**Quality Improvement Checklist – Pandemic Planning**

*This checklist is to be used as a guide only and to help you identify staff members that may be appropriate for roles during a pandemic.*

*For further information and task responsibility, refer to RACGP Guides – Managing Emergencies in General Practice and Managing Pandemics.*

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| **Role** | **Task/Responsibility** | **Person Responsible** | **Reflection – What you did/ what worked / What would you change** |
| Assign pandemic coordinator/s  *Consider strengths of your practice team.* | Responsible for coordination, disseminating information and managing for the period of the crisis. |  |  |
| Assign infection control coordinator/s | [RACGP Infection, Prevention and Control Standards](https://www.racgp.org.au/download/Documents/Standards/infection-prevention-control-standards.pdf)  [Qld Health COVID19 Infection Control Guidelines](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection) |  |  |
| Supporting Staff | Consider:   * Immediate individual or family health concerns influencing staffing levels * Modifications required to support staff and patients due to implementing telehealth services * Alternative hours if needed * Identifying support and resources available to maintain staff wellbeing |  |  |
| Review and update staff immunisation registers | [National Immunisation Program](https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule) |  |  |
| Familiarise with existing guidelines and check for updates daily.  *Monitor the emergence of the disease.* | [Our PHN](https://www.ourphn.org.au/)  [Health Pathways](https://www.ourphn.org.au/healthpathways/)  [Australian Government Department of Health](https://www.health.gov.au/)  [Queensland Health](https://www.health.qld.gov.au/)  [RACGP Managing Emergencies and Pandemics](https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics) |  |  |
| Reception and Triage  *Consider how to scale up or down depending on the situation.* | **Triage and Patient Access**   * STOP sign and /or other instructions at practice entrances * Temperature checks on all patients * Ask patients to wait in the car or outside (weather and building layout permitting) and call when GP is ready * Conduct alternative consultation methods e.g. patients’ cars * Ensure reception staff understand the current triage script * Appoint a daily triage nurse   **Waiting Room**   * Put chairs outside the practice (1.5m apart) * Providing conveniently located masks, tissues and alcohol rub in waiting areas * Increase the distance between the patient and reception desk. For example, put tape on the floor as an indicator of distance * Install a portable clear plastic screen as a barrier between patients and reception area if desired * Remove magazines / toys * Arrange alternative entrance, waiting area and consultation rooms if possible * Consider infection control in waiting areas   **Consultations**   * Adapt consultation times * Change message on hold to suit situation * Review online appointment system * Consider how to set up telehealth for GPs working on and offsite * Ensure patient’s contact details are up to date |  |  |
| Stay up to date with testing criteria | [Department of Health](https://www.health.gov.au/)  [Queensland Health](https://www.health.qld.gov.au/) |  |  |
| Identify high risk and vulnerable patients.  Consider how these patients will be managed to minimise risk. | Understand your practice population. Allocate appropriate appointment times. For example, consider:   * Patients with chronic disease * Palliative patients and their family * Patients having daily dressings * Immunocompromised patients - Identify vulnerable patients using clinical audit tools [PENCS](https://www.pencs.com.au/) * Consider telephone support |  |  |
| Communicate regularly with staff, multidisciplinary teams and patients.  *Consider how communication might change if you have staff working from home.* | **Staff**   * Regular SMS to staff * Using Apps. For example, WhatsApp * Clinical Software Messaging * Team meetings via video links * Tea room notice board update   **Patients and Multidisciplinary Teams**   * Consider communication to patients and general practice support services. For example, deliveries, pathology and diagnostics, pharmacy, HHS and AHP * Use website, social media, on hold messaging and practice signage to convey important information |  |  |
| Business Continuity | * Define the critical functions that need to be sustained * Identify staffing levels required to maintain critical functions * Identify key supplies and equipment required * Identify how the practice will manage staff absenteeism * Identify if / how the practice can modify patient flow to ensure sustainability * Identify if / what services could be downsized or closed * Review / update business continuity plan and emergency response plan   [RACGP Business operations](https://www.racgp.org.au/running-a-practice/practice-management/business-operations)   * Update policy and procedures to address privacy and confidentiality re telehealth and staff working offsite |  |  |