MINISTRY OF HEALTH
MANATŪ HAUORA

Allied Health Delivering and Operating in an Active Pandemic, using Responsive Health and Disability Models of Practice

Discussion Document – For discussion only

Purpose

This discussion paper is borne out of the response by, and feedback from, the Allied Health Workforce during the ongoing COVID-19 pandemic. This document's purpose is to outline and explore how Allied Health practitioners can work flexibly in response to our current societal conditions.

Context

At the beginning of 2020 it became apparent to the world that there was a virulent strain of virus spreading through China with significant impact. With the benefits of global travel came the distribution of COVID-19 around the world and in January 2020 the New Zealand's Ministry of Health set up the National Health Coordination Centre (NHCC) in response to the outbreak occurring overseas. New Zealand (NZ) confirmed its first case in February 2020 and on March 25th following the identification of 205 cases of COVID-19, New Zealand announced a national state of emergency. The government then instigated a process of Alert Levels 1-4 and New Zealand entered Level 4 at 11.59pm on March 25th.
The Alert Level restrictions provided by the New Zealand Government provide clear guidance to limit the impact on society. The associated documentation produced detail on the operational application of these restrictions to whānau, schools, social groups, churches, travelling and work places. The Ministry's Allied Health Team have provided specific complementary guidance in order to clarify for the Allied Health workforce the implications on practice and businesses. This documentation can be found **here**.

The pandemic has gone through a subsequent resurgence in NZ and it is now predicted to continue in a pattern of outbreaks, as seen internationally. In order to ensure that Allied Health services continue to respond and meet the needs of the population, we need to explore what form models of service delivery should take within this new context. The Allied Health workforce operate across public and private service provision as employees and employers. Whilst most of the workforce have started to explore new ways of working, they have also identified specific cohorts of patients who are at high risk of deterioration as the country shifts between different levels of service restriction.

It is becoming evident that the usual models of service delivery do not consistently suit or align to the shifting societal restrictions. Where the use of

PPE, physical distancing and telehealth are mandated and implemented, it has also become clear that there are 'trade offs' required in order to continue providing services. Whilst trying to provide services to maintain health and wellbeing needs continuous consideration and resolution, the ongoing tension between minimising physical contact to prevent transmission is captured in the following diagram.

Physical distancing limits the ability to touch and connect with our consumers, physically and psychologically. Where a reliance on sensory feedback and close physical observation has previously been taken for granted, new methods of teaching and training, questioning and examining are being developed to optimise the utility and effectiveness of telehealth platforms. Whilst this may cause personal challenges, there have been positive professional outcomes for consumers and service delivery. However, where telehealth is inaccessible and unsuitable it reinforces that there are consumers who are not able to receive services. These consumers and their carers/whānau, having been accepted for services they require, now find themselves living with an increasing level of risk. Ethically and morally we are obligated to explore what we can do to mitigate these risks and provide the best practice possible.

The here and now?

Creating guidance for the development of agile service delivery plans is likely to be complex. We are seeking your feedback on the following discussion points to develop principles that will guide a more agile service delivery model going forward.

Who we see

It is accepted under the current alert level guidance that our ethical obligations to consumers are to provide urgent care in the face of a life-threatening context, meeting basic needs and preventing significant harm, risk or disability **(MOH Guidance)**. The balance to be achieved however, is between the obligation to meet our consumer's health needs and the necessity for protecting them. We recognise that there are significant cohorts of our population who, without intervention are likely to;

- deteriorate in wellbeing or function

- lose the ability to complete a function,
- risk muscle contracture,
- risk a psychosocial decline that impacts their basic functions
- risk a lack of progress in rehabilitation that may affect the long-term outcome
- decondition and be at risk of injury by falling and the associated consequences of hospital admission

Such vulnerable cohorts of consumers may include; aged care residents, those receiving mental health services, recipients of post-surgical rehabilitation, those receiving rehabilitation post stroke and head injury, those receiving chronic disease management, and those with reduced mobility.
There is risk that the short-term consequences of unmet need will have longer term impacts. Where possible processes are required for services to recognise unmet need, to manage it and ensure that any associated risks are identified and responded to appropriately.
Allied Health professions work effectively to sustain, maintain health and wellbeing and to prevent health deterioration. Communicating and identifying our value is essential as we demonstrate the impact and potential we have, in supporting the Ministry's response to the pandemic.

Adapting our models of care

Over the last 6 months we have seen the opportunity for telehealth service delivery significantly taken up across the Allied Health community. This provides an example of the good that has been derived from model of care changes associated with COVID-19. We now need to re-visit how we do what we do in order to be able to shift seamlessly between alert levels of restriction.
Without the facility for physical contact Allied Health professions have demonstrated their creativity and ingenuity when meeting their consumer's needs. As we look ahead, we need to determine what shape those models of care will take across the alert levels and across different methods of contact.
Future proofing our work is key to ensure successful professional, personal and consumer-oriented outcomes. Addressing these issues now will provide for a future that requires responsive and agile methods of treatment and intervention. To help with this we would like your feedback on the following questions.