New additions to the ERPT

On the 28th June 2022 in conjunction with the RACGP, new content was added into the tool and instantly available in all plans including existing plans for registered users and those practices new to the ERPT.

In the table of contents (screenshot below) you will see there are now 18 modules in total. The additional new modules include 2a) Mental health support services 9a) Telehealth and 18) Patient aggression and violence.   The next 2 screenshots below show what is included in module 2a.

Please note - Any text in red is a link to an external reference.

2a. Mental health support services

Introduction

When a disaster impacts a general practice, the practice team may also be personally impacted by the disaster, as well as being exposed to the traumatic experiences of others. Their own health and well-being must be a priority.

Early indicators that a team member may be affected by the traumatic experiences of their patients include:

- heightened response to the patient
- increased levels of arousal (sleep disturbance)
- avoidance

Impacted team members should consider:

- discussing distressing or difficult experiences with colleagues
- limiting their exposure to a tolerable level
- maintaining good general health with regular exercise, good nutrition and sleep habits
- seeking help if needed

Support services

The following services will be shared with team members in the event of a disaster affecting the practice or them personally:

2a.1

☑ **Employee Assistance Program (EAP)**

Employee assistance program (EAP) contact:

Instep EAP Services

Phone: 1 800 7234 1234

Email: jemma@instep.com.au

Website: https://instep.nz/about-us/

2a.2

☑ **RACGP GP Support Program**

Emergency Response Plan Setup

1. Information About the Practice and Staff and Activating the Emergency Response Plan ✔

Emergency Response Plan

2. Key Contact Information
   a. Mental health support services ✔
3. Risk Identification ✔
4. Loss of Power Supply to the Practice ✔
5. Disruption of Water or Gas Supply to the Practice ✔
6. Disruption to Telecommunication Systems ✔
7. Loss of IT Systems or Data
   a. NEW Cyber Incident Response ✔
   ✔
8. Loss of Business Records ✔
9. Complete or Partial Loss of Practice Premises
   a. Telehealth ✔
   ✔
10. Loss of Medical Supplies, Equipment and Furniture ✔
11. Unique Identifier and Contract Numbers ✔
12. Communication During an Emergency Response ✔
13. Insurance ✔
14. Loss of or Non-Availability of Key Staff ✔
15. Business Continuity Plan ✔
16. Pandemic ✔
17. COVID Safety Plan ✔
18. Patient aggression and violence ✔

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2a.2

✔ **RACGP GP Support Program**

The RACGP GP Support Program provides free and confidential psychological support to members. Call 1300 361 008 24 hours a day, 7 days a week.

2a.3

✔ **DRS4DRS**

DRS4DRS is an independent program providing confidential support and resources to doctors and medical students across Australia, by doctors. Confidential phone advice is available 24 hours a day, 7 days a week via each state/territory helpline and referral service.

Australian Capital Territory	02 9437 6552
New South Wales	02 9437 6552
Northern Territory	08 8366 0250
Queensland	07 3833 4352
South Australia	08 8366 0250
Tasmania	1800 991 997
Victoria	03 9280 8712
Western Australia	08 9321 3098

2a.4

✔ **The Essential Network (TEN) for Health Professionals**

The TEN online e-mental health hub, developed by the Black Dog Institute, connects frontline healthcare workers with services to help manage burnout and maintain good mental health.

2a.5

✔ **Other support services**

Other support services providing 24 hours a day, 7 days a week crisis support include:

Name	Phone
Lifeline	13 11 14
Beyondblue	1300 22 4636

⊕ Add Row

Module 9a) Includes considerations around telehealth, which has obviously become more widespread or has wider use following initial waves of the covid-19 pandemic.   Screen shot below;

Emergency Response Plan Setup

1. Information About the Practice and Staff and Activating the Emergency Response Plan ✔

Emergency Response Plan

2. Key Contact Information
   a. Mental health support services ✔
   ✔
3. Risk Identification ✔
4. Loss of Power Supply to the Practice ✔
5. Disruption of Water or Gas Supply to the Practice ✔
6. Disruption to Telecommunication Systems ✔
7. Loss of IT Systems or Data
   a. NEW Cyber Incident Response ✔
   ✔
8. Loss of Business Records ✔
9. Complete or Partial Loss of Practice Premises
   a. Telehealth
   ✔
10. Loss of Medical Supplies, Equipment and Furniture ✔
11. Unique Identifier and Contract Numbers ✔
12. Communication During an Emergency Response ✔
13. Insurance ✔
14. Loss of or Non-Availability of Key Staff ✔
15. Business Continuity Plan ✔
16. Pandemic ✔
17. COVID Safety Plan ✔
18. Patient aggression and violence ✔

9a. Telehealth

✓ Telehealth

In the event of loss of the building facility, we can continue to provide remote consultations via telehealth. Our practice will facilitate provision of consultations via telehealth by:

- updating the practice website, telephone message and social media channels – notifying patients that the premise is currently not accessible but that they can be reviewed via telehealth

- ensuring the practice's administrative team are resourced to take calls and manage appointments and payments remotely

- ensuring GPs have the appropriate IT infrastructure and access to provide telehealth consults remotely (i.e. at home)

- ensuring GPs consult remotely from a safe and appropriate space that ensures the privacy of patients

- ensuring that all patients meet the eligibility criteria for MBS subsidised telehealth consultations (Refer to MBS advice - http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Telehealth-Arrangements-Jan22)

- ensuring arrangements are in place to refer patients who require a face-to-face consultation

- utilising digital health solutions including electronic prescribing, electronic requesting of pathology/diagnostic imaging, secure electronic communications, My Health Record, PRODA and HPOS

⊕ Add Row

Considerations to support remote telehealth arrangements

How will you access the required resources for GPs and practice team members to carry out their roles remotely:

Telecommunications: What telecommunications resources do you currently have available and can these be used remotely:

What needs to be done before you can migrate to providing temporary telehealth consultations remotely:

Estimated time to set up remote telehealth consultations:

Other considerations:

For more information on providing consultations via telehealth see the RA CGP's suite of resources - https://www.racgp.org.au/running-a-practice/technology/clinical-technology/telehealth

Module 18 is a complete new module and given the behaviour from some patients toward general practice staff, it is critical a practice thinks about this and has a plan/process in place. The next 3 screen shots show what is included.

Emergency Response Plan Setup

1. Information About the Practice and Staff and Activating the Emergency Response Plan ✔

Emergency Response Plan

2. Key Contact Information
   a. Mental health support services ✔
   ✔
3. Risk Identification ✔
4. Loss of Power Supply to the Practice ✔
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13. Insurance ✔
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15. Business Continuity Plan ✔
16. Pandemic ✔
17. COVID Safety Plan ✔
18. Patient aggression and violence

18. Patient aggression and violence

Introduction

This module is in addition to your practice's policy on managing patient aggression and violence. To support you in developing this policy the RACGP has developed a guide to support practice team's in identifying and managing incidents of patient aggression and violence. The guide includes templates to use/amend when issuing warning letters, placing patients on acceptable behaviour agreements, or discontinuing care for patients at a practice. The guide is available at www.racgp.org.au/patientaggression.

This module of the ERPT supports your policy through a checklist of actions in the event of a patient being aggressive or violent. It should align with your practice's policy.

18.1

☑ Our practice's policy

• Our practice has an agreed policy in place about how to manage incidents of patient aggression and/or violence. This policy is stored [insert location]. All team members are trained on this policy as part of their induction.

⊕ **Add Row**

Definition of patient aggression or violence

Patient aggression and violence cover a wide spectrum of behaviours and actions, including, but not limited to:

- verbal aggression (including rudeness, yelling, swearing)
- intimidation and threats
- abusive letters, phone calls or emails
- online trolling
- threatening or inappropriate body language
- assault or armed assault
- forcible confinement or false imprisonment
- acts of indecency
- sexual assault
- destruction of property or possessions
- stalking or loitering.

18.2

☑ Early intervention strategies to de-escalate violence

When a team member recognises warning signs of escalating patient aggression and they feel safe to do so, they can attempt to de-escalate the situation by:

ERPT EMERGENCY RESPONSE PLANNING TOOL

powered by **healthpoint**

FINALIST
NEW ZEALAND
INNOVATION
AWARDS¹ 2015

Home • Support • ⊗ SIGN OUT

John Williams Super User / Edwin Terrace Medical Centre

- stalking or loitering.

18.2

☑ Early intervention strategies to de-escalate violence

When a team member recognises warning signs of escalating patient aggression and they feel safe to do so, they can attempt to de-escalate the situation by:

- appearing calm and remaining respectful, controlled and confident

- using reflective questioning – demonstrate that they are listening by confirming the message is right (eg 'You need to a see a GP as soon as possible, is that correct?')

- being clear and direct in their language, and clearly and simply explaining their intentions

- monitoring their own body language and avoiding acts like crossing arms and intense eye contact – these can be perceived as threatening

- assuring the patient their actions are in their best interest

- engaging the patient by asking questions that are likely to elicit a 'yes'. The most effective way is to briefly summarise the patient's perceptions and views as you understand them, with questions at the end such as 'Have I got that right?' or 'Is that what you mean?'

- maintaining a solution focus – asking the patient to solve the problem they are concerned about by identifying as many solutions as they can think of to address the problem. Repeat these back to them rather than arguing about the pros and cons of each option. This may lead to compromise between parties and avoid a 'black and white' or 'us and them' situation.

⊕ Add Row

18.3

☑ Responding to an act, or threat, of aggression or violence

If a patient's behaviour is or becomes threatening, aggressive or violent, the following steps will be followed.

Immediate response

compromise between parties and avoid a 'black and white' or 'us and them' situation.

⊕ Add Row

18.3

✔ Responding to an act, or threat, of aggression or violence

If a patient's behaviour is or becomes threatening, aggressive or violent, the following steps will be followed.

Immediate response

If in an unsafe situation, team members will (if able):

- calmly ask the aggressor to leave

- activate a duress alarm or phone alert system

- retreat to a safe location and alert other people on site to the risk

- call 000 for police.

⊕ Add Row

Follow-up response

After any violent or threatening event, our practice will:

- Debrief the practice team – giving them an opportunity to identify any triggers or possible future safeguards

- Check in with any patients or visitors that were involved in, or witness to, the event

- Provide team members with details of the Employee Assistance Program and other support services and encourage them to access services if required

- Complete an incident report and add it to the practice's incident and event register

- Formally review the incident – considering:
  - what happened
  - factors that may have triggered the event
  - ongoing risks
  - whether the incident could have been prevented

- Implement changes or additional safeguards if the investigation determines these necessary. We will monitor the outcome of the changes considering:
  - what worked, and why
  - what did not work, and why
  - if the change is sustainable
  - what alternatives can be trialled

- Flag the record of the patient who has been violent or aggressive in a sensitive manner to inform team members of the behaviour/event, being mindful that patients can request access to their medical records

- Consider (after seeking advice from our Medical Defence Organisation):
  - giving the patient a formal warning
  - placing the patient on an acceptable behaviour agreement
  - discontinuing care for the patient at the practice

⊕ Add Row

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Please also note there have some modules that have been revised and updated. These include:

Additions and edits to existing modules

Key contact information

Complete or partial loss of practice premises

Pandemic

COVID Safety Plan