Data point	July – Nov 2015	July – Nov 2016	July – Nov 2017	July – Nov 2018
Avg Presentations/ day	207/day	232/ day	247/ day	243/day
Avg admissions/ day	73/ day	90/ day	87/ day	85/day
Avg Waiting time (min)	75 minutes	52 minutes	77 minutes	75 minutes
Avg treatment time (min)	177 minutes	138 minutes	146 minutes	162 minutes
Avg bed block (min)	220 minutes	144 minutes	219 minutes	148 minutes

Clearly noted in Table 3, from 2015 to 2018 the daily presentation rate increased by 40 patients per day. Also of note, is that the treatment time in ED was 138 minutes in 2016, lengthened by 8 minutes in 2017 and 24 minutes in 2018. What decreased significantly between 2017 and 2018 is bed block, this decreased from an average of 219 minutes to 148 minutes. This is evidence that 2018 CHS Winter Management Plan improved access from ED to the overall hospital.

3.3 Additional General Medicine/ Respiratory Medicine Beds (16 additional beds)

One of the key pressure points of any winter season is the need for additional general medicine, respiratory medicine beds and geriatric beds. In order to meet this demand a *Winter Ward* of 32 beds will be created on Ward 7B (7B-BS). This ward will be established by the Divisions of Medicine and RACS with support from the wider Organisation, particularly in terms of having sufficient senior nursing staff in place.

3.4 Geriatric Medicine (6 additional beds)

In the face of additional demand a further 6 beds could be utilised in Geriatric Medicine. In order meet that demand the following will need to occur:

- 11 A will operationalise an additional 4 beds
- 11 B will operationalise an additional 2 beds

3.5 Surgery beds (10 additional beds)

The division of Surgery continues to experience significant increases in both elective surgical demand (2 – 2.5%/ annum) and emergency surgery demand (6.5%/ annum). It is anticipated that these increases will continue throughout the winter period and possibly increase further. In order to meet this ongoing demand the following will occur:

- 10A will operationalise an additional 4 beds
- 5B will operationalise an additional 2 beds
- 6B will operationalise an additional 4 beds

3.6 Intensive Care (2 additional beds)

The ICU has funding for 22 ICU equivalent beds. Routinely this results in a mix of ICU (1:1 Nursing) and HDU (1:2 nursing) patients. This means the number patients in the Unit fluctuates, noting pressure on capacity is experienced when patient numbers exceed 27. During the months of January to March ICU downsizes to 20 ICU equivalent beds. This is achieved by decreasing the RN roster by 2. During the

months of July to September ICU surges up to 24 ICU equivalent beds, achieved by increasing the RN roster by 2. This process was successfully in 2017/18 and is therefore being repeated for the 2019 winter period. A draft *ICU Escalation Policy* will need to be finalised and endorsed prior to commencement of the CHS 2019 Winter Management Plan.

3.7 Cancer, Ambulatory and Community Health (8 Additional Beds)

CACH continues to operate with high levels of occupancy in wards 4A and 11B, with a noteworthy numbers of outliers during the winter period. In order to mitigate the issue of outlier patients the following will occur:

- Ward 4A will operationalise an additional 4 beds
- Ward 14B will operationalise an additional 4 beds

3.8 Paediatrics

Paediatric presentations increase during the winter period. However, the need to increase bed numbers is variable. Paediatric beds can be opened and closed at very short notice. To that end the Division of Women, Youth and Children will be provided with funding to staff an additional 12 beds during the defined winter period.

3.93.10 Allied Health Services – Acute Support

A key issue in meeting winter operational demand is the additional allied health staff required to support the expansion of services. To that end the following staff will be recruited for part time hours for a period of 5 months, July to November.

Table 4– Proposed Allied Health staff increases

Discipline Title	FTE and Staff Grading	
Speech pathology	0.5 HP	2.6 (Health Professional)
Occupational Therapy	1.6 HP	3.2
	1.0 AHA	2.4 (Allied Health Assistant)
Physiotherapy	2.4 HP	3.2
	1.0 AHA	2.4
Social Work	2.0 HP	3.2
Nutrition	1.0 HP	2.6
Exercise Physiology	1.0 HP	2.6
Psychology	0.2 HP	2.6
ALO Service	0.6 ASO	4

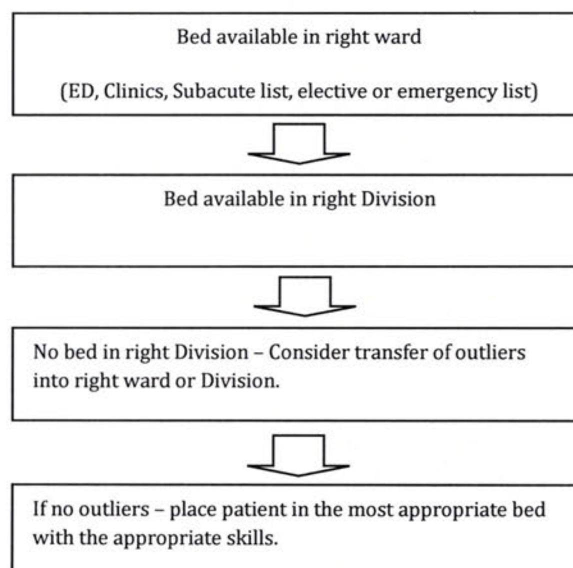
4 Business Disciplines

4.1 Use of Surge beds

All surge beds will be available for use. In the event that a ward is one nurse short as a result of unplanned leave the surge beds will continue to be used and NHpPD will be monitored regularly to ensure compliance with the Public Service Nursing and Midwifery Enterprise Agreement 2017 - 2019.

Every effort will be made to allocate patients to the home ward or Division in the first instance. The Figure 1, below shows the bed allocation process for the admission of patients in a CHS bed.

Figure 1– CHS Bed Allocation Process



4.2 Utilisation of isolation beds

It is important that isolation spaces (single rooms or beds separated by curtains) are utilised to minimise the spread of communicable illness. This is particularly relevant during the winter months when illnesses, such as influenza and gastroenteritis reach peak presentation to the Hospital. The demand for isolation spaces is likely to peak during the period when the Winter Management Plan is active.

Data shows that approximately 50 beds are required daily for infectious patients. It is unclear how many beds are required for non-infectious oncology patients, noting it is common for the Division of CACHS to have between 5-7 outliers.

In addition there is an undefined number of bariatric patients who also occupy single rooms. These patients are predominantly admitted with medical conditions.

Palliative care patients are usually placed in a single room if End of Life (EOL) care is being provided. The number of patients receiving EOL care at any given time is unclear.

The demand for single rooms is attributed to being the major delay for admissions from the ED. Therefore it is important that allocation of single rooms is based on clinical need, and with consideration to Organisational risk. The ED is not the appropriate clinical setting for infectious, palliative or neutropenic patients.

Use of isolation beds will align with operational demand and bed containment standard operating procedures.

- Note – in 2016, CHS transitioned to a new specimen collection kit for influenza and respiratory virus testing. These new kits included a flocked swab and a tube of virus transport medium. This resulted in quicker turnaround times for reporting on infectious status.

- The decision to activate additional testing is determined within microbiology when the referrals reach a threshold that can no longer be managed within usual rostering; combined with an increase in the proportion of influenza/RSV positivity. Therefore Pathology resourcing - in particular in microbiology/molecular areas will need to be considered and potentially increased.

4.3 Management of Influenza Like Illness (ILI)

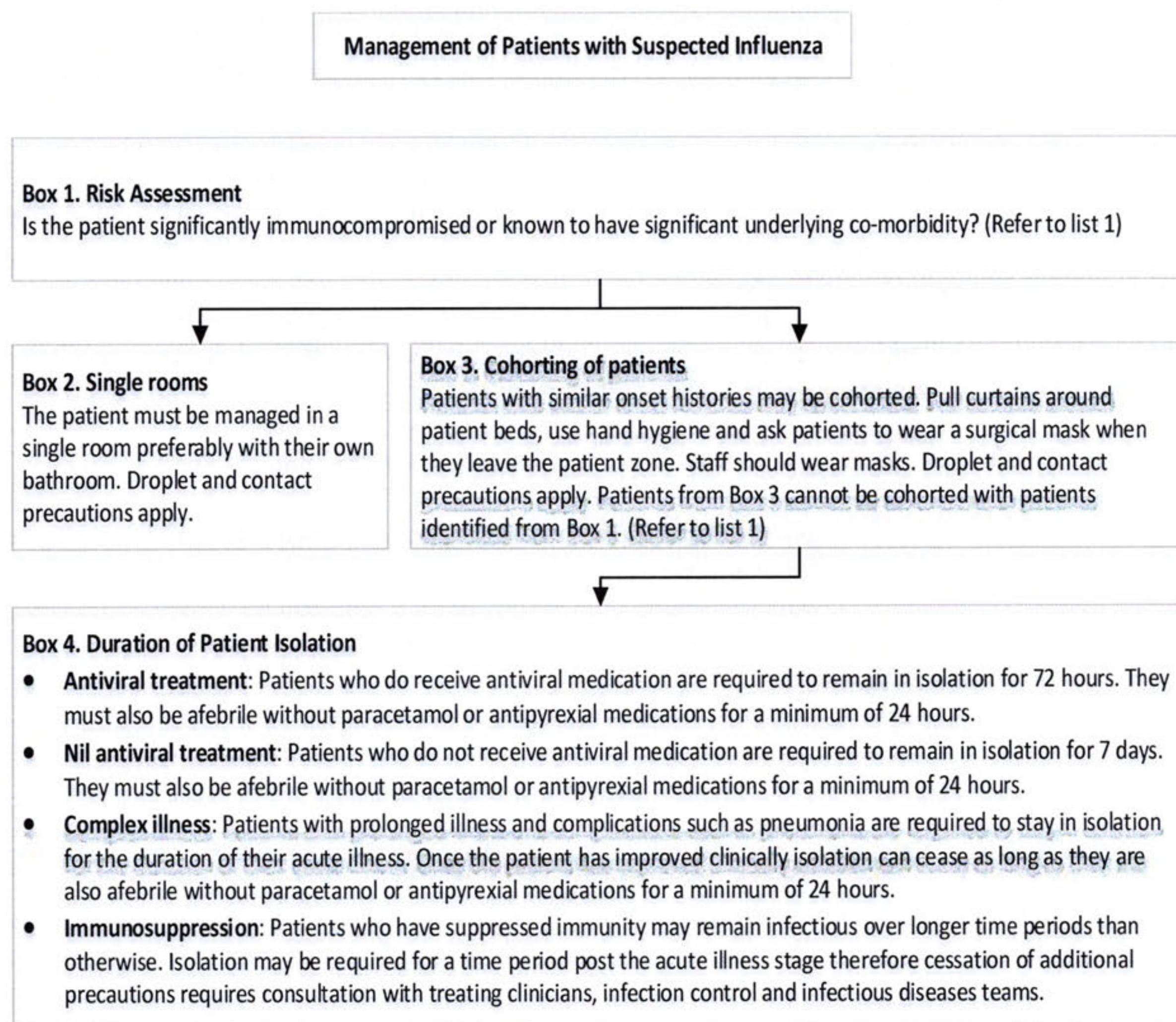
The management of ILI begins in the ED. In 2018 ED established a *Flu Clinic* each afternoon/evening to deal with the time of peak ED demand for ILI. This will continue in 2019. Patients who present with ILI were managed against a standard protocol in a designated area with a view to:

- Isolating the ILI patient group from the wider patient cohort in ED
- Improving early management and movement of the ILI patient group

It is important that the management of ILI occurs according to the process outlined in the Clinical Procedure Influenza and Respiratory Illnesses Management for Adults and Children, Figure 2. The algorithm extracted from the policy below highlights this process.

The assessment and triage of patients presenting with an influenza-like illness (ILI) enable the clinician to order testing and treatment. Patients are then placed under additional precautions to prevent the transmission of illness and disease.

Figure 2 – Influenza and Respiratory Illnesses Management for Adults and Children.



List 1: Underlying co-morbid conditions

- Haematological malignancy, Oncology treatments, Radiation oncology treatments, Chemotherapy treatments
- End stage lung disease, Home oxygen therapy, Cystic fibrosis, Non-invasive ventilation
- Solid organ transplant

- Moderate or severe cardiac disease
- High dose corticosteroids, Immunosuppressive therapy

Other underlying conditions

- While acknowledging that pregnancy is not a co-morbid condition, pregnant women are to be managed as those in List 1.

4.4 Supporting Initiatives

A range of supporting initiatives will be implemented to further support CHS in managing the increased demand over winter period:

- **Hospital Footprint:** The reallocation of clinical spaces will support the Winter Management Plan.
- **Predictive Patient Flow:** work will occur throughout 2019 with the FBI to predict likely hospital demand for the coming week. This will occur at the daily 10:30 Executive Director Escalation meeting. To facilitate compliance with agreed meeting outcomes, these will be distributed widely among the senior managers and frontline managers across the Organisation.
- **Discharge Planning:** all units and wards across the organisation will be asked to:
  - Monitor EDD for all patients within clinical areas on a daily basis with a view to ensure that preparations are in place to meet the EDD
  - Ensure that at least 1 patient is discharged from all wards prior to 9am each morning in order to improve bed availability for the expected demand from the ED
  - Actively and closely manage their long stay patient cohort through daily and weekly meetings within each area.
  - Utilise the 6 Ps of Discharge
    - **P**lanned Discharge date – for all patients within 12 hrs of admission
    - **P**rioritised ward rounds – sickest patients first, then patients planned for discharge, then the rest of the patients
    - **P**atient – informed of planned discharge date
    - **P**harmacy – discharge scripts completed on the afternoon prior to discharge
    - **P**athology –
      - Blood tests needed on the discharge date should be stamped with the "discharge priority" stamp provided to all wards
      - Requests should then be placed on a 6am bloods hook (or night staff collection point) for the results to be ready for morning ward rounds
    - **P**aperwork –
      - Make an early start on the discharge summary
      - Aim for patients to have their discharge summary on leaving the ward

5 Workforce – Roles and Responsibilities

The winter period affects the hospital workforce in the same way it impacts the community, so it is expected that there will be an increase in unplanned leave. The hospital has a strategy to provide free flu vaccines for the staff.

During periods of increased demand there will be and expectation that staff may be deployed to ensure that adequate resources are in place to manage the increased demand.

5.1 Chief Operating Officer

- The ***Chief Operating Officer*** is responsible for the implementation of the Winter Management Plan. Responsibilities for specific activities may be delegated within the organisation as required (for example, to the ADON Patient Flow Unit).

5.2 Executive Directors

- The ***Executive Director*** of each Division will be expected to closely monitor and manage operational performance within their own Division. This will include managing the long stay patient cohort, the relative stay index and supporting the clinical teams to utilise the 6 Ps of discharge

5.3 Medical Teams

- The ***Medical Director*** of each medical unit will be expected to manage key performance requirements such as expected date of discharge, relative length of stay and long stay patients working closely with consultants/ staff specialists, registrars, and CNCs. A key aspect of this oversight will be to ensure that weekend discharge planning and patient rounding is occurring.

- The ***Consultant or registrar*** will be responsible for ensuring:
  - Daily rounding is occurring
  - Patients are clearly identified for discharge in the coming 24 hours
  - JMOs are completing pathology, scripts and discharge letters in a timely manner as per the 6Ps of discharge

- All medical units should promptly attend to their admissions in the ED during work hours.

5.4 Nursing Teams

- The ***Director of Nursing (DON)*** **in** each Division will be responsible for working closely with the nursing teams to ensure timely patient movement. Key tasks for the DON working with the ADONs will include:
  - Patient rounding as required
  - Ensuring that nursing teams are fully recruited
  - Clear communications to nursing teams regarding
    - The need for early patient discharge each day
    - The need to use the discharge lounge as appropriate

- The ***ADONs*** in each Division will be responsible for the patient flow at Divisional level. This will involve working closely with CNCs to ensure:
  - 6 Ps of discharge are being utilised
  - Patients are prepared early for discharge
  - Long stay reports are being closely managed
  - JMOs are being engaged to ensure discharge scripts and documentation is being prepared in a timely fashion

- The ***CNCs*** will be responsible for ensuring timely the timely movement of patients through their wards. Fundamental disciplines that will be expected of the CNC will include:
  - Use of the 6Ps of discharge by the nursing teams to ensure timely discharge
  - Responsible for identifying the EDD, bedside white boards and electronic journey boards to promote flow
  - Monitoring long stay cohort and escalation to promote timely patient discharge
  - Active leadership of level 2 RNs to ensure patient movement continues in the evenings and across weekends
  - Ongoing discussions with nursing teams around the need for timely patient movement.
  - Close liaison with the bed management team on patient movement
  - Active management with senior nursing staff to draw patients from ED

- The ***Team Leader/ Level 2 RNs/ DLNs*** will be responsible for:
  - Active management of patient flow

- A clear understanding of who is to be discharged on the following day
- Working with teams to actively manage patient discharge
- Close monitoring of bed cleaning and turn around timeliness
- Active engagement with the bed management team to draw patients from the ED

5.5 Allied Health Teams

- The ***Senior Physical Therapy/ Social Work Health*** staff will be responsible for working closely with their teams to ensure:
  - Tasks necessary for discharge are prioritised in daily work flow
  - That planning for discharge commences from the point of admission
  - Liaison and links with community teams necessary for more complex discharge are established around the patient early in the admission pathway
  - Where required multidisciplinary discharge planning is driven early in the care pathway

- The ***Senior Pharmacy/ Pathology/ Medical Imaging Staff*** will be responsible for working closely with their teams to ensure:
  - Tasks necessary for discharge are prioritised in daily work flow
  - That close liaison with clinical teams is maintained as required to ensure timely patient movement through the organisation
  - Participate actively in multidisciplinary planning and care where required
  - Delays for inpatient imaging and pathology are to be escalated to ADON PF if unable to be address on the ward

5.6 Ward Services Staff

- The ***Senior Wardsperson staff*** will be responsible for working with their teams to ensure:
  - Timely patient care and patient movement that promotes timely and safe discharge
  - Reallocating Wardsperson staff to assist where timely movement is required and where resources allow

- The ***Senior Hospital Assistant/ ISS staff*** will work with their teams to ensure:
  - the timely cleaning and preparation of beds for the next patient that requires care
  - The preparation of a standard bed within 30 minutes of notification that a clean of the bed is required.

- The ***Senior Administrative staff*** will work with their teams to ensure:
  - The timely notification on ACTPAS of patient discharge
  - Active engagement with nursing team leaders regarding patient flow and movement
  - The timely completion of all administrative functions to ensure prompt discharge

5.7 Patient Flow Unit

- The ***ADON Patient Flow Unit*** will be responsible for patient flow across the Hospital including ensuring that the Winter Management Plan is implemented appropriately. This will be undertaken in collaboration with the Chief Operating Officer.

- The ***Patient Flow Team*** will be responsible for ensuring;
  - A patient bed booked where possible will have an allocated bed within 15 minutes.
  - Escalation to the ADoN Patient Flow Unit any issues that impede the timely flow of patients
  - Close liaison and partnership with CNCs/ team leaders on timely patient movement

5.8 After Hours Hospital Management team

- The ***After Hours Hospital Manager*** is responsible for:

- Primary responsibility of managing organisational wide patient flow in collaborating with but not limited to:
  - PF Unit
  - ED navigator
  - All ward Team Leaders and Business Support Officers
- Escalating key issues around bed demand to the relevant Executive on call including the MHJADS executive on Call. This is inclusive of seeking permission to open additional beds as required and pending staffing needs

- The ***After Hours CNC*** is responsible for:

  - Providing support in ward areas to team leaders on the management of patient flow and bed stock i.e. encouraging safe cohorting of infectious patients
  - Providing direction and assistance in the management of staffing resources on wards to team leaders including balancing workloads among a full nursing team

6 Hospital in the Home

In order to support the timely movement of patient's home the HITH team will:

- Conduct daily rounding to all clinical areas seeking to identify suitable patients for transfer into the HITH programme
- Place an additional referral nurse in ED, EDSU and ASU to identify patients who are suitable for referral to HITH within existing staff profile;
- Write to all staff specialists and consultants encouraging them to refer any patient they might deem suitable for HITH. A conversation will then ensue between the consultant/ staff specialist and HITH staff to determine if the referral can be managed in the home or Medical Day Unit.

7 Community Winter Messaging Campaign

The community winter messaging campaign will be managed and directed by the ACT Media and Communications Team. The winter messaging will consist of the following 4 items:

a) Community Flu campaign

b) ED diversion campaign

c) Walk-in-Centre Campaign

It is expected that this campaign will be commencing in May 2019

Prepared by:

Lyn O'Connell, ADON Patient Flow, CHS
Chris Bone, Chief Operating Officer, CHS

April 2019

ACT Government | **Canberra Health Services**

AGENDA

Subject	Health Services Executive Committee
Date	Tuesday 16 April 2019
Time	08:30am – 10:30am
Location	Canberra Hospital, Building 24, Meeting Room 1
Chair	Linda Kohlhagen
Secretariat	Nicole Stevenson – CEOHealth@act.gov.au

1. Apologies
2. Acceptance of previous minutes
3. Actions
4. General Business
5. Documents for Endorsement or Noting
6. Other Business

I acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. I acknowledge and respect their continuing culture and the connections to the land. I would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander peoples who may be attending today's meeting.

General Business

No.	Item	Speaker	Papers
4.1	Winter Strategy	Chris Bone	Nil
4.2			
4.3			
4.4			
4.5			
4.6			
4.7			
4.8			

Documents for Endorsement or Noting

No.	Item	Speaker	Papers
For Noting			
5.1			
5.2			

Other Business

No.	Item	Speaker	Papers
6.1			

Next Meeting: 23 April 2019

ACT Government | Canberra Health Services

MINUTES

Title	Canberra Health Services Health Services Executive Committee	Theme	General
Location	Canberra Hospital, Building 24, Meeting Room 1	Chair	Linda Kohlhagen
Date/Time	Tuesday 16 April 2019	Secretariat	Nicole Stevenson

Attendees	Initials	Division / Service / Title	Present	Apology
Bernadette McDonald	BM	Chief Executive Officer		x
Chris Bone	CB	Chief Operating Officer	x	
Josephine Smith on behalf of Denise Lamb	JS	Executive Group Manager, Quality, Safety, Innovation and Improvement	x	
Cathie O'Neill	CO	Executive Director, Cancer and Ambulatory Support	x	
Lisa Gilmore	LG	Executive Director, Critical Care	x	
Jacqui Taylor	JT	Executive Director, Division of Medicine	x	
Bruno Aloisi	BA	A/g Executive Director, Mental Health, Justice Health, Alcohol & Drug Services	x	
Linda Kohlhagen	LKo	Executive Director, Rehabilitation, Aged and Community Services	x	
Daniel Wood	DW	Executive Director, Surgery	x	
Katrina Bracher	KB	Executive Director, Women Youth and Children	x	
Jane Dahlstrom	JD	Executive Director, ACT Pathology	x	
Paul Dugdale	PD	Executive Director of Medical Services	x	
Narelle Boyd	NB	A/g Executive Director of Nursing and Midwifery and Patient Support Services	x	
Kerry Boyd	KB	A/g Executive Director of Allied Health	x	
Andrew Gay	AG	Chief Financial Officer	x	
Colm Mooney	CM	Executive Group Manager, Infrastructure and Health Support Services	x	
Janine Hammat	JH	Executive Group Manager, People and Culture		x
Helen Falla	HF	Director, Canberra Hospital Foundation	x	
		Member, Aboriginal and Torres Strait Islander Elected Body		x
		Healthcare Consumers Association		x
		Healthcare Consumers Association		x
		Carers ACT		x

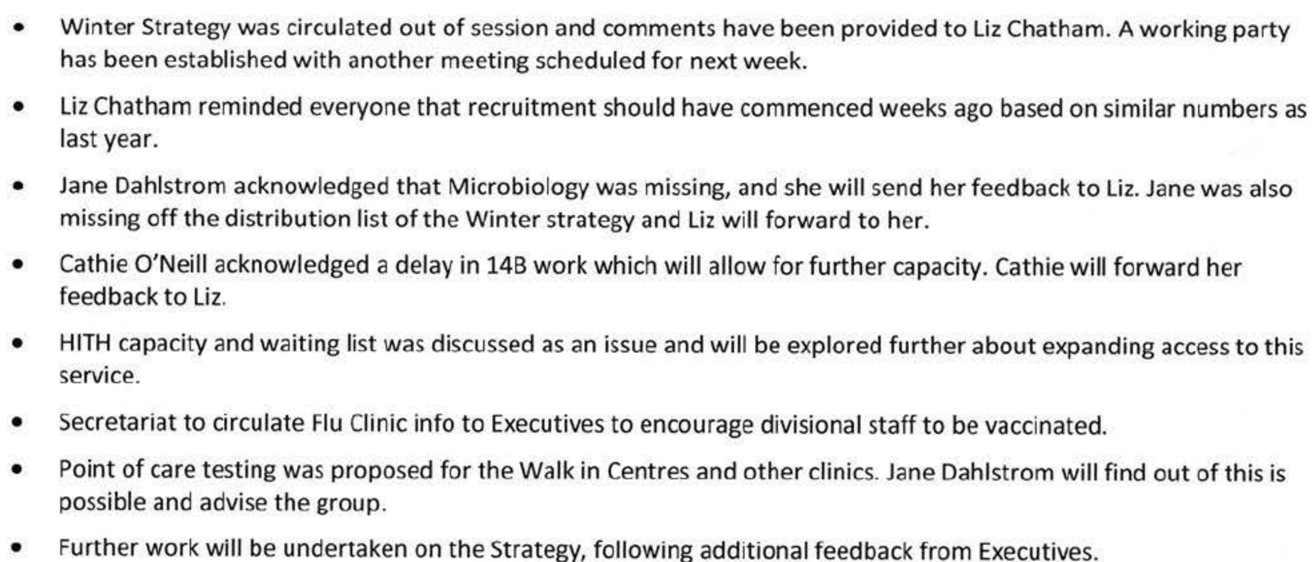
MINUTES

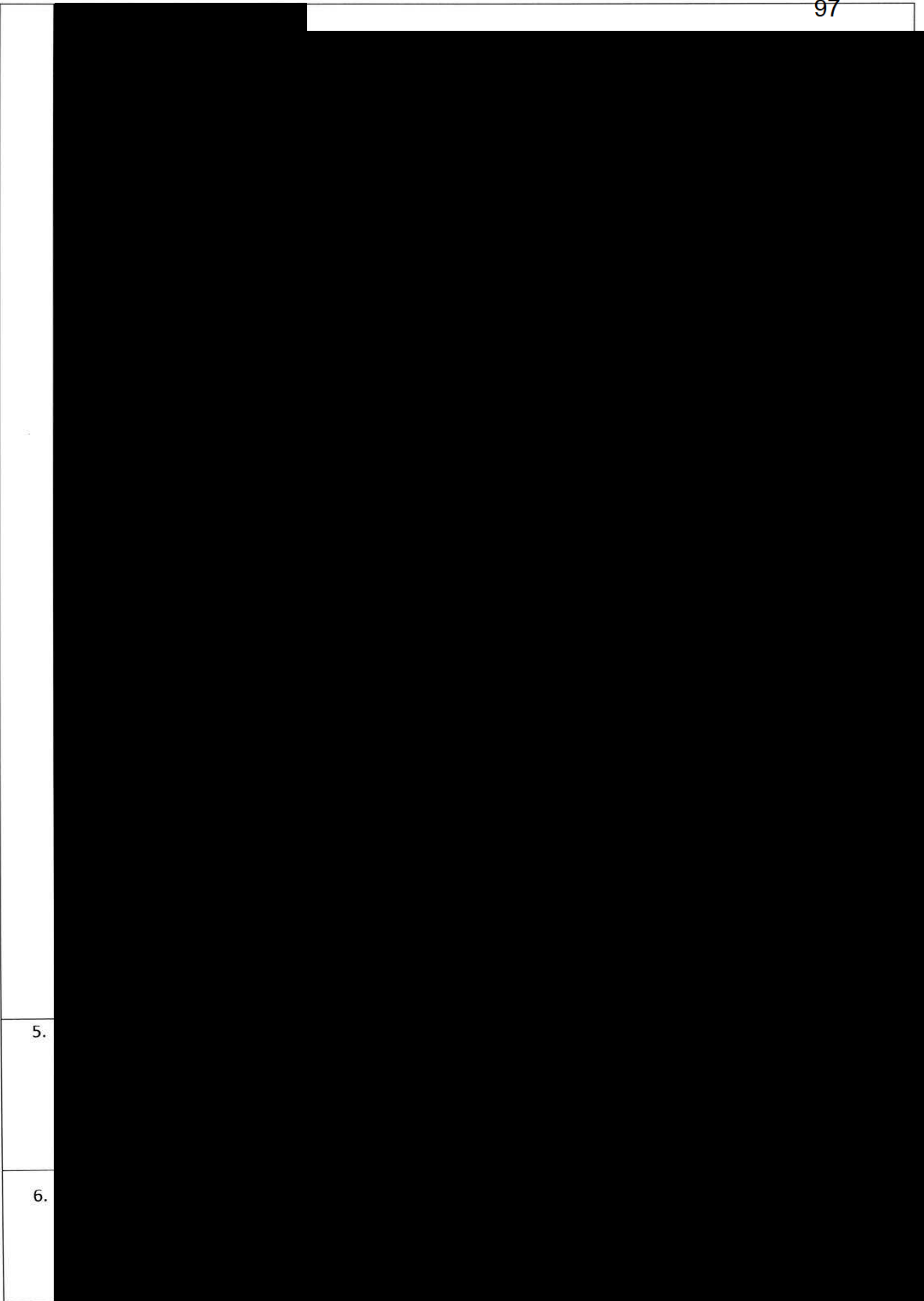
1.	**Welcome and apologies**
	Chair undertook the Welcome to Country. Refer to attendance and apologies table above.
2.	**Acceptance / review of previous minutes**
	Minutes from the HSEC of 26 March 2019 were accepted with minor changes.
3.	**Actions arising** Refer to Actions Arising attachment.

4.

4.1 Winter Strategy

- Winter Strategy was circulated out of session and comments have been provided to Liz Chatham. A working party has been established with another meeting scheduled for next week.
- Liz Chatham reminded everyone that recruitment should have commenced weeks ago based on similar numbers as last year.
- Jane Dahlstrom acknowledged that Microbiology was missing, and she will send her feedback to Liz. Jane was also missing off the distribution list of the Winter strategy and Liz will forward to her.
- Cathie O'Neill acknowledged a delay in 14B work which will allow for further capacity. Cathie will forward her feedback to Liz.
- HITH capacity and waiting list was discussed as an issue and will be explored further about expanding access to this service.
- Secretariat to circulate Flu Clinic info to Executives to encourage divisional staff to be vaccinated.
- Point of care testing was proposed for the Walk in Centres and other clinics. Jane Dahlstrom will find out of this is possible and advise the group.
- Further work will be undertaken on the Strategy, following additional feedback from Executives.





5.

6.

	Meeting Closed: 10.25am

ACT Government | Canberra Health Services

CORRESPONDENCE CLEARANCE

Subject: **Pathology Winter Strategy**

Number: **COR19/9464** Date Due: ....

Chief Executive Officer - Canberra Health Services: ____________ Date: ....

Chief Operating Officer - Clinical Services: E. A. Chatham Date: 23/4/19

Executive Group Manager - Infrastructure & Health Support Services: ____________ Date: ....

Executive Group Manager - People and Culture: ____________ Date: ....

Executive Group Manager - Quality, Safety, Innovation & Improvement: ____________ Date: ....

Executive Group Manager - Finance & Business Intelligence: ____________ Date: ....

General Manager - Canberra Hospital Foundation: ____________ Date: ....

Contextually Correct ☐ Grammatically Correct ☐ Spell Checked ☐

Position: ____________ Area name: ____________

Signature: ____________ Date: ....

Executive Director - Area name: ____________ Date: ....

Director - Area name: ____________ Date: ....

Manager - Area name: ____________ Date: ....

Government Relations - Canberra Health Services: ____________ Date: ....

Other: ____________ Date: ....

ACT Government | Canberra Health Services

MINUTE

SUBJECT: Pathology Winter Strategy

To: Liz Chatham, Chief Operating Officer, CHS

From: Prof Jane Dahlstrom, Executive Director, Pathology

Date: 17 April 2019

Purpose

To provide information on the requirements from Pathology to support the Canberra Health Service Winter Bed Strategy.

Background

There are currently two different assays for respiratory viruses performed within Pathology. One is a rapid test, the GeneXpert, which can be performed on an individual basis with a capacity to test up to 16 at once. The other, AusDiagnostic, is a batched test protocol which takes longer, approximately 5 hours, but analyses 24 specimens at once.

There are two testing protocols established within Pathology which are dependent on the Influenza and RSV activity, underlying risk factors of the patient and staff availability in the laboratory. Testing is divided into "out of season" (Oct-June) and "in season" (July – Sept) protocols.

Out of season protocol utilizes the standard AusDiagnostic testing processes and is performed daily Monday to Friday. In season protocol utilizes both testing processes where ED/Inpatient specimens are tested utilising the rapid GeneXpert analysis Monday to Sunday 08:00 – 21:00 and Outpatient/GP specimens are processed on the AusDiagnostic analyser Monday to Friday, with urgent requests performed utilising the rapid analysis when required.

It is not recommended to utilize the GeneXpert assay at the point of care in Walk in centres/Community centres or within the Emergency Department. The capital cost for purchasing the equipment and the on-going costs associated with the testing, not only the consumables but the quality control, training, competency and management would not be practical.

Issues

To support the Winter Bed Strategy there is a budget impact on Pathology. Expenditure on consumables and the requirement for extra staff to provide a 7 day testing service from 08:00 – 21:00 utilising a rapid analysis requires consideration and funding in the CHS Winter Bed Strategy.

Financial

Additional Staff:
There is a requirement for an extra 1.5FTE to fulfill the rostering and enable the 7 day service provision. This can be achieved utilising the less expensive labor category and employing Technical Officers level 1 (TO1).

Staff	FTE	Per Annum cost (incl on-costs and penalties)	"In-Season" cost
Technical Officer 1 (TO1)	1.5	$142,163	$47,388

Consumables
The rapid analysis performed on the GeneXpert costs approximately $35 per test and the AusDiagnostic analysis is approximately $45 per batch. Recurrent budget covers the costs associated with the AusDiagnostic analysis but the increased demand for the rapid analysis causes a budget impact. Based on trends in previous years (Attachment A) this would be approximately an extra 100 tests per week at a cost of $42, 000 for the in season period.

Total Cost Impact	
Staff	$47,388
Consumables	$42,000
Total	$89,388

Recommendations

That you:

- Note the information above.

AGREED/NOT AGREED/NOTED/PLEASE DISCUSS

- Include Pathology Financial Impacts in the planning for the CHS Winter Bed Strategy

AGREED/NOT AGREED/NOTED/PLEASE DISCUSS

E. A. Chatham
....

Liz Chatham
Chief Operating Officer
April 2019

Name: Prof Jane Dahlstrom
Title: Executive Director
Branch: Pathology

Action Officer: Tracey Farrar
Title: Director of Operations
Branch: Pathology
Extension: 42893

Incl:
Attachment A – Detailed Report from Director Microbiology Including ACT Pathology Influenza A/B Annual Trends

Attachment A: Detailed Report

ACT Pathology Microbiology Department Winter Plan

Background

There are currently two different molecular (PCR) assays for respiratory viruses:

1. GeneXpert – Influenza A/B and RSV
    a. Specimens can be tested on an individual basis as they arrive
    b. Capacity for up to 16 specimens to be tested at once
    c. Approximately 1 hour testing time – turnaround time 1-2hours during the day and up to 12 hours for specimens received after 2100/2200
    d. Staff in both Microbiology and Molecular Pathology competent to perform - potentially available every day 0800-2100/2200
    e. Approximately $30 per test for reagents

2. AusDiagnostics – Influenza A/B, RSV and 9 other respiratory viruses/bacteria
    a. Specimens must be batched
    b. Capacity for 24 specimens per batch
    c. Approximately 5 hours testing time – overall turnaround time 5-30 hours during the week and up to 3 days for the weekend
    d. Only staff in Molecular Pathology competent to perform – performed daily Monday – Friday
    e. Approximately $45 per test for reagents

Testing Protocols

Testing protocols generally depend on the influenza and RSV activity, underlying risk factors of the patient and staff availability in the laboratory. Testing is divided into "out of season" and "in season" protocols, although there are often transitional protocols between the seasons. In 2018 for instance the "in season" protocol was never fully activated due to low influenza activity.

1. Out of Season Protocol – Managed with Existing Staffing
    a. Usually October to June
    b. Low influenza and RSV activity (usually <10% positivity for influenza and/or RSV)
    c. Lower overall specimen numbers
    d. Specimens primarily tested on AusDiagnostics in Molecular Pathology – daily Monday – Friday
    e. GeneXpert used for intensive care, NICU, haematology and travellers with suspected influenza for quicker turnaround time, although most tests are negative

2. In Season Protocol – Requires Additional Staffing
    a. Usually July – September
    b. Higher influenza and/or RSV activity (usually >20% positivity for influenza and/or RSV)
    c. Moderate to high overall specimen numbers depending on the season
    d. ED/inpatient specimens tested mainly on GeneXpert in Microbiology - Monday-Sunday 0800-2100/2200
    e. Outpatient/GP specimens and influenza negative specimens from haematology, NICU and ICU tested mainly on AusDiagnostics in Molecular Pathology – Monday-Friday

Additional Staffing Requirements for In Season Protocol

To most efficiently maintain a rapid turnaround time of <2hours Monday – Sunday 0800-2100/2200 for all ED/inpatient requests (and outpatient/GP on case by case basis) we would recommend providing staffing for an additional shift each day for a laboratory technical officer based in the Microbiology Department.

This could potentially be achieved by increasing the hours of the current casual laboratory technical officers within the Microbiology Laboratory during the influenza season. The benefits of increasing the hours of existing staff members (over temporary employment of additional technical officers) include:

- Already trained and competent within scope of practice within the laboratory
- Flexibility in rostering depending on the stage and severity of the influenza season ie can more rapidly increase and reduce staffing and adjust work hours depending on specimen numbers throughout the season (see Attachment A)
- Also already trained to process other specimens between respiratory testing

Attachment A: Detailed Report

Options for Over Night Influenza Testing

The In Season protocol **does not** include overnight (2100/2200-0800) testing as this is outside the normal working hours of the Microbiology Department.
Significant additional staffing resources would be required within ACT Pathology to provide this service for the entire night. A more efficient strategy may be to extend the testing hours later into the night or earlier in the morning, by adjusting the shift rosters.

To more accurately determine the most efficient use of resources whilst providing a suitable turnaround time, we are currently in the process of analysing the collection times of specimens. This will give better insight into the most appropriate allocation of staffing.

Use of GeneXpert Outside of the Laboratory

I would not recommend the use of the GeneXpert assay at the point of care in Walk-in Centres/Community Centres for the following reasons:

- Most people with influenza do not need to be tested as they can be managed symptomatically.
- Influenza testing is mainly indicated (1) where it impacts individual patient management – ie severe disease or disease in at risk individuals where antiviral and antibacterial treatment decisions are important and (2) for infection control management decisions in hospitals and other residential care facilities.
- GeneXpert platforms will be required costing about $20,000 plus $3,000 per annum in maintenance per site.
- Easy availability of testing may lead to unnecessary testing which will be costly in terms of kit reagents.
- Staff at the sites would need to be trained and undergo competency assessments, each platform would need to undergo validation studies, reagents are quality controlled and stored appropriately, each site would be required to enrol in a quality assurance program and there would need to be a means of ensuring results are correctly recorded/entered into the patient record - preferably into the laboratory information system.
- Specimens should ideally be processed within a biological safety cabinet with careful disinfection between specimens to avoid cross-contamination.

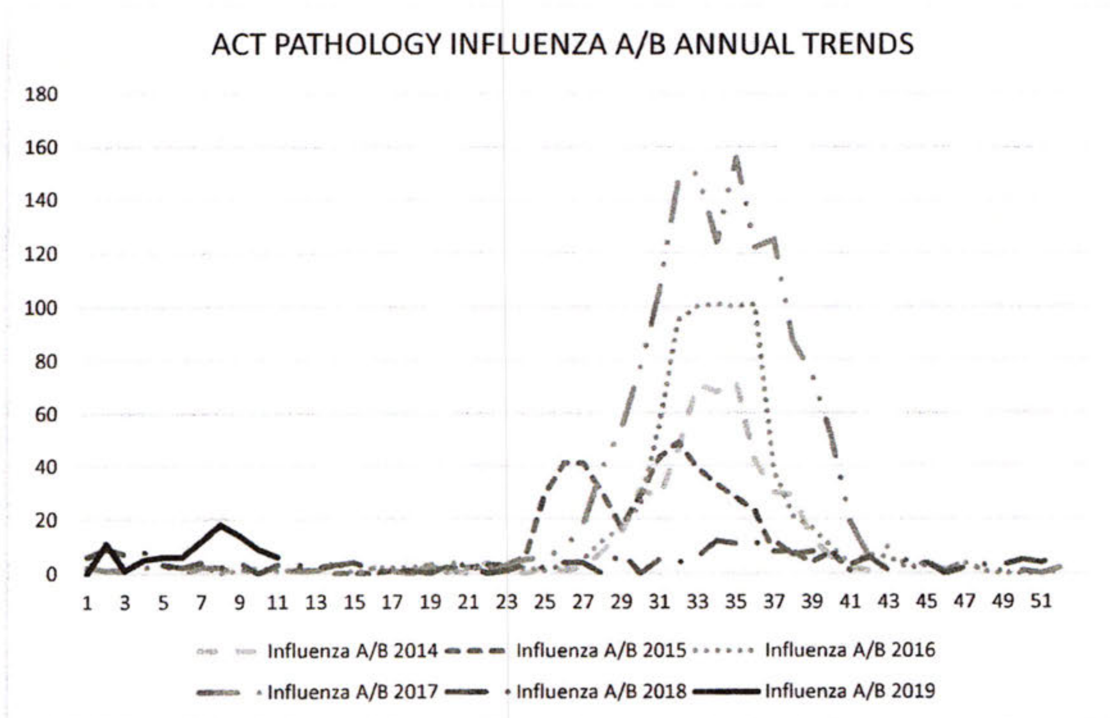
I would also not recommend the use of the GeneXpert assay at the point of care in the Emergency Department for the following reasons:

- Most decisions regarding admission or discharge of a patient through the Emergency Department in patients with suspected influenza are based on clinical parameters and individual risk factors for severe and complicated disease rather than whether or not the influenza result is positive
- The influenza test result is mainly useful in (1) guiding infection control practices within hospital, (2) making decisions on antiviral and antibacterial treatment and (3) determining whether further investigations are required. A turnaround time of 2 hours (during the day) would be reasonable for these indications.
- The GeneXpert platform will be required within the Emergency Department costing about $20,000 plus $3,000 per annum in maintenance.
- Staff at the sites would need to be trained and undergo competency assessments, the platform would need to undergo a validation study, reagents are quality controlled and stored appropriately, enrolment into a quality assurance program and there would need to be means of ensuring results are correctly recorded/entered into the patient record - preferably into the laboratory information system. With so many different staffing operating within the Emergency Department, I would have concerns regarding maintenance of quality.
- Specimens should ideally be processed within a biological safety cabinet with careful disinfection between specimens to avoid cross-contamination.

Dr Karina Kennedy
Director of Microbiology
ACT Pathology
Canberra Health Services

Attachment A: Detailed Report

Annual Influenza A/B Trends ACT Pathology



Ramsay, Michelle (Health)

From: Flaherty, Hannah (Health) on behalf of Chatham, Elizabeth (Health)
Sent: Monday, 9 September 2019 3:41 PM
To: Ramsay, Michelle (Health)
Subject: FW: Winter Management plan [SEC=UNCLASSIFIED]
Attachments: Feedback for Winter Strategy - round 2.docx; Canberra Health Services Winter Management Plan - FINAL DRAFT v1.3.5.docx

UNCLASSIFIED

Hannah Flaherty | Ag Executive Assistant to
Linda Kohlhagen, Ag Chief Operating Officer
Phone: 02 5124 2728 | Email: hannah.flaherty@act.gov.au
Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Sent: Wednesday, 22 May 2019 6:18 PM
To: Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Subject: Winter Management plan [SEC=UNCLASSIFIED]

Hi Liz,

Attached with additional incorporated comments from the team for discussion tomorrow. There is also a printed copy in your in tray.

Thanks.

Katrina Rea
Business Manager to the Chief Operating Officer

Phone: 02 5124 2169 | **Email:** Katrina.M.Rea@act.gov.au
Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

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Feedback for Winter Strategy:

Feedback received from:

CEO	N/A	MHJADH	n	WCY	y	QSII	n
COO	Ongoing	M	y	AH	y	Finance	y
CAS	n	RACS	y	IHS	y	Media/Comms	y
CCS	n	S	y	PC	y		

From	Comment	Response	Status
ED P&C	• Is this document deemed internal only – i.e. will it be able to be used for consultation with staff and unions? If not what will be provided? Unions don't appear to figure in the list of stakeholders re comms. • Historically, most of the consultation on this, if not all, has been in relation to the impact on nurses, and done in consolation between the ANMF and the Chief Nurse. The ANMF would be concerned if this did not occur. While this is clearly where the bulk of the impact is, it would be appropriate to at least alert the other unions (esp HSU and ASMOF) to what is intended – better safe than sorry. As a comment on the document, the 1 before 9 strategy reads as if there is a requirement for a patient to be discharged from every ward before 9. There should probably be something in here about it being subject to the discharge being clinically appropriate – otherwise I doubt it passes the Canberra timers test. • I agree with Steve that most of the consultation previously has been done with the ANMF around the impact on the nursing workforce. Noting that in this document we talk about bringing on board additional	• Update watermark to reflect internal use only • Process for informing stakeholders including Unions • Incorporated	COMPLETED In Progress COMPLETE

	Health Professional resources my view is that consultation should also encapsulate the CPSU, HSU and PA. In addition, there is no discussion about ancillary services such as wards services and food services. We should be prepared through the consultation process to discuss the additional demand on these services as the HSU will definitely raise this in respect to their members in those work forces.	• An additional wards person will be added to the central pool	COMPLETE
RACS	• I think we need to be clearer that this plan is separate from the planned, permanent increase in beds at UCH- still working towards an increase of 18 • We should stop referring to the surge beds on 11A/11B as surge, as they are full, and we have significant outliers on top of that. • The original planned 16 RACS winter beds have disappeared – is this related to the permanent increase in beds at UCH? • The AH staffing (besides having the columns mixed up!) looks like it is for 32 beds to me • We need to ensure there is additional medical staffing recruited during this period. Early allocation of budget and commencement of recruitment process is essential. • Longer term i.e. post-election, we need to formally write to the commonwealth re allocated places in RACF for ACT residents. Hopefully the point prevalence survey will identify the reasons why people are not transitioning to community living in greater detail. • It notes there are surge beds on our 11A/11B wards- I can't see how we can consider these surge beds as they have been open since they were opened mid last year. in recent days, we have had 20 geriatric outliers (in addition to these beds) .	• Added an out of scope section In the intro to include UCH planning • They are called surge as they are not funded beds • 16 will remain and planning for move of 18 to UCH to progress. Also an outlier project to address geri outliers will also progress. • Updated the columns – Kerry has provided updated staffing numbers. • Janine has provided staffing numbers • Added to the RACs priority project list • TBC	COMPLETED COMPLETED In Progress COMPLETED COMPLETED COMPLETED

	• we have never discussed surge beds at UCH. we are permanently opening 4 beds as of 3 June, and are working towards opening the additional 14 beds by 30 June. the caseload will be a mix of geriatric and rehab patients. nursing recruitment is being finalised this for.	• TBC	
AH	• AH Staffing requirements have been deceased to reflect staffing for 16 Medical beds opening on Winter Bed Ward = total 6.5 FTE. Please refer to document for breakdown. • Initial AH staffing requirements provided was based on 32 beds opening on Ward 7B, hence the adjustment. • There will be no requirement for AAHS to service proposed Discharge lounge beds on the Winter Ward. • I would expect allied health FTE to be incorporated into the budget bid 2019-2020 for surge beds to be funded as part of the ongoing bed base. I would appreciate this being confirmed • In the Winter Management Plan circulated, allied health staff Grade level and FTE were interchanged and this has been corrected. • Please note, if additional 4 beds were to open at UCH, RACS may require additional FTE to service these beds.	• Process to reimburse AH / all other areas will be developed in conjunction with Finance. • required	COMPLETED In Progress COMPLETED In progress
Patient Flow meeting 9/5/19	• Change 11B to 14 B – in cancer • 5A not 5B (are red to greening) • Include additional 4 UCH beds in winter strategy	• Amended • Amended • Amended	COMPLETED COMPLETED COMPLETED
Director Medical support office, credentialing, employment and training.	Please find JMO requirements attached – this is based on last year and the distribution of the additional beds for 2019. We would be able to commence on 29 July and run through until end of October 2019.	• Added in the JMO section	COMPLETED In Progress

	Based on 2018 – the cost of this strategy to MOSCETU would be in the vicinity of $ 900k+. In 2018 the winter plan medical funding was mistakenly allocated to the Divisions and it has been a timely and costly finance exercise to recoup the funding back into the MOSCETU cost centre. If possible can we please ensure that any funding is allocated directly to the 61145 (JMO) cost centre this year. In additional for the JMO component of the strategy to be able to commence on time, we will need to commence locum recruitment and roster re-writing within the next couple of weeks – so can you please keep me in the loop once the strategy is approved for implementation?	• Add the funding section to the funding methodology paper	
Medical	Hi Both, looks good. Only change is that are planning for 12 additional 'all care' beds in the new Discharge lounge and not 6 (that side of the ward on 7B, has 16 bed spaces, we can use 12 for the Discharge lounge and have the other 4 as flexible to take additional medical inpatients if required)	• COO agreed to 8 bedded All care Discharge Lounge	COMPLETED
Infrastructure	Feedback will be required as requested, however, I note that UCH is not mentioned? My understanding is that an additional 18 beds will be required to be serviced at UCH. I assume that the surge beds of 24 beds will be accommodated by moving identified beds to UCH? Please confirm this assumption as we are currently negotiating with BGIS (UCH FM provider) to increase bed servicing from current 84 (20 MH) to 102 (20 MH)	• Transition 18 beds to UCH out of scope • UCH will be funded an additional 4 beds through the budget announcements however a planning process will be put in place to progress the additional transfer of 18 beds – time frame to be determined.	COMPLETED
Finance	• Winter beds from last year were kept on, even though funding stopped. There needs to be an explanation of this in the paper – My opinion is our actual demand	• TBA	In progress

	(excluding None Acute / Aged Care) does not support more winter beds on top. • I am curious about the HITH model of care. We had $5m of funding for that in 18/19 and only used @$4m..... Next year its $10ml don't see HITH as an enabler of the Winter Bed Strategy – it should be normal daily business. • No mention of financial impact or of the actual staff plan. Each area requesting additional beds should have staffing laid out like the Allied Health section. • No mention of secondary staffing impacts (Pathology / Pharmacy / Imaging). Extra resource for Pathology Rapid testing is mentioned, but we should be locking the various units down – what is the specific additional resource. • Given my first point – I would like to see more information on how we ramp up (staff on boarding, etc.) and most importantly how we switch off (and take staff off). We may as well have the discussion now that the extra resources don't automatically get absorbed into the base like last year. • The demand numbers probably come from my own team – but I would like to challenge (and happy to share and discuss because we both need to dig into this given we don't have NWAU/WEIS as a demand / complexity indicator). • All figures YTD April 2019 compared to 2018 o Surgery Elective – 2% lower at 5,781 o Surgery Emergency – 1% higher at 9,063 o Where does the 6% growth come from? • All figures YTD March 2019 compared to 2018 o ED presentations – 1% higher at 67,270 (an increase of 367 over 9 months)	• Will be addressed through the care close to home project (ACT/CHS joint initiative) but increasing focus and tracking usage will be a function of the winter strategy • NHPPBDs • TBA • TBA • TBA	COMPLETE COMPLETE In progress In progress In progress

	○ Medicine separations – 3% lower ○ Critical Care – 6% lower ○ Women's & Children's – 1% lower ○ Cancer – 1% lower ○ Aged & Rehab – 5% higher ○ Mental Health – 4% higher LOS in most areas has increase 1 or 2%. LOS in Aged & Rehab and Mental Health is up 23% and 13% • Just to clarify, the decision was made to allocate funding for medical staff directly to divisions in line with the costs of the medical FTE component per bed as it was originally not known how medical staff resourcing would occur. • As per Janelle's feedback below I agree it might be best to look at moving wither bed medical staff budget from the divisions to MOSCETU for 2019-20.	• To be addressed in funding methodology paper	In Progress
ED Surgical	Thanks for the opportunity to review this document. The strategies seem comprehensive and the use of predicted data is great • I have made comments within the body of the document surrounding the definition of a surge bed and my concern surrounding the beds in Division of Surgery are being used as business as usual we cannot surge into them as they are already patient occupied. • I note that we have clearly articulated the increase in nursing and allied health staff with the increased capacity. I could not identify in the document the increase in medical staff to support the increased bed base – I may be blind. • Confirm is Paediatrics have an additional arrest strategy to support the surge. • Include 9B 8 unfunded beds in the strategy	• Added in a definition for surge and winter beds • Embedded however surge will be funded as part of this strategy – no additional physical beds per say. • JMO staffing has been added based on this request • TBA	COMPLETE COMLPETE COMPLETE In Progress COMPLETED In Progress

	• ? 2 additional theatre spaces (currently funded for M, T, W)T&F		
Media & Comms	Re wrote the comms section – updated in the plan. I also update the intro to reflect these changes	• Discussing with M/C the internal strategies	In Progress
Women's Youth & Children's	**Maternity** - have their own bed pressures and tend to manage them internally. The only time it can affect us is if we have no gynae beds in ANW and the rest of the hospital is full to capacity and elective lists may be cancelled. Rare, but possible. **Paeds** - the 8 paediatric surge beds are used intermittently by paediatrics all year round, with the paediatric surgical ward being open for a significant proportion of the winter period. We will still have paediatric patients who have to spend the night in ED because of bed block, but this is unpredictable and Anne thinks unavoidable without decreasing routine surgical throughput.	• Paul to address pharmacy comment • Need to understand the use of this further	In Progress In Progress
	If the paediatric surgical ward is used as an overflow ward for maternity, this will obviously impact on our ability to move children from ED. With regards to early discharges, the lack of pharmacy staff impacts on our ability to discharge patients prior to 0900 or 1000. We are now in the habit of writing outside scripts for patients unless we feel the family will not collect the medication from an outside pharmacy. Even when scripts are faxed the day before discharge the pharmacy department struggles to meet demands at present. Unless there is unexpected and prolonged JMO absence I think we can manage without extra JMO staff. **Neonatology** – no specific comments. **Nursing/Midwifery**	• A separate paper will be developed to ID funding	In Progress

	The document does not seem to have the detail around funding for additional staffing. Is this to be done separately or is it to be service decision? Some clarity on this would be required for recruitment purposes. Given there are specific references to JMO and AH. The role of AOC around escalation and responsibilities appears to be taken out of the document. Is that because escalation is covered in other documents. While the Winter Management Strategy states Paediatrics will have 8 surge beds, we are unsure how that is any different from now unless of course there is associated funding being provided to staff these beds?? ☺ It is unclear whether we are to recruit the staff for these 8 beds or will the relief pool be providing staff as required when surge beds open (this is concerning given they may have no paediatric experience). My understanding is in previous years Paediatrics have recruited extra staff for 4 beds (approx. 5.3FTE) and there was an agreement that the relief pool would supply one extra staff member per shift if a further 4 beds were required.	allocation – working with Finance on this. • Yes, covered in other documents • Funding will be provided on these beds at a pro-rate rate based on the allocated winter funds • Recruitment of 4+ casual pool - TBA	COMPLETE In Progress In progress

MINUTE

SUBJECT: Approval of ACT Health Sector 2019 Winter Action Plan

To:	Dr Kerryn Coleman, A/g Chief Health Officer
Through:	Daniel Curtin, A/g Executive Branch Manager, Health Protection Service
From:	Craig Cannon, Director, Health Emergency Management Unit
Date:	24 May 2019

Purpose

To outline preparedness activities by ACT Health and broader ACT health sector for the 2019 winter season, and to seek your approval of the ACT Health Sector 2019 Winter Action Plan.

Background

At the Health Sector Emergency Management Committee (HSEMC) meeting of 3 April 2019, the committee discussed preparedness activities for the upcoming 2019 winter season. The HSEMC agreed for the Health Emergency Management Unit (HEMU) to document current winter preparedness activities across key agencies to improve coordination and consistency of response.

Issues

The ACT Health Sector 2019 Winter Action Plan (the Winter Plan) is available at Attachment A. The Winter Plan summarises current and scheduled preparedness activities of key health sector agencies. Updates were provided by Communicable Disease Control, Canberra Health Services (CHS), Calvary Public Hospital Bruce (CPHB), and Capital Health Network.

CHS and CPHB have developed separate internal Winter Demand Management Plans. These plans outline the respective hospital's management of an increase in patients with influenza. A summary of the key activities in these plans were incorporated into the Winter Plan.

There has been an increase in the number of notifications of influenza and influenza-associated deaths in 2019, including in the ACT and nationally. A stakeholder meeting will be held at the Health Protection Service to discuss preparedness for the influenza season on Thursday 6 June 2019. Discussions will be informed by the Winter Plan and the respective Winter Demand Management Plans of CHS and CPHB. Representatives have been invited from:

- ACT Health (Public Health Physician, Communicable Disease Control, HEMU);
- Canberra Health Services;
- Calvary Public Hospital Bruce;
- Calvary Bruce Hospital Private;
- Calvary John James Hospital;
- National Capital Private Hospital; and
- Capital Health Network.

Once approved, the Winter Plan will be distributed to HSEMC members as an information tool in the event of an increase in influenza cases during the winter season.

Recommendations

That you:

- NOTE the above information, including Attachment A;

NOTED/PLEASE DISCUSS

- APPROVE the ACT Health Sector 2019 Winter Action Plan at Attachment A; and

APPROVE/NOTED/PLEASE DISCUSS

- AGREE for the ACT Health Sector 2019 Winter Action Plan to be distributed to the Health Sector Emergency Management Committee (HSEMC).

APPROVE/NOTED/PLEASE DISCUSS

.... / /

Dr Kerryn Coleman
A/g Chief Health Officer
~~June~~ 2019 30 May

Craig Cannon
Director, Health Emergency Management Unit

24 May 2018

Action Officer:	David Reid
Branch:	Health Emergency Management Unit
Extension:	x49199

ACT Health

2019 Winter Wellbeing and Influenza Communications Strategy

Contacts		
Merryn Jelbart	Director Strategic Communication Communication and Government Relations Branch	02 5124 9469 merryn.jelbart@act.gov.au
Judith Ingwersen	Immunisation Program Coordinator Health Protection Service	02 5124 9678 judith.ingwersen@act.gov.au
Dr Kerryn Coleman	Chief Health Officer Public Health, Regulation and Protection	02 5124 9853 kerryn.coleman@act.gov.au

1. Background and purpose

Influenza (commonly known as 'flu') is a highly contagious respiratory illness caused by the influenza virus. Cases of influenza are common throughout the year, but the number of cases increases significantly during the winter months.

Seasonal winter epidemics of influenza can cause an increase in illness and deaths, placing an increased burden on health services, particularly Emergency Departments.

The Australian Government, under the National Immunisation Program (NIP), provides an influenza vaccine free to:

- people aged 6 months and over with certain underlying medical conditions that can lead to serious complications from influenza (such as severe asthma, heart or lung disease, diabetes and/or weakened immune systems)
- people aged 65 years and over
- Aboriginal and Torres Strait Islander people aged 6 months and over
- pregnant women.

In 2019, for the second year, the ACT Government will provide free influenza vaccine to all children aged 6 months to under five years.

For the first time this year a Government funded vaccine will be available to all Aboriginal and Torres Strait Islander people aged 6 months and older.

In 2019, there will be five different types of influenza vaccine available to immunisation providers. The difference between the vaccines is primarily which age group they target (age restrictions apply to all vaccine brands).

The Winter Plan and emergency management

The ACT Chief Health Officer (CHO) coordinates emergency planning for the ACT health sector through the Health Emergency Management Sub Committee (HEMSC). An annual Winter Plan is prepared through the HEMSC to assist both ACT Health Directorate and the broader ACT health sector to ensure appropriate preparedness and response mechanisms are in place to mitigate the risks and manage the consequences of winter outbreaks of infectious disease, including influenza.

The Winter Plan is an internal Canberra Health Services (CHS) and ACT Health Directorate document which outlines the actions required to appropriately manage any outbreaks of infectious disease. The plan also identifies ways to increase uptake of the seasonal influenza vaccine and vaccination rates in the ACT community, including across high risk groups.

Pilot programs for people aged 65 and older

In 2019 ACT Health Directorate will be trialing two pilot initiatives. This year people aged 65 and older will also be able to get a Government funded flu vaccination, specially formulated for their age, from:

- some participating community pharmacies. Currently 45 parmacies across the ACT are participating
- from a Walk-in Centre when presenting for other medical care.

How we prepare the community for winter

The ACT Health Protection Service (HPS) within the ACT Health Directorate conducts annual education sessions with aged care and primary care providers prior to the influenza season. The ACT Health Directorate also provides the community with information and tips on how to keep themselves and their families well during the cooler months.

The ACT Health Directorate encourages Canberrans to work with us in preventing the spread of influenza in the community by staying away from childcare, school, work and other social activities when unwell.

Aged care

HPS works closely with aged care facilities to help them prepare for the influenza season and to promote vaccination of residents. When notified of an outbreak, HPS works closely with aged care facilities to provide advice to limit the spread of the disease, help reduce the duration of the outbreak, and subsequently protect the health of all residents. HPS staff also provide support to minimise the extent of the outbreak and, where appropriate, encourage care in place to minimise impact on hospital services.

Children

From April 2018, children in the ACT between the ages of 6 months and younger than 5 years became eligible for a free influenza vaccine. This ACT Government funded program will continue to be available for free in 2019 from immunisation providers. This includes from GPs (a consultation fee may be charged for the appointment) and ACT Health Early Childhood Immunisation Clinics.

HPS communicates with Canberra childcare centres to ensure staff have access to information to prepare for the influenza season.

Review of last year's influenza season

In 2018, there were a total of 476 notifications of influenza reported to ACT Health Directorate. This is very low compared to previous years where we saw 3,098 notifications during 2017 and 1,603 notifications during 2016.

The decline in influenza notifications in 2018 may be associated with:

- increased influenza vaccine uptake generally
- good uptake of ACT funded influenza vaccines for children aged 6 months to under 5 years
- good uptake of the high-dose or adjuvanted vaccines among people aged 65 years and older
- residual immunity from the very large and sustained influenza season in 2017
- a shift in circulating strains (from influenza A/H3 and influenza B in 2017, to influenza A/H1 in 2018).

There was a 10% gap between flu vaccine coverage rates for children under 5 last years between non-Indigenous and Indigenous children.

2. Communication aims and objectives

The aims of this communication strategy are to positively influence behaviour and raise awareness regarding influenza, including:

- encourage the community to get a flu vaccination
- increase understanding of influenza (vs other illness) and the importance of the flu vaccine
- inform the community about where to get the flu vaccine and where to go for medical help
- inform the community about what things to do to reduce the spread of flu and how to keep well in winter.

The broader objectives of this communication strategy are to:

- support the Health Protection Service to achieve good influenza vaccination rates in the ACT, particularly amongst funded and at-risk groups
- support ACT public hospitals to manage service demand across winter by educating Canberrans about where to seek medical attention for influenza and minor, non life-threatening illnesses such as colds.

3. Strategic approach

Each day Canberrans receive hundreds of different brand and marketing messages, including dozens of messages about how to maintain their health.

To ensure we are successful in making our flu and winter wellness messages resonate with and be memorable for our target audiences, our communication strategy is informed by findings from communication market research conducted by Piazza Research on behalf of ACT Health in April 2018 (included at Attachment A), to test influenza messaging amongst the Canberra community.

We will tailor our messages for different audience groups.

- We know from the success of our recent Walk-in Centre campaign that humour resonates well with Gen X, Millennials, Gen Y and social media savvy audiences when communicating about minor illness and injury. Humorous content is shared broadly across social media and is more engaging and memorable. We will take a more humorous approach for these audiences and bust some of the myths around influenza vaccination.
- For people over the age of 65, vulnerable groups, young children and pregnant women we will use the authoritative voice of the ACT Chief Health Officer to provide factual and evidenced base rationale for flu vaccination. These groups are at higher risk of severe illness, and the risk of influenza needs to be taken seriously.
- We will also craft content relevant to groups and situations where sharing of 'germs' and illness is highly likely, such as workplaces and schools. We will craft messages specific to each audience and highlight the heightened chance for sharing of illness and provide tips to stay healthy. We also know some of our primary audiences trust workplaces and schools as a source of information on influenza.

Instead of simply instructing people to 'get their flu vaccination now', our communication will help break down barriers to action.

We will respond to questions our audiences are asking (e.g. why do I need a new vaccine every year; isn't it too early/late to get the vaccine) and illustrate the impacts influenza to attract attention from both unmotivated audiences and people with lower levels of understanding.

We will communicate:

- when the new (2019) vaccine is available
- why the vaccine changes each year
- why people shouldn't think it's 'too late' or unnecessary to get the new vaccine.

We will visually illustrate:

- the symptoms of influenza and winter illnesses
- tips to prevent and fight influenza and illness
- influenza facts and myths
- the incidence of influenza in the ACT (dependant on available data).

Our strategy, messaging and approach will be adapted to respond to changing needs and incidents of influenza and winter illnesses as needed.

4. Target audiences

Primary

- Parents/guardians/carers of children aged 6 months to under five years
- People aged 65 years and older
- Pregnant women
- Aboriginal and Torres Strait Islander peoples of all ages
- People aged 6 months and older with certain underlying medical conditions such as severe asthma, heart or lung disease, diabetes and/or weakened immune systems
- People who are in close contact with, or care for, the above groups
- Immunisation providers

Secondary

- All health professionals
- ACT public health system staff, including Aged Care Facility Staff
- Stakeholder, community and health consumer groups
- Preschools and childcare centres
- Schools
- Workplaces
- Media

Stakeholders

- Ministers

- ACT Government Directorates and communication staff, including Education Directorate, Emergency Services Agency, Community Services Directorate, Canberra Health Services
- Calvary Public Hospital Bruce

Influenza and winter illness can impact the whole community, making our target audience very broad. As such, it's important we look at ways to group and segment the audience to best reach them based on their receptiveness of influenza/winter messaging and their level of vulnerability/risk. As well as categorising our audiences into the above groups, we can group by:

- people in large workplaces/offices, such as government departments
- children and early childhood staff
- those in close contact with people who are at higher risk of illness, such as health staff and community workers
- people who often travel, work or spend time in public places and come into close contact with others.

5. Key messages

The term 'flu' is more commonly used by the community when referring to the flu vaccine. We know that sometimes 'flu' is used in the same sentence as a common cold and can be mistaken for a simple cold. To ensure people understand the difference, we will educate the community about influenza as part of this strategy and how it is different to a cold, while continuing to use the terms 'flu' and 'influenza' where it is most suited to the communication.

Strategic messaging

- The flu vaccine will help keep you and your family healthy this winter.
- Help us keep Canberrans healthy and out of hospital.
- The best way to prevent getting influenza is by getting a flu vaccine.
- The best time to get the flu vaccination is before the start of the influenza season. The peak period for influenza is typically June to September in most parts of Australia.
- Each year the flu vaccine changes to cover different strains that are expected to be circulating in the community, so make sure you get a vaccine every year.
- Even healthy people get the flu.
- It is particularly important for young children, pregnant women, people aged 65 years of age and older, Aboriginal and Torres Strait Islander people, and people with underlying health conditions, because these people are at higher risk of severe illness.
- If you have influenza like symptoms and need medical care, visit your GP or one of our Walk-in Centres in Gungahlin, Belconnen or Tuggeranong.
- For emergency medical care call 000 or go directly to your nearest Emergency Department at Canberra Hospital or Calvary Public Hospital Bruce.

Flu messaging

- Everyone aged 6 months and older should have a flu vaccination. You can get one now.
- The Government funded flu vaccine for 2019 is now available for people who are at high risk of complications from influenza.
- The flu vaccine is free for the following people in the ACT:
    - children aged 6 months to under 5 years
    - people 65 years of age and older
    - pregnant women
    - all Aboriginal and Torres Strait Islander people aged 6 months and older
    - people aged 6 months and older with certain underlying medical conditions such as severe asthma, heart or lung disease, diabetes and/or weakened immune systems.
- Get your flu vaccine at any of the below locations:
    - your GP (everyone)
    - Early Childhood Immunisation Clinics at ACT Government Community Health Centres (children aged 6 months to under 5 years)
    - Pharmacies that provide flu vaccination services (people aged 16 years and older)
    - Walk-in Centres (people 65 years of age and older who are already attending a Walk-in Centre for medical care)
    - some workplaces will also provide an influenza vaccine for employees.
- If you are eligible for a free vaccine you can get it from your GP (a consultation fee may be charged).
    - Children aged 6 months to under five can also get a free vaccine from ACT Government Early Childhood Immunisation Clinics.
    - Pregnant women can also receive their free vaccine through their antenatal clinic.
    - People aged 65 years and older can also get a free vaccine at some pharmacies (a consultation fee may be charged) or a Walk-in Centre when presenting for other medical care. *[NB: This message is part of a 2019 pilot, as identified below].*
- Children who are having the flu vaccine for the very first time will need two doses approximately four weeks apart. Book both doses at the same time so you don't forget the second.
- Influenza is spread person-to-person.
- Even healthy people get the flu.
- No one else wants your flu. If you are sick, stay home from work or school, cover your coughs and sneezes, put used tissues in the bin, and wash your hands often.
- If you have influenza-like symptoms and need medical care:
    - visit your GP

  - visit a free Walk-in Centre in Gungahlin, Belconnen or Tuggeranong, open 7 days a week 7.30 am to 10 pm
  - call Healthdirect on 1800 022 222
  - call the National Home Doctor Service on 137 425.
- The most common symptoms of influenza are:
  - fever and chills
  - a cough, sore throat, or runny nose
  - body aches (muscle or joint pain)
  - feeling tired and fatigued
  - loss of appetite.
- Last year Canberra had a high uptake of the flu vaccine amongst children under 5 and people 65 years and older.
- In the ACT, the 2018 flu season had the lowest number of influenza notifications compared to the previous six years. However, each year the flu season varies in severity. Canberrans must continue to take steps to prevent getting the flu, and the annual flu vaccination is the most effective way to prevent it.
- Adults aged 65 years and over should have the free flu vaccine that is specially formulated for their age group. This vaccine is available from GPs, and in 2019 as part of a trial it will also be available from some participating pharmacies and our Walk-in Centres. *[NB: This message is part of a 2019 pilot, as identified below].*
- Influenza can be fatal, even in healthy children. A yearly flu vaccine is the best way to reduce the risk of you and your child getting sick with the flu and spreading the flu to others.
- The flu vaccination is safe and free for pregnant women and is the best way to protect mums and their babies from serious complications associated with influenza.
- Some people, including young children, the elderly, pregnant women and people with certain medical conditions are at higher risk of serious complications from influenza infection.
- If you have severe symptoms, such as difficulty breathing or chest pain, call '000' or go to your nearest Emergency Department.
- For more information visit www.health.act.gov.au/flu
- Walk-in Centres are open 7 days a week from 7.30am to 10.00pm. For more information about Walk in Centres, visit http://health.act.gov.au/our-services/walk-centre

Pilot programs for people aged 65 and older

- This year the Government funded flu vaccine specially formulated for people aged 65 and older will be available from some participating community pharmacies. Check with your pharmacy to see if they are part of this pilot.
- People aged 65 years and older can also get a free vaccine at a Walk-in Centre when presenting for other medical care.

- People aged 65 years and older can continue to get the vaccine from their GP.
- People aged 65 years and older should be refered to the GP for ongoing medical care.
- These are pilot programs that aim to expand the vaccination coverage in this vulnerable group through expanding access to and opportunity for vaccination.

Winter wellness messaging

- Even healthy people get sick in winter.
- During winter we see increased numbers of influenza and other respiratory viruses, including the 'common cold' as well as viral gastroenteritis or 'gastro'.
- Here are some tips to help you stay healthy this winter:
    - Good hand hygiene helps reduce the spread of illness. Wash your hands frequently with soap and water, or use hand sanitiser, especially before eating or preparing food, and after using the toilet.
    - Eat a wide range of nutritious foods.
    - Even though its cold, it is important you keep up some physical activity.
    - Get your flu vaccine in April or May before the worst of the flu season starts.
- If you do get sick, the best thing to do is stay home, rest and drink plenty of fluids.
- When you are sick, avoid spreading illness to others by:
    - Always covering your coughs and sneezes – preferably with a tissue or your inner elbow, not your hands, and always throwing your tissues straight into the bin.
    - Frequently washing your hands with soap and water or using hand sanitiser.
    - Staying at home from work or school and avoiding social activities.
    - Keeping sick children home from school or childcare until they are completely well.
    - Not visiting people in aged care or other residential care facilities, or people in hospital.
- By taking steps to avoid spreading illness you are helping protect others who are at higher risk of severe illness, including young children, pregnant women, the elderly, Aboriginal and Torres Strait Islander people, and people with underlying health conditions.

NB: Where appropriate we have used factual information sourced from the ACT Health Directorate Health Protection Service, Australian Technical Advisory Group on Immunisation, and National Centre for Immunisation Research & Surveillance.

6. Budget

The Public Health, Protection and Regulation Branch has allocated $25,000 GST inclusive for the delivery of this communication strategy. An indication of budget allocation against communication activities is estimated below. The exact cost will be approved by PHPRB prior to implementation.

The use of no or low-cost communication channels, such as website content, traditional media and other digital media activity will be maximised.

Communication activity	Estimated cost (GST incl)
Social media promoted posts	$10,000
Radio advertising	$10,000
Canberra Weekly (full page) press advert	$ 1,800

7. Issues and risk management

Issue	Mitigation strategy
Significant media interest	To manage media interest and potential issues, media lines will be prepared and used as required. For example, if there is a flu-related death in the ACT or media enquiries on high risk groups.
Mis-information reported	Media holding lines and talking points will be developed.
Significant/severe influenza outbreak	This strategy outlines proactive communication with the community on the prevention of the spread of flu, including tips on how to stay healthy in winter. Throughout the influenza season ACT Health Directorate reports data on the number of confirmed influenza cases in the ACT. Media lines will be prepared for these data updates and provided to the Minister's Office to respond to media requests. HPS will also keep the Communications Team informed in a timely way about changes in trends and figures that may need to be communicated to the community.
Shortage of influenza vaccinations	HPS will notify the communication team as early as possible if there are issues with vaccine stocks, detailing how this will be managed. Media lines and communication materials will be developed as needed
Health emergency	HEMU processes will commence

8. Monitoring and evaluation

At the conclusion of this strategy the Communication Team will evaluate the success of our communication against our objectives (outlined in section 2), using the following measures:

- Feedback from staff, including on questions/queries about influenza
- Rates of engagement in our messaging, including on social media and web and take up of stakeholder activities
- Data on the number of people who received the influenza vaccination and the number of people who presented to the Canberra Hospital or a Walk-in Centre with influenza like symptoms (data provided to us by the Health Protection Service and Canberra Health Services)
- Laboratory confirmed cases of influenza reported to Health Protection Service
- Media coverage and tone.

9. Communication action plan

Date	Channel / Activity	Audience	Responsibility
Mid April	• **Letters** to immunisation providers about the availability of the vaccine • **ACT Health Immunisation Newsletter** (special flu edition) – April • **Flu factsheets and information products** updated	Immunisation providers	Business Team with support from Comms Team
Mid April	• **Flu webpage** and wellness messaging live on ACT Health website. • **Community Health Intake** phone on-hold message updated.	All	Communication Team
Late April/first week of May	• **Media release, media event** and **social media** post with Minister for Health and Wellbeing getting a flu vaccination and **launching** the flu and winter wellness messaging.	All, media	Communication Team
Early May	• **Internal communication**, including digital signage, desktop wallpaper, and HealthHub news items, about the availability of the 2019 vaccination so staff can talk about the vaccine and winter wellness with their patients. *NB: a separate internal communication plan is being prepared for the staff vaccine program.*	ACT public health service staff – Health Directorate, CHS and Calvary	Communication Team
Ongoing	• **Media releases** at key milestones, for example, when flu numbers start to increase, vaccination reminders, wellness tips etc.	All, media	Communication Team
1 May – 30 August	• **Social media campaign** commences with video and posts. Posts are tailored to target audience groups. We will contact our stakeholders, partners and other ACT Government directorates and encourage them to share the messages with their networks and audiences. • As part of our social media activity, we will produce a **short video with the CHO** to provide an authoritive voice on flu and winter wellness tips. We will develop a series of **infographics and posts** that explain the impact flu can have on our community.	All primary audiences tailored to each group Stakeholders, workplaces,	Communication Team

	• Building on our creative application across social media, we will develop **social tiles, posters and infographics** for use by stakeholders, partners, ACT Government Directorates, workplaces and schools in their offices and communication channels. • We will also provide **editorial for stakeholder newsletters and publications**. We will work with our partners, including Capital Health Network, Education Directorate, ACT Emergency Services Agency, Community Services Directorate, CMTEDD and community partners including Aboriginal and Torres Strait Islander groups. • A draft of our collateral design is included at Attachment B.	schools, vulnerable groups	
Early May	• A one-off **press advert in Canberra Weekly** will alert members of the community to the availability of the 2019 flu vaccination and encourage them to make an appointment to receive their flu vaccine at the appropriate time.	All audiences, including people over 65	Communication Team
1 May – 30 August	• **Radio advertising** reinforcing our key messages. Radio is an important channel to reach audiences who are not readily connected via the internet or actively involved in the community. • **Media coverage on radio** will also form a key component of our strategy, to increase the chance of coverage at key times of day.	All, particularly those at high risk or not connected via internet or community and people over 65	Communication Team
April & June/July	• **Our Canberra** articles encouraging people to get the flu vaccination and providing hand hygiene and cough/sneeze etiquette tips.	All	Communication Team

Attachment A: Communication market research summary

In April 2018 Piazza Research on behalf of ACT Health conducted focus group market testing on influenza messaging amongst the Canberra community.

Our research shows for residents under 40 years of age:

- the main reason people give for not having a vaccination is not having enough time to get around to it, and lack of factual information that 'sells' the vaccination and hearing negative information (that isn't combatted by statistics) that people get sick from vaccinations
- the main benefits people saw for having a flu vaccine was herd immunity, improved productivity and fear of feeling ill
- the main way people receive most of their information about flu vaccinations is via work and work emails. They believe the most credible sources of information were through work, school newsletters and advertising. The recommended channels are Facebook, workplace emails and posters and at schools for parents with children
- they want to hear to motivate them to get a flu vaccine were 'protected' and 'flu' or 'jab' and 'help protect yourself and others around you'
- they said the biggest motivators to getting a vaccination were 'to be told what the flu-like symptoms and effects are' or be 'shocked into doing it' and images that display caring for each other and broader community immunisation were essential in helping with motivation.

Our research shows for people over 44 years of age:

- in our focus group no one was actually opposed to vaccination
- those who did regularly obtain flu immunisations did so because it protects their family, co-workers and the general public, it is cheap, it is convenient and it prevents them from missing work
- main benefits for obtaining flu vaccines were protection for family or relatives, not being sick for work and being healthy to take care of dependents
- main barriers were not knowing what the flu vaccination is, not knowing if the vaccination will work against the right type of flu, not knowing when the right time is to get a vaccination and how long the effectiveness of the vaccination will last
- the main way people receive most of their information about flu vaccinations is from TV, internet, doctors and family. They believe the most credible sources of information was doctors
- they said the biggest motivators to getting a vaccination were evidence based statistics about vaccination, convenience of getting a vaccination, not getting others sick and affordability.

Attachment B: Examples of communication collateral

Channel: Social media post
Audience: Parents of young children and families
Text: It's time to get your flu vaccine. The vaccine changes every year to cover the latest strains of flu. Everyone aged 6 months and over should have one. **health.act.gov.au/flu**

Channel: Social media post
Audience: Office workers, Gen X, Gen Y and Millenials
Text: Are you a public servant who is highly productive and essential to your team's performance? Then you need to stay healthy this winter! Get a flu vaccine now, eat well, sleep well, follow good cough etiquette and wash your hands regularly. **health.act.gov/flu**

Channel: Social media post

Audience: Parents of young children and families

Text: Do you have a busy and affectionate child with limited time for good hygiene? You can help keep them healthy this winter with a flu vaccine. It's free for children aged 6 months to less than 5 years. Make an appointment at one of our Community Health Centres on 6207 9977 or with your GP (a consultation fee may apply). **health.act.gov.au/flu**

Channel: Social media post

Audience: Pregnant women, parents of young children, families

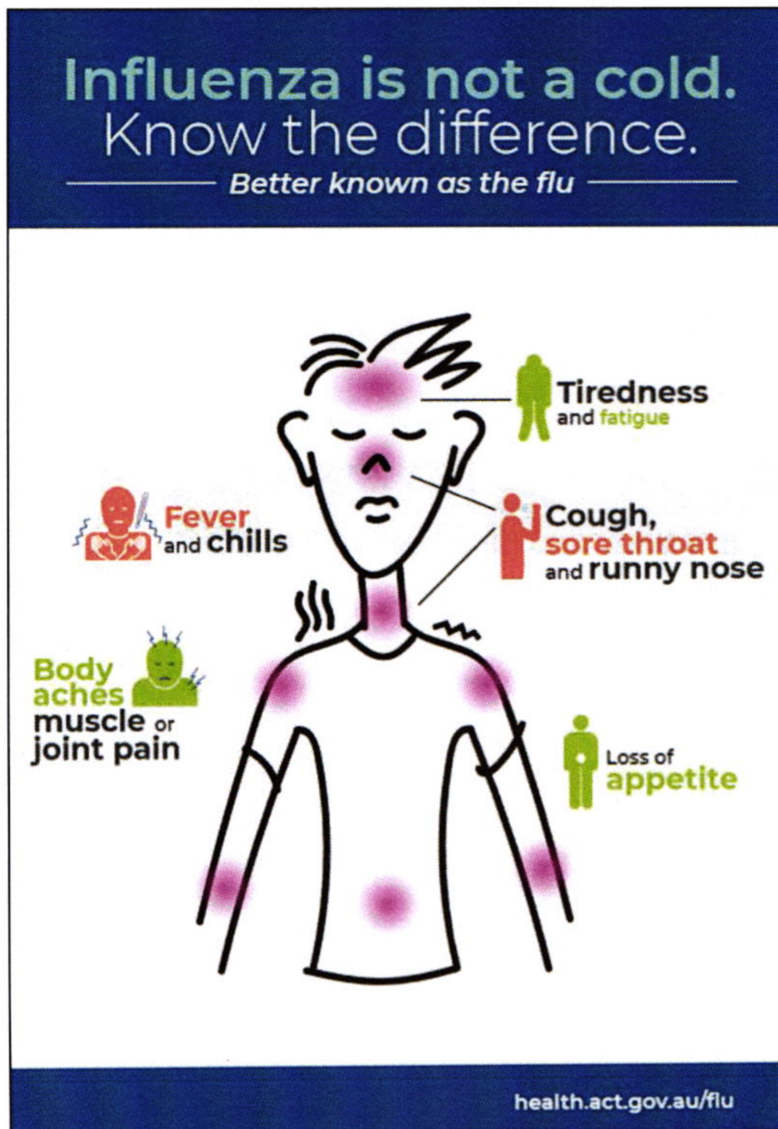
Text: The flu vaccination is safe and free for pregnant women and is the best way to protect mums and their babies from serious complications associated with influenza. The best time to get the vaccine is before the start of the flu season, which is now. Pregnant women can receive a free vaccine at any time during their pregnance from their GP (a consultuation fee may apply) or through their ACT Health antenatal clinic. **health.act.gov.au/flu**

Channel: Website content, social media content, and A5 infographic for distribution
Audience: All community

Text: Influenza, or the flu, is not the same as a cold. The flu can cause severe illness in some people. It is spread from person to person. A yearly flu vaccine is the best way to reduce the risk of getting sick with the flu and spreading the flu to others.

If you have influenza like symptoms and need medical care, visit your GP or one of our Walk-in Centres in Gungahlin, Belconnen or Tuggeranong.

If you are sick, stay home from work or school, cover your coughs and sneezes, put used tissues in the bin, and wash your hands often. **health.act.gov.au/flu**



Channel: A5 inforgraphic for social, website and sharing
Audience: All community

Text: Even healthy people get sick in winter. During winter we see increased numbers of influenza and other respiratory viruses, including the 'common cold', as well as viral gastroenteritis or 'gastro'. Here are some tips to help you stay healthy this winter. **health.act.gov.au/flu**

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done.

AGENDA

Subject	Health Services Executive Committee
Date	Tuesday 28 May 2019
Time	08:30am – 10:30am
Location	Canberra Hospital, Building 24, Meeting Room 1
Chair	Bernadette McDonald
Secretariat	Nicole Stevenson – CEOHealth@act.gov.au

1. Apologies
2. Acceptance of previous minutes
3. Actions
4. General Business
5. Documents for Endorsement or Noting
6. Other Business

I acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. I acknowledge and respect their continuing culture and the connections to the land. I would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander peoples who may be attending today's meeting.

General Business

No.	Item	Speaker	Papers
4.1			
4.2			
4.3	Winter Management plan 2019	Elizabeth Chatham	Attached
4.4			
4.5			
4.6			
4.7			

Documents for Endorsement or Noting

No.	Item	Speaker	Papers
For Noting			
5.1			

Other Business

No.	Item	Speaker	Papers

Next Meeting: 4 June 2019

ACT Government | Canberra Health Services

MINUTES

Title	Canberra Health Services Health Services Executive Committee	Theme	General
Location	Canberra Hospital, Building 24, Meeting Room 1	Chair	Bernadette McDonald
Date/Time	Tuesday 28 May 2019	Secretariat	Nicole Stevenson

Attendees	Initials	Division / Service / Title	Present	Apology
Bernadette McDonald	BM	Chief Executive Officer	x	
Elizabeth Chatham	EC	A/g Chief Operating Officer	x	
Denise Lamb	DL	Executive Group Manager, Quality, Safety, Innovation and Improvement	x	
Cathie O'Neill	CO	Executive Director, Cancer and Ambulatory Support	x	
Lisa Gilmore	LG	Executive Director, Critical Care	x	
Walter Abhayaratna for Jacqui Taylor	WA	Executive Director, Division of Medicine	x	
Karen Grace	KG	Executive Director, Mental Health, Justice Health, Alcohol & Drug Services	x	
Linda Kohlhagen	LKo	Executive Director, Rehabilitation, Aged and Community Services	x	
Daniel Wood	DW	Executive Director, Surgery	x	
Katrina Bracher	KB	Executive Director, Women Youth and Children	x	
Jane Dahlstrom	JD	Executive Director, ACT Pathology	x	
Paul Dugdale	PD	Executive Director of Medical Services	x	
Narelle Boyd	NB	A/g Executive Director of Nursing and Midwifery and Patient Support Services	x	
Kerry Boyd	KB	A/g Executive Director of Allied Health	x	
Andrew Gay	AG	Chief Financial Officer	x	
Colm Mooney	CM	Executive Group Manager, Infrastructure and Health Support Services	x	
Janine Hammat	JH	Executive Group Manager, People and Culture	x	
Helen Falla	HF	Director, Canberra Hospital Foundation	x	
		Member, Aboriginal and Torres Strait Islander Elected Body		x
		Healthcare Consumers Association		x
		Healthcare Consumers Association	x	
		arers ACT		x

MINUTES

1.	**Welcome and apologies**
	Chair undertook the Welcome to Country. Refer to attendance and apologies table above.
2.	**Acceptance / review of previous minutes**
	Minutes from the HSEC 7 May 2019 were not distributed at the meeting. Will be distributed for out of session endorsement.
3.	**Actions arising** Refer to Actions Arising attachment.
4.	**4.3 Winter Management Plan 2019** • The Plan was circulated out of session for additional comments. • The Influenza epidemic is well and truly underway and it is the earliest we have seen it. We continue to promote the flu vaccination to all staff and the uptake is higher than last year. • We need to continue to ramp up the external communication around where to present and how to identify the symptoms of cold vs flu. This work could be done with the Capital Health Network, working with schools to get information in school newsletters etc. • The Walk-in Centres have been doing opportunistic flu vaccinations for over 65s. • Cathie O'Neill asked for some additional staffing as part of the winter management plan which was supported by the members. • It was noted that the new ACT Health App waiting times could be sending people to the ED before the WiCs if the ED was showing a shorter wait time. CHS is working with ACTHD on how the wait times are better reflected. • Linda Kohlhagen noted that the RACS information in the Winter Management Plan needed some corrections and would provide the information out of session. • Plan Endorsed with minor changes.

5.	
6.	
	Meeting Closed: 10.45am

Ramsay, Michelle (Health)

From:	Flaherty, Hannah (Health) on behalf of Chatham, Elizabeth (Health)
Sent:	Monday, 9 September 2019 3:41 PM
To:	Ramsay, Michelle (Health)
Subject:	FW: HSEC Out of session - Winter Management Plan
Attachments:	Canberra Health Services Winter Management Plan - HSEC approved v1.3.6.pdf

UNCLASSIFIED

Hannah Flaherty | Ag Executive Assistant to
Linda Kohlhagen, Ag Chief Operating Officer
Phone: 02 5124 2728 | Email: hannah.flaherty@act.gov.au
Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

From: Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Sent: Sunday, 2 June 2019 10:02 PM
To: CEOHealth <CEOHealth@act.gov.au>; McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; ATSIEB <atsieb@act.gov.au>; <Lisa.Kelly@carersact.org.au>; Boyd, Kerry (Health) <Kerry.Boyd@act.gov.au>; Taylor, Jacqui (Health) <Jacqui.H.Taylor@act.gov.au>; Bracher, Katrina (Health) <Katrina.Bracher@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>; Dugdale, Paul (Health) <Paul.Dugdale@act.gov.au>; Gilmore, Lisa (Health) <Lisa.Gilmore@act.gov.au>; Dahlstrom, Jane (Health) <Jane.Dahlstrom@act.gov.au>; Hammat, Janine (Health) <Janine.Hammat@act.gov.au>; Boyd, Narelle (Health) <Narelle.Boyd@act.gov.au>; Kohlhagen, Linda (Health) <Linda.Kohlhagen@act.gov.au>; Lamb, Denise (Health) <Denise.Lamb@act.gov.au>; Mooney, Colm (Health) <Colm.Mooney@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Wood, Daniel (Health) <Daniel.Wood@act.gov.au>; Gay, AndrewD (Health) <AndrewD.Gay@act.gov.au>; ACT Health, ACTPathologyED <ACTPathologyED@act.gov.au>; Falla, Helen (Health) <Helen.Falla@act.gov.au>; Grace, Karen (Health) <Karen.Grace@act.gov.au>; Kaye, Todd (Health) <Todd.Kaye@act.gov.au>
Cc: Tzavalas, Olivia (Health) <Olivia.Tzavalas@act.gov.au>; Attwood, Courtney (Health) <Courtney.Attwood@act.gov.au>; Ramis, Tenny (Health) <Tenny.Ramis@act.gov.au>; Carriage, Debby (Health) <Debby.Carriage@act.gov.au>; Ringland, Alice (Health) <Alice.Ringland@act.gov.au>; Raco, Ida (Health) <Ida.Raco@act.gov.au>; Reynolds, Deborah (Health) <Deborah.Reynolds@act.gov.au>; Rucinski, Gul (Health) <Gul.Rucinski@act.gov.au>; Rajab, Hafsa (Health) <Hafsa.Rajab@act.gov.au>; Griffiths, Narelle (Health) <Narelle.Griffiths@act.gov.au>; Carroll, Tegan (Health) <Tegan.Carroll@act.gov.au>; Vaughan, Kristi-Lee (Health) <Kristi-Lee.Vaughan@act.gov.au>; Van Diemen, Rebecca (Health) <Rebecca.VanDiemen@act.gov.au>; Wells, Rebecca (Health) <Rebecca.Wells@act.gov.au>; Konujula, Pallavi (Health) <Pallavi.Konujula@act.gov.au>; Lutz, Melodie (Health) <Melodie.Lutz@act.gov.au>; Drew, Lynette (Health) <Lynette.Drew@act.gov.au>; Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>; Dwyer, Melissa (Health) <Melissa.Dwyer@act.gov.au>
Subject: HSEC Out of session - Winter Management Plan

UNCLASSIFIED

Good afternoon all

Please find attached the final Winter Management Plan for CHS for 2019, for noting.

Cheers
Nic

Nicole Stevenson
Business Manager to the Chief Executive Officer

Phone: 02 5124 4702 | **Mobile:** [redacted] **Email:** nicole.stevenson@act.gov.au
Building 24, Level 2, Canberra Hospital, Yamba Drive, Garran ACT 2605

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Canberra Health Services Winter Management Plan 2019

Office of the Chief Operating Officer

May 2019

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Introduction

The Canberra Health Services (CHS) Winter Management Plan forms part of the ACT Winter Demand Management Plan for the Territory. This plan is designed to provide a flexible, timely response to the pressure on CHS at times of peak demand.

It is important to note that the CHS Winter Management Plan covers the period of increased seasonal demand from 11 July to 27 November 2019, however work to progress these strategies will commence once this plan is endorsed.

The CHS Winter Management Plan includes:

- The judicious insertion of additional capacity (beds/staffing) for the Winter period in key areas of the Organisation
- Increased focus on Ambulatory Care strategies and Timely Access innovations
- A clear communication strategy inclusive of:

- Messaging to the community
- Messaging inside the Organisation
- A focus on messaging to senior medical staff
- Clear daily and weekly reporting methodologies; and
- A clear focus on daily bed management disciplines to improve bed access for the next patient
- Escalation strategies and expectations

Out of scope of this Winter Management Plan is the planning to permanently increase the bed capacity at University of Canberra Hospital (UCH). This will be addressed through an independent CHS strategy and planning initiative.

The plan is linked to the following policies and protocols:

- CHS Admission Discharge Policy
- Emergency Department Patient Flow Internal Escalation Pathway
- Emergency Department Direct Admissions Protocol
- Infection Management Policies and Protocols
- CHHS Services Capacity Escalation Response Procedure during Hours & after Hours
- Clinical Procedure for Influenza and Respiratory Illnesses Management for Adults and Children

2019 Winter Data predictions

Current projections (occupancy) indicate that the 2019 winter period will place a higher demand on CHS than experienced in 2018, and therefore an expanded winter strategy is required.

In 2019 the Winter Management Plan outlines a considered plan for the following expected factors:

- Ongoing high demand for:

- Emergency Department (ED) services – see Table and Figure 1
- Increased Emergency surgery services projected to grow at 6% per annum
- Intensive Care Unit (ICU) services noting current high occupancy with the expectation of increased respiratory illnesses

- Building Works throughout the campus impacting bed availability

- Building 1 – pre-winter ward moves (Ward 7B to 7A) that is required to facilitate planned hydraulic works (Due for completion 11 July)
- Building 1 – Pre-winter ward move (Ward 8B to Ward 7B) to enable the availability of Ward 8B for the additional seasonal beds and the All Care Discharge Lounge
- Building 3 – mid winter ward moves (Ward 14B – 14A) due to 14A refurbishment works (due for completion September 2019)

Table 1 – ED Winter Data July-November 2016-2019

Year	ED Presentations	EMU Admissions	Ward Admissions
2016	1160	164	287
2017	1233	160	275
2018	1215	142	284
2019	1266	149	285

* Predicted by FBI, CHS

Winter Management Plan Strategies

Underpinning the planning for winter capacity is the need for additional bed capacity across the organisation.

Specific funding has been allocated for the Winter Management Plan strategies. The funding for this additional capacity will be reconciled at the end of the winter period and reimbursed as a pro-rata proportion of the available funds.

For the purpose of this document, 'surge beds' are any beds utilised in excess of the funded bed base for the service. 'Winter beds' will be beds opened in excess of surge bed capacity.

In 2019 the CHS Winter Management Plan has been expanded to include both inpatient and ambulatory care strategies:

- Inpatient Strategies:
  - 32 surge adult beds plus capacity for 8 paediatric beds
    - 2 ICU surge beds
    - 18 Surgical surge beds
    - 6 Geriatric surge beds
    - 6 Oncology surge beds
    - 8 paediatric surge beds
  - 16 additional adult ward beds
  - 3 Acute Mental Health surge beds
  - 4 Rehabilitation winter beds at UCH
  - 10 bed non-ambulant Discharge Lounge
  - Increased Allied Health, Medical and Wards persons resources
- Ambulatory Care Strategies:
  - Pathology Rapid Testing
  - Hospital in the Home
- Ongoing Timely Access innovations of note
  - Red to Green strategy
  - 1 before 9 strategy
- Community Winter Messaging Campaign:
  - Support the messaging to the community through Public Health
    - Community Flu campaign
    - ED diversion campaign
    - Walk-in-Centre Campaign
  - Renewed focus on messaging inside the Organisation
    - A focus on messaging to senior medical staff

- Clear daily and weekly reporting methodologies; and
- A clear focus on daily bed management disciplines to improve bed access for the next patient
- Escalation strategies and expectations

Inpatient Strategies

The winter strategy will be implemented for a defined period of 11 July to 27 November 2019, however some strategies to support this identified period will commence earlier.

Utilisation of the currently available 32 adult surge beds, 3 AMHU beds, 8 paediatric surge beds and an additional 16 Winter Beds, 4 winter rehabilitation beds will be utilised thought out the period.

Refer to Table 2 – Summary of Winter Bed Management with bed increases by Division and Ward for a detailed view of surge and additional winter bed capacity requirement.

Core principles around opening of the additional beds are as follow:

- The additional beds will be staffed and kept open throughout the winter period. Note: ability to maintain beds is dependent on staffing and this is will be a key challenge

- If operational demand falls the additional beds will be closed. Note: flexibility around staffing will be required

- Where possible patients will be placed in their home units/divisions with the specific intent being to minimise the number of outlier patients.

- Additional medical, nursing, and support service staff have been factored into the budget build for the Winter Management Plan for 2019.

Table 2 – Summary of Winter Bed Management with bed increases by Division and Ward

Division	Ward	Unit	Winter Beds	Surge Beds
Critical Care	ICU	ICU		2
Medicine	8B	Medicine/GMU	16	
	8B Discharge Lounge		10	
MHJADS	AMHU			3*
RACC	11A	Geriatric - ACE		4*
	11B	Geriatric		2*
	UCH	Rehabilitation	4	
Surgery	10A	General Surgery, Ophthalmology		4
	9B	Neurosurgical		8
	6B	Cardiac, Thoracic, Urology & Vascular		4
	5B	Orthopedics, ENT, OMFS, Plastics & Reconstructive Surgery		2
CAS	4A	Oncology		4
	14 B	Haematology		2
Paediatrics	Paeds surgical	Paeds		8 flexible
TOTAL			16 inpatient beds +10 D/C lounge +4 Rehab beds	32 inpatient beds + 3 AMHU beds +8 flex Paeds

* These beds will receive permanent funding as at 1 July 2019.

Additional General Medicine/ Respiratory Medicine Beds (16 additional winter beds)

One of the key pressure points of any winter season is the need for additional general medicine, respiratory medicine beds and geriatric beds. In order to meet this demand a Winter Ward of 16 beds will be created on Ward 8B.This ward will be established by the Divisions of Medicine and RACS with support from the wider Organisation, particularly in terms of having sufficient senior nursing staff in place.

All Care Discharge Lounge (10 Additional Winter Beds)

In order to support Patient flow throughout inpatient services, a 10 bed ambulant Discharge Lounge will be operational throughout the defined winter period to support increased demand for ED accessible beds. This enhanced Model of Care will enable non-ambulant patients on day of discharge to also access the discharge lounge, which is a more acute Model of Care than currently available.

The 10 bedded All care Discharge Lounge will be located in 8B with the additional Winter Beds.

An additional wards person will also be added to the central pool to support this strategy.

Geriatric Medicine (6 surge beds + 4 Rehabilitation beds)

To support seasonal demand 6 surge beds will be utilised in Geriatric Medicine plus an additional 4 Rehabilitation beds at UCH.
In order meet that demand the following will occur:

- 11 A will resource 4 surge beds for the full seasonal demand period
- 11 B will resource 2 surge beds for the full seasonal demand period
- UCH will operationalise an additional 4 beds commencing 3 June

Surgery beds (18 surge beds)

The division of Surgery continues to experience significant increases in both elective surgical demand (2 – 2.5% per annum) and emergency surgery demand (6.5% per annum). It is anticipated that these increases will continue throughout the winter period and possibly increase further. In order to meet this ongoing demand the following will occur:

- 10A will resource 4 surge beds for the full seasonal demand period
- 9B will resource 8 surge beds for the full seasonal demand period
- 5B will resource 2 surge beds for the full seasonal demand period
- 6B will resource 4 surge beds for the full seasonal demand period

Intensive Care (2 surge beds)

The ICU has funding for 22 ICU equivalent beds. Routinely this results in a mix of ICU (1:1 Nursing) and HDU (1:2 nursing) patients. This means the number patients in the Unit fluctuates, noting pressure on capacity is experienced when patient numbers exceed 27. During the months of January to March ICU downsizes to 20 ICU equivalent beds. This is achieved by decreasing the RN roster by 2 FTE. During the months of July to September ICU surges up to 24 ICU equivalent beds, achieved by increasing the RN roster by 2 FTE.

This process was successfully in 2017/18 and is therefore being repeated for the 2019 winter period.

Oncology & Haematology (6 surge Beds)

CAS continues to operate with high levels of occupancy in wards 4A and 14B, with a noteworthy numbers of outliers during the winter period. In order to mitigate the issue of outlier patients the following will occur:

- Ward 4A will resource 4 surge beds for the full seasonal demand period
- Ward 14B resource 2 surge beds for the full seasonal demand period

Mental Health (3 surge Beds)

The Adult Mental Health Unit (AHMU) inpatient services, continues to operate with high levels of occupancy. High demand for Emergency Department accessible beds puts ongoing additional pressure on the service. AMHU will resource 3 surge beds for the full seasonal demand period to meet ongoing service demand.

Paediatrics (8 surge Beds)

Paediatric presentations increase during the winter period. However, the need to increase bed numbers is variable. Paediatric beds can be opened and closed at very short notice. 4 of the 8 surge beds will be temporarily recruited to for the duration of the defined seasonal demand period. This will support predictable staffing and reduce the requirement for the use of high cost casual resources. Capacity to surge the additional 4 beds when required is also supported in this Winter Management Strategy.

Allied Health Services – Acute Support

A key issue in meeting winter operational demand is the additional allied health staff required to support the expansion of services. To support the CHS Winter Management Plan, Allied Health staff will be recruited for part time hours for a period of 5 months, July to November.

Table 4– Proposed Allied Health staff increases

Discipline title	Staff Grading	FTE
Speech pathology	2.6 (Health Professional)	0.4
Occupational Therapy	3.2	1.0
	2.4 (Allied Health Assistants)	0.4
Physiotherapy	3.2	1.2
	2.4	0.5
Social Work	3.2	1.2
Nutrition	2.6	1.0

Psychology	2.3	0.2
ALO Service	4	0.6
		Total 6.5 FTE

Junior Medical Officer – Additional Staffing

In order to meet the winter plan strategies, additional junior medical officers (JMO) are required to support the expansion of services.
Given the difficulties in recruiting JMO staff in the middle of the clinical year the service will recruit locums to support the CHS Winter Management Plan. 4 x JMO locums to cover night shifts across Med Pod 1, Med Pod 2, Med Pod 3 and Surge Pod 1, will be engaged for the full seasonal demand period. This will have the effect of releasing 8 current JMO staff back into the system for day/evening shifts across the areas with additional beds (full effect at end of Week 1; 29th of July 2019).

Table 5– Proposed JMO staff increases

Pod	Specialty Area	FTE (PGY1/2)
Med Pod 1	General Medicine (Day Shift)	1.0
	Med Pod 1 - covering General Medicine, Renal Neurology & ID (Evening Shift)	1.0
Med Pod 2	Geriatrics (Day Shift)	1.0
	Med Pod 2.1 – covering Geriatrics (Evening Shift)	1.0
Med Pod 3	Respiratory (Day Shift)	1.0
	Med Pod 3 – covering Respiratory, Gastroenterology, HITH, Cardiology & Rheumatology/Dermatology/Immunology (Evening Shift)	1.0
Surge Pod 1	General Surgery (Day Shift)	1.0
	Acute Surgery Unit (Day Shift)	1.0

Ambulatory Care Strategies

Pathology Rapid Testing

There are currently two different assays for respiratory viruses performed within Pathology. One is a rapid test, the GeneXpert, which can be performed on an individual basis with a capacity to test up to 16 at once. The other, AusDiagnostic, is a batched test protocol which takes longer, approximately 5 hours, but analyses 24 specimens at once. Out of season protocol (October – June) utilises the standard AusDiagnostic testing processes and is performed daily Monday to Friday.

To support the CHS Winter Management Plan additional pathology resources will be allocated to support 'in season' (July – September) protocols.

This will be achieved by providing additional resources (1.5 TO1 FTE) and access to an in season protocol will utilises both testing processes where ED/Inpatient specimens are tested utilising the rapid GeneXpert analysis Monday to Sunday 08:00 – 21:00 and Outpatient/GP specimens are processed on the AusDiagnostic analyser Monday to Friday, with urgent requests performed utilising the rapid analysis when required

Hospital in the Home (HITH)

In order to support the increased utilisation of the HITH program for clinical appropriate patients, the HITH team will support the CHS Winter Management Plan by continuing to:

Conduct daily rounding to all clinical areas seeking to identify suitable patients for transfer into the HITH program

Place an additional referral nurse in ED, EDSU and ASU to identify patients who are suitable for referral to HITH within existing staff profile;

Write to all staff specialists and consultants encouraging them to refer any patient they might deem suitable for HITH and support multidisciplinary conversations to determine if referrals can be managed in the home or by the Medical Day Unit.

Ongoing Timely Care Innovations

A Timely Care Committee has been established to focus on the delivery of Timely Care to our patients. Key strategies that focus on optimising operational procedures to assist flow will be trailed over the coming months, the aim being to improve the overall performance of CHS. Working groups include:

- Ward Processes/Estimated Date of Discharge (EDD) Working Group
- Emergency Department Working Group
- Other Barriers to Discharge Working Group
- Ambulatory Care (Patient Flow) Working Group
- Patient Flow processes Working Group

Red to Green Strategy

An initiative from the Ward Processes/Estimated Date of Discharge (EDD) Working Group; the Red to Green approach is a visual management system to improve ward-based processes that will assist in the identification of delays in a patient's clinical journey. Red to Green is able to be adapted to be applicable to in-patient wards in both acute and sub-acute settings and is currently being used in CHS to reduce delays as part of the Timely Care Strategy. Red to Green has been rolled-out on Ward 11B and 14B, with Ward 5A to soon follow. The Red to Green approach has been seen to make a meaningful difference to a patient's experience of care by reducing unnecessary delays and improving timely care.

1 before 9 Strategy

The 1 before 9 strategy is an initiative from the Ward Processes/Estimated Date of Discharge (EDD) Working Group which is a targeted in patient unit based strategy that requires when clinically appropriate, at least 1 patient to be discharged from all wards prior to 9am each morning in order to improve bed availability for the expected demand from the ED.

Winter Communication Campaign

The winter communication campaign will be managed and directed by the CHS Communications and Government Relations Unit.

It is expected that CHS will not undertake any media activity that includes messaging related to ED capacity or demand that relates to activity under the Winter Management Plan.

Key messages

- Canberra Health Services is well prepared for the upcoming cold and flu season.
- Our staff across Canberra work together to provide the right care for our community.
- People often talk about colds and flu but it's important to realise colds and flu are different illnesses caused by different viruses
- What are my treatment options for cold and flu? (When to visit the ED, a Walk-in Centre, pharmacy, and self-care (from subject matter experts).

External communication strategies

- **Your Health Options campaign (after hour services and ED diversion)**
    - Targeting advertising campaign (specifically for 18-24 year olds and parents and carers of 0-4 year olds) – social campaign back in market during June 2019. Cold and flu creative will be served to these audiences on social media.
    - Organic social media posts: from July to November 2019. To be distributed through CHS and ACT Government social media channels.
    - Community outreach: 'right care at the right place' messaging provided to schools for use in newsletters and on social media.
    - Your Health Options website: the campaign landing page will be updated with cold and flu messages.
- **Walk-in Centre campaign**
    - Walk-in Centre radio advertising: 60 x 30 second advertisements.
    - Our Canberra newsletter stories: messages to run in August to November (in all issues across Canberra), with a local focus on the nearest Walk-in Centre.
- **Video for social media with CHS frontline staff** (ED nurse/doctor, Walk-in Centre nurse). The overarching tone: we are well prepared and working together across Canberra to help the community this winter period. The video will be boosted on social media, and will focus on:
    - The difference between cold and flu

- How they're treated, including treatment at home
- When to see your GP or Walk-in Centre
- When to come to the ED
- Secondary messaging about staying home, not spreading germs and getting the flu vaccine.

- **Community flu campaign** (in conjunction with ACT Health Directorate).

Internal communication strategies

- **Briefing by the COO** to all executives outlining the winter management strategy.
- **Cascade briefing pack** – executives to be provided with an electronic briefing pack after the COO's first presentation. The pack will consist of materials they can use to facilitate discussions with their staff about the winter management strategy. Pack may include talking points, posters for handover/communication books and other resources such as infographic relating to discharge processes, hospital in the home etc. that they can tailor and use within their respective areas.
- **Utilisation of the CEO Weekly update** –inclusions in the CEO weekly update to include an update on seasonal demand, implementation of the winter strategy, promotion of the flu vaccine, measures to support staff fatigue and successes/good news stories from with the service.
- **Targeted posters, flyers** for inclusion in handover books or tea rooms, relating to key winter management plan strategies
- **Digital signage –** each week/fortnight the content will focus on a different aspect of the winter strategy with a call to action about how staff can operationalise the strategy.

It is expected that the Community messaging campaigns will be commencing in May 2019, with internal messaging to commence June 2019.

Evaluation

The following metrics will be monitored to review the impact of the CHS Winter Management Strategies on Patient Flow thought out the defined period.

- Discharges by 9am
- Performance against National Emergency Access Target (NEAT)
- Average time of wait for an available ED accessible bed (bed block) and average treatment time
- Hospital Length of Stay
- Admissions to the HITH program
- Direct admissions to the HITH Program via ED (Hospital avoidance)
- Utilisation of the Non-ambulant Discharge Lounge
- Consumption of Rapid Pathology testing
- ED Presentations versus Admission rate
- Surge and winter bed utilisation

Prepared by:

Lyn O'Connell, ADON Patient Flow, CHS

Katrina Rea, Business Manager to COO, CHS

Elizabeth Chatham, A/Chief Operating Officer, CHS

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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Ramsay, Michelle (Health)

From:	Flaherty, Hannah (Health) on behalf of Chatham, Elizabeth (Health)
Sent:	Monday, 9 September 2019 3:41 PM
To:	Ramsay, Michelle (Health)
Subject:	FW: HSEC Out of session - Winter Management Plan

UNCLASSIFIED

Hannah Flaherty | Ag Executive Assistant to
Linda Kohlhagen, Ag Chief Operating Officer
Phone: 02 5124 2728 | Email: hannah.flaherty@act.gov.au
Canberra Health Services | ACT Government
Building 24, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au
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From: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Sent: Wednesday, 5 June 2019 6:37 PM
To: McDonald, Bernadette (Health) <Bernadette.McDonald@act.gov.au>; Chatham, Elizabeth (Health) <Elizabeth.Chatham@act.gov.au>
Cc: Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Subject: RE: HSEC Out of session - Winter Management Plan

UNCLASSIFIED

Hi Bernadette, Liz,

I thought I would give you a quick update on the comms strategy for the winter plan.
The comms team will have the detailed plan to me by Tuesday however we have commenced some initiatives in the interim:

- Filming of a ED avoidance video "the difference between a cold and the flu" – being filmed tomorrow with speaker Nic Coatsworth, Head of Infectious Diseases – to be pushed through all social media avenues. Will be send prior to the long weekend
- Filming of an internal 'winter strategy' video aligned to the Timely Care branding "Timely care is better care" "the top 5 things you can do to support timely care" – 5 more specific videos detailing each strategy will come out of this.
- 'Week that was' meeting in the diary commencing the 14th – meeting with FBI tomorrow to develop the dashboard
- CEO Weekly update to align to "Top 5"
- Development of the cascading briefing pack to be sent to departments (what do you need to know, what do you need to do type branding)

I'll continue to keep you informed.

Kind Regards.

Katrina,

From: McDonald, Bernadette (Health)
Sent: Tuesday, 4 June 2019 10:10 AM
To: Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>; CEOHealth <CEOHealth@act.gov.au>; ATSIEB