




# ACT Health Sector 2016 Winter Plan




## Population Health Division

Item	Comments
Health Emergency Control Centre (HECC)	<ul style="list-style-type: none"> <li>• Validate by activation or set up quarterly if not activated in the previous three months</li> <li>• Provide administrative support to the HECC as required</li> </ul>
Health Emergency Management Sub Committee (HEMSC)	<ul style="list-style-type: none"> <li>• Maintain Winter Plan Annex to the Health Emergency Plan</li> <li>• Review agency preparedness against winter plan matrix annually</li> </ul>
Emergency Coordination Centre (ECC) Liaison Officer (LO) pool	<ul style="list-style-type: none"> <li>• Maintain membership, provide coaching and orientation to Emergency Coordination Centre.</li> </ul>
AIIMS (Incident Management) Training	<ul style="list-style-type: none"> <li>• Conduct regular dedicated stand alone AIIMS refresher course</li> <li>• Conduct regular dedicated stand alone AIIMS 2 day course</li> </ul>
HEMU Lessons Leant Database	<ul style="list-style-type: none"> <li>• Review and update progress against outstanding actions items</li> </ul>
Pharmacist Vaccination Program	<ul style="list-style-type: none"> <li>• Monitor community pharmacy compliance with the CHO Direction authorising them to administer influenza vaccine to patients over 18 years.</li> </ul>
Promote and Report on HPS staff influenza vaccination Program	<ul style="list-style-type: none"> <li>• HPS staff influenza vaccination program.</li> </ul>

CDC On Call Roster	<ul style="list-style-type: none"> <li>• Maintain CDC on call roster</li> </ul>
CDC Seasonal Influenza Work Plan	<ul style="list-style-type: none"> <li>• Review CDC seasonal influenza work plan annually</li> </ul>
Annual communication on seasonal influenza vaccination	<ul style="list-style-type: none"> <li>• Immunisation Newsletter special influenza edition for immunisation providers</li> <li>• Letters to GP re-GP staff flu vaccination</li> <li>• Letters to GPs, specialists and relevant community groups –seasonal influenza vaccination</li> <li>• Immunisation Provider Education seminar on seasonal influenza</li> <li>• Promotion of influenza vaccination at Senior’s Expo</li> <li>• CHO Twitter messages on influenza vaccination</li> <li>• Ongoing media promotion and communication throughout influenza season</li> </ul>
Increasing vaccination rates in pregnant women and other high risk groups (including Aboriginal and Torres Strait Islanders)	<ul style="list-style-type: none"> <li>• Letters to obstetricians and relevant specialists</li> <li>• Liaison with hospital maternity units, ACT correctional centres , and CAPITAL HEALTH NETWORK regarding influenza vaccination</li> <li>• Letters to relevant community groups</li> <li>• Ongoing promotion and communication throughout influenza season</li> </ul>
	<ul style="list-style-type: none"> <li>• Liaison and planning with Winnunga Nimmityjah Aboriginal Health Service on influenza vaccination</li> </ul>
Management of influenza and gastro in aged care facilities (ACF)	<ul style="list-style-type: none"> <li>• Flu and Gastro awareness letter to ACFs</li> </ul>
	<ul style="list-style-type: none"> <li>• Forum for ACF DoNs on influenza reporting, testing and outbreak management</li> </ul>
	<ul style="list-style-type: none"> <li>• ACF staff and resident flu vaccination audit</li> </ul>
	<ul style="list-style-type: none"> <li>• Provide advice and support to ACFs during flu and gastro outbreaks</li> </ul>
Management of influenza and gastro in child care centres	<ul style="list-style-type: none"> <li>• Flu and Gastro awareness letter to child care centres</li> </ul>
	<ul style="list-style-type: none"> <li>• Provide advice and support to centres during flu and gastro outbreaks</li> </ul>

Surveillance and reporting	<ul style="list-style-type: none"> <li>• Monthly analysis and reports of influenza notifications</li> <li>• Reports to be placed on ACT Health website</li> <li>• Reporting of flu hospitalisations – participation of CH&amp;HS and Calvary in FluCAN</li> <li>• Death rate monitored through births, deaths and marriages</li> <li>• Percentage positive flu lab tests at ACT Pathology</li> </ul>
Stockpile	<ul style="list-style-type: none"> <li>• Review of antiviral and PPE stockpile</li> </ul>
Vaccine distribution/coverage reporting	<ul style="list-style-type: none"> <li>• National Immunisation Program flu vaccine distribution to ACT immunisation providers</li> <li>• Reporting on influenza doses administered to risk groups</li> </ul>
Media messaging	<ul style="list-style-type: none"> <li>• CHO media releases, twitter messages on influenza surveillance, vaccination and hygiene messages as necessary</li> <li>• Health media releases to community advising GP assessment during periods of high demand on hospital emergency departments</li> </ul>
	<h2>Capital Health Network</h2>
Item	Comments
Information Sessions (Identify and utilise regular and ad hoc conferences, meetings, conventions etc)	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Immunisation update and Continuing Professional Development events provided to practice nurses during practice nurse network and orientation meetings.</li> </ul>
Promote and Report on CAPITAL HEALTH NETWORK staff vaccination program	<ul style="list-style-type: none"> <li>• CAPITAL HEALTH NETWORK staff vaccination program with approximately 75% uptake for 2013, 2014 and 2015. Similar initiative has been taken in 2016 to ensure maximum flu vaccination coverage for the CHN staff.</li> </ul>

Communication on seasonal influenza vaccination	<ul style="list-style-type: none"> <li>Practice Support Team (PST) undertaking ongoing practice visits that include information and support for effective practice system to improve influenza prevention in primary care.</li> <li>Fortnightly e-bulletin with communication around vaccine safety, setting up nurse vaccination clinics and funded vaccines</li> </ul>
Communication on Health care seeking for influenza-like illness	<ul style="list-style-type: none"> <li>Information for the public about options for seeking medical assessment for influenza-like symptoms.</li> </ul>
	<h2 style="margin: 0;">Canberra Hospital and Health Services</h2>
<b>Item</b>	<b>Comments</b>
Canberra Hospital and Health Services (CHHS) Winter Plan	<ul style="list-style-type: none"> <li>Review and endorse CH&amp;HS Winter Plan addressing access demand; bed capacity; workforce management; communications and clinical flow/process</li> </ul>
Winter Plan access demand strategies	<ul style="list-style-type: none"> <li>Review of available bed capacity and workforce with a clinical focus identifying and actioning delays</li> <li>Appropriate referral to either a Walk in Centre (Tuggeranong and Belconnen), National Home Doctor Service or CALMS by triage staff</li> <li>Appropriate utilisation of isolation beds, cohorting respiratory and viral illnesses in alignment with safe infection control procedures , operational demand and bed containment standard operating procedures</li> <li>Promoting uptake of HITH beds by the ED and inpatient clinical areas</li> <li>Increased Aged Care Nurse Practitioner support in the community and residential facilities to avoid aged care presentation</li> <li>Chronic Care Program to promote influenza vaccination for all patients, and to support home care, timely access to appropriate treatment and early discharge where appropriate in the case of acute exacerbations</li> </ul>
Winter Plan bed capacity strategies	<ul style="list-style-type: none"> <li>Work with NSW Health to respond to snow trauma – triaging referrals from snow fields for direct transfer to local hospital</li> <li>Maintain inpatient units operating at capacity and utilise surge capacity where indicated.</li> <li>Cohort respiratory and viral illnesses to avoid long delays in ED for patients waiting ward allocation</li> </ul>

	<ul style="list-style-type: none"> <li>• Utilise direct to ward admission processes via the Patient Flow Unit for Inter-hospital transfers to bypass the ED when appropriate</li> <li>• Early identification of private inpatients to facilitate access to private health facilities</li> <li>• Implement regular review by senior medical and nursing staff of long stay patients with LOS &gt;30 days. Develop pathway planning for patients with LOS&gt;10 Days</li> <li>• Structure elective surgical throughput to minimise cancellation of planned cases</li> <li>• Regular review and provision of additional theatre time to meet emergency demand</li> </ul>
Winter Plan workforce strategies	<ul style="list-style-type: none"> <li>• Increase casual and nurse bank staff levels to support anticipated increase in rate of unplanned absences</li> <li>• Implement communication plan to promote prevention of colds and flu</li> <li>• Ensure Nursing Hours per Patient Day are maintained for specific acuity/ infection/isolation/co morbidities</li> <li>• Develop a register of non- clinical nursing positions to work clinical shifts at times of increased demand and shortfalls in workforce</li> <li>• Each division to recruit temporary appointments to minimise Type 2 nursing vacancies</li> </ul>
Winter Plan clinical strategies	<ul style="list-style-type: none"> <li>• Placement of hand hygiene stations at all CH&amp;HS entry points, ED waiting room and clinic areas</li> <li>• Promote the use of masks by patients and visitors who have a suspected respiratory infection</li> <li>• Establish a defined process for the management of patients admitted with a suspected influenza type illness</li> <li>• Utilise best practice guidelines related to the isolation of viral illnesses</li> <li>• Develop plans to cohort patients with like infections in identified clinical areas</li> <li>• Provide staff education related to the handling of patients with flu like symptoms</li> <li>• Forming a dedicated team of clinicians to provide regular updates on flu activity</li> </ul>
Influenza Vaccination	<ul style="list-style-type: none"> <li>• Free influenza vaccination of staff, volunteers and at risk patients.</li> </ul>
Surveillance and Reporting	<ul style="list-style-type: none"> <li>• Reporting of flu hospitalisations – participation of CH&amp;HS and Calvary in FluCAN Percentage positive flu lab tests at ACT Pathology</li> </ul>
Acute Care Response Exercise	<ul style="list-style-type: none"> <li>• Exercise to explore coordination of acute care health activities in response to an ongoing influenza pandemic</li> </ul>



## Calvary Hospital

Item	Comments
Monitor and report on Influenza Vaccination	<ul style="list-style-type: none"> <li>• Calvary Hospital influenza vaccination of staff and at risk patients</li> </ul>
Surveillance	<ul style="list-style-type: none"> <li>• Reporting of flu hospitalisations – participation of CH&amp;HS and Calvary in FluCAN</li> </ul>
Maximising resources & surge capacity:	<ul style="list-style-type: none"> <li>• An annual bed strategy has been put into place to maximise bed availability within an effective patient flow structure</li> <li>• Maintenance of surgical capacity and activity with surge capacity L3</li> <li>• Daily Operational Planning (DOP) and predictive tools, additional DOP meetings when required, Daily Rapid Rounding multi-disciplinary team (MDT) Board Rounds which occurs every midday where the ward CNC, Allied Health and Senior Medical Registrar convene to address patient flow issues</li> <li>• Access Improvement initiatives have been reassessed and revised – continue to be monitored</li> </ul>
Reducing avoidable hospital admissions and enhancing earlier discharge	<ul style="list-style-type: none"> <li>• Maximise Hospital in the Home and Discharge Liaison Officer (DLO) capacity, implement additional pathways for avoidable admissions</li> <li>• Improve timeliness to admission acceptance and capture – including Hospital in the Home (HITH) and Post Operative Surgical Care at Home (POSH) patients and the application of <i>Op-Out Admission Protocols (POSH and HITH)</i></li> <li>• <i>Estimated Date of Discharge (EDD)</i> summary for current patients over their expected discharge dates and senior manager follow up of variances</li> </ul>
Reducing the number of nursing home-type patients through arrangements with nursing homes	<ul style="list-style-type: none"> <li>• Long stay older patient initiative – applying partnership opportunities with Calvary Care</li> <li>• Continuation of case management and MDT case conferencing to facilitate early identification and early discharge planning</li> <li>• Application of new models of assessment with the Aged Care Assessment Team (ACAT) to facilitate an increased number of home vs hospital assessments for long stay patients requiring residential aged care</li> </ul>

Partnering with the private Sector	<ul style="list-style-type: none"> <li>• Maximising DVA patients care in private facilities as appropriate</li> <li>• Increased access to private medical care and Visiting Medical Officer coverage for private patients</li> <li>• Source early and additional post hospital services within the continuum of care</li> </ul>
Improving ED patient flow	<ul style="list-style-type: none"> <li>• Continue to apply a Team Based Model of Care – including associated time-based decision tree</li> <li>• Implement ED Physician decision-to-admit – trialling in MAPU though plans to include admission to General Medical Wards and HITH</li> <li>• Graded introduction of clinical pathways</li> </ul>
Improved patient flow SSU	<ul style="list-style-type: none"> <li>• Utilise unit specific patient selection criteria</li> <li>• Review SSU Model of Care - including access to multidisciplinary team resources A/H</li> <li>• Utilise funded additional beds in SSU</li> </ul>
Improved MAPU patient flow	<ul style="list-style-type: none"> <li>• Improve clinical handover to General Wards, including EDD</li> <li>• Graded introduction of clinical pathways and associated protocols – including adaptation of TCH protocols (x3), MAPU accountability for care and discharge or t/f to HITH</li> </ul>



### Glossary of abbreviations

ACF – Aged Care Facility	HECC – Health Emergency Control Centre
CHN – Capital Health Network	HEMSC – Health Emergency Management Subcommittee
ACT Path – ACT Pathology	HEP – Health Emergency Plan
AIIMS – Australasian Inter-agency Incident Management System	HITH – Hospital in The Home
CALMS – Canberra After Hours Locum Service	HPS - Health Protection Services
CDC – Communicable Disease Control	LO – Liaison Officer
CH&HS – Canberra Hospital and Health Services	LOS – Length of Stay
CHO – Chief Health Officer	MDT - Multi Disciplinary Team
CNC – Clinical Nurse Coordinator	NSWH – NSW Health
DLO - Discharge Liaison Officer	OCHO – Office of the Chief Health Officer
DoNs – Directors of Nursing	HEMU – Health Emergency Management Unit
DOP - Daily Operational Plan	PHEP - Public Health Emergency Plan
DVA - Department of Veterans Affairs	PPE – Personal Protective Equipment
ECC – Emergency Coordination Centre	RACLN - Residential Aged Care Liaison Nurse
ED – Emergency Department	SEMPG – Security and Emergency Management Planning Group
EDD - Estimated Date of Discharge	SEMSOG - Security and Emergency Management Senior Official Group
EEN - Endorsed Enrolled Nurse	SSU - Short Stay Unit
EID- Epidemic Infectious Disease	WIC – Walk in Centre
	PSS – Pharmaceutical Services Section