

Kicking off at 2:30 (please mute your mike)



Sector Response to COVID-19 SESSION FOCUS:

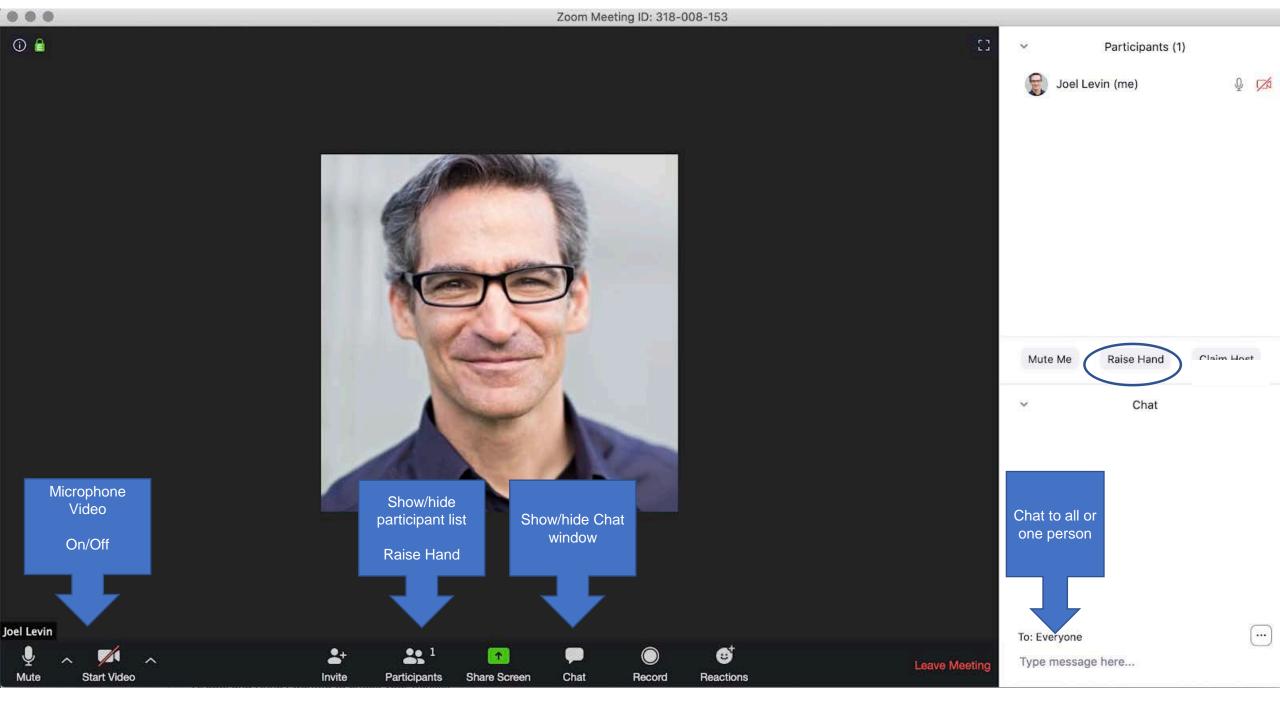
SUPPORTED ACCOMMODATION



In Collaboration with the Mental Health Commission



THE TECH



ONLINE ETIQUETTE

(1) Mute when not talking

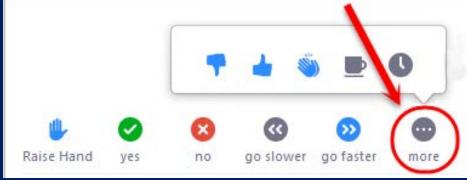
(2) Drop video if bandwidth is struggling



(3) Turn of emails and other things that go 'ping'



(4) Things take a little longer – lets work together



(5) Use online 'non-verbal' signals





(1) BE GENEROUS

The shock and uncertainty is real for everyone – manage yourself so you don't add to people's distress.

(2) FOCUS ON WHAT IS NEEDED

There will be time for post-mortems but right now we need to look forward

(3) DON'T LET PERFECT BE THE ENEMY OF GOOD

There is and will be messiness in the consultation and responses elements. We need to get it right, but it may not be perfect.

If in doubt, see points 1 & 2





Identify possible system level responses for the following Scenarios:

Scenario 1 - Service Continuity – Staffing levels

Scenario 2 - Service Continuity — COVID infection

Scenario 3 - Consumer discharged from tertiary facility – COVID

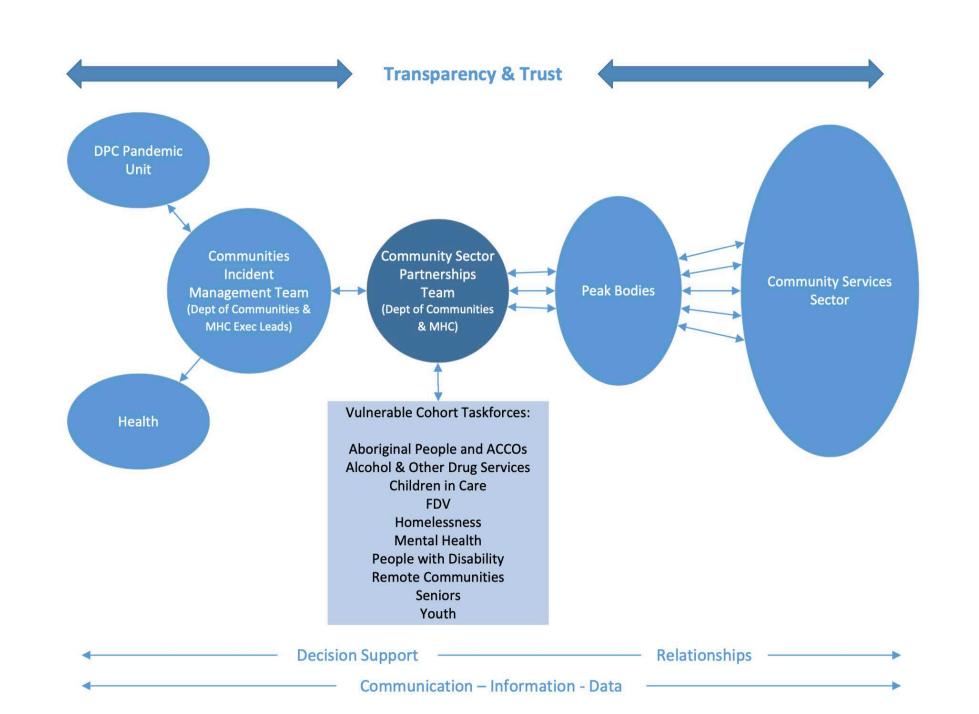
Scenario 4 - Expanding capacity – Mass Ward Closure

Scenario 5 - Expanding community capacity – Free up Hospital beds



Setting the Scene

Mental Health Commission





Decision Making Principles

tiny.cc/waamh1

Scenario 1 - Service Continuity – Staffing levels

• Due to reduced number of staff the service is less able to provide support to consumers

Scenario 2 - Service Continuity – COVID infection

A resident becomes infected with COVID 19

Scenario 3 - Consumer discharged from tertiary facility – COVID

• A tertiary facility needs to free up bed and discharges a consumer that needs support who is infected with or suspected to have COVID-19

Scenario 4 - Expanding capacity – Mass Ward Closure

• Preparing for imminent mass ward closure of inpatient beds.

Scenario 5 - Expanding community capacity – Free up Hospital beds

 Remove existing blockage in hospital capacity by discharging consumer with no clinical need to be in hospital
 Aha! Consulting



How we will work together...

Scenario One - Service Continuity - Staffing levels

Trigger Event: Due to reduced number of staff the service is less able to provide support to clients

Instructions

(1) Add group comments in response to the question posed in STAGE ONE

(2) You can add extra lines within a cell by pressing (MAC) COM+ ENTER (PC) ALT+ ENTER

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| | | | STAGE TWO CONVERSATION | |
| What are the considerations in shapping the response to this trigger event? | What are the posible responses to this trigger event? Response can factor in mutliple consideration | Place a X next to this groups preferred response | Why do you think this is the preferred approach? | |
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Decision Making Principles Check In

SAFTEY: Keep as many people as possible, as safe as possible

WELL-BEING: Keep people well, and out of hospital if safe to do so

DO NO HARM: Maintain existing evidence-based practice - recovery, person-centred, family-inclusive and trauma-informed care

FLEXIBLE: Integrate a "yes if..." approach to develop new responses to new situations

COLLABORATIVE: Looking systemically – how can we each contribute to the response needed?

INTEGRITY: Not letting the crisis get in the way of quality and not letting the ideal get in the way of necessity

Next Step



