACF) in-reach program, providing health care services to the elderly in their place of residence to reduce the need to come to hospital.

We extended our Hospital in the Home (HiTH) program, managing COVID-19 patients in their homes and providing hospital-based care to other patients at home when it was clinically safe to do so.

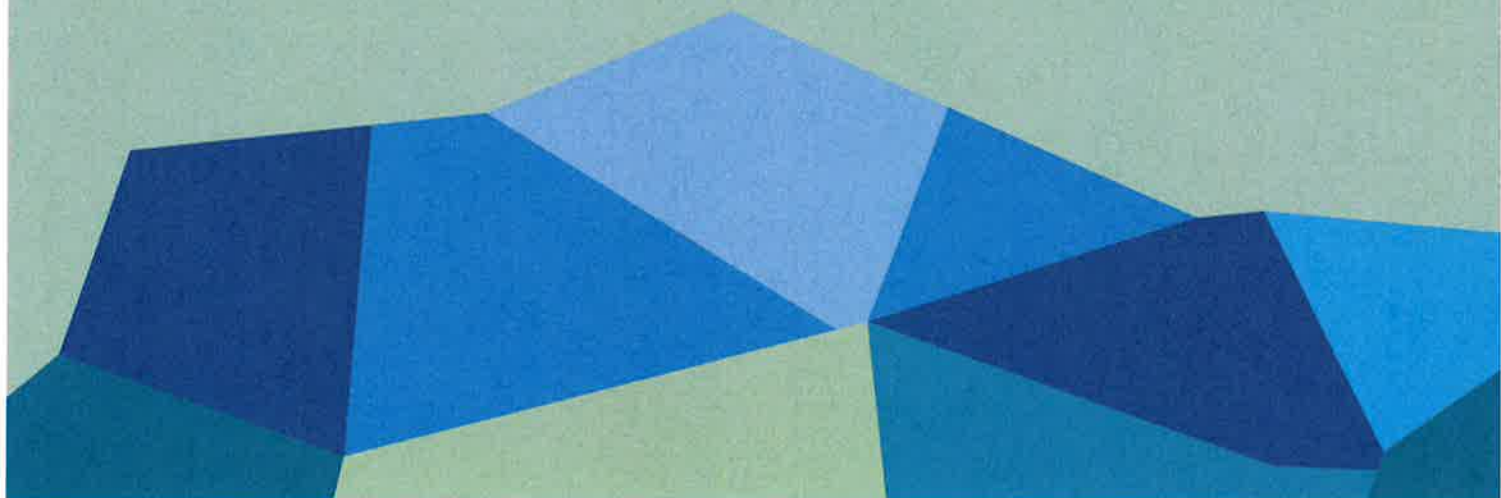
We extended our palliative care services to deliver after hours care outside of hospital. We took our services to vulnerable Aboriginal communities to reduce the need to come to our facilities.

This strengthened the move towards establishing hospitals as acute illness hubs supporting community-based health and wellness spokes to keep people out of hospital where possible and provide care in more convenient locations.

WHAT WE ACHIEVED	WHAT WE LEARNT	WHERE CAN WE GO WITH THIS
Established the RACF In-reach program.	Hospital avoidance programs in the community can reduce the need for vulnerable populations to come to hospital. Our patients and partners were grateful to receive care in their place of residence.	We will continue to provide this service to reduce the need for avoidable hospitalisations.
Expanded HiTH to provide acute care in patient's homes.	Patients value receiving care in the comfort of their own homes. Most COVID-19 patients were cared for through the HiTH program which reduced exposure to health facilities.	We will consider opportunities to further expand HiTH and other hospital substitution programs.
Increased after hours palliative and supportive care service.	Patients and carers prefer to receive palliative and supportive care in their home.	We will consider maintaining this service and examine telemonitoring to support ongoing after-hours care.
Worked with local partners to establish Aboriginal Outreach Influenza Clinics and chronic care programs in community.	Communities engaged with the service and welcomed the convenience.	We will work with our community partners to embed this service into usual business.



*We want to keep people
well and out of hospital.
We want to provide valued
and quality care to our
community as close to
home as possible.*



Moving forward...

Prior to COVID-19, our medium to longer-term planning had identified the need for many of the shifts in service delivery models and new ways of working we were able to implement in our response.

National and state funding and policy support for new ways of working through the pandemic was the catalyst for rapid health system change towards many of our longer-term system directions. It has provided an opportunity to take our organisation forward and re-imagine a stronger, more sustainable health system going forward.

To maintain the momentum, we will undertake more detailed service planning and develop a new District health service plan that considers the transformations we have seen and the lessons we have learnt. We need to understand the funding, technology, infrastructure, workforce and training required to take us forward.

We will partner with our community and clinicians to understand what patients and health care providers value. Empowering active participation in care and service design will help us understand what matters to them.

We will strengthen engagement across all levels of our workforce and develop a clinician engagement strategy to embed genuine two-way communication that involves clinical input in the planning, design and evaluation of our services.



NORTHERN NSW LOCAL HEALTH DISTRICT

OUR VISION

A healthy community through quality care

OUR PURPOSE

Work together to deliver quality health outcomes across our communities

OUR STRATEGIC PRIORITIES

- Value, Develop and Empower Our People
- Our Community Values Our Excellent Person-Centred Care
- Empowering Aboriginal Health
- Integration Through Partnerships
- Effective Clinical and Corporate Accountability
- Champions of Innovation and Research.



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