



# ACT Health Sector 2017 Winter Plan

ACT Health			
Item	Comments (including critical dates)	Section	Status
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> </ul>	HEMU	Ongoing
	<ul style="list-style-type: none"> <li>Provide administrative support to the HECC as required</li> </ul>	BSS	Ongoing
Health Emergency Management Sub Committee (HEMSC)	<ul style="list-style-type: none"> <li>Maintain Winter Plan Annex to the HEP</li> </ul>	HEMU	Ongoing
	<ul style="list-style-type: none"> <li>Review agency preparedness against winter plan matrix annually</li> </ul>	HEMU	Ongoing
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>	HEMU	Ongoing
AIIMS (Incident Management) Training	<ul style="list-style-type: none"> <li>Conduct regular dedicated stand alone AIIMS refresher course</li> </ul>	HEMU	Ongoing
	<ul style="list-style-type: none"> <li>Conduct regular dedicated stand alone AIIMS 2 day course</li> </ul>	HEMU	Ongoing
HEMU Lessons Leant Database	<ul style="list-style-type: none"> <li>Review and update progress against outstanding actions items</li> </ul>	HEMU	Ongoing
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>	PSS	Ongoing
CDC On Call Roster	<ul style="list-style-type: none"> <li>Maintain CDC on call roster</li> </ul>	CDC	Ongoing
CDC Seasonal Influenza	<ul style="list-style-type: none"> <li>Review CDC seasonal influenza work plan annually</li> </ul>	CDC	Ongoing

Work Plan			
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>	CDC	<p><b>March</b></p> <p><b>Ongoing</b></p>
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>	CDC	<p><b>April</b></p> <p><b>Ongoing</b></p>
	<ul style="list-style-type: none"> <li>• Liaison and planning with Winnunga Nimmityjah Aboriginal Health Service on influenza vaccination</li> </ul>	CDC	<b>Ongoing</b>
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>	CDC	<b>May</b>
	<ul style="list-style-type: none"> <li>• Forum for ACF DoNs on influenza reporting, testing and outbreak management</li> </ul>	CDC	<b>May</b>
	<ul style="list-style-type: none"> <li>• ACF staff and resident flu vaccination audit</li> </ul>	CDC	<b>August/ September</b>
	<ul style="list-style-type: none"> <li>• Provide advice and support to ACFs during flu and gastro outbreaks</li> </ul>	CDC	<b>Ongoing</b>
Management of influenza	<ul style="list-style-type: none"> <li>• Flu and Gastro awareness letter to child care centres</li> </ul>	CDC	<b>May</b>

and gastro in child care centres	<ul style="list-style-type: none"> <li>Provide advice and support to centres during flu and gastro outbreaks</li> </ul>	CDC	Ongoing
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 hospitalizations – 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>	CDC (in collaboration with ACT Path, CH&HS and Calvary hospital)	May to October
Stockpile	<ul style="list-style-type: none"> <li>Review of antiviral and PPE stockpile</li> </ul>	CDC	April
Vaccine distribution/coverage reporting	<ul style="list-style-type: none"> <li>National Immunisation Program flu vaccine distribution to ACT immunisation providers</li> </ul>	CDC	<p>Distribution from early April</p> <p>Commencement of the National Immunisation Influenza Program is mid April 2016</p>
	<ul style="list-style-type: none"> <li>Reporting on influenza doses administered to risk groups</li> </ul>	CDC	Annual Report provided to the Chief Health Officer
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> <li>Assistant Health Minister's flu immunisation in community pharmacy – media opportunity for promotion of influenza vaccination by pharmacists</li> </ul>	CDC	April to October

## CAPITAL HEALTH NETWORK

Item	Comments (including critical dates)	Section	Status
Information Sessions (Identify and utilise regular and ad hoc conferences, meetings, conventions etc)	Examples: <ul style="list-style-type: none"> <li>• Convening a series of immunisation CPD events with expert speakers; invitations extended to all primary and community health professionals. Particularly targeting GPs, practice nurses and MACH nurses.</li> <li>• Immunisation update and CPD events provided to practice nurses during practice nurse network and orientation meetings</li> </ul>	CAPITAL HEALTH NETWORK	<b>CPD series of four events in 2017</b>  <b>Ongoing</b>
Promote and Report on CAPITAL HEALTH NETWORK staff vaccination program	<ul style="list-style-type: none"> <li>• CHN staff vaccination program. Similar initiative has been taken in 2017 to ensure maximum flu vaccination coverage for the CHN staff.</li> </ul>	CAPITAL HEALTH NETWORK	<b>Ongoing</b>
Communication on seasonal influenza vaccination	<ul style="list-style-type: none"> <li>• Practice Development Team undertaking ongoing practice visits that include information and support for recall and reminder systems and to accurately record vaccination status in the electronic patient records</li> <li>• Fortnightly e-bulletin with communication around vaccine safety, setting up nurse vaccination clinics and funded vaccines</li> </ul>	CAPITAL HEALTH NETWORK	<b>Ongoing</b>
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>	CAPITAL HEALTH NETWORK	<b>Ongoing as required</b>
Vaccines for 'vulnerable population'	<ul style="list-style-type: none"> <li>• Flu vaccine offered to visitors to the Early Morning Centre – Primary Health Clinic</li> </ul>	CAPITAL HEALTH NETWORK	<b>Commencing in March – April annually</b>

## Canberra Hospital and Health Services

Item	Comments (including critical dates)	Section	Status
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>	CH&HS	<b>CHHS Winter Plan reviewed annually in March</b>
Winter Plan access demand strategies	<ul style="list-style-type: none"> <li>Implementation of a twice daily review of available bed capacity and workforce with a clinical focus identifying and actioning delays</li> <li>Enact the High Demand Policy where required with Executive approval</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 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>	CH&HS	<b>May to October each year</b>
Winter Plan bed capacity strategies	<ul style="list-style-type: none"> <li>Formalise NSW Health response 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 in the Over Capacity Protocol</li> <li>Cohort respiratory and viral illnesses to avoid long delays in ED for patients waiting ward allocation</li> <li>Utilise direct to ward admission processes via the Access Unit for Inter-hospital transfers to bypass the ED when appropriate</li> <li>Systematic application of the CH&amp;HS Admission policy and decision making process to facilitate patient flow with a focus on access definitive care in the most appropriate clinical area</li> </ul>	CH&HS	<b>May to October each year</b>

	<ul style="list-style-type: none"> <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>• Utilisation of predictive planning tools to assist in known and forecasted demand</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>• Promote positive attendance program to all CH&amp;HS workforce</li> <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/comorbidities</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>	CH&HS	<b>May to October annually</b>
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>	CH&HS	<b>Ongoing</b>

Influenza Vaccination	<ul style="list-style-type: none"> <li>Free influenza vaccination of staff, volunteers and at risk patients</li> </ul>	CH&HS	<b>From March each year</b>
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>	CDC (in collaboration with ACT Path, CHHS and Calvary hospital)	<b>April to October annually</b>
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>	CH&HS & HEMU	<b>April</b>

## Calvary Hospital

Item	Comments (including critical dates)	Section	Status
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>	Calvary infection control	<b>From April</b> <b>Very effective uptake for 2016</b>
Surveillance	<ul style="list-style-type: none"> <li>Reporting of flu hospitalisations – participation of CH&amp;HS and Calvary in FluCAN</li> </ul>	CDC (in collaboration with ACT Path, CHHS and Calvary hospital)	<b>April to October</b>
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 I3</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,</li> </ul>	Calvary Hospital	<b>Ongoing</b>



	<p>Allied Health and Senior Medical Registrar convene to address patient flow issues</p> <ul style="list-style-type: none"> <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>	Calvary Hospital	<b>Ongoing</b>
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>	Calvary Hospital, community care sector	<b>Ongoing</b>
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>	Calvary Hospital, private care sector	<b>Ongoing</b>
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>	Calvary Hospital	<b>Ongoing</b>
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> </ul>	Calvary Hospital	<b>Ongoing</b>

	<ul style="list-style-type: none"> <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>	Calvary Hospital	<b>Ongoing</b>

### Glossary of abbreviations

ACF – Aged Care Facility

CHN – Capital Health Network

ACT Path – ACT Pathology

AIIMS – Australasian Inter-agency Incident Management System

CALMS – Canberra After Hours Locum Service

CDC – Communicable Disease Control

CH&HS – Canberra Hospital and Health Services

CHO – Chief Health Officer

CNC – Clinical Nurse Coordinator

DLO – Discharge Liaison Officer

DoNs – Directors of Nursing

DOP – Daily Operational Plan

DVA – Department of Veterans Affairs

ECC – Emergency Coordination Centre

ED – Emergency Department

EDD – Estimated Date of Discharge

EEN – Endorsed Enrolled Nurse

EID – Epidemic Infectious Disease

HECC – Health Emergency Control Centre

HEMSC – Health Emergency Management Subcommittee

HEP – Health Emergency Plan

HITH – Hospital in The Home

HPS – Health Protection Service

LO – Liaison Officer

LOS – Length of Stay

MDT – Multi Disciplinary Team

NSWH – NSW Health

OCHO – Office of the Chief Health Officer

HEMU – Health Emergency Management Unit

PHEP – Public Health Emergency Plan

PPE – Personal Protective Equipment

RACLN – Residential Aged Care Liaison Nurse

SEMPG – Security and Emergency Management Policy Group

SEMSOG – Security and Emergency Management Senior Official Group

SSU – Short Stay Unit

WIC – Walk in Centre

PSS – Pharmaceutical Services Section