

COVID Community Outreach HBDHB Service Description

Purpose

The purpose of the COVID community outreach service is to provide support to General Practice when further Nursing or Allied Health assessment and/or care is needed for a COVID- 19 positive case and/or their close contacts/family/household/whanau, with the aim of safely keeping the person(s) out of hospital. These assessments would be facilitated through telehealth or in-home assessments as needed and will involve linking in with the service providers to best meet the patient and their whanau needs.

The Clinical Outreach team will also triage referrals for post COVID symptoms or Long Covid and, if meets criteria for HBDHB services will refer on for further assessment and therapy.

Referrals to the DHB COVID Community Outreach service can be made by emailing the referral from to COVID Clinical Outreach COVIDclinicaloutreach@hbdhb.govt.nz .

**Referral criteria for COVID Community Outreach HBDHB Service**

The COVID community outreach service can help with supporting the health needs of the following groups of people:

* **A person with COVID-19** who, after further assessment, is found to require other health service support to remain at home and assessment indicates that this support may be provided by a community HBDHB Allied Health or Nursing response.
* Those who deteriorate during isolation but could manage at home with extra support
* COVID-19 positive people discharged from Emergency Department (ED) or hospital to self-isolate after a period of inpatient treatment in ED or on a ward
* Health and Disability support for those impacted by need to isolate as a close contact of person/whanau with COVID-19 and who have partially met or unmet needs due to ongoing health and/or disability requirements
* Those with Palliative condition who are COVID-19 positive or who are being looked after by someone diagnosed as COVID-19 positive
* Post COVID illness or Long Covid rehabilitation

**HBDHB Whanau and Community Services available - Community Teams and Outpatient Services**

* Respiratory Teams/ Breathe Well
* District Nurses/Community Nursing/Continence/Ostomy/Wound Care
* Hoki ki te kāinga – Hospital to home team. Early supported discharge team. Provides care, support, Allied Health and Nursing assessment and oversight.
* engAGE Community Allied Health - engAGE team support older frail adults with multiple health needs. Community Allied health support adults living with chronic conditions, health, and disability needs) Physiotherapy, Occupational therapy., dietician, Social Work and Speech Language therapy).
* Older person’s health – Clinical Nurse Specialists and geriatricians.
* Orbit – ED Allied Health Team
* Needs assessment and Coordination Service - NASC
* Renal Service
* Maternity Services
* Child Development Service/ Paediatrics
* Cancer Services