


Pandemic Planning

NWMPHN – Practice Managers Meetings
April 2020

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Acknowledgement of Country

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Agenda



- Overview of RACGP pandemic response planning
- Current status of COVID-19 & practice impacts
- How are practices coping with and responding to changed circumstances?
- Where should contemporary pandemic information be sourced from?
- Practical strategies for practices
- Telehealth services | preparedness

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What are the relevant resources?

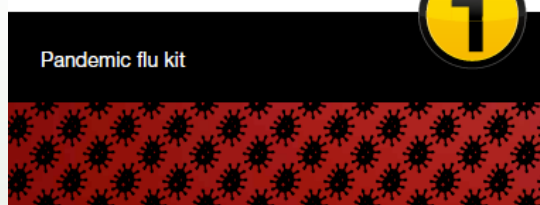


- RACGP Managing Pandemic Influenza in General Practice | Pandemic Flu Kit
- RACGP Pandemic Implementation Guide
- RACGP Infection Prevention and Control Standards | 5th Edition
- RACGP Standards for General Practice | 5th Edition
- <https://www.racgp.org.au/coronavirus>



Managing pandemic influenza in general practice

A guide for preparation, response and recovery



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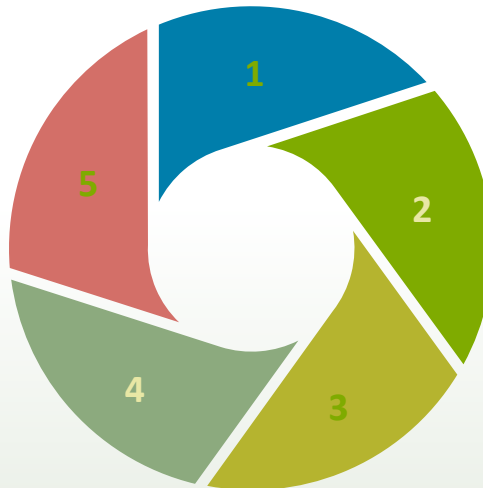
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Pandemic Management Cycle

- RECOVERY**
- Return to 'business as usual'
 - Review & reflect to inform 'preparedness'

- STAND DOWN**
- Pandemic has reached level where it can be managed



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PREVENTION

- Business as usual
- Apply infection prevention & control measures

PREPAREDNESS

- Implementation and review of pandemic plans
- Annual!
- Ahead of flu seasons

RESPONSE

- Stand by – warning of pandemic
- Initial action – triggered by declaration of pandemic, put pandemic plan in action
- Targeted – refining of pandemic response already implemented

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Pandemic Management Cycle



PREVENTION

- Business as usual
- Apply infection prevention & control measures







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Where does accreditation fit in?



GP Standard 4 | Reducing the risk of infection

- GP 4.1A  Clinical team member with primary responsibility for coordinating prevention & control of infection
- GP 4.1B  Written practice specific policy outlining infection control processes
- GP 4.1C  Team member with primary responsibility for educating the practice team about infection prevention and control
- GP 4.1D  Manage risks of potential cross-infection; hand hygiene, use of PPE, triage of patients, safe storage & disposal of clinical waste & sharps, blood & body fluid spills

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Where does accreditation fit in?



GP Standard 4 | Reducing the risk of infection

- GP 4.1E  Patients informed about respiratory etiquette, hand hygiene & precautionary techniques to prevent transmission of communicable diseases
- GP 4.1F Recording of sterilization load number etc

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Pandemic Prevention

Have

- Appointed coordinator
- Reviewed infection prevention and control policies & protocols
- Staff educated & trained based on risk assessment

Know

- What pandemic influenza is including mechanisms for transmission
- Current infection prevention and control principles

Do

- Maintain surveillance
- Environmental cleaning
- Educate staff and patients on signs & symptoms, hand hygiene & respiratory etiquette

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Pandemic Management Cycle



PREVENTION

- Business as usual
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PREPAREDNESS

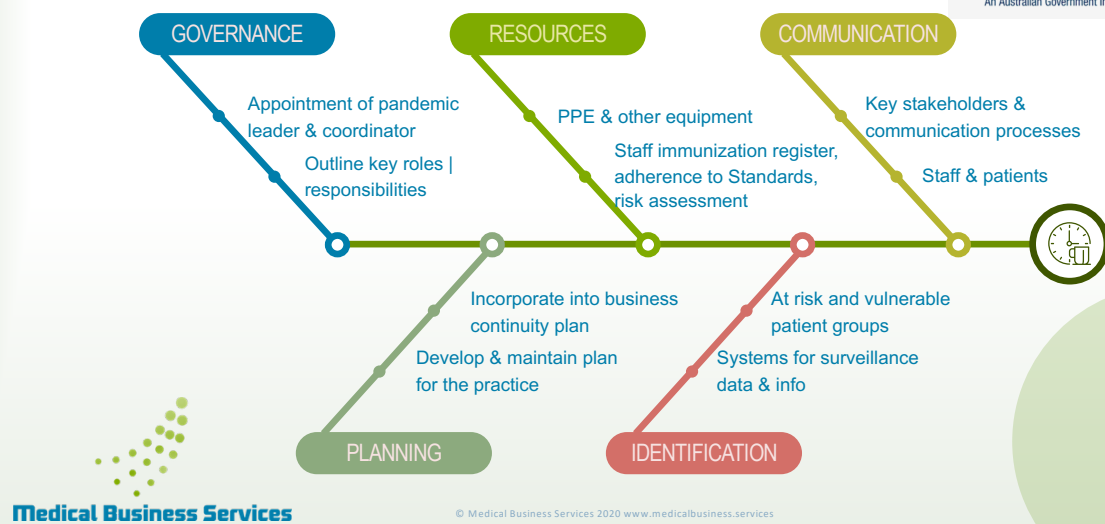
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Pandemic Preparedness

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Pandemic Preparedness



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Business Continuity & contingency

- Critical functions to be sustained
- Resources required – staff, supplies, equipment, finance?
- Managing staff absenteeism
- Command structures, delegations of authority and succession planning
- Stockpile requirements
- Services priorities – what must continue, what can wait?
- Assigning and training alternative staff for critical functions
- Working from home processes
- Staff needs – family, childcare etc
- Collaborating with other service providers
- Service closure

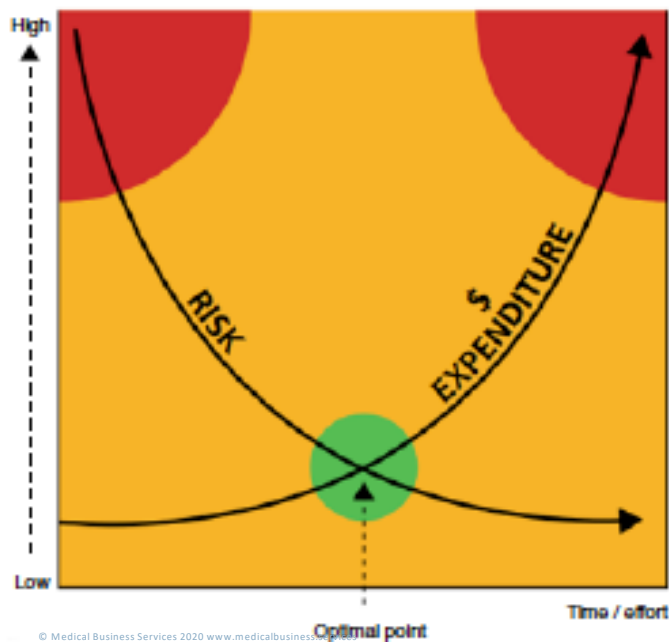


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Risk Vs Cost



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Implementing infection prevention and control

Individual measures

- Hand hygiene
- Respiratory etiquette
- Cough etiquette
- Distancing

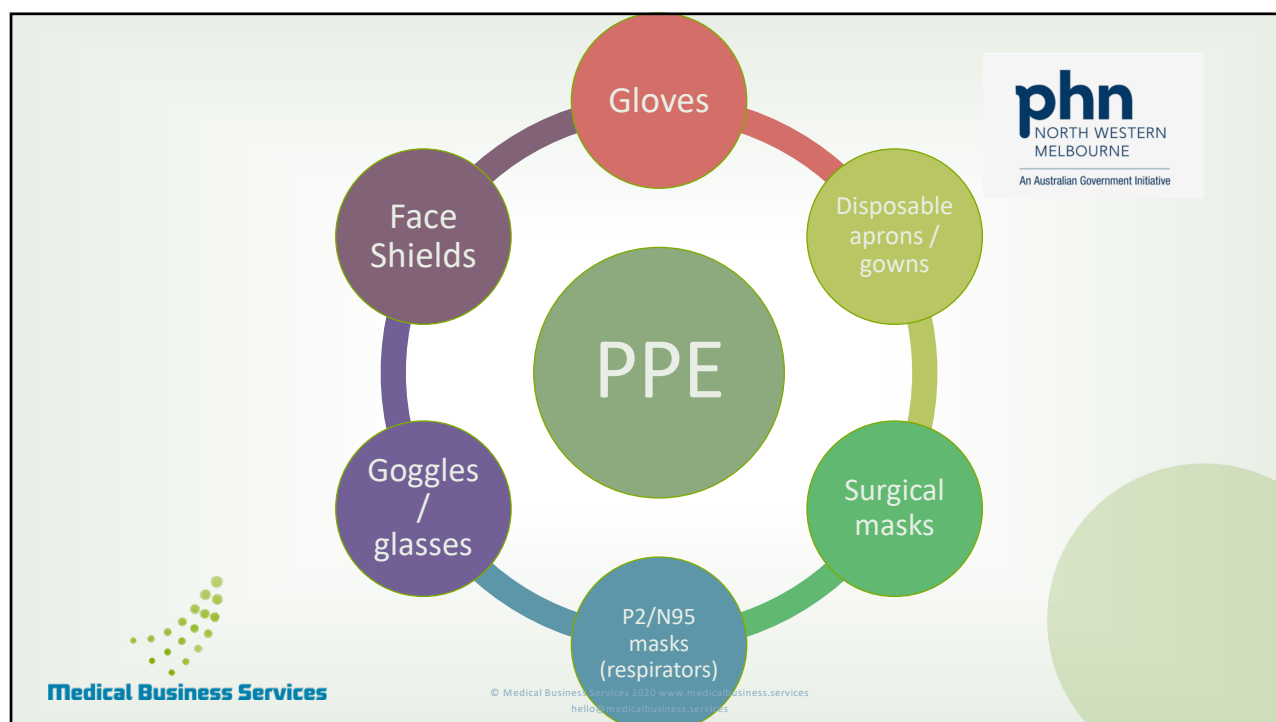
Organisational and environmental

- Modifications to practice
- Patient placement | segregation | triage
- Cleaning

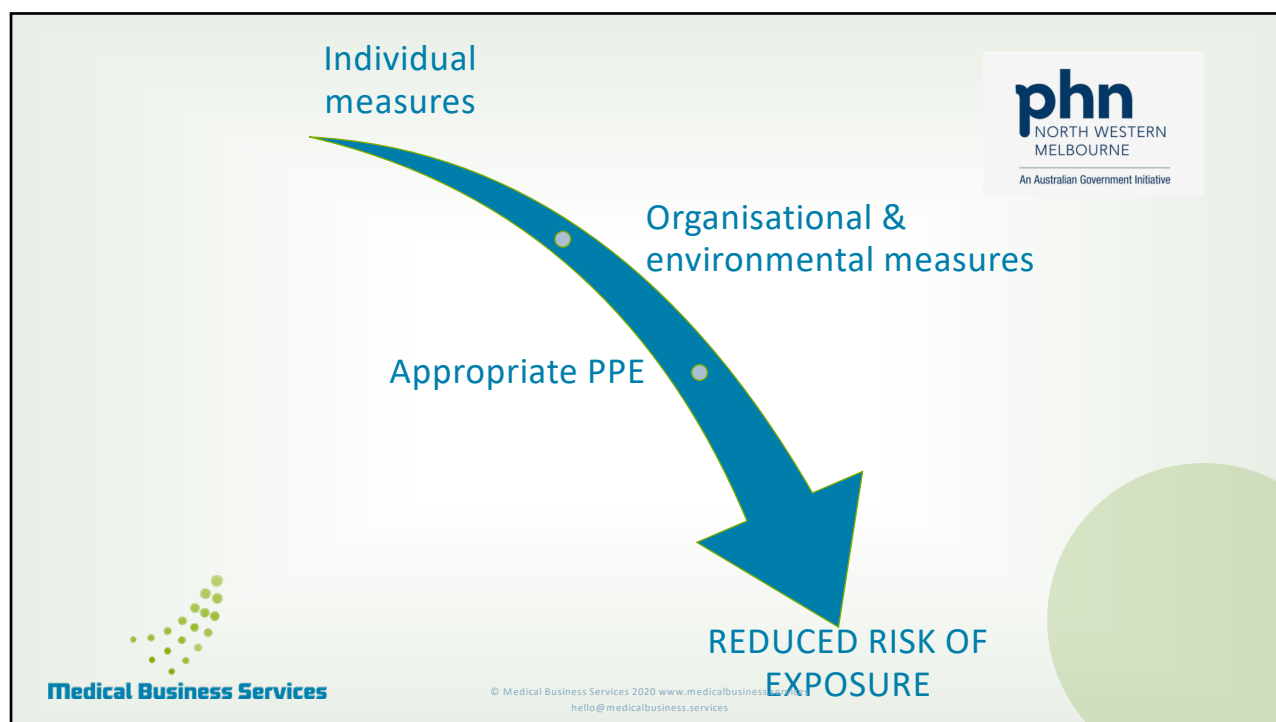
PPE

- Use of appropriate PPE
- Correct use of PPE
- (Availability of PPE)

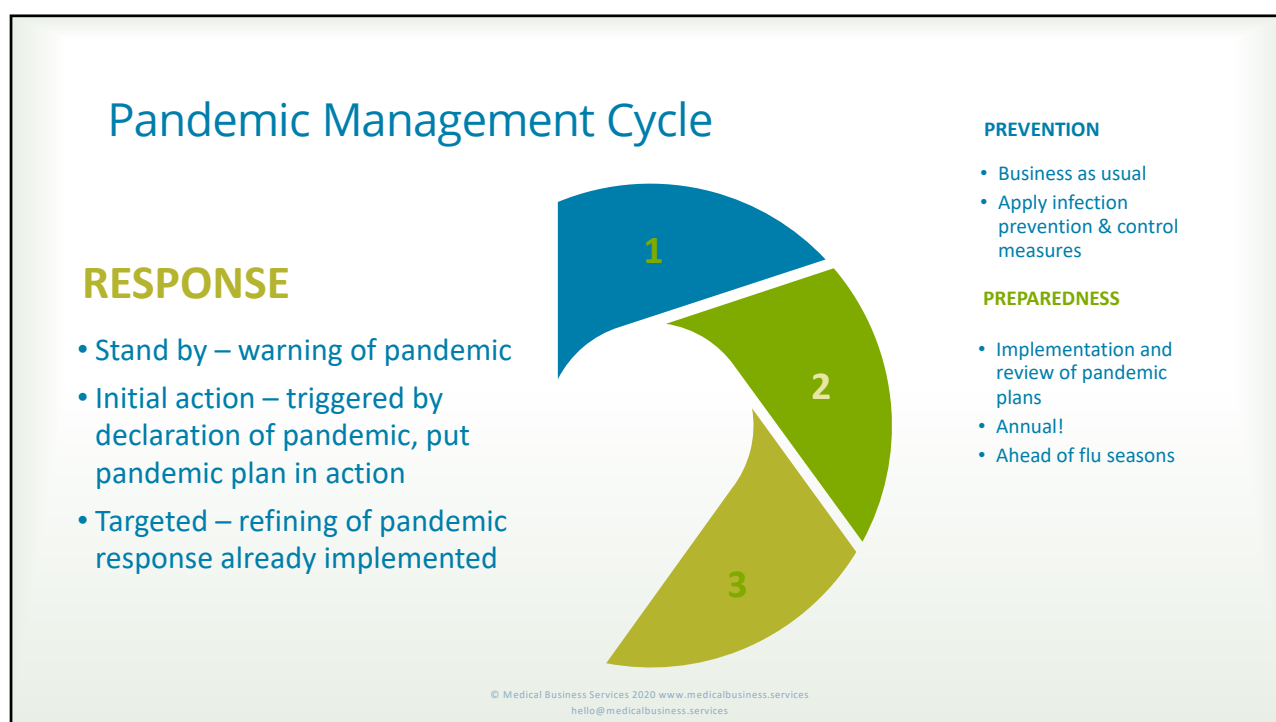
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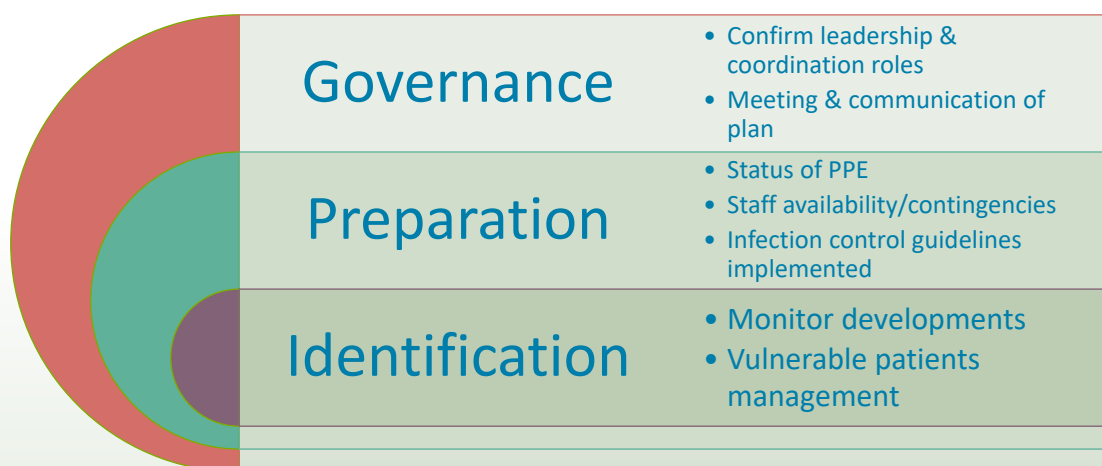


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Response | Standby phase – potential pandemic



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Standby phase | Communication

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- Initiate contact between key stakeholders
- Contact patients with chronic illness – encourage to visit during standby
- Implementation of telehealth strategies
- Broader communication strategy
 - Inform of possibility of pandemic
 - Provide information on how services may change
- RACGP Pandemic guide and Pandemic Influenza Toolkit for each stage/step



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Communication



Staff

- What is known
- What is unknown
- What you are doing
- When to expect update

Stakeholders

- State & territory health departments
- PHN
- Other practices
- Community health services
- Hospitals & pharmacies
- Laboratories
- Support groups
 - Mental health
 - ATSI
 - CALD



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Action | Pandemic Declared



- Refine the pandemic plan developed
- Proportional and appropriate response
- Consider severity and transmissibility
- Stay up to date with emerging information – consider your internal communication strategies
- ? Need for and availability of surge staff
- Monitor health system capacity
- Pandemic specific immunization program (if available)
- Maintain infection prevention and control measures
- Triage of patients



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Communication with patients



- Cultural diversity
- Language diversity
- Vision impairment
- Hearing impairment
- Appropriate use of language / literacy
- Technological capabilities
- Management of comorbidities



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Pandemic Management Cycle

STAND DOWN

- Pandemic has reached level where it can be managed



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Stand Down



- Reflect - What did we learn? What will we do differently next time?
- Equipment/PPE replenish
- Staff debrief/support
- Removal of signage, communication notices
- Risk of second wave assessment



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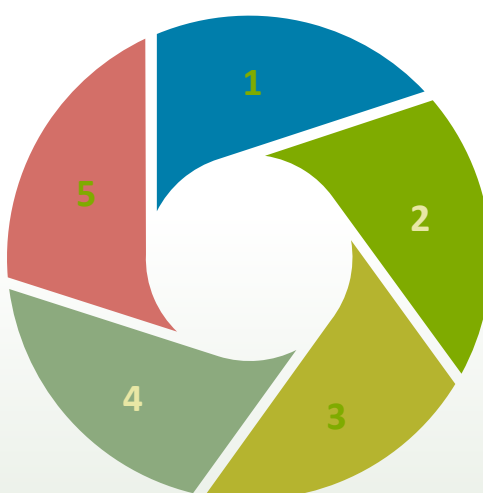
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Recovery

- Communicate 'back to business-as-usual' operations
- Identify new opportunities that have arisen – eg telehealth
- Recommence 'prevention' activities

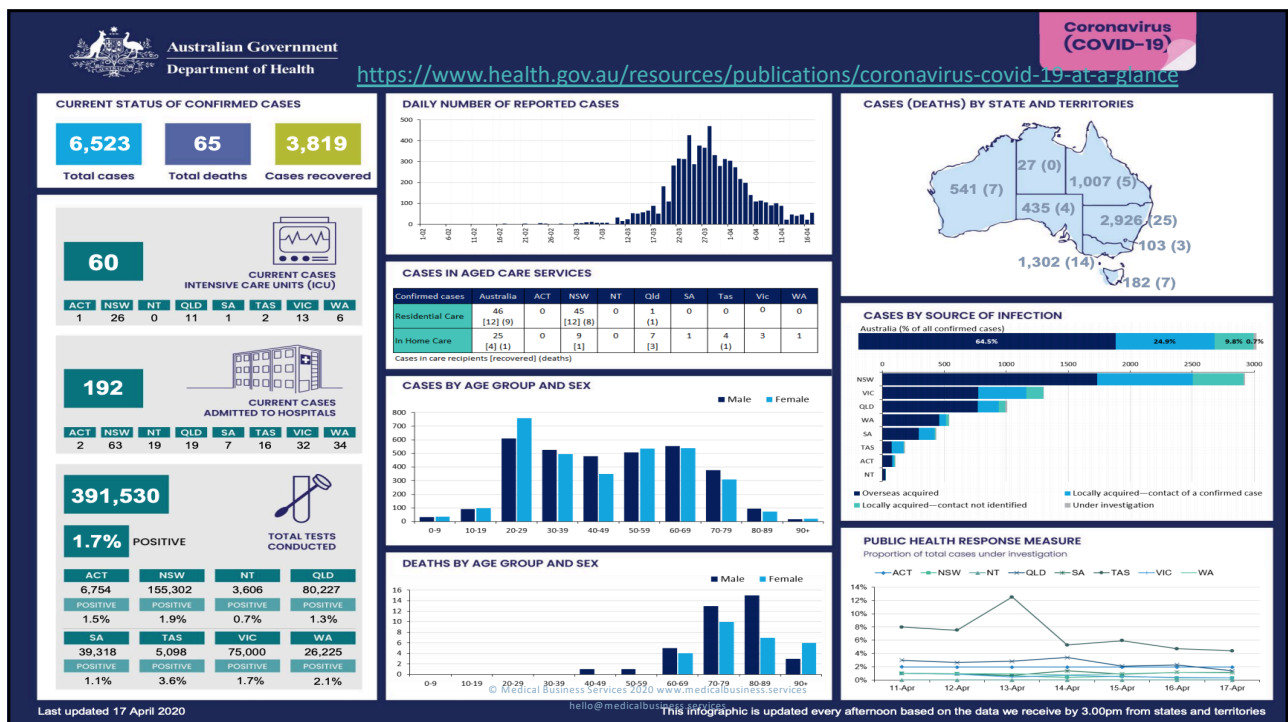


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Information Sources for Covid-19



- <https://nwmpbn.org.au/health-systems-capacity-building/covid-19/>

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Screening clinics, clinical guidelines, latest news, PPE ordering, Hotlines, Telehealth, Financial assistance & more

- <https://www.health.gov.au/resources/publications/coronavirus-covid-19-at-a-glance> Federal government
- <https://www.covidlive.com.au/state/vic> Collated data
- <https://www.dhhs.vic.gov.au/coronavirus> State government



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Clinic Impacts



- Fear & stress! Staff, patients
- Rapid change
- Introduction of telehealth
- Adjustment of processes, protocols & systems
- Reduction in patient numbers
- Flu vaccination shortages
- HR & staffing impacts
- Lack of PPE
- Social distancing
- 'Banking' of clinical issues
- Overload and lack of work
- Financial impacts, organizational and personal



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Telephone or Videoconference?



Telephone

- Easiest to implement
- Everybody has a telephone!

Workflow & considerations

- Who calls the patient? Dr or admin?
- Where is the GP located? Practice or home?
- Missing important visual clues
- Long term sustainability?
- Mobile phone – all day use?

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Videoconference | Telehealth

- Patient usability
- Better clinical decision making for GPs
- Easier for GPs | sustainability
- Beneficial after Covid-19?
- Technical considerations
 - Audiovisual hardware
 - IT integration
 - Internet
 - Software platforms
 - Healthdirect
 - Skype
 - Zoom, Facetime, WhatsApp
 - CoviU
 - etc



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How are practices coping with and responding to changed circumstances?



- Commencement of telephone & telehealth consults
- Novel influenza clinics – car park, open spaces, practice work-arounds
- Commencement of respiratory clinics
- Active triage & service delivery according to acuity
- Barriers – visual line marking, Perspex screens, face shields
- Hand sanitizer upon entry & exit
- Signage

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Resources



<https://www.medicalbusiness.services/nwmpmn-resources>

<https://nwmpmn.org.au/health-systems-capacity-building/covid-19/>



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