QuIK Library Resource

Capital Health Network
Partnering for better health

phn ACT
An Australian Government Initiative

COVID Normal
Foundation

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How To Use This Resource

QuIK Library Resources
This QuIK Library Resource was designed to both inform and assist practices in Continuous Quality Improvement (CQI). Throughout the document, you will find Quality Improvement Concepts, they are represented with a yellow "!", which aims to provide specific ideas your practice could undertake for CQI. A Quality Improvement Concept is exampled below.

Quality Improvement Concept
Quality Improvement Concept contextualised.

QuIK Cycles
In addition to the Quality Improvement Concepts, your practice can opt in to develop a QuIK Cycle with us which could award your participating GPs with RACGP CPD Points. The person developing the QuIK Cycle with us does not need to be the GP and can be a Practice Manager or Practice Nurse. However, in order for your GP to be awarded with RACGP CPD Points, they must sponsor and actively participate in the activities set out in the QuIK Cycle.

If you'd like to create your own QuIK Cycle contact our team at:
primarycare@chnact.org.au

We will fully support you in developing an activity which satisfies the requirements set out by the RACGP for undertaking CQI. This includes:

- Identifying your practice needs for improvement
- Developing specific strategies and actions which will work with your practice
- Evaluating the performance of the strategies
- Finalising your practice's reflections and learnings from the activity.

After each QI Engagement with us and at the conclusion of the activity, we will send you a copy of your QuIK Cycle which will have all of the details you and your Coordinator have developed together.

CAT4 Training
The CAT4 (Clinical Audit Tool) is a powerful tool to interpret your practice data. If you are enrolled in the PIP QI (Practice Incentive Payment Quality Improvement) then you already have CAT4. If you'd like to learn more about using CAT4 our QI team can provide training at your practice. Contact our team at:
primarycare@chnact.org.au

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COVID-19: A Brief Timeline

The current global COVID-19 (COVID) pandemic was the result of the coronavirus SARS-CoV-2. It belongs to the same family of viruses as MERS-CoV which caused the Middle East Respiratory Syndrome (MERS) and SARS-CoV-1 that caused Severe Acute Respiratory Syndrome (SARS).

COVID was identified in Wuhan, China at the end of December 2019 and was found to have a zoonotic source – most likely bats.[1] It caused a pneumonia-like response and began rapidly spreading to other parts of China and to other countries in the world.

On 21 January 2020, the World Health Organization (WHO) confirmed human-to-human transmission was possible,[2] and on 30 January 2020 the WHO Director General declared the outbreak a "Public Health Emergency of International Concern".[3]

On 25 January 2020, Australia recorded its first case of COVID in Victoria, in a traveler from Wuhan, China.[4] Then on 2 March 2020, the NSW Government announced the first local transmission in Sydney.[5] Twelve days later, the ACT Government identified its first COVID infection in Canberra.[2,4,6]

As of 3 January 2022, Australia has recorded a total number of 499,958 cases with 174,018 confirmed local transmissions. In the ACT, there have been 5,323 total infections and all cases confirmed as locally acquired.[7] Real-time statistics are available on the Department of Health website.

! How many patients in your practice are due for any immunisations?
Some patients may have missed or delayed scheduled vaccines during the pandemic, increasing the risk of resurgence of some vaccine preventable diseases.

Australian Public Health Approaches and the Paradigm Shift

In-line with the guiding principle from the WHO, COVID was made a nationally notifiable disease in Australia in February 2020.[8] On 27 February 2020 the Commonwealth Government activated the Australian Health Sector Emergency Response Plan for Novel Coronavirus.[9] This document set the aim of the Australian response to the COVID pandemic, which was to minimise the number of people who become infected, get sick, or die from COVID infection and to reduce the burden on our health system – to flatten the curve through largely public health measures before a vaccine became available.[10]

On 6 August 2021, the National Cabinet adopted the fully updated four-phased national plan developed by the Peter Doherty Institute for Infection and Immunity.[11] The plan transitions the nation's COVID response from a pre-vaccination setting, which primarily focuses on the suppression of community transmission, to a post-vaccination setting with a focus on preventing severe illness, hospitalisation, and death, and allowing manageable levels of community transmission.[11]

The plan progresses through phases based on when critical vaccination thresholds are reached. In January 2022, 98.5% of the eligible population in the ACT had received their primary course of the COVID vaccine.[12]

The Four Step National Plan contains more detailed information.

A booster dose after the completion of the primary course, of two doses, was recommended by the Australian Technical Advisory Group on Immunisation (ATAGI) in October 2021.[13]

Future Roadmap

As management over eradication of COVID is highly likely to be the long-term outcome, our aim should be to reduce the number of cases to a locally manageable level known as disease control.[14] With ACT being one of the highest vaccinated jurisdictions in the country, ACT Health has launched the Care@Home Program, with the operation of the existing General Practitioner (GP)-led Respiratory clinics extended until the end of June 2022.[15]

The Care@Home Program aims to provide person-centred and timely care to COVID-positive patients in the ACT and, depending on their risk stratification, enable GPs and Primary Care Providers (PCPs) to care for COVID-positive patients in the community through remote monitoring.

The program also works with a multi-disciplinary team, including mental health and Alcohol and Other Drug (AOD) services, the COVID Rapid Evaluation and Care in the Home Team (REaCH) and General Practices. Through the Care@Home Program, care is provided to COVID-positive patients through an integrated model of care. It also provides clear and comprehensive pathways, where indicated, to specific providers including Hospital in the Home (HITH), Canberra Health Services (CHS) and Calvary Public Hospital Bruce (CPHB).[16]

The program facilitates the transitioning of our health care system from its traditional model, which is largely hospital-based, to a much more integrated system. The first version of the program has been developed and has been up and running since October 2021.[16]

! Are all staff members in your practice familiar with the latest risk matrix and infection control measures?
Following the latest advice reduces the risk of exposure to COVID-19 at work potentially avoiding staff furloughing and/or practice closure.

Acceptance

COVID's longevity and presence in our communities seems certain. Since the start of the pandemic, the goal has changed from eradication to elimination then to disease control.[14] Where eradication means that there are no cases anywhere in the globe, elimination means that the virus does not have sustained community transmission in a specific region or country, and disease control means to control outbreaks so that they do not divide communities as they have done in recent history.[14]

COVID has ultimately changed the way that we interact with others and our communities. COVID is an aspect of life that we must manage and learn to live with. When the outbreak began, we decreased contact with others, cleaned our hands and surfaces more often, physically distanced from those we cared about, donned our masks, and got vaccinated.

But what will life look like as COVID becomes normal?

While the answer remains uncertain, we, as a nation, are doing our best to determine what the best course of action is for ourselves and our community, while living in an environment that is constantly changing.

Acceptance of COVID does not make it go away. Acceptance allows us to be conscious of the situation and to work around it so that we can still go to work, school, social gatherings and do the things we have missed in the last 18 months.[17]

> *"Acceptance and Commitment Therapy is an emerging evidenced-based practice based on a psychological flexibility model encompassing six processes, including acceptance, cognitive diffusion, self-as-context, being present, values, and committed action."*[18]

Acceptance and Commitment Therapy is about being aware of what we are thinking, feeling, or sensing, allowing these feelings to be present, and accepting that feeling without letting that emotion have control over us.[19]

This is a skill that allows us to accept that COVID is an event that happened and is still happening, while allowing us to be pragmatic about it. For metaphors relating to Acceptance and Commitment Therapy, the Coffs Psychology & Neurotherapy website has many examples.

! Does your whole team understand the components of health literacy?

Teams that have a better understanding of health literacy are better equipped to support patients who may be stressed by the uncertainty of COVID and find it difficult to process and understand health information and make decisions.

What Became "Normal"

Despite the widespread disruption and adversity brought about by the COVID pandemic, several positives have emerged which are now considered normal.

The awareness of public health and its importance has risen dramatically over the last two years. Messages encouraging preventative personal hygiene have been hard to avoid, with handwashing having the focus of attention. It appears this messaging has been heeded with some recent reports showing an increase in handwashing.[20,21] In the most recent audit of hospital settings, the national hand hygiene compliance rate was 87.2%, this is higher than the benchmark of 80%.[22] We have learned to comply with wearing masks, young children are growing up knowing to cover their sneeze or cough, and we understand the importance of staying at home if unwell.

Collaboration and Integrated Health Services

Regardless of physical distancing, COVID has encouraged collaboration and heightened the value of community. Globally, we have seen how international collaboration, investment and the pooling of resources has led to the rapid development of COVID vaccines. We have learnt how cross-disciplinary collaboration between the different health care systems has, although slow to start, led to the now exceedingly successful roll out of the vaccination program in Australia. Locally, the integration of General Practice into the COVID Care@ Home Program model of care will continue this collaboration into the future.[16] With GPs and PCPs expected to manage most COVID-positive patients, and those experiencing long COVID symptoms, moving forward, this integration will be imperative.

! Does your practice regularly review Team Care Arrangements (TCA) and General Practitioner Management Plans (GPMP)?

The COVID pandemic has impacted patients' ability to self-manage chronic diseases and they may require changes to their TCAs and/ or GPMP.

Digital Health

Electronic communication has become the norm for most of us in both our personal and professional lives. Telehealth has been widely accepted by patients and has made health care more accessible and equitable for those with chronic and complex conditions as well as for those living in remote and rural areas.[23,24] It is thought that the use of telehealth in these groups may also lead to increasing adherence to treatment and a reduction in hospital admissions.[25]

The pandemic has led to the swift adoption of other digital health options into normal practice. Electronic Prescribing is now widely available across Australia, and to a lesser extent, Secure Messaging is being used.[26] Remote monitoring of patients with COVID at home has been incorporated locally into the ACT COVID Care@Home Program model of care. Through this, low to moderate risk symptomatic patients will be supplied with a thermometer and pulse oximeter to self-monitor their condition at home.

! Has your practice systematically considered how digital tools can support and improve your practice?

Patients having to isolate at home benefit when practices have patient resources, booking systems, access to telehealth, and practice information available on their website, accessible at any time.

Mental Health

Although not necessarily a positive as it has arisen from need, mental health is now being given the same priority as physical health. It is the most reported reason for patient presentations in general practice, with 82% of MBS-supported mental health services in 2020 provided by a GP.[27] This has increased especially amongst young people over the last two years, exacerbated by the isolation of lockdowns and is likely to be long lasting.[28]

What Became "Obsolete"

In contrast to What Became Normal, the unprecedented strain of COVID within the primary health system has rendered several 'traditional' systems obsolete – or close to. What used to be the 'normal' way of doing health has been challenged, and therefore has caused a rethinking of what it means to provide health care services. In this section, we will highlight how analogue practices and physical-based health care have become – increasingly – obsolete.

When the pandemic escalated in Australia, many processes which originally required physical interaction transitioned to being digital. For example, face-to-face consultation rapidly declined and was replaced by telehealth; patient data, which often had a paper component, found its new home in "the cloud",[27] allowing access to vital patient information regardless of location. In addition, patient information and health literacy, which were often disseminated using paper means, transformed to being accessible entirely online.

Success in this transition required an already established digital capability or ability to transition quickly, and with analogue practices having little to no digital capability the effects of the pandemic severely crippled their operational capability and capacity.[29]

What is important to note, however, is that although transitioning to digital systems may appear daunting and challenging, it may be easier than one might assume[30] and will provide significant gains in value and utility for the practice. In no specific order, these are some of the ways a practice could digitalise their practice:

1. Implementing a **Clinical Information System (CIS)** to maintain fully digital patient records and obsoleting paper-based patient records[31]
2. Utilising **My Health Record (MHR)** to upload patient summaries[30]
3. Implementing a **Clinical Analytical Tool (CAT)** to analyse your patient data
4. Investing in webcams and upgrading older computers to use **Telehealth**[31]
5. Implementing an **Online Booking System** for patient appointments[31]
6. Using **SMS-based reminders** for patient recall and reminders[31]

Does your practice utilise CAT 4 auditing tools?

During the pandemic CAT 4 has been very valuable to help practices better understand their patient population and areas they may need to focus on.

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