MasterMind:
Cluster Management and Preparedness

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Date: 28th July 2020

HNECC PHN acknowledges the traditional owners and custodians of the land that we live and work on as the First People of this Country.

Learning Objectives

- Understanding how the PHN can support you through COVID 19
- Identified priority actions for pandemic preparedness
- Review and implement systems to identify gaps

PHN Overview

Refining our emergency response and support
eoc@hneccphn.com.au

PPE requirements
- Masks
- Alternate suppliers
- Purchased equipment to enhance supplies

Webinars – 11 COVID updates, plus multiple others on related topics

RACF preparation – keen to have assistance with highlighting issues of concern

Telehealth

Outbreaks – one off grants for additional access

Capacity Tracker

Capacity Tracker is an online tool where a Residential Aged Care Facility, General Practice or Aboriginal Medical Service can provide real-time data to help the PHN to identify issues early and help them better manage workforce and service capacity issues during the COVID-19 pandemic.

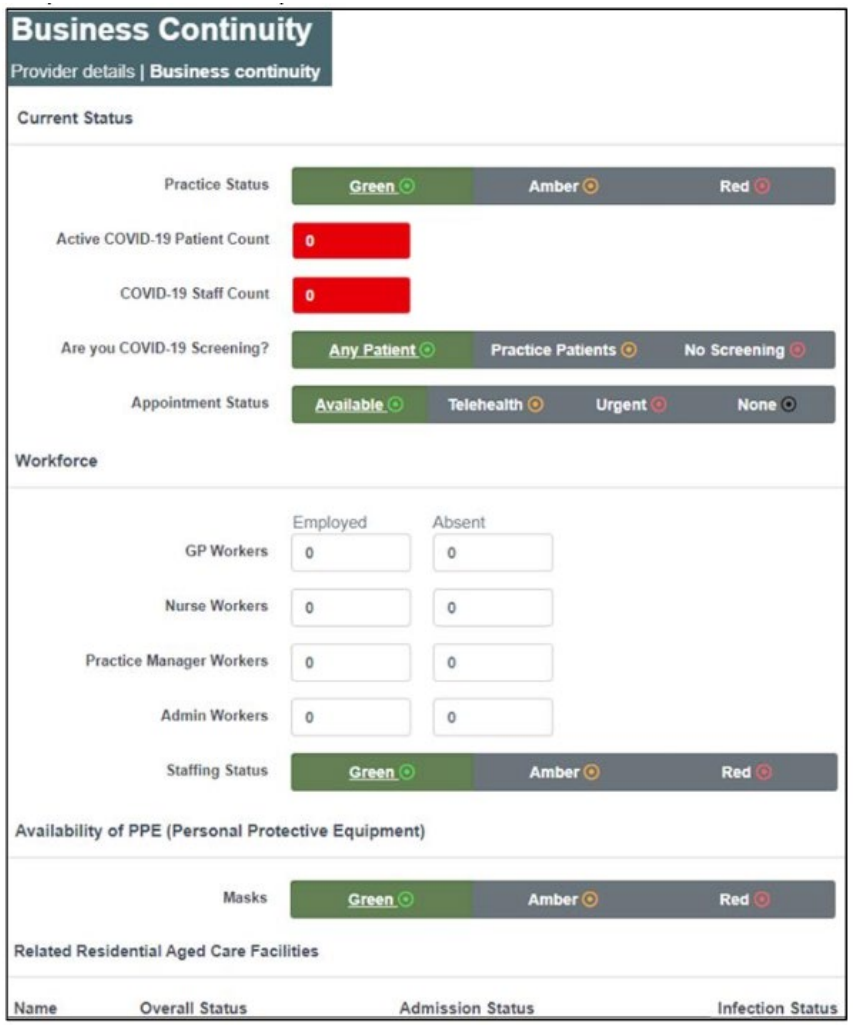
It enables providers to share their current status and issues easily and quickly. It is fast, secure and completely free, as it is funded by HNECC PHN, and it all works online.

To register, go to https://au.capacitytracker.com/ and select Register.

Why use Capacity Tracker?

Capacity Tracker allows General Practices to record the “real time status” of:

- Mask supply
- Workforce
- COVID:19 impacts
- Telehealth capability



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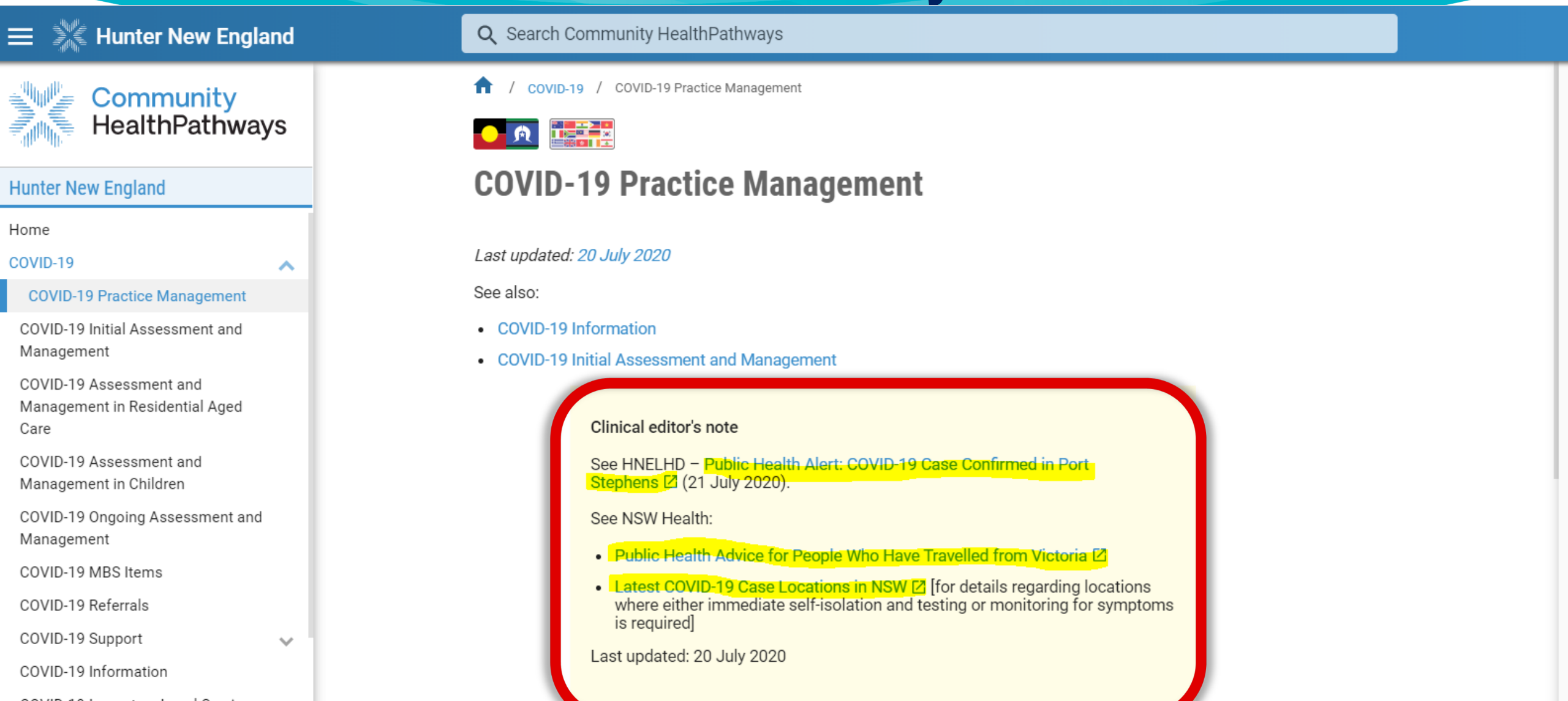
Healthy **People** | Healthy **Communities**

Finding COVID-19 information on HealthPathways



Finding COVID-19 information on HealthPathways

Home

COVID-19

- COVID-19 Practice Management
- COVID-19 Initial Assessment and Management
- COVID-19 Assessment and Management in Residential Aged Care
- COVID-19 Assessment and Management in Children
- COVID-19 Ongoing Assessment and Management
- COVID-19 MBS Items
- COVID-19 Referrals
- COVID-19 Support
- COVID-19 Information
- COVID-19 Impact on Local Services
- COVID-19 Recent Changes
- COVID-19 Telehealth

Health Alert

See NSW Health:

- Public Health Advice for People Who Have Travelled from Victoria
- Latest COVID-19 Case Locations in NSW

See HNE Public Health Alert – COVID-19 Case Confirmed in Port Stephens (21 July 2020).

Follow COVID-19 pages for up to date information including assessment and management, referral, and practice preparation.

Pathway Updates

Updated – 24 July
Older Persons with Behavioural Disorders

Updated – 22 July
Child and Family Health Nursing

Updated – 7 July
Medications for Osteoporosis

Updated – 6 July

COVID-19 Initial assessment and management pathway

Community HealthPathways

Hunter New England

- Home
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  - COVID-19 Initial Assessment and Management
  - COVID-19 Assessment and Management in Residential Aged Care
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  - COVID-19 Ongoing Assessment and Management
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  - COVID-19 Impact on Local Services
  - COVID-19 Recent Changes
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  - For Residential Aged Care Facility Staff
- About HealthPathways
- Daily Updates
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- Child Health
- Care in the Last 12 Months of Life
- Investigations
- Lifestyle & Preventive Care
- Medical
- Mental Health
- Older Persons' Health
- Therapeutics

COVID-19 / COVID-19 Initial Assessment and Management

COVID-19 Initial Assessment and Management

Last updated: 20 July 2020

See also COVID-19 Information, COVID-19 Telehealth, and Medical Practitioners' Health.

Clinical editor's note

See HNELHD – Public Health Alert: COVID-19 Case Confirmed in Port Stephens (21 July 2020).

A list of private pathology collection centres is available and updated regularly.

Last updated: 21 July 2020

Background

About novel coronavirus (COVID-19)

Assessment

1. Prepare your practice.
2. Consider using new temporary MBS telehealth services for consultations where it is safe and clinically appropriate.
3. Perform a risk assessment and triage for all patients to identify those who meet the current:

Self-quarantine or home isolation criteria

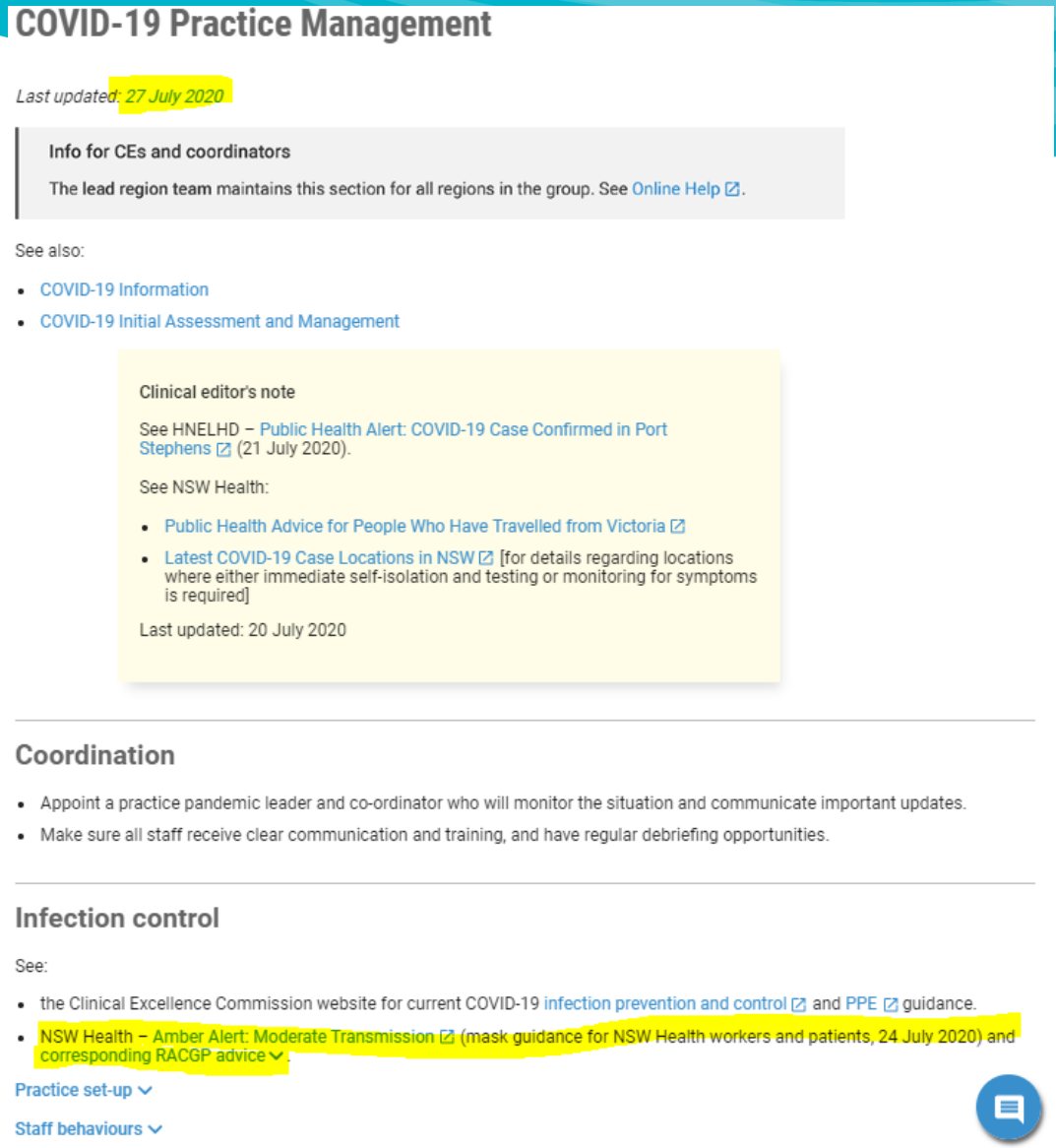
Patients must self-quarantine at home for 14 days since last travel or exposure, even if they have a negative CO -19 test result, if they have been:

- identified as a close contact of a person with confirmed COVID-19.
- in Victoria.
- in a specified location in NSW.
- overseas in the previous 14 days.

Home-isolation is also required for:

- suspect cases while awaiting COVID-19 test results.
- confirmed cases until released from isolation by a Public Health Unit or medical practitioner.

COVID-19 Practice Management



COVID-19 Practice Management

Last updated: 27 July 2020

Info for CEs and coordinators

The lead region team maintains this section for all regions in the group. See Online Help.

See also:

- COVID-19 Information
- COVID-19 Initial Assessment and Management

Clinical editor's note

See HNELHD – Public Health Alert: COVID-19 Case Confirmed in Port Stephens (21 July 2020).

See NSW Health:

- Public Health Advice for People Who Have Travelled from Victoria
- Latest COVID-19 Case Locations in NSW [for details regarding locations where either immediate self-isolation and testing or monitoring for symptoms is required]

Last updated: 20 July 2020

Coordination

- Appoint a practice pandemic leader and co-ordinator who will monitor the situation and communicate important updates.
- Make sure all staff receive clear communication and training, and have regular debriefing opportunities.

Infection control

See:

- the Clinical Excellence Commission website for current COVID-19 infection prevention and control and PPE guidance.
- NSW Health – Amber Alert: Moderate Transmission (mask guidance for NSW Health workers and patients, 24 July 2020) and corresponding RACGP advice.

Practice set-up

Staff behaviours

- Infection control and PPE
- Posters and resources for the practice and patients
- Care delivery:
  - Controlling access to the practice
  - Protecting vulnerable patients
  - Managing and protecting staff
- Guidance to staff around work attendance, isolation and testing if unwell or at risk

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Return to work following negative COVID-19 test

NSW Health recommends any healthcare workers, staff, students and volunteers with respiratory symptoms, unexplained fever or loss of taste or smell should be tested for COVID-19 and:

- must immediately self-isolate and follow home isolation guidance for people suspected to have COVID-19.

- If the COVID-19 test is negative follow NSW Health release from isolation guidelines:

    - Remain in isolation if the person is within 14 days isolation period after recent travel (overseas, Victoria or specified locations in NSW) or they are a close contact of a person and are within 14 days isolation period after their last contact with that person

    - People with respiratory symptoms who have a negative COVID-19 test should remain at home and apply good hand and respiratory hygiene until symptoms have resolved.

COVID-19 test: False negatives

PCR performance – sensitivity (false negatives)

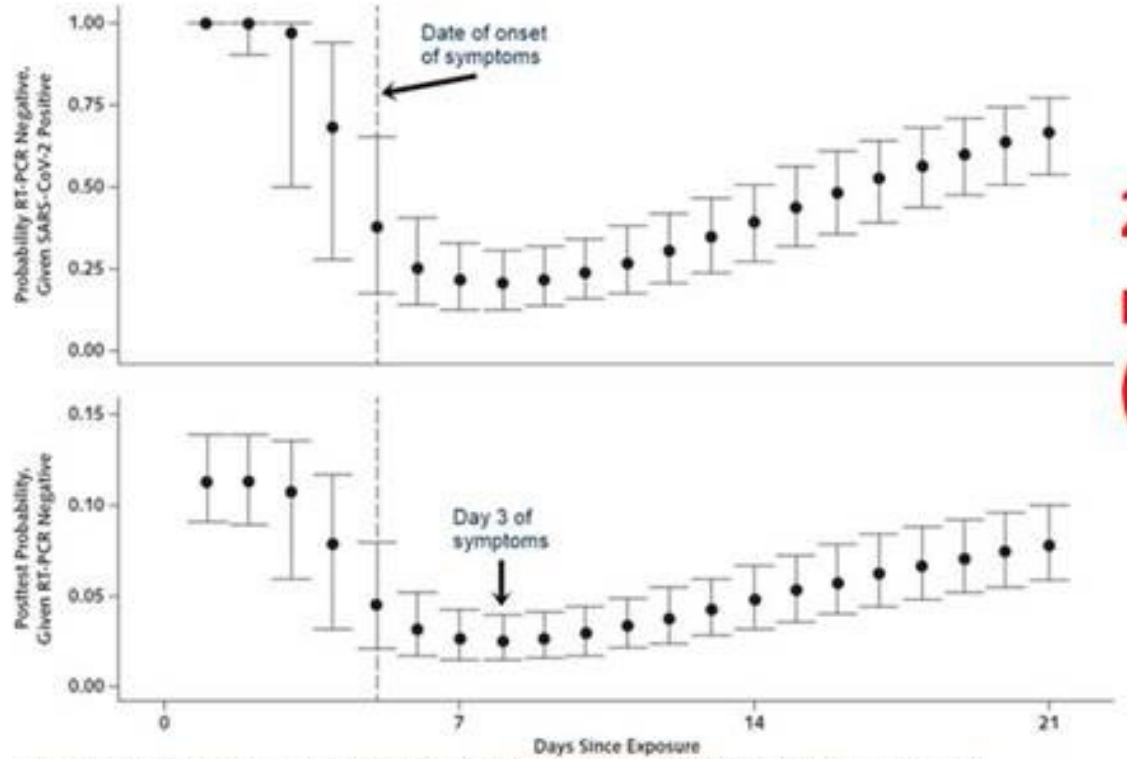

Figure 2. Probability of having a negative RT-PCR test result given SARS-CoV-2 infection (top) and of being infected with SARS-CoV-2 after a negative RT-PCR test result (bottom), by days since exposure.
Ann Int Med 13/5/20 Kucirka et al https://www.acpjournals.org/doi/10.7326/M20-1495#f2-M201495

20% false negative rate at best (Day 3 of symptoms)

Annals of Internal Medicine

Variation in False-Negative Rate of Reverse Transcriptase Polymerase Chain Reaction-Based SARS-CoV-2 Tests by Time Since Exposure

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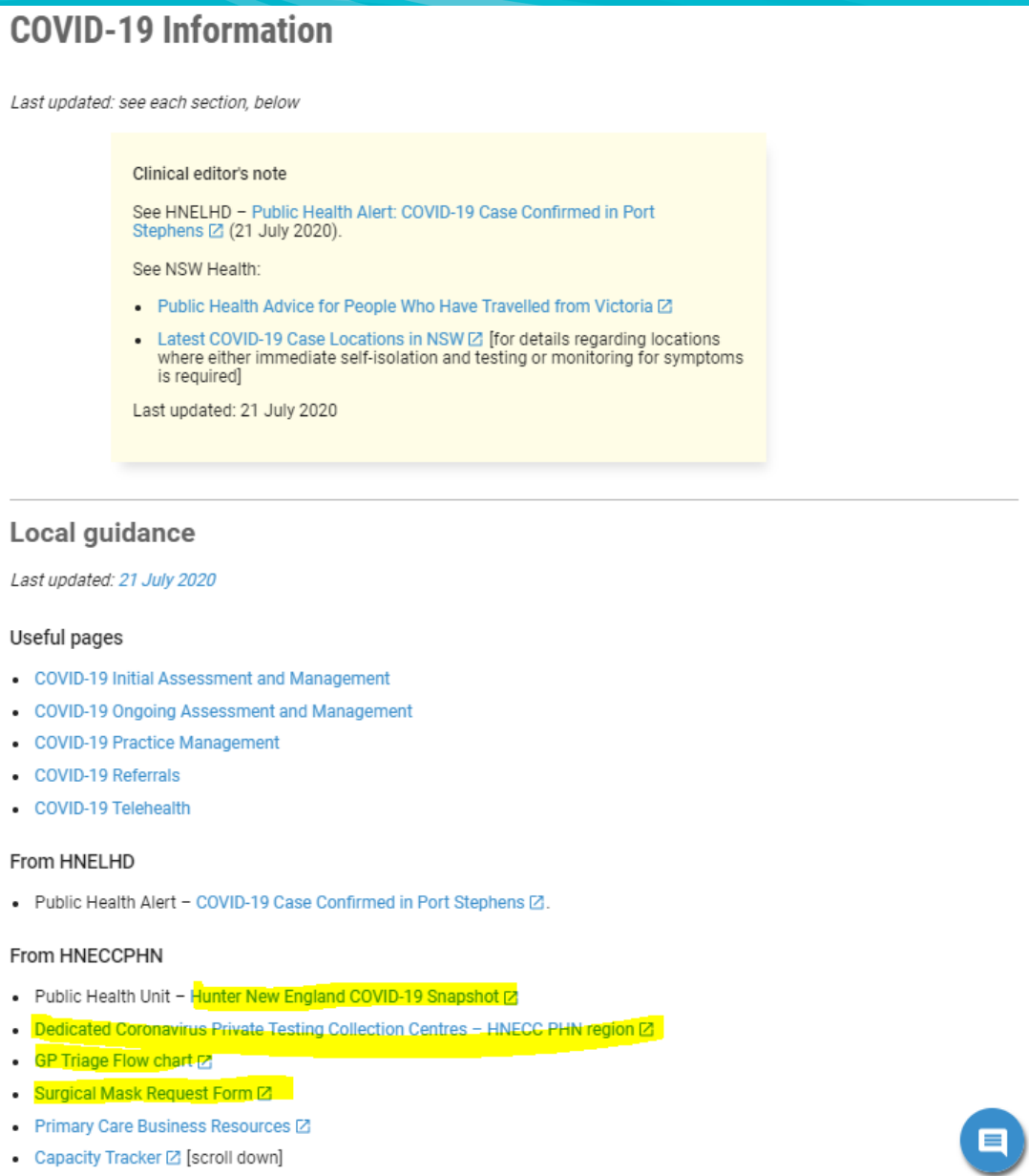
COVID-19 Information



COVID-19 Information

Last updated: see each section, below

Clinical editor's note

See HNELHD – Public Health Alert: COVID-19 Case Confirmed in Port Stephens (21 July 2020).

See NSW Health:

- Public Health Advice for People Who Have Travelled from Victoria
- Latest COVID-19 Case Locations in NSW [for details regarding locations where either immediate self-isolation and testing or monitoring for symptoms is required]

Last updated: 21 July 2020

Local guidance

Last updated: 21 July 2020

Useful pages

- COVID-19 Initial Assessment and Management
- COVID-19 Ongoing Assessment and Management
- COVID-19 Practice Management
- COVID-19 Referrals
- COVID-19 Telehealth

From HNELHD

- Public Health Alert – COVID-19 Case Confirmed in Port Stephens.

From HNECCPHN

- Public Health Unit – Hunter New England COVID-19 Snapshot
- Dedicated Coronavirus Private Testing Collection Centres – HNECC PHN region
- GP Triage Flow chart
- Surgical Mask Request Form
- Primary Care Business Resources
- Capacity Tracker [scroll down]

- **State and national guidance for NSW**
  - NSW Health
  - CEC
  - Aboriginal and Torres Strait Islander Health
  - Other resources eg: RACGP

- **International resources** eg:
  - John Hopkins University
  - BMJ COVID hub
  - CDC
  - WHO

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COVID-19 Referrals

Testing

1. Check if the patient meets the current testing recommendations. Use clinical judgement to arrange testing for patients presenting with other symptoms associated with COVID-19.
2. If severe symptoms suggestive of pneumonia e.g., fever and breathing difficulty, or frequent, severe, or productive coughing episodes, refer to the emergency department for specimen collection using contact and airborne precautions, and phone ahead to let them know that the patient is coming.
3. For mild illness, if the general practitioner is not confident to collect specimens, consider private and public options below. For paediatric patients, advise parent of testing options based on patient age.

Private

Public

All public emergency departments in Hunter New England Local Health District can test for COVID-19.

To follow-up on test results from public emergency departments and HNELHD COVID-19 clinics:

- Patients can register at the NSW Health Pathology COVID-19 SMS results service to receive their COVID-19 test result by SMS.
- General practitioners can phone the Pathology Customer Service Team on (02) 4921-4000.

4. Advise the patient regarding infection control measures, and monitoring for symptoms and self-isolation.
5. Serological testing is generally not recommended for acute diagnosis of COVID-19.
6. For more information, see:
   - NSW Health Pathology – COVID-19 Testing Information
   - NSW Health – Clinical Advice on Self-collection of Swabs for COVID-19 Testing

- Current testing recommendations
- Paediatric testing options
- Private pathology providers
- Public Clinics
- Key link to NSW Health site for testing locations

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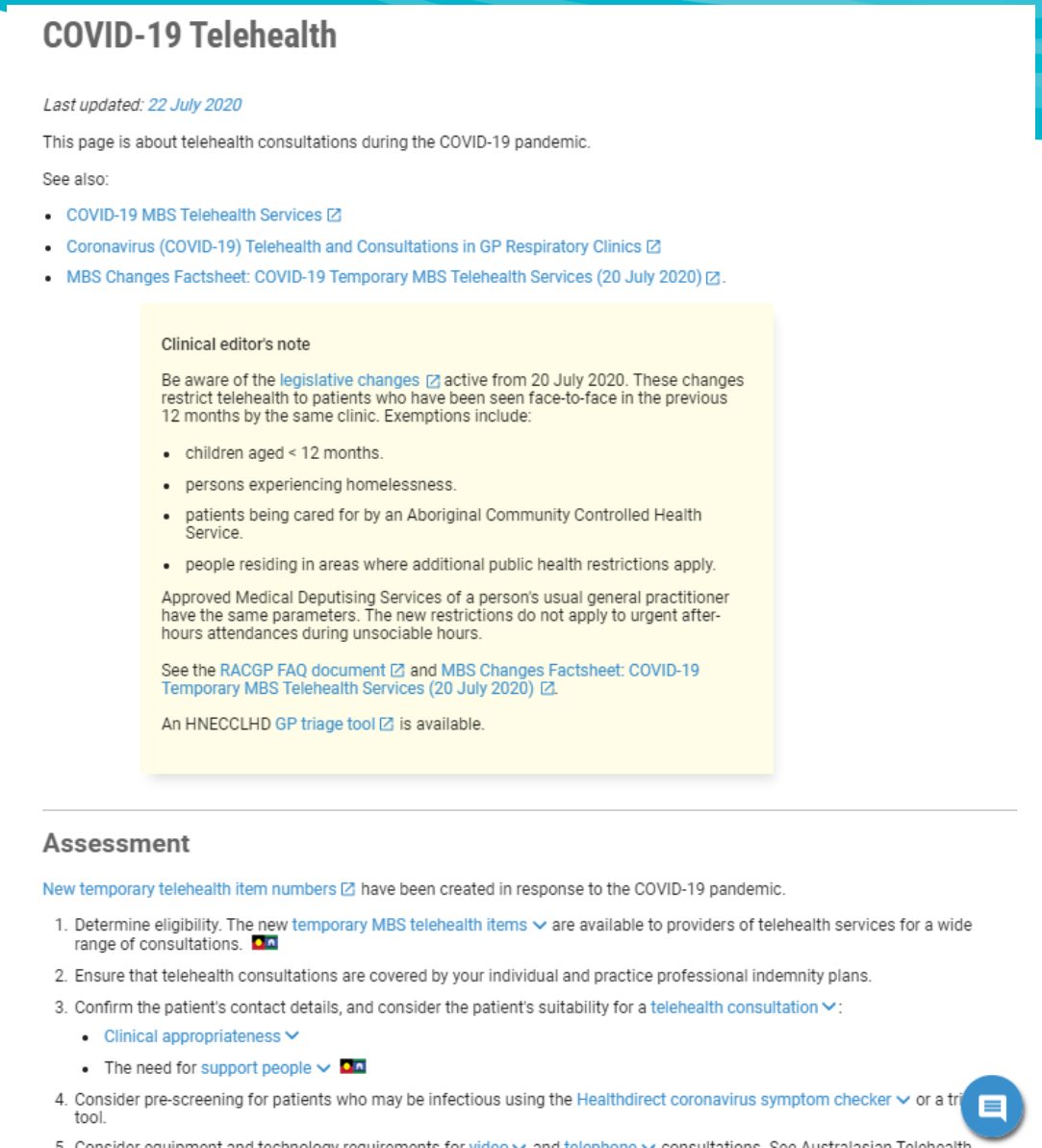
COVID-19 Telehealth



COVID-19 Telehealth

Last updated: 22 July 2020

This page is about telehealth consultations during the COVID-19 pandemic.

See also:

- COVID-19 MBS Telehealth Services
- Coronavirus (COVID-19) Telehealth and Consultations in GP Respiratory Clinics
- MBS Changes Factsheet: COVID-19 Temporary MBS Telehealth Services (20 July 2020).

Clinical editor's note

Be aware of the legislative changes active from 20 July 2020. These changes restrict telehealth to patients who have been seen face-to-face in the previous 12 months by the same clinic. Exemptions include:

- children aged < 12 months.
- persons experiencing homelessness.
- patients being cared for by an Aboriginal Community Controlled Health Service.
- people residing in areas where additional public health restrictions apply.

Approved Medical Deputising Services of a person's usual general practitioner have the same parameters. The new restrictions do not apply to urgent after-hours attendances during unsociable hours.

See the RACGP FAQ document and MBS Changes Factsheet: COVID-19 Temporary MBS Telehealth Services (20 July 2020).

An HNECCLHD GP triage tool is available.

Assessment

New temporary telehealth item numbers have been created in response to the COVID-19 pandemic.

1. Determine eligibility. The new temporary MBS telehealth items are available to providers of telehealth services for a wide range of consultations.
2. Ensure that telehealth consultations are covered by your individual and practice professional indemnity plans.
3. Confirm the patient's contact details, and consider the patient's suitability for a telehealth consultation:
   - Clinical appropriateness
   - The need for support people
4. Consider pre-screening for patients who may be infectious using the Healthdirect coronavirus symptom checker or a tri
   tool.
5. Consider equipment and technology requirements for video and telephone consultations. See Australasian Telehealth

- Latest changes to MBS Telehealth Services
- Cultural information for Aboriginal and Torres Strait Islander patients
- Telehealth equipment and processes
- Billing information
- Providing prescriptions, pathology requests, medical certificates and imaging requests

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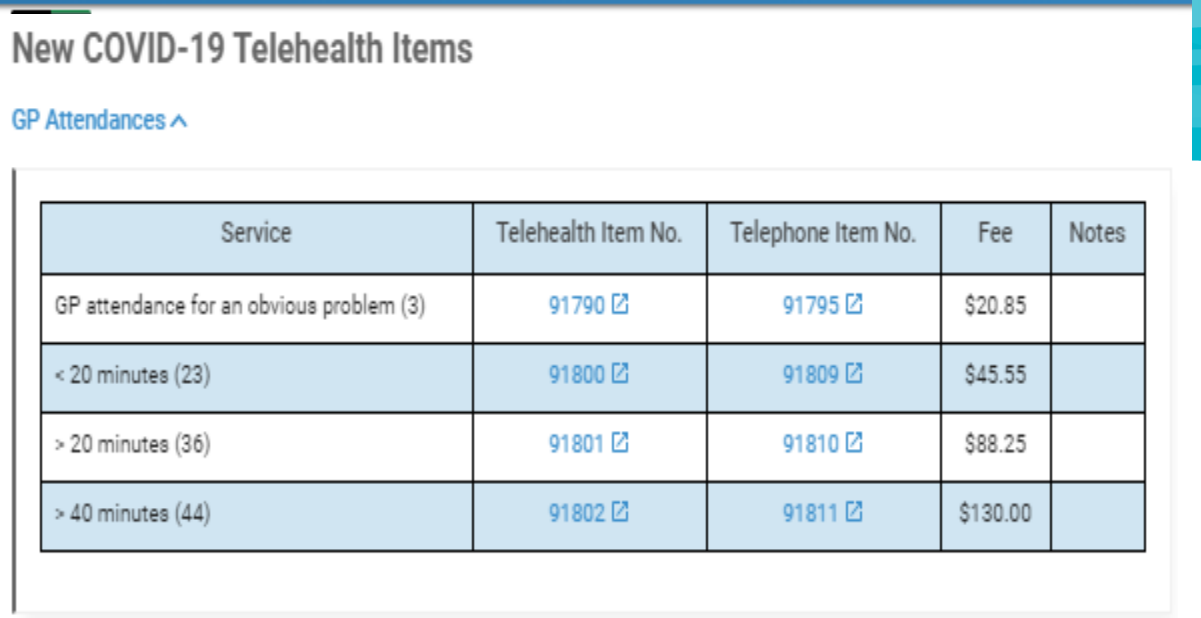
COVID-19 MBS items



New COVID-19 Telehealth Items

GP Attendances ^

Service	Telehealth Item No.	Telephone Item No.	Fee	Notes
GP attendance for an obvious problem (3)	91790	91795	$20.85	
< 20 minutes (23)	91800	91809	$45.55	
> 20 minutes (36)	91801	91810	$88.25	
> 40 minutes (44)	91802	91811	$130.00	

Urgent After Hours v

Bulk Billing Incentive for Vulnerable Patients v

GPMP / TCA and Multidisciplinary Care Plans v

Chronic Disease Management Monitoring and Support v

Health Assessments for Aboriginal and Torres Strait Islander People v

Mental Health v

Eating Disorders v

Childhood Disability Management v

Obstetric Service v

Nurse Practitioner v

- Latest eligibility and billing information
- Detailed information on MBS item numbers for various services including NPs

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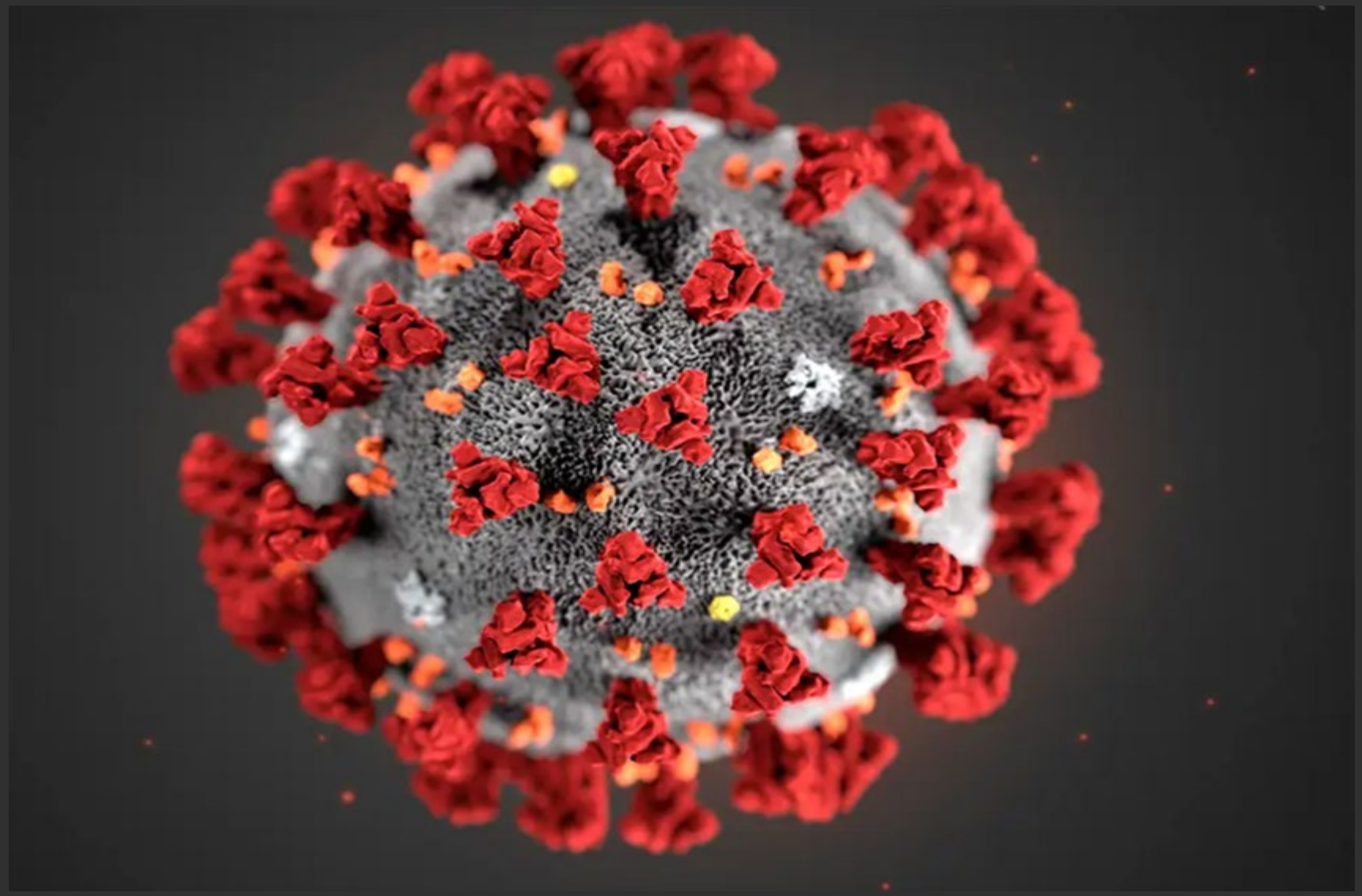

- Familiarise yourself with these pathways
- Send feedback for any questions or suggestions

Scenario Planning Tool:

Is your General Practice prepared for an emergency?

- Assist general practices to plan for, respond to, and recover from the impacts of emergencies and disasters
- Identify areas for improvement in your systems
- Consideration on review of pandemic planning and emergency response

7. STAFF AND DIRECT IMPACT WITH EMERGENCY RESPONSE

POTENTIAL SCENARIOS COULD INCLUDE:

- General practice staff become ill during pandemic/emergency

QUESTIONS TO CONSIDER IN THIS SCENARIO:

a) Does your practice have a pandemic plan?	
b) Does your practice have a dedicated infection control coordinator?	
c) Could your practice employ extra staff through coordinating with staffing agencies or nearby practices?	
d) Does your practice have pandemic staff policies in place that highlight risk to staff?	
e) Does your staff have a surge workforce plan?	
f) Does your practice participate in the Primary Health Network's Capacity Tracker program?	
g) Does your practice have the capacity for your GP's to work remotely from home?	
h) Does your practice administration know how to manage a remote practice?	
i) Are your GP's confident with the correct telehealth billing requirements?	
j) Is your practice able to maintain a 50% face to face appointment ration to ensure Quality Improvement Practice Incentive Payment double payment?	
k) Does your practice have income security in place to ensure the viability of the practice beyond the current crisis?	

POTENTIAL CAUSES:	POTENTIAL IMPACTS:
• Practice does not have a pandemic plan • Practice does not have a dedicated infection control coordinator • Practice is unable to employ extra staff • Practice does not have a pandemic/emergency staff policy • Staff unable to work from home	• Potential for decreased staff load if staff become ill and potential exposure for other staff to pandemic related illness, resulting in either reduced practice capability or closure of practice • Potential exposure for patients to pandemic related illness, and potential for patients not to be able to receive care if practice is reduced or closed, resulting in poor health outcomes
POTENTIAL MITIGATION STRATEGIES:	**ACTIONS:**
• Ensure correct Personal Protective Equipment use and availability of Personal Protective Equipment • Ensure staff are aware of the early signs and symptoms • Ensure staff ae ale to receive testing if required • Ensure surge workforce plan is developed.	

Comments

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Adapting to changes in General Practice

Below are a few changes, tips and tricks that have been implemented:

- Make sure one person is not the holder of all the information.
- Updating policy for staff who may have to self- isolate or quarantine, covering clinical and HR.
- Setting up reciprocal practice relationships in the event of staff shortages or practice closure.
- Turning off phones and shutting doors over lunch period to give staff a break or debrief.
- Triage twice and procedures set up for updating staff and patients e.g. morning check ins.
- Increasing frequency and standard of cleaning measures.
- Testing remote access for clinicians.
- Training and buddying for donning and doffing of PPE (including admin).

Surgical Masks

- Advice from RACGP
- Stock takes
- How to instruct a patient to wear a mask
- Infection Control Update: Tomorrow, 7.30am – 8.30am
- Review practices policies and pandemic plan in relation to masks

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Questions and Answers and Evaluation

Please completed the evaluation that will pop up once you leave the session

References and Useful Resources

Capacity Tracker
https://au.capacitytracker.com/

Telehealth: HealthDirect
https://peoplebank.hneccphn.com.au/telehealth

Surgical Mask Request
https://peoplebank.hneccphn.com.au/mask-requests/survey_tools/surgical-mask-request-form

Healthpathways
HNE: https://hne.communityhealthpathways.org/
CC: https://centralcoast.healthpathways.org.au/

Donning and Doffing Resource
http://cec.health.nsw.gov.au/__data/assets/pdf_file/0010/566776/CEC-Principles-of-Fit-checking-chart-2020.pdf