

## Continuous Quality Improvement (CQI)

**COVID-19 practice preparedness**

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| **CQI steps** | | **Ask-Do-Describe** | |
| **Data report 1 - baseline** | **First CQI meeting** | **Why do we want to change?** | |
| * Gap | Current practice systems and processes meet accreditation requirements; however, a noticeable gap has been seen with the practice unable to meet the demands of the COVID-19 pandemic. In doing so, this requires existing practice governance to be strengthened to ensure the safety of staff and patients and maintain business viability. |
| * Benefits | Preparation and planning for COVID-19 will minimise business risk and could support increased staff and patient morale and reduce anxiety and uncertainty. |
| * Evidence | RACGP guidelines highlight that business continuity planning can help manage the impacts of a pandemic, continue to provide services to patients and meet legal staff safety obligations [(RACGP – COVID-19 Information for GPs).](https://www.racgp.org.au/coronavirus)  Comprehensive planning can assist in reducing the overall impact of an emergency on practices, practice staff and patients; and reduce liability and financial loss due to damages sustained during an emergency or business disruption. Furthermore, investing time and effort in developing a well-thought-out emergency response plan will help to expedite the recovery process. Engaging in simple emergency planning activities will ensure your practice’s preparedness and confidence when responding to an emergency. Overall, practices that have an up-to-date emergency response plan will be better positioned to respond to an emergency. [RACGP – Managing emergencies in general practice](https://www.racgp.org.au/download/Documents/e-health/Managing-emergencies-in-general-practice.pdf) |
| **What** do we want to change? | |
| * Topic | COVID-19 practice preparedness. |
| * Scope | Review and update all practice policies and procedures in place from baseline accreditation standards and amend to meet COVID-19 pandemic system and process requirements. |
| **How much** do we want to change? | |
| * Baseline | Current accreditation requirements against RACGP standards |
| * Sample | All staff involved in a team approach with designated roles and responsibilities. |
| * Target | Ongoing update of all policies and procedures throughout the emerging COVID-19 situation |
| * Preparedness | Schedule all of staff meeting – onboard the team to work proactively in an agile way to meet practice requirements  [CQI Practice initial and final meeting minutes](https://gcphn.org.au/wp-content/uploads/2020/02/CQI-Practice-Meeting-Template.docx) |
| **Who** are involved in the change? | |
| * Leads   Contributors | Whole of team approach  Identify most appropriate practice lead - delegate activities to named team member - consider a buddy system to ensure business continuity. E.g. nominate an infection control coordinator. |
| * External | PHN/DoH/QLD Health/Patients |
| **When** are we making the change? | |
| * Deadlines | Immediate start – ongoing as advised. |
| **How** are we going to change? | |
| * Potential solutions | Allocate a team lead and schedule protected time to keep them up to date with the latest information. Review and monitor [GCPHN.org.au](https://gcphn.org.au/practice-support/covid-19/coronavirus-information/) daily including COVID-19 Health Pathway and monitor email updates – consider stand up practice meeting to discuss and prioritise workflow and provide relevant updates and resources.  Policies and procedures:   * Read existing pandemic planning guides [(RACGP – Managing pandemic influenza in general practice)](https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/managing-pandemics/managing-pandemic-influenza-in-general-practic-1) * Develop patient access policy, consider:   + Communication channels and phone messages with information detailing your patient access policy prior to visit.   + Adhere to social distance current guidelines - both patients and staff.   + Implement patient advice to socially distance from staff- e.g. barriers/marking tape observing current distance guidelines. * Develop [patient triage protocol](https://gcphn.org.au/practice-support/covid-19/covid-19-assessment-and-management/assessment/#triageprotocol), including phone calls and face to face. * [Queensland Health COVID-19 Cleaning and disinfection recommendations](https://www.health.qld.gov.au/__data/assets/pdf_file/0035/946592/covid-19-cleaning-disinfect-recom.pdf) consider:   + Regular cleaning of waiting room chairs and surfaces according to recommendations   + Remove chairs in waiting room to enforce social distancing.   + No touch dispensing of hand sanitiser.   + Inactivate kiosk screen check ins, etc * Develop policy for consumables and PPE use. Provide staff information relating to PPE criteria and use - maintain safety while managing resources effectively. [GCPHN – COVID-19: Safe fitting and removal of PPE for healthcare stuff](https://www.health.qld.gov.au/__data/assets/pdf_file/0035/945755/covid19-correct-use-ppe.pdf) * Update infection control policy to reflect patients requiring access to [fever clinics](https://www.goldcoast.health.qld.gov.au/coronavirus-covid-19/visiting-fever-clinic-getting-tested). * Update policies to reflect guidelines for staff experiencing COVID- 19 type symptoms. [GCPHN – COVID-19 Assessment and Management](https://gcphn.org.au/practice-support/covid-19/covid-19-assessment-and-management/#asymptomatic-patient-or-health-care-worker-with-risk-factors) * Review and update infection control policy and procedures as required. Update and discuss requirements with cleaning staff. * Review medication management policy – optimise telehealth for routine scripts without appointment- fax/post to usual pharmacy. Consider proactive communication to patients to ensure regular scripts are dispensed and medication available. * Review and update Digital Health policy – promote upload updated SHS and event summaries.   Environment:   * Develop communication plan for practice staff and patients. Consider different communication types to meet patient needs, e.g. practice website, social media if available, newsletter, HotDoc and third-party appointment booking platforms, etc. Include information regarding quarantine, self-isolation, telehealth consultation criteria and preferences, procedure for attending practice appointments. * Confirm out of hours deputising medical service arrangements and who should not attend consultations in person for patients. Ensure accurate information is available on phone messaging and all communication channels. * Confirm arrangements for pathology collection and phlebotomy services - onsite/offsite/opening hours and availability, communicate to patients. * Ensure [patient information posters](https://www.health.qld.gov.au/__data/assets/pdf_file/0041/949379/COVID19-visitor-poster.pdf) are clearly visible and information from communication plan is displayed at front door, in waiting area, etc. * Provide tissues, masks, no touch hand sanitiser dispensers in waiting and clinical areas. * Review current appointment systems, consider:   + Special clinic times, or separate entrance/designated areas of practice for vulnerable and at-risk patients.   + Designated immunisation clinics for at risk and vulnerable groups. Allocate times when no sick patients will be onsite- time is purely for targeted immunisation.   + Suspend routine Health Assessments and concentrate on preventative health checks and interventions for COVID 19 at risk patients.   Staff and HR:   * Identify staff who may not be suitable to physically attend work during a pandemic - e.g. pregnancy, immune compromised etc. Identify opportunities to work and support from home if possible or non-contact role supporting phone triage and health advice. * Review staff training checklists and identify any gaps where training may be required e.g. using PPE, patient triage, infection control, MHR, etc. * Ensure up to date staff contact details, emergency and next of kin contact info and staff awareness to advise practice of any unexpected changes. * Ensure staff immunisations are up to date and meet [(Australian Government Department of Health, 2019)](https://www.health.gov.au/health-topics/immunisation/health-professionals/immunisations-for-health-care-workers) guidelines. * Plan the best way to check in with team for fatigue assessment and identify psychological support resources, ensure they are available for staff e.g. in tearoom, emailed etc. [GCPHN - Structured Psychological Therapy Services: Coaching Program](https://gcphn.org.au/commissionedservices/newaccess/) * Proactively plan for and back up for staff absenteeism and sick leave required.   Systems and processes:   * Ensure your emergency Response Planning Tool (ERPT) up to date [(RACGP – emergency response planning tool)](https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/emergency-response-planning-tool) * Ensure [business continuity plan](https://www.racgp.org.au/download/Documents/e-health/Managing-emergencies-in-general-practice.pdf) is up to date and activated. * Ensure GPs registered for the [QLD Health Viewer](https://www.health.qld.gov.au/clinical-practice/database-tools/health-provider-portal/gps-resources/register) * Review practice data using [CAT 4](https://help.pencs.com.au/display/CR/COVID-19) or Primary Sense to identify at risk and vulnerable patient populations. Identify your target population to proactively plan their care as the COVID-19 pandemic develops. [(GCPHN CQI Resources)](https://gcphn.org.au/practice-support/support-for-general-practice/pip-quality-improvement-incentive/) * Ensure equipment maintenance is up to date and recorded. * Upload My Health Record shared health summary for your regular patients and event summaries for visiting patients to provide consumer continuity of care support. * Consider change of current appointment system to ensure ongoing access to care for vulnerable and at-risk groups. * Create additional ‘emergency’ allocations for each GP in the appointment book. * Consider solutions to traditional face to face specialist reviews and management of patients. * Minimise preventative health prompts in clinical software and add in recalls. * Consider nurse clinics – utilising Top Bar/Primary Sense/Cat 4 reports/practice appointment book to identify at risk patients who would benefit from preventative care- immunisation, etc. Consider communication script for nurses to ensure consistent messaging – immunisations, ACP, MHR, chronic disease symptom management. * Optimise [telehealth MBS item number](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB) reviews where possible. Consider including at risk and vulnerable patients for non-urgent telehealth reviews. * Optimise nurse MBS chronic disease item numbers for discussions around Advance Care Planning, etc. * Liaise with and maintain communication with your accreditation body in light of suspension of accreditation surveys. * Ensure staff have scripts to read to assist with consistent phone triage (including triage forms to fill in for complex queries). * Ensure patient contact details and emergency contact details are up to date. * Ensure recall/reminders in place and identify solutions to delivering care for routine health checks etc.   Consumables:   * Liaise with PHN for supply of surgical masks  <https://gcphn.org.au/practice-support/covid-19/coronavirus-information/surgical-mask-request-form/> * Clarify security for PPE equipment, where can it be securely stored, etc. * Ensure doctors’ bag scripts are dispensed and up to date. * Identify best ways to optimise consumables, maintaining best practice care while minimising risk. [GCPHN – COVID-19: Safe fitting and removal of PPE for healthcare stuff](https://www.health.qld.gov.au/__data/assets/pdf_file/0035/945755/covid19-correct-use-ppe.pdf) * Where possible hold 3-4 weeks stock coverage. |
| * Select | Choose ideas that will work well in your practice and meet the needs of your patients and team. |
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| * **Implementation** | | * Implement | Describe the steps, staff responsible and time frames  e.g. RN reviews next day’s appointment book and flags patients with immunisations required, then actions appropriate immunisations are offered and provided. |
| * Record, share | Regular whole team meetings to evaluate, review planning and implementation. Optimise team meeting minutes as a record of your activities. |
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| **Data Report 2**  **Comparison** | **Final CQI meeting** | **How much** did we change? | |
| * Performance | Did you achieve your target? |
| * Worthwhile |  |
| * Learn | *What lessons learnt could you used for other activities?*  *What worked well, what could have been changed or improved?* |
|  | **What next?** | |
| * Sustain | *Implement new processes and systems into business as usual* |
| * Monitor | Review outcome of activation of the emergency response business continuity plan.  Develop escalation plans for the identified at risk and vulnerable patients whose conditions may get worse.  Consider Flu clinics, Advance Care Plans to inform care and mental health support. |