



# ACT Health Sector 2015 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 HEP</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>
Preparedness and Response Section Lessons Leant Database	<ul style="list-style-type: none"> <li>• Review and update progress against outstanding actions items</li> </ul>
Promote and Report on Health Protection Service (HPS) staff influenza vaccination Program	<ul style="list-style-type: none"> <li>• HPS staff influenza vaccination program</li> </ul>
Communicable Disease	<ul style="list-style-type: none"> <li>• Maintain CDC on call roster</li> </ul>

Control (CDC) On Call Roster	
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 ACTML 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 Directors of Nursing 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 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>
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>

	ACTML
Item	Comments
Information Sessions (Identify and utilise regular and ad hoc conferences, meetings, conventions etc)	Examples: <ul style="list-style-type: none"> <li>• Immunisation update and Continuing Professional Development event provided to 100 GPs and Nurses by ACT Medicare local in March 2015. Nurse Network meeting Feb 2015 for 30 practice nurses covering immunisation handbook changes, flu clinics, and funded vaccines.</li> </ul>
Promote and Report on ACTML staff vaccination program	<ul style="list-style-type: none"> <li>• ACTML staff vaccination program with 75% uptake for 2013 and 2014. Continued in 2015 with 70% staff uptake.</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>



CANBERRA HOSPITAL  
AND HEALTH SERVICES

## Canberra Hospital and Health Services

Item	Comments
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>• Implementation of a twice daily review of available bed capacity and workforce with a clinical focus identifying and actioning delays</li><li>• Enact the Over Capacity Protocol 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>
Winter Plan bed capacity strategies	<ul style="list-style-type: none"><li>• Formalise NSWHS 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><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/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>



## 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>• Additional medical beds and Medical Access and Planning Unit (MAPU) beds can be brought on line. Surge in Short Stay Unit (SSU), phased surgery activity over winter, reduced planned leave over winter, increase Endorsed Enrolled Nurse (EEN) recruitment.</li> <li>• Maintenance of surgical capacity and activity with surge capacity L3</li> <li>• Daily Operational Planning (DOP) and predictive tools, Daily Rapid Rounding multi-disciplinary team (MDT) Board Rounds which occurs every midday where the ward CNC, Allied Health and Senior Registrar are recruited 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 Health @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 graded introduction of <i>Op-Out Admission Protocols (POSH and HITH)</i></li> <li>• <i>Twice Estimated Date of Discharge (EDD)</i> summary for current patients over their expected discharge dates and senior managers follow up.</li> <li>• Implementation of MAPU has improved timely transfer and flow – surge capacity in MAPU this winter.</li> <li>• Implement Home Ward Teams – including senior medical registrar/clinical support and accountability structure</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 – exploring 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>• Exploring new models with Aged Care Assessment Team (ACAT) to facilitate 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 the private hospital 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</li> </ul>
Improving ED patient flow	<ul style="list-style-type: none"> <li>• Implement Team Based Model of Care – including associated time-based decision tree</li> <li>• Implement ED Physician decision-to-admit – including admission to General Medical Wards and HITH</li> <li>• Graded introduction of clinical pathways commencing with cardiac pathway</li> </ul>
Improved patient flow SSU	<ul style="list-style-type: none"> <li>• Implement patient selection criteria</li> <li>• Review SSU Model of Care - including access to multidisciplinary team resources A/H</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
ACTML – ACT Medicare Local	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 Consultant	NSWH – NSW Health
DLO - Discharge Liaison Officer	OCHO – Office of the Chief Health Officer
DoNs – Directors of Nursing	PaRS – Preparedness and Response Section
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